

Breastfeeding and its barriers in informal work contexts: a scoping review

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Barja-Ore J, Guillen-Calle BE, Rojas-Trujillo Y, Salazar-Salvatierra E, Solis Rojas M. Breastfeeding and its barriers in informal work contexts: a scoping review. *Health Prob Civil.* <https://doi.org/10.29316/hpc/217978>

Tables: 1

Figures: 1

References: 27

Submitted: 2026 Jan 14

Accepted: 2026 Feb 10

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Abstract

Informal employment can impact the continuation of breastfeeding. Therefore, the objective of this study is to analyze the available scientific evidence on breastfeeding and the barriers faced by women working in informal employment contexts. A scoping review was conducted following the guidelines of the Joanna Briggs Institute and the PRISMA-ScR checklist. A search was carried in the PubMed, Scopus, EBSCO, and Web of Science databases, without language or year restrictions. Original studies that analyzed barriers to breastfeeding in informal employment contexts were included. Data selection and extraction were performed independently by two reviewers, with discrepancies resolved by consensus. Eight studies conducted in Mexico, India, South Africa, Uganda, Ghana, and Brazil were included. The main barriers identified were the absence of policies, early return to work due to economic necessity, personal valuation of breastfeeding, and family and partner support. The role of prenatal care and the mother's mental health is highlighted. Complementary international evidence reinforces that labor and sociocultural inequalities limit the practice of exclusive breastfeeding. Informal employment is a structural determinant that hinders breastfeeding. In addition, the lack of public policies, economic pressure, as well as personal and immediate environment factors, such as family, are barriers that impact successful breastfeeding.

Keywords: working women, breastfeeding, socioeconomic factors, informal sector, public health

Introduction

Breastfeeding is recognized as one of the most cost-effective practices for improving infant survival, growth, and development, as well as women's physical and emotional health [1]. However, despite extensive evidence of its benefits, rates of early initiation, exclusive breastfeeding, and adequate duration remain suboptimal in many contexts [2], highlighting the influence of structural factors that transcend women's individual decisions [3,4].

Among these factors, maternal employment plays a central role as a social determinant of breastfeeding [5]. Returning to work has been associated with the early cessation of breastfeeding, especially when working conditions are incompatible with effective breastfeeding. While formal employment includes public policies that promote and protect breastfeeding through maternity leave, flexible work schedules, and spaces for expressing and storing milk [6], these measures do not reach women working in the informal sector.

Informal employment is a structural characteristic of low- and middle-income countries, where women work without formal contracts or access to social security [7,8]. In these contexts, the need to generate immediate income, job insecurity, and the absence of work-life balance policies impose restrictions on initiating and continuing breastfeeding. Barriers to effective breastfeeding manifest at different levels. At the personal and family level, they include physical exhaustion, lack of support, and a lack of awareness of breastfeeding rights. At the workplace, they include long working hours, inadequate workspaces, lack of time for breastfeeding or milk expression, and fear of income loss. At the structural level, they are related to fragmented social protection systems, nonexistent or insufficient public policies, and limited integration of breastfeeding into employment and social development strategies [6]. It is important to consider that these barriers perpetuate cycles of inequality that have not yet been resolved.

Despite the importance of the issue, scientific research is primarily concentrated in the formal sector, leaving the experiences of women working in the informal sector and their impact on maternal and child health largely unexplored [9]. Addressing this problem is crucial given the opportunity to highlight breastfeeding as a social determinant of health, promote intersectoral approaches, and guide interventions that help close the gender gaps and intergenerational disadvantages present in the diverse working realities of most women worldwide, especially considering that approximately 60% work in the informal sector [10].

Aim of the work

The scientific evidence in this field is heterogeneous, which limits our understanding of the problem and the development of policies sensitive to different social and cultural contexts. Therefore, this study aims to analyze the available scientific evidence on breastfeeding and the barriers faced by women working in informal employment, contributing to a broader understanding of the phenomenon and generating relevant input for public health and policy formulation.

Methods

A scoping review was conducted following the guidelines established by the Joanna Briggs Institute [11], and the Preferred Reporting Items for Systematic Reviews and Meta-

Analyses extension for Scoping Reviews (PRISMA-ScR) checklist [12] was used to report the study.

Four databases were identified for the search: PubMed, Scopus, EBSCO, and Web of Science. The search strategy was initially designed for PubMed, subsequently evaluated, and approved by the research team, and finally adapted for the other databases mentioned (Supplementary Material 1). The search was conducted on January 2, 2025, without time or language restrictions. Finally, it should be noted that a thorough review of the references was conducted to identify other articles related to the topic, but no additional articles were found.

Prior to the selection process, eligibility criteria were defined. The inclusion criteria were: i) original articles, ii) articles that analyzed barriers to breastfeeding in informal employment contexts, iii) articles that included women or key stakeholders as participants, iv) articles in any language, and v) articles published in any year. The exclusion criteria were: i) review articles, case reports, notes, and other similar articles, and ii) articles not available in full text.

First, the data from the identified records in each database were downloaded. Subsequently, duplicates were removed using the Zotero program. The resulting records were transferred to the Rayyan web platform [13] to perform the study selection. In the first phase, based on reading the title and abstract, two authors (YRT and JBO) anonymously and independently performed the selection, considering the inclusion and exclusion criteria. In the second phase, based on a full-text review of the studies, the same authors from the previous phase selected the studies. In both phases, discrepancies were initially resolved through discussion among the authors in charge, and if they persisted, a third reviewer (ESS) made the final decision.

Prior to this stage, a matrix was designed in Excel 2021. Two authors (YRT and BGC) were responsible for extracting the data independently. When discrepancies arose in the extracted information, the authors in charge discussed the matter to reach a consensus; however, if the discrepancy persisted, a third author (ESS) made the final decision. The extracted information corresponds to general characteristics of the articles, methodological characteristics, and relevant findings.

Because the study does not involve human subjects or the use of personal data, review by a research ethics committee was not required.

Literature review results

209 records were found after applying the database search. After excluding duplicates, 81 records remained. In the first stage of selection, 72 records were excluded based on their title and abstract. In the next stage, 1 record was excluded because it was an article abstract. Finally, in the scoping review, 8 records were included (Figure 1).

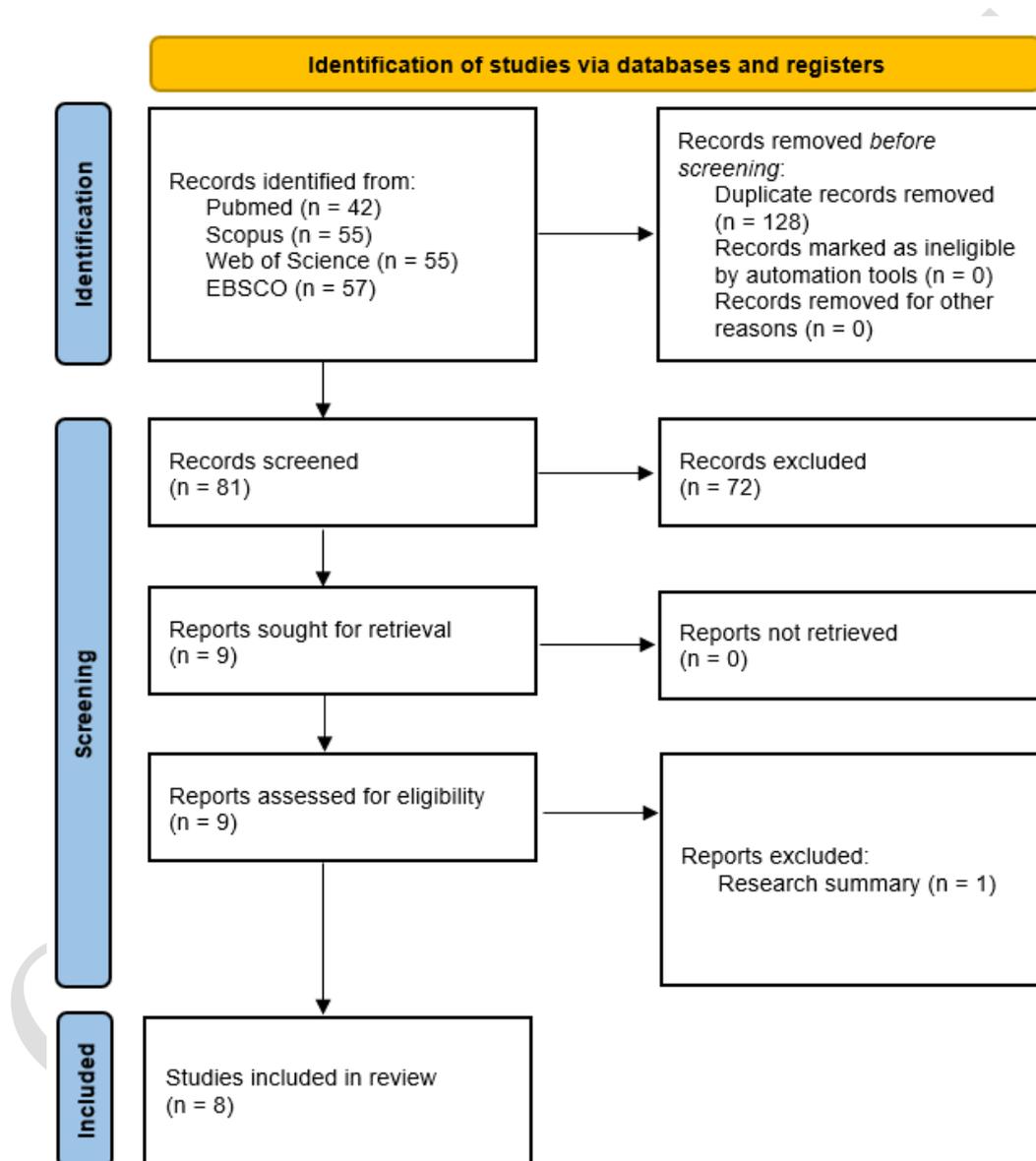


Figure 1. PRISMA flow-chart of the study selection process

The relevant information from the selected articles is presented in a systematic manner, highlighting, in its majority, recently published articles from various regions of the world (Table 1).

Table 1. Characteristics of the included studies

Authors	Country, year	Aim	Study design	Data collection	Main findings
Goodman et al. [6]	Mexico, 2024	To describe the understanding of barriers to breastfeeding among women employed in the informal sector in Mexico and to document the labor policies and programs that promote, protect, and support breastfeeding.	Descriptive qualitative study	In-depth interviews were conducted with 15 key informants.	Women employed in the informal sector face multiple barriers to breastfeeding, such as lack of effective access to paid maternity leave, economic vulnerability due to the lack of policy implementation, misinformation about breastfeeding, lack of public spaces for breastfeeding, lack of family and partner support, and maternal mental health issues.
Chowdhury et al. [14]	India, 2021	To identify potential conceptual and empirical pathways for improving maternal and child health outcomes among informal working mothers, while simultaneously ensuring their livelihoods.	Qualitative phenomenological study	Semi-structured interviews were conducted with 92 women, and 5 focus groups were held with 56 working women with children under 2 years of age.	Only 26% of the women practiced exclusive breastfeeding for their children under 6 months of age. Discontinuation of breastfeeding was associated with jobs requiring long commutes or long distances, early return to work due to economic pressures, lack of awareness about the importance of colostrum, and the absence of legal maternity rights. However, among women who worked near home or from home, this practice was mostly successful.
Luthuli et al. [5]	South Africa, 2020	To explore how mothers manage the need to work and care for a newborn and the effects of this on their feeding plans and practices.	Longitudinal cohort study with mixed methods	In-depth interviews and quantitative questionnaires were conducted with 18 women before, and after returning to work.	Before childbirth, most women prioritized exclusive breastfeeding and planned strategies for financial support. After childbirth, most began breastfeeding; however, early return to work, mainly due to economic pressures, limited its continuation. Some mothers combined breastfeeding with formula, others used formula exclusively or resorted to expressed breast milk, although they reported difficulties expressing it during work hours.

Nabunya et al. [15]	Uganda, 2020	To determine the prevalence of and factors associated with exclusive breastfeeding among mothers working in the informal sector of Kampala district.	Cross-sectional community study	A semi-structured questionnaire was administered via interviews to 428 mothers with infants aged 0 to 5 months, distributed across 20 clusters.	The prevalence of exclusive breastfeeding was 42.8%. Factors associated with exclusive breastfeeding included the infant's age, the mother's type of employment, the intention to exclusively breastfeed, attendance during at least four prenatal visits, and appropriate breastfeeding practices after delivery.
Horwood et al. [9]	South Africa and India, 2020	Exploring attitudes and perceptions about breastfeeding in the context of informal work.	Qualitative study	Focus group discussions (14 in South Africa and 9 in India) with informal workers, based on a structured guide.	Informal female workers value and practice exclusive breastfeeding after childbirth, but economic and family pressures lead them to return to work early and modify their infant feeding practices (introduction of formula, mixing with other liquids, or milk expression), facing difficulties in the workplace, hygiene-related barriers at home, and sociocultural perceptions.
Horwood et al. [18]	South Africa, 2019	To explore childcare practices among mothers working in the informal economy.	Descriptive cross-sectional study	A structured questionnaire was administered to 247 informal working mothers (street vendors and domestic workers) through face-to-face interviews.	84.2% of mothers initiated breastfeeding; the main reason for discontinuing breastfeeding was returning to work (35.4%). Most left their children in the care of relatives, while a minority brought them to their workplaces. 33.6% of mothers did not have a regular work schedule, and 69.2% worked seven days a week.
Nkrumah [16]	Ghana, 2017	To identify the characteristics of maternal work associated with exclusive breastfeeding in the Effutu municipality, Central Region of Ghana.	Mixed-methods, cross-sectional community study was conducted.	A structured questionnaire was administered via face-to-face interviews to 225 mother-child pairs, and 35 mother-child pairs participated in focus groups.	The exclusive breastfeeding rate for infants under 5 months was 84% among mothers working in the informal sector. This practice was significantly higher among mothers in the informal sector ($p=0.020$) but not exclusive among those who brought their babies to work. Job flexibility, feeding schedules, and family support were identified as facilitators of exclusive breastfeeding.
Santos et al.	Brazil,	To identify the reality of	Exploratory	Structured	Continued breastfeeding is

[17]	2013	breastfeeding among informal workers in the city of João Pessoa.	and descriptive study with a mixed-methods approach	interviews were conducted with 30 informal workers, focusing on socioeconomic data and topics such as early weaning.	common among informal workers. Mothers recognize its importance but face challenges related to their environment and family support, breast problems, and myths and beliefs about breastfeeding.
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Prevalence of breastfeeding

Exclusive breastfeeding in the informal sector varies. On the one hand, a study in India reports that approximately one-quarter of working mothers exclusively breastfeed [14]. Another study conducted in Uganda reports a prevalence of 42.8% [15]. Conversely, Nkrumah et al. [16] demonstrated that 84% of women in informal employment practice breastfeeding. In Brazil, although exclusivity was identified as frequent, it is noted that this may not reflect the true extent of this feeding practice in the country [17].

Feeding practices

Informal work presents constant challenges for mothers, hindering the continuation of breastfeeding. In fact, a study conducted with informal working mothers in South Africa showed that, upon returning to work, there was a need to use infant formula, either partially or completely, as well as expressed milk, although this practice was complex during working hours [5]. Similarly, Horwood et al. [9] found that the introduction of formula and milk expression were frequent, as was the mixing of milk with other liquids, which ultimately proved harmful to the infants' health.

Mothers' employment characteristics

The informal sector work environments in which mothers are employed are variable, depending on the social, economic, and cultural context of each country and region. Each of these environments presents difficulties that can affect breastfeeding practices [9]. Another study reported that one-third of mothers did not have a regular work schedule, and approximately 70% worked seven days a week [18]. On the other hand, it has been documented that proximity to home or working from home are characteristics that favor successful breastfeeding [14].

Lack of labor rights

Public policies are fundamental tools for ensuring the collective well-being of the population, especially the most vulnerable. In the case of breastfeeding, there are few or no policy initiatives for mothers in the informal sector. A study in India determined that there is a lack of legal rights for maternity [14]. Furthermore, another study that interviewed key informants indicates that there is no effective access to paid leave or public spaces to ensure the opportunity to continue breastfeeding [6].

Economic barrier

Breastfeeding among informal workers can be interrupted by returning to work [9]. This decision cannot be understood as a desire of the mothers but rather as a necessity. According to interviews with key informants, economic vulnerability due to the lack of policy implementation is a significant reason for the discontinuation of breastfeeding [6]. Several studies [5,9,14] have reported that the economic pressures faced by mothers force them to return to work, negatively impacting breastfeeding, as they practice it under undignified conditions that reflect a historical and invisible gap in the informal sector.

Valuing breastfeeding

A healthy behavior stems from a willingness to breastfeed; however, it is necessary to recognize that the information available is a fundamental aspect of action. Goodman et al. [6] found that, according to key informants, mothers' lack of information about breastfeeding represents a barrier to its continuity and exclusivity. A study in Uganda found that informal workers are willing to breastfeed but that the challenges of this type of work impact their practice [15]. On the other hand, other studies have shown that mothers employed in this sector recognize and value the importance of breastfeeding, although work presents them with conflicts that lead to their return to work [9,17].

Family and partner support

A mother's immediate environment plays a key role in the success of breastfeeding; family and partner are key players who can provide support to the mother, not only physical

but also emotional. The absence of this support can affect the continuation of breastfeeding; in fact, studies in Ghana [16], Mexico [6], and Brazil [17] have shown that this condition represents a barrier for mothers who are informal workers.

Other barriers to breastfeeding

Awareness-raising sessions prior to the breastfeeding stage are relevant for fostering greater understanding among mothers and their support network. In this context, prenatal care represents a key opportunity for healthcare professionals. Nabunya et al. [15] demonstrate that attending four or fewer prenatal appointments is a barrier for informal workers. Furthermore, the mental health of mothers is also emerging as a determining factor that must be considered in women's healthcare settings [6].

Discussion of the review results

The results of this scoping review show that women working in informal employment face multiple barriers to maintaining exclusive breastfeeding, the main ones being early return to work, lack of social protection, and absence of structural and family support. In most of the included studies, the need to quickly return to work for economic reasons and the lack of paid leave were the most frequently cited factors associated with early cessation of breastfeeding [5,6,14,18]. Contextual barriers were also identified, such as the lack of adequate spaces for breastfeeding or milk expression in informal work environments [9,15], as well as the influence of cultural and social perceptions that shape maternal decisions [17]. These findings reflect a complex intersection of gender, work, and health, where women in the informal sector simultaneously assume work and caregiving responsibilities without the protection or minimum conditions necessary to sustain breastfeeding.

The results align with international evidence identifying precarious working conditions, a lack of effective maternity protection policies, and sociocultural barriers as structural factors hindering breastfeeding. Recent systematic reviews confirm that personal, economic, cultural, and health challenges remain critical determinants of breastfeeding success [19]. Labor and gender inequalities limit women's autonomy in making decisions about infant feeding, especially in informal sectors where the absence of labor regulations exacerbates maternal vulnerability [20,21].

Globally, it has been documented that work environments lacking flexibility, leave, or institutional support significantly reduce the duration of exclusive breastfeeding, while structured workplace interventions (such as lactation rooms and milk expression breaks) have a positive effect on its continuation [22,23]. However, evidence on the implementation of these measures in informal contexts remains limited, reinforcing the need for inclusive policies adapted to the socioeconomic realities of each country [1].

Furthermore, the cultural barriers described in this review are consistent with findings from studies analyzing the influence of beliefs and social norms, such as the negative perception of colostrum or myths about the nutritional value of breast milk [24]. These beliefs, coupled with a lack of information and guidance, lead to early weaning and the substitution of breastfeeding with formula, a trend also observed in regions of Africa and Asia [16,25].

The literature review also reveals a pattern of global inequality in the representation of low- and middle-income countries in breastfeeding research, with a bias toward higher-resource contexts [1]. This limits a comprehensive understanding of the labor and social realities of women in an informal economy, especially in Latin America and sub-Saharan Africa, where informality is prevalent and institutional support structures are insufficient.

These findings highlight the urgent need to integrate maternity protection into the design of labor policies that explicitly include informal workers. Although some countries have implemented laws regulating leave periods and promoting the creation of spaces for breastfeeding, their coverage remains uneven and their application inadequate [20,21]. International experience suggests that breastfeeding support programs should combine structural components [paid leave, flexible work schedules, access to childcare services] with educational and community strategies that promote shared family responsibility and cultural change [22,24].

Similarly, it is essential to strengthen communication and coordination among the health, labor, and social welfare sectors to implement comprehensive policies for the promotion, protection, and support of breastfeeding, aligned with the recommendations of the World Health Organization [26]. These policies should recognize the particularities of informal work, which represents a significant proportion of female employment in low- and middle-income countries.

Furthermore, the evidence highlights the need to develop culturally sensitive interventions that address the social stigmas associated with breastfeeding in public and exposure of the maternal body. These symbolic dimensions, noted in various contexts, influence women's willingness to breastfeed outside the home and perpetuate environments hostile to

breastfeeding [27]. Promoting social change through media campaigns and community education could contribute to creating a more supportive culture for breastfeeding in all spaces, including the workplace.

The methodological heterogeneity of the included studies limits direct comparisons. Differences in study designs, sample sizes, and socioeconomic contexts hinder the generalizability of the findings [19,23]. In addition, much of the reviewed literature focuses on qualitative studies with small samples, which, while allowing for an in-depth understanding of maternal experiences, limits the ability to estimate the magnitude of the associations between informal work and breastfeeding practices. Another relevant limitation is the scarcity of evidence on effective interventions specifically targeting women in the informal sector. Most documented policies and programs are geared toward formal workers, leaving a gap in the evidence applied to contexts of precarious employment [22,23]. Finally, the lack of disaggregated data by type of employment, educational level, or socioeconomic conditions restricts the possibility of conducting differential analyses that reflect the structural inequalities experienced by working women.

Conclusions

In conclusion, informal employment affects breastfeeding practices, although there is variability in exclusivity and alternative methods to ensure its continuity. The lack of policies to protect and support this group of mothers has been evident. Economic pressure, in addition to individual and family factors, impacts successful breastfeeding practices.

Future research should focus on developing and evaluating interventions adapted to informal settings, considering both structural and cultural factors. It is a priority to design participatory strategies that involve communities, informal employers, and local governments to build sustainable models of breastfeeding support. From a global perspective, greater inclusion of low- and middle-income countries in international research and cooperation agendas is needed, promoting equity and reproductive justice approaches. Finally, fostering inclusive work environments, continuing breastfeeding education, and institutional support could significantly contribute to reducing gaps in child health and maternal well-being in informal contexts.

Disclosures and acknowledgements

The authors declare no conflicts of interest with respect to the research, authorship, and/or publication of this article.

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Artificial intelligence (AI) was not used in the creation of the manuscript.

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Supplementary Material 1.

PubMed: 42

1	"Breast Feeding"[Mesh]	47725
2	"Breast Feedings"[tiab] OR "Breast Fed"[tiab] OR "Breastfed"[tiab] OR "Chestfeeding"[tiab] OR "Chestfeedings"[tiab] OR "Breastfeeding"[tiab] OR "Breast Feeding Exclusive"[tiab] OR "Exclusive Breast Feeding"[tiab] OR "Breastfeeding Exclusive"[tiab] OR "Exclusive Breastfeeding"	56786
3	#1 OR #2	73707
4	"Informal Sector"[Mesh]	137
5	"Informal Sector"[tiab] OR "Sector informal"[tiab] OR "employment condition*"[tiab] OR "informal employ*"[tiab] OR "informal work*"[tiab] OR "informal job*"[tiab] OR "informal economy"[tiab] OR "informally employed"[tiab]	2207
6	#4 OR #5	2247
7	#3 AND #6	42

Scopus: 55

TITLE-ABS-KEY (("Breast Feeding" OR "Breast Fed" OR Breastfed OR Chestfeeding OR Chestfeedings OR Breastfeeding OR "Breast Feeding Exclusive" OR "Exclusive Breast Feeding" OR "Breastfeeding Exclusive" OR "Exclusive Breastfeeding") AND ("Informal Sector" OR "Sector informal" OR "employment condition*" OR "informal employ*" OR "informal work*" OR "informal job*" OR "informal economy" OR "informally employed"))

WoS: 55

("Breast Feeding" OR "Breast Fed" OR Breastfed OR Chestfeeding OR Chestfeedings OR Breastfeeding OR "Breast Feeding Exclusive" OR "Exclusive Breast Feeding" OR "Breastfeeding Exclusive" OR "Exclusive Breastfeeding") AND ("Informal Sector" OR "Sector informal" OR "employment condition*" OR "informal employ*" OR "informal work*" OR "informal job*" OR "informal economy" OR "informally employed")

EBSCO: 57

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