行政院國家科學委員會專題研究計畫 期末報告

工作職場之哺集乳室友善設置現況及其相關因素調查 (GM01)

計 畫 類 別 ：個別型
計 畫 編 號 ：NSC 100-2629-B-214-001-
執 行 期 間 ：100 年 08 月 01 日至 101 年 10 月 31 日
執 行 單 位 ：義守大學健康管理學系

計 畫 主 持 人 ：蔡夙穎

公 開 資 訊 ：本計畫涉及專利或其他智慧財產權，2 年後可公開查詢

中 華 民 國 101 年 10 月 09 日

中文摘要： Background: Ever-increasing populations of women in their childbearing years are choosing to become working professionals. Breastfeeding provides unique health advantages to both the infant and mother. A breastfeeding-friendly workplace might be an important factor for predicting breastfeeding rates among working women. To explore the impact of breastfeeding-friendly support on the intention of working mothers to continue breastfeeding, we conducted a survey at a female labor-intensive electronics manufacturer in Taiwan.
Methods: A structural questionnaire survey was administered to 715 working mothers employed in an electronics manufacturing plant in Tainan Science Park in Southern Taiwan. Questionnaire content included female employee demographics, employment characteristics, continued breastfeeding behavior after returning to work, access to lactation rooms, and employee perception of the breastfeeding policy and support when raising their most recently born child.
Results: Higher education (OR=2.66), lower work load (8 work hours /day) (OR=2.66), lactation room with independent space (OR=2.38), use of breast pumping breaks (OR=61.6), and encouragement from colleagues (OR=2.78) and supervisors (OR=2.44) to use breast pumping breaks were significant predictors of continued breastfeeding for more than 6 months after returning to work.
Conclusions: The findings of the present study suggest that to encourage and increase the rate of continued breastfeeding, workplaces should establish independent breastfeeding rooms and maintain a comfortable and clean environment. Further, employers should provide encouragement and support for working mothers to continue breastfeeding after returning to work.

中文關鍵詞： breastfeeding-friendly workplace, breastfeeding rate, female workers(職場友善的哺乳環境、哺乳率、女性勞工)

英 文 摘 要 ：

英文關鍵詞：

附件一

行政院國家科學委員會補助專題研究計畫 ■成果報告 □期中進度報告

計畫名稱:

工作職場之哺集乳室友善設置現況及其相關因素調查(GM01)

計畫類別：■個別型計畫　□整合型計畫
計畫編號：NSC 100-2629-B-214 -001
執行期間：100 年 8 月 1 日至 101 年 10 月 31 日

執行機構及系所：義守大學健康管理學系

計畫主持人：蔡夙穎
計畫參與人員：喬桂芳、張佳慈、蔡昀珊

成果報告類型(依經費核定清單規定繳交)：□精簡報告　■完整報告

本計畫除繳交成果報告外，另須繳交以下出國心得報告：
□赴國外出差或研習心得報告
□赴大陸地區出差或研習心得報告
□出席國際學術會議心得報告
□國際合作研究計畫國外研究報告

處理方式：除列管計畫及下列情形者外，得立即公開查詢
□涉及專利或其他智慧財產權，□一年■二年後可公開查詢

中華民國 101 年 10 月 31 日

Abstract

Background: Ever-increasing populations of women in their childbearing years are choosing to become working professionals. Breastfeeding provides unique health advantages to both the infant and mother. A breastfeeding-friendly workplace might be an important factor for predicting breastfeeding rates among working women. To explore the impact of breastfeeding-friendly support on the intention of working mothers to continue breastfeeding, we conducted a survey at a female labor-intensive electronics manufacturer in Taiwan.

Methods: A structural questionnaire survey was administered to 715 working mothers employed in an electronics manufacturing plant in Tainan Science Park in Southern Taiwan. Questionnaire content included female employee demographics, employment characteristics, continued breastfeeding behavior after returning to work, access to lactation rooms, and employee perception of the breastfeeding policy and support when raising their most recently born child.

Results: Higher education (OR=2.66), lower work load (8 work hours /day) (OR=2.66), lactation room with independent space (OR=2.38), use of breast pumping breaks (OR=61.6), and encouragement from colleagues (OR=2.78) and supervisors (OR=2.44) to use breast pumping breaks were significant predictors of continued breastfeeding for more than 6 months after returning to work.

Conclusions: The findings of the present study suggest that to encourage and increase the rate of continued breastfeeding, workplaces should establish independent breastfeeding rooms and maintain a comfortable and clean environment. Further, employers should provide encouragement and support for working mothers to continue breastfeeding after returning to work.

Key Words: breastfeeding-friendly workplace, breastfeeding rate, female workers

Introduction

The population of women becoming working professionals during their childbearing years is growing. Although the benefits of breastfeeding to both the infant and mother are well established, employment is a persistent barrier to continued breastfeeding.[1-4] Lack of break time, inadequate facilities for pumping and storing milk, lack of resources that promote breastfeeding, and lack of support from employers and colleagues are among the challenges faced by employed mothers who want to breastfeed in the workplace. Breastfeeding provides unique health advantages to both the infant and mother, and thus a breastfeeding-friendly workplace for the employed mother is recommended to increase the initiation and duration of breastfeeding.[5-7] In a breastfeeding-friendly workplace/policy, the provision of lactation rooms and breast pumping breaks is a critical element and may increase a mother's intention to continue breastfeeding after returning to work. A population cohort study[2] using the Taiwan National Birth Register database in 2005 revealed a decline in the prevalence of breastfeeding among employed mothers, and overall only 67.9%, 39.4%, 25.4%, and 12.7% mothers who started breastfeeding still breastfed their infants at 1, 3, 6, and 12 months after childbirth, respectively. Another survey of breastfeeding among employed mothers in Taiwan revealed that only 10.6% mothers continued to breastfeed after returning to work.[8] Although more and more large companies have accepted the idea of a breastfeeding-friendly policy and established lactation rooms and breast pumping breaks in the workplace, the effectiveness for continued breastfeeding among employed mothers is uncertain.

In the present study, we conducted a survey among mothers employed in a female labor-intensive electronics manufacturing company in Taiwan to explore the impact of breastfeeding-friendly support on intention to continue breastfeeding. The findings of the present study will contribute to a better understanding by occupational and environmental health nurses of the barrier to continued breastfeeding and the implementation of a breastfeeding-supportive workplace environment for these employed mothers.

Subjects and Methods

Research setting and subjects

This was a retrospective survey of a breastfeeding-friendly workplace and intention to continue breastfeeding after returning to work among employed mothers in Taiwan that was conducted from August 1, 2011 to April 30, 2012. The research setting was Company C, a large electronics manufacturer with high labor-intensive employees in the Tainan Science Park in Southern Taiwan, which is one of the Taiwan's largest areas for electronics manufacturers. The researcher inquired about the willingness of this company to participate in the study by first sending an explanatory letter about the research project, and then visiting the employee health management department director of the company to explain the purpose of the research. After receiving consent from the employee health management department, occupational and environmental health nurses helped distribute and collect the employed mothers' self-reported questionnaires. The questionnaire was distributed to 981 female employees who had recently taken maternity leave between January 2009 and January 2011, as recorded by the human resources department. Female workers who met the inclusion criteria could choose to participate in the survey. A total of 715 valid questionnaires were collected, giving a response rate of 72.9%. The study was approved by the Institutional Review Board of I-Shou University.

Company C was selected because, first, it was the one of a number of companies that have received funding from the Department of Health to establish lactation rooms in its factories, hence, it provides lactation rooms and breast pumping breaks for working mothers. Second, this company has more than 20,000 employees, of which 45% are female. Third, the researcher was able to visit the company's plants and record information about the facilities and the space allocated to the lactation rooms, which can be classified into two types: breastfeeding rooms with independent space vs no independent space, only curtain separators; thus, the influence of different lactation room conditions in the breastfeeding-friendly environment on continuing breastfeeding behavior could be evaluated. Moreover, the female employees were office workers or clean-room workers (a room that is maintained virtually free of contaminants, used in laboratory work and in

the production of precision parts for electronic equipment). Office workers have higher educational and compensation levels than clean-room workers, and generally work about 8 hours a day but their positions encompass specific job responsibilities. By comparison, clean-room workers work 12-hour shifts. Their jobs are inconvenient and inflexible because they must remove and put on their clean-room suits when leaving and returning to their workstation. Therefore, we were able to observe the association between different working conditions and intention to continue breastfeeding.

Assessment Instruments and Definitions

Questionnaires were used to collect data on female employees' demographics, employment characteristics, continuing breastfeeding behavior after returning to work, access to lactation room types, and employees' perception of breastfeeding-friendly policy, and support when raising their most recently born child. Mean time required to complete the survey was 15 minutes.

Demographics and employment characteristics

Participants' self-reported demographic and employment characteristics were assessed. A demographic inventory was used to gather data on age, education, husband's education, and child information. Level of education was used as a proxy measure for social class and categorized as follows: (1) high school or below or (2) college or above.

Employment characteristics were collected, including worksite (office vs. clean room), shift work ("Did you do shift work after you returned to work?" yes/no), and work hours per day (8 hours a day or 9-14 hours a day).

Continuing breastfeeding behavior

This study explored the predictors of continuing breastfeeding after returning to work. Working mothers were defined as continuing breastfeeding if they continued breastfeeding for at least 1 month after returning to work. Participants were asked, "Did you continued to breastfeed after returning to work (yes/no) and how long did you continue to breastfeed?" In Taiwan, most companies provide only 8 weeks of maternity leave. Hence, we also assessed the breastfeeding intention during maternity leave and participants were asked, "Did you breastfeed your baby during maternity leave (yes/no)?" Data of self-reported breastfeeding knowledge

were collected in the study, including “Do you think your breastfeeding knowledge and information is sufficient (sufficient, insufficient, and want or need more information).”

Access to lactation room type and employees’ perception of breastfeeding-friendly policy and support

The researcher visited the plants and recorded observations about the facilities and space of the lactation rooms, which were classified into two types: breastfeeding rooms with independent space vs those without independent space. All lactation rooms comprised a table, chair, sink, and refrigerator. In Taiwan, most employers allow a working mother to have two breast pumping breaks each day with each break lasting no more than 30 minutes. To understand an employee’s perception of the breastfeeding-friendly policies in the workplace, participants responded to the following questions: “What kind of lactation room was available in your workplace (independent space/without independent space)”, “Were you aware of the pumping break policy?” (yes/no), “Did you ever use the pumping break policy after returning to work?” (yes/no), and “Did you feel embarrassed if you used breast pumping breaks?” (yes/no). Moreover, to assess employees’ perception of workplace breastfeeding support, participants were asked, “After returning to work, did your colleagues, supervisor, and environmental health nurses encourage you to use breast pumping breaks?” (yes/no).

Statistical Analysis

This study explored the predictors of continuing breastfeeding after returning to work. The primary independent variables of interest were demographics (age, working mother’s education level, and spouse’s education level), employment characteristics (worksite, shift work, work hours per day), type of lactation room, breastfeeding-friendly policy (awareness of breast pumping breaks, using breast pumping breaks) and support (encouragement from colleagues, supervisors, and environment health nurses), and self-reported breastfeeding knowledge. The dependent variables in this study were continuing to breastfeed after returning to work. Working mothers were defined as continuing breastfeeding if they continued for at least 1 month after returning to work from maternity leave. Hence, working mothers who did not breastfeed at the beginning of maternity leave and breastfed for less than 1 month after returning to work were categorized as not continuing to breastfeed after returning to work and were treated as a reference group in the logistic regression analyses.

All analyses were performed using Statistical Analysis System (SAS 6.12; SAS Institute, Cary, NC) software. Participants' profiles among working mothers were reported. The effects of demographics, employment characteristics, and breastfeeding-friendly policy on continuing to breastfeed after returning to work were estimated using chi-square tests and logistics regression. A *P* value of less than 0.05 was considered statistically significant. To determine whether the independent variables predict continuing to breastfeed after returning to work, multiple logistic regression analyses were used to identify independent variables that were independently associated with continuing to breastfeed for at least 6 months after returning to work and continuing to breastfeed for more than 6 months after returning to work, respectively. Relative risk (RR) was calculated for each independent variable in the logistic models, and 95% confidence intervals (CIs) were calculated using maximum likelihood methods.

Results

74.6% of participants were age 30 to 39 years, and 71.7% had college and higher degrees, and most of their husbands also had a high education level (74.3%). Shift workers comprised 46.7% and clean-room workers comprised 44.8% . Only 15.7% of the mothers averaged 8 hours of work per day. Among mothers in the study sample, 85% had access to a lactation room with independent space and 15% had access to a lactation room without independent space. Most of the participating subjects (63.8%) did not take advantage of breast pumping breaks and 50.2% did not continue to breastfeed after returning to work. The breastfeeding rates after returning to work were 9.6%, 16.1%, 16.5%, and 7.6%, respectively, for 1 to 3 months, 4 to 6 months, 7 to 12 months, and more than 12 months, respectively.

Continued breastfeeding behavior after returning to work was grouped according to demographics, employment characteristics, and breastfeeding-friendly policy. All independent variables were significantly correlated with continued breastfeed behavior after returning to work ($P<0.05$), except for access to a lactation room ($P=0.3043$). Young age, lower education, clean-room work, shift work, long work hours, lack of awareness or use of breast pumping breaks, and self-reported insufficient breastfeeding knowledge were all associated with discontinuing breastfeeding after returning to work.

The results of the logistic regression analysis evaluating independent predictors of continuing breastfeed after returning to work during the first 6 months and continuing breastfeed for more than 6 months are explored in

this study. Working mothers who did not breastfeed at the beginning or breastfed for less than 1 month were treated as the reference group. To determine independent variables and intention to continue breastfeeding after returning to work for the first 6 months, taking advantage of breast pumping breaks (OR=33.1), and encouragement by colleagues (OR=2.53) or supervisors (OR=2.45) to take breast-pumping breaks were significant predictors of continued breastfeeding during the first 6 months after returning to work. For continuing breastfeeding for more than 6 months, higher education (OR=2.66), lower work lead (8 work hours within a day; OR=2.66), lactation room with independent space (OR=2.38), taking breast pumping breaks (OR=61.6), and encouragement by colleagues (OR=2.78) or supervisors (OR=2.44) to take advantage of breast pumping breaks were significant predictors of intention to continue to breastfeed for more than 6 months after returning to work.

Discussion

The results of the present study revealed that the rate of breastfeeding in employed mothers rapidly decreases after returning to the workplace. Although 88.8% (635 subjects) initiated breastfeeding at the beginning of maternity leave, the continuing breastfeeding rate rapidly decreased after returning to work (continuing to breastfeed for at least 1 month after returning to work: 49.8%, 356 subjects). Almost 39% (635-356=279) of working mothers discontinued breastfeeding within 1 month of returning to work. Only 7.6% of these women continued to breastfeed for more than 1 year, even if lactation rooms were available. A previous population-based cohort study in Taiwan[9] reported that the overall prevalence of initial breastfeeding was 83.7%. Overall, 67.9%, 39.4%, 25.4%, and 12.7% mothers who started breastfeeding still breastfed their infants at the age of 1, 3, 6, and 12 months, respectively. The prevalence rate of breastfeeding has been declining, and employment is a persistent barrier to continued breastfeeding. A study in the USA[10] investigated the effect of maternity leave length and time of first return to work on breastfeeding and, compared with those returning to work within 1 to 6 weeks, women who had not yet returned to work were more likely to initiate breastfeeding, continue breastfeeding beyond 6 months, and to breastfed beyond 3 months. A delay in returning to work might increase the duration of breastfeeding. In Taiwan, most companies provide only 8 weeks of paid maternity leave. Juggling breastfeeding and paid work can be a challenge to breastfeeding success. One study[11] explicitly demonstrated that a maternity leave of 6 weeks or

less or lasting 6 to 12 weeks after delivery was associated, respectively, with four-fold and two-fold higher odds of failure to establish breastfeeding and an increased probability of cessation after successful establishment, relative to women not returning to work, after adjusting for covariates. The impact of a short postpartum leave on breastfeeding cessation was stronger among non-managers, women with inflexible jobs, and those with high psychosocial distress. To achieve the World Health Organization's recommendation of 6 months of exclusive breastfeeding, working mothers need a more supportive policy and environment that protects and promotes breastfeeding. Employers play a critical role in mothers' success with breastfeeding when the women work full-time. The government could consider extending the maternity leave and encouraging employers to advocate for an extended paid postpartum leave and greater flexibility in the working conditions for breastfeeding women.

In our study, women had a low intention to breastfeed, and the reasons included lack of time to breastfeed due to long work hours, and difficulty breastfeeding due to clean-room and shift work. In the workplace in this study, the working mother often worked more than the legally mandated 8 hours (83.3%), and 46.7% needed to take shifts, and bear a heavy work burden. Most of the working mothers (44.8%) worked in the clean-room and found it more difficult to use the breast pumping breaks than those at the office worksite (24.3% vs 43.6%, $P<0.0001$; data not shown), implying that an inconvenient working environment is an important barrier to breastfeeding among working mothers. Similar results were demonstrated with working mothers at a semiconductor manufacturer and fabrication workers who needed time to take off and put on their clean-room suit.[8] A longitudinal study[12] evaluating work status on duration of breastfeeding showed that working full-time at 3 months postpartum decreases the breastfeeding duration, but working part-time does not reduce the initiation or duration while working part-time for more than 4 hours per day decreases duration to a lesser extent than does working full-time. Thus, the more hours the mother works, the fewer times per day her infant receives breast milk (including expressed milk). In addition, to facilitating breastfeeding, the reduction in work hours does not have to be large; they found a positive effect, relative to full-time work, when part-time work was defined as less than 35 hours per week, or a maximum of 7 hours per day.

In our study, we found an association between a high level education and continued breastfeeding. One study[13] explored breastfeeding intention of female physicians and suggested that mother's education may

influence their breastfeeding duration, and found that their intentions and knowledge correlated with their breastfeeding initiation practices. Women employed as professionals breastfeed longer than other working mothers[14-15]. In our study, it is possible that white-collar working mothers have more control over their environment and schedules, and are able to combine breastfeeding and working more successfully than blue-collar working mothers.

This study found that a breastfeeding-friendly breast pumping break policy in the workplace significantly increased continued breastfeeding behavior after returning to work. In particular, encouragement to use breast pumping breaks from working mothers' colleagues and supervisors can significantly affect their intention to continue breastfeeding after returning to work. Moreover, lactation rooms with an independent space increased the willingness to continue to breastfeed. Hence, managers' attitude and support influence female employees' perception of workplace breastfeeding support. Previous studies indicated[6,16] that managers influence the work climate of breastfeeding support by either adhering to or ignoring company policies, informally supporting or discouraging breastfeeding employees, or managing or disregarding issues arising among their coworkers. In a breastfeeding-friendly workplace, the provision of lactation rooms is a critical element, and should include a private and comfortable room at the worksite. Regarding lactation rooms with independent spaces in our data, however, 51.3% of the subjects used them, but there was only a 30% satisfaction regarding the lactation room (data not shown). The breastfeeding rooms in the plants do not seem to be ideal in terms of cleanliness and comfort. For breastfeeding rooms without independent spaces, most participants believe that there should be breastfeeding rooms with independent space for employee use, because 28% of the participants expressed this need (data not shown). Past studies[17-18] surveying employers' attitudes about breastfeeding-friendly support indicated that employers would be willing to help women who wished to breastfeed or express milk in the workplace. These employers, however, also stated that they saw little value to their business of supporting breastfeeding in the work environment, even when they were aware of the benefit of breastfeeding for the mother, infant, and employers, they did not place a high priority on providing breastfeeding support.

Findings of another study[6] indicated that the most significant problem encountered by the breastfeeding mother is the lack of an adequate facility in which to pump. In our study, working mothers pumped in a public

health center room without independent space, only curtain separators. We compared different breastfeeding rooms on the intention to continue breastfeeding (data not shown) and found that working mothers with access to lactation rooms with independent space had a higher awareness of the breastfeeding-friendly policy of breast pumping breaks (79.3% vs 48.5%, P<0.0001); more encouragement to use breastfeeding-friendly policy of breast pumping breaks from their colleagues (78.5% vs 66.4%, P=0.0045), supervisors (61.0% vs 50.5%, P=0.0382), and environmental health nurses (68.8% vs 54.2%, P=0.0075); and were more likely agree that breastfeeding-friendly policy of breast pumping breaks help working mother continue to breastfeed (93.4% vs 81.3%, P<0.0001). Working mothers with access to lactation rooms without independent space felt embarrassed to use breast-pumping breaks (42.9% vs 30.5%, P=0.014).

A breastfeeding environment without independent space leads to earlier cessation of breastfeeding. Our data suggest that employers should establish lactation rooms with an independent space so that they can be used by mothers who return to work after giving birth to increase the rate of continued breastfeeding.

Conclusions

There are some limitations to our study. First, this study was cross-sectional in design; therefore, only association could be evaluated, not causation. Second, assessment of predictors adopted a dichotomized classification, which was simplistic, and predictor measurements mainly relied on self-report, which might have biased the results. Third, a selection bias due to non-response was inevitable. Nevertheless, higher education, lower work load, lactation room with independent space, taking advantage of breast pumping breaks, and encouragement by colleagues and supervisors to use breast pumping breaks were significant predictors of continuing to breastfeed for more than 6 months after returning to work. The findings of this study suggested that workplaces that have established breastfeeding rooms should maintain a comfortable and clean environment, so that they can truly be a breastfeeding-friendly workplace environment, enhance the frequency of usage of lactation rooms, and increase the rate of continued breastfeeding.

cknowledgements:

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附件二

國科會補助專題研究計畫成果報告自評表

請就研究內容與原計畫相符程度、達成預期目標情況、研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）、是否適合在學術期刊發表或申請專利、主要發現或其他有關價值等，作一綜合評估。

1. 請就研究內容與原計畫相符程度、達成預期目標情況作一綜合評估

■達成目標

□ 未達成目標（請說明，以 100 字為限）

□ 實驗失敗

□ 因故實驗中斷

□ 其他原因

說明：本計畫主要以南台灣某一人力密集需求高的電子製造業之公司行號為調查場域，藉此探討已設置的哺集乳室設置現況下，女性勞工在「職場友善的哺乳環境」與使用情況的相關探討，共完成 715 位有效樣本的調查。

2. 研究成果在學術期刊發表或申請專利等情形：

論文：■已發表 □未發表之文稿 ■撰寫中 □無

專利：□已獲得 □申請中 □無

技轉：□已技轉 □洽談中 □無

其他：（以 100 字為限）

將此研究發現發表於 2012 年公共衛生聯合年會

3. 請依學術成就、技術創新、社會影響等方面，評估研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）（以 500 字為限）

在生育期之婦女擁有工作者有增加趨勢的現今社會裡，在哺乳角色無可取代之下，缺乏專屬哺集乳空間、缺乏方便的哺集乳時間、缺乏支持性的網絡等均是職業婦女是否能在產後持續哺乳的重要影響因素，因此營造職場友善的哺乳環境、建構職場支持系統、落實企業社會責任應是當前推動健康職場的重要課題之一。本研究建議已有設置哺集乳室的工作職場應確實維護好舒適及乾淨的環境，使其真正達到職場友善的哺乳環境，這可提升女性員工去使用哺集乳室的頻率，進而提升其持續哺乳的比率；而未設置哺集乳室的工作職場建議其設置具有獨立空間的環境給予生產後返回工作崗位的母親使用，以滿足其哺集乳的需求，提升其持續哺育母乳的比率。

國科會補助計畫衍生研發成果推廣資料表

日期:2012/10/09

國科會補助計畫	計畫名稱: 工作職場之哺集乳室友善設置現況及其相關因素調查(GM01)
	計畫主持人: 蔡夙穎
	計畫編號: 100-2629-B-214-001- 學門領域: 性別主流科技計畫

無研發成果推廣資料

100 年度專題研究計畫研究成果彙整表

計畫主持人：蔡夙穎	計畫編號：100-2629-B-214-001-
計畫名稱：工作職場之哺集乳室友善設置現況及其相關因素調查(GM01)	

成果項目			量化			單位	備註（質化說明：如數個計畫共同成果、成果列為該期刊之封面故事...等）
			實際已達成數（被接受或已發表）	預期總達成數(含實際已達成數)	本計畫實際貢獻百分比		
國內	論文著作	期刊論文	0	0	100%	篇	
		研究報告/技術報告	0	0	100%		
		研討會論文	1	0	100%		發表於 2012 年公共衛生聯合年會
		專書	0	0	100%		
	專利	申請中件數	0	0	100%	件	
		已獲得件數	0	0	100%		
	技術移轉	件數	0	0	100%	件	
		權利金	0	0	100%	千元	
	參與計畫人力（本國籍）	碩士生	0	0	100%	人次	
		博士生	0	0	100%		
		博士後研究員	0	0	100%		
		專任助理	0	0	100%		
國外	論文著作	期刊論文	1	0	100%	篇	投搞至 Breastfeeding Medicine 雜誌(審查中)
		研究報告/技術報告	0	0	100%		
		研討會論文	0	0	100%		
		專書	0	0	100%	章/本	
	專利	申請中件數	0	0	100%	件	
		已獲得件數	0	0	100%		
	技術移轉	件數	0	0	100%	件	
		權利金	0	0	100%	千元	
	參與計畫人力（外國籍）	碩士生	0	0	100%	人次	
		博士生	0	0	100%		
		博士後研究員	0	0	100%		
		專任助理	0	0	100%		

其他成果 (無法以量化表達之成果如辦理學術活動、獲得獎項、重要國際合作、研究成果國際影響力及其他協助產業技術發展之具體效益事項等，請以文字敘述填列。)	無

	成果項目	量化	名稱或內容性質簡述
科教處計畫加填項目	測驗工具(含質性與量性)	0	
	課程/模組	0	
	電腦及網路系統或工具	0	
	教材	0	
	舉辦之活動/競賽	0	
	研討會/工作坊	0	
	電子報、網站	0	
	計畫成果推廣之參與（閱聽）人數	0	

國科會補助專題研究計畫成果報告自評表

請就研究內容與原計畫相符程度、達成預期目標情況、研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）、是否適合在學術期刊發表或申請專利、主要發現或其他有關價值等，作一綜合評估。

1. 請就研究內容與原計畫相符程度、達成預期目標情況作一綜合評估

■達成目標

□未達成目標（請說明，以 100 字為限）

□實驗失敗

□因故實驗中斷

□其他原因

說明：

2. 研究成果在學術期刊發表或申請專利等情形：

論文：■已發表 □未發表之文稿 □撰寫中 □無

專利：□已獲得 □申請中 ■無

技轉：□已技轉 □洽談中 ■無

其他：（以 100 字為限）

將此研究發現發表於 2012 年公共衛生聯合年會

3. 請依學術成就、技術創新、社會影響等方面，評估研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）（以 500 字為限）

在生育期之婦女擁有工作者有增加趨勢的現今社會裡，在哺乳角色無可取代之下，缺乏專屬哺集乳空間、缺乏方便的哺集乳時間、缺乏支持性的網絡等均是職業婦女是否能在產後持續哺乳的重要影響因素，因此營造職場友善的哺乳環境、建構職場支持系統、落實企業社會責任應是當前推動健康職場的重要課題之一。本研究建議已有設置哺集乳室的工作職場應確實維護好舒適及乾淨的環境，使其真正達到職場友善的哺乳環境，這可提升女性員工去使用哺集乳室的頻率，進而提升其持續哺乳的比率；而未設置哺集乳室的工作職場建議其設置具有獨立空間的環境給予生產後返回工作崗位的母親使用，以滿足其哺集乳的需求，提升其持續哺育母乳的比率。