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Workplace Implementation of Mandated Lactational Breaks: A Comparison of Private and Government Offices in the Philippines

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***Abstract*—** This study assessed and compared the implementation of mandated lactational breaks in private and government offices in Partido District, Camarines Sur, Philippines. A descriptive-comparative research design was employed among 83 working mothers, comprising 47 government employees and 36 private-sector employees selected through purposive sampling. Data were gathered using a validated and pilot-tested researcher-developed questionnaire. Weighted means were used to determine the level of implementation and the factors affecting policy application, while the Kruskal–Wallis test examined sectoral differences at the 0.05 level of significance. Results showed that lactational breaks were implemented in both sectors, although government offices consistently obtained higher ratings in workplace environment and policy awareness, resources and facilities, policy utilization and organizational support, and employee satisfaction and breastfeeding continuity. Resources and facilities received the lowest ratings, particularly in private offices. Workplace constraints, including workload, inadequate time, staffing limitations, and conflicting responsibilities, were the most influential barriers, while cultural and social norms had the least effect. Significant differences were found between government and private offices across all implementation domains ($H = 6.94$, $p = 0.008$). The study concludes that legal mandates alone do not ensure uniform implementation. Strengthened facilities, policy communication, flexible scheduling, managerial support, monitoring, and enforcement are necessary to improve lactation-friendly workplace practices.

***Keywords*—** breastfeeding support; lactation breaks; maternal employment; policy implementation; workplace lactation.

I. INTRODUCTION

Breastfeeding is a fundamental public health practice that supports the survival, growth, development, and long-term well-being of infants. Breast milk provides essential nutrients during early life while protecting children from infections and reducing the risks of infant morbidity and mortality. Breastfeeding also contributes to cognitive development and strengthens the emotional bond between mother and child. For mothers, it is associated with important health benefits, including reduced risks of breast and ovarian cancers, type 2 diabetes, and cardiovascular disease. Because of these benefits, the World Health Organization recommends early initiation of breastfeeding, exclusive breastfeeding during the first six months of life, and continued breastfeeding alongside appropriate complementary feeding until two years of age or beyond (World Health Organization, 2021). These recommendations establish breastfeeding not only as an individual maternal choice but also as an important component of maternal and child health policy.

Breastfeeding contributes to broader social and development goals. It supports adequate infant nutrition, promotes maternal and child health, and reduces preventable illnesses. It also advances gender equality by recognizing women's reproductive and caregiving needs within social institutions, including the workplace. Breastfeeding-friendly employment conditions can help women remain economically active while continuing to meet the nutritional needs of their children. In this respect, workplace lactation support contributes to several Sustainable Development Goals, particularly those relating to zero hunger, good health and well-being, gender equality, and decent work. When employers protect breastfeeding rights, they help reduce the conflict

between productive employment and maternal responsibilities.

Despite the established benefits of breastfeeding, returning to work remains a major point at which many mothers reduce or discontinue breastfeeding. Employment may restrict the frequency with which mothers can directly breastfeed or express milk, especially when work schedules are rigid and suitable facilities are unavailable. Heavy workloads, insufficient break time, inadequate privacy, lack of milk-storage facilities, limited supervisory support, and fear of negative workplace consequences can prevent mothers from sustaining breastfeeding. Thus, the continuation of breastfeeding after maternity leave depends not only on maternal knowledge or motivation but also on the conditions created by employers.

Evidence indicates that formal workplace support significantly affects breastfeeding continuation. Ickes et al. (2023) found that access to flexible schedules, designated lactation areas, and approved time for expressing milk influenced the breastfeeding practices of employed mothers. However, formal entitlements did not always translate into usable support because many employees continued to face logistical constraints, high workloads, and limited access to private facilities. Similarly, Cetthakrikul et al. (2024) reported that some workplaces provided breastfeeding spaces but lacked formal lactation-break policies, forcing mothers to express milk during ordinary rest periods. These conditions demonstrate that the presence of a room or general workplace policy does not necessarily constitute comprehensive implementation.

Adequate physical resources are a central component of workplace lactation support. Lactating employees require a private, sanitary, secure, and accessible space in which to breastfeed or express milk. They may also require appropriate seating, electrical access for breast pumps, nearby handwashing facilities, and safe storage for expressed breastmilk. Azizah (2024) identified pumping spaces, milk-storage arrangements, and protected time as important factors associated with longer breastfeeding duration. Vilar-Compte et al. (2021) likewise found that workplace strategies combining lactation rooms, protected nursing breaks, supportive organizational policies, and breastfeeding education were associated with more favorable breastfeeding practices. These findings show that effective implementation requires both the formal recognition of employee rights and the provision of practical resources.

Organizational support is equally important. Employees may be reluctant to use lactation facilities or request breaks when supervisors do not clearly communicate the policy, when coworkers view such breaks as preferential treatment, or when employees fear that their performance evaluations or employment opportunities may be affected. Tsai et al. (2025) found that the absence of explicit lactation policies and inadequate workplace communication could shorten breastfeeding duration. Mgongo et al. (2024) similarly observed that paid employment without sufficient organizational support reduced the likelihood that mothers would maintain exclusive breastfeeding during the first six months. Villella (2025) further noted that flexible schedules, supportive coworkers, appropriate equipment, and accommodating management facilitated longer breastfeeding continuation, whereas demanding work conditions and inadequate spaces created substantial barriers.

These findings are consistent with Organizational Support Theory, which proposes that employees are more likely to use workplace benefits when they perceive that their organization values their well-being. Applied to breastfeeding, the theory suggests that formal policies are more effective when accompanied by supportive leadership, flexible arrangements, clear procedures, and an organizational culture that respects maternal needs. The Theory of Planned Behavior also provides a relevant explanation because employees' decisions to use lactational breaks may be shaped by their attitudes toward breastfeeding, perceived social expectations, and confidence in their ability to take breaks without negative consequences. Thus, workplace behavior results from the interaction of personal intention and organizational conditions rather than from either factor alone.

International evidence further demonstrates a persistent gap between maternity-protection legislation and actual workplace practice. Syahri et al. (2024) identified continuing public interest in workplace lactation facilities and policy enforcement, suggesting that unmet needs remain even where breastfeeding support is formally recognized. Miller et al. (2025) reported that maternal breastfeeding knowledge and self-efficacy must be reinforced by employer-provided breaks, flexible schedules, and appropriate facilities. Ranjitha (2023) consequently recommended comprehensive workplace lactation programs that combine designated rooms, flexible break time, maternity protection, employer education, and managerial support. These studies indicate that workplace breastfeeding support should be evaluated as a system involving policy, resources, implementation processes, organizational culture, and employee outcomes.

In the Philippines, workplace breastfeeding protection is formally established through Republic Act No. 10028, or the Expanded Breastfeeding Promotion Act of 2009. The law requires covered public and private institutions to establish lactation stations and provide compensable lactation periods for breastfeeding employees. The mandated breaks may total at least 40 minutes during an eight-hour working period, in addition to regular meal and rest periods. Through these provisions, the law seeks to enable employed mothers to continue breastfeeding while maintaining workforce participation and productivity. The policy also recognizes that breastfeeding support is an institutional responsibility rather than a matter to be managed solely by individual mothers.

However, enactment does not guarantee consistent implementation. Workplace compliance may vary according to employers' awareness of their legal duties, organizational resources, physical space, administrative capacity, managerial commitment, workforce demands, and regulatory monitoring. Some organizations may permit lactational breaks but lack suitable facilities. Others may provide designated rooms but fail to communicate procedures or protect employees' time. Even when both policy and facilities are available, employees may be unable to use them because of workload pressures, staffing shortages, rigid schedules, or fear of workplace stigma. National maternity-protection policies may therefore remain underutilized when communication, monitoring, and enforcement mechanisms are weak (Cetthakrikul et al., 2024; National Nutrition Council, 2026).

The distinction between government and private workplaces is particularly important. Government offices may operate under more standardized administrative procedures, formal personnel systems, and public-sector accountability mechanisms. Private offices, by contrast, may differ considerably in size, resources, management structures, and internal human-resource practices. These institutional differences may influence how lactational break rights are communicated, funded, monitored, and integrated into daily work arrangements. Comparing the two sectors can therefore identify whether the same national policy produces different workplace experiences and can reveal which dimensions of implementation require additional support.

Within Partido District in Camarines Sur, both government and private offices employ women who may become pregnant, give birth, and return to work while breastfeeding. Although maternal and child health programs are available in the locality, limited empirical evidence has examined how mandated lactational breaks are implemented in these workplaces. The local problem concerns the possible gap between legal entitlement and actual experience. Employees may be aware of the policy but lack appropriate rooms, storage facilities, scheduling flexibility, consistent supervisory support, or clear mechanisms for reporting denied breaks. Moreover, sector-specific differences have not been sufficiently documented. Without local evidence, employers and public health stakeholders may have difficulty identifying whether the most pressing gaps concern awareness, resources, organizational support, employee utilization, workplace constraints, or enforcement. The study therefore addressed an important policy-implementation issue by examining how a national breastfeeding mandate is translated into everyday workplace practice in a specific Philippine setting.

Accordingly, this study aimed to assess and compare the implementation of mandated lactational breaks in private and government offices in the Philippines, using selected workplaces in Partido District, Camarines Sur, as the study setting. Specifically, it determined the level of implementation in terms of workplace environment and policy awareness, resources and facilities, policy utilization and organizational support, and employee satisfaction and breastfeeding continuity. It also assessed the influence of workplace constraints, cultural and social norms, and inadequate enforcement; compared implementation between private and government offices; and developed evidence-based recommendations to strengthen lactation-friendly workplace practices.

II. METHODOLOGY

This study employed a descriptive-comparative research design to assess and compare the implementation of mandated lactational breaks in private and government offices in Partido District, Camarines Sur, Philippines. The descriptive component determined the level of implementation in terms of workplace environment and policy awareness, resources and facilities, policy utilization and organizational support, and employee satisfaction and breastfeeding continuity. It also examined the factors affecting implementation, specifically workplace constraints, cultural and social norms, and inadequate enforcement. The comparative component was used to determine whether the implementation of lactational breaks differed significantly between private and government offices without manipulating the study variables.

The respondents consisted of 83 working mothers who were lactating or had experienced breastfeeding while employed, including 47 employees from government offices and 36 from private offices. They were selected through purposive sampling based on their eligibility and direct experience with workplace lactational break implementation. Data were collected using a researcher-developed structured questionnaire that measured policy awareness, workplace compliance, availability of facilities and resources, organizational support, employee experiences, and factors affecting break utilization. The instrument was reviewed by the thesis adviser and a public health practitioner for clarity, relevance, and content validity. It was also pilot-tested among respondents from a local government unit that was excluded from the final study, after which revisions were made to improve its clarity, validity, and reliability.

Prior to data collection, permission was secured from the heads of the participating private and government offices. Eligible respondents were informed of the purpose of the study and provided informed consent before completing the questionnaire. Participation was voluntary, and confidentiality and privacy were maintained throughout the data-gathering process. Completed questionnaires were checked for accuracy and completeness, coded, and organized for statistical analysis. Weighted means were used to describe the level of policy implementation and the extent to which workplace constraints, cultural and social norms, and inadequate enforcement affected implementation. The Kruskal–Wallis test was applied at the 0.05 level of significance to determine whether implementation differed significantly between private and government offices.

III. RESULTS

Level of implementation of mandated lactational breaks in private and government offices

Table 1 shows that mandated lactational breaks were implemented in both government and private offices across all four domains. Government offices consistently obtained higher weighted means than private offices.

In government offices, workplace environment and policy awareness obtained a weighted mean of 4.47, resources and facilities 4.20, policy utilization and organizational support 4.50, and employee satisfaction and breastfeeding continuity 4.54.

In private offices, the corresponding weighted means were 4.20, 3.61, 4.19, and 4.29. These findings indicate that workplace lactation support was present in both sectors, although implementation was generally stronger and more structured in government offices.

Table 1. Level of Implementation of Mandated Lactational Breaks by Workplace Sector

Implementation Domain	Government Offices (WM)	Interpretation	Private Offices (WM)	Interpretation
Workplace Environment and Policy Awareness	4.47	Implemented	4.20	Implemented
Resources and Facilities	4.20	Implemented	3.61	Implemented
Policy Utilization and Organizational Support	4.50	Highly Implemented	4.19	Implemented
Employee Satisfaction and Breastfeeding Continuity	4.54	Highly Implemented	4.29	Implemented

For workplace environment and policy awareness, both sectors were rated as implemented, with government offices receiving a higher mean of 4.47 than private offices at 4.20. Employees in government offices reported strong confidence in exercising their right to lactational breaks without negative consequences, positive workplace attitudes toward breastfeeding, and awareness among coworkers regarding the importance of supporting breastfeeding employees. Private-office respondents also reported encouragement to use lactational breaks, but lower ratings for the provision of clear information about their rights suggest that formal policy communication may be less consistent in private workplaces. The manuscript similarly notes that policy awareness and institutional support help establish a workplace climate in which breastfeeding employees feel secure in using their legal entitlements.

This result supports the findings cited in the thesis from Maramag et al. (2023), who emphasized that awareness of workplace policies and the availability of institutional support facilitate the use of breastfeeding accommodations. A policy may formally exist, but its practical effect depends on whether employees understand their rights and whether supervisors and coworkers recognize those rights. Tsai et al. (2025) likewise reported that the absence of explicit policies and inadequate communication can shorten breastfeeding duration among employed mothers. Thus, routine orientation, visible workplace guidelines, and clear communication from management remain necessary even in offices where employees perceive the general workplace environment as supportive.

Resources and facilities received the lowest implementation ratings among the four domains in both sectors, particularly in private offices, where the weighted mean was 3.61. Although this rating remained within the implemented category, its relatively lower value indicates that the physical and material requirements of workplace lactation support were less consistently available than policy awareness or employee satisfaction. The thesis identified weaknesses involving designated lactation spaces, breastmilk storage facilities, and breastfeeding-related supplies. Government offices performed better at 4.20, but the result still suggests that the availability of facilities was not as strong as the social and organizational dimensions of implementation.

The lower ratings for resources and facilities are consistent with Ickes et al. (2023), whose work, as cited in the manuscript, showed that employed mothers may have formal lactation entitlements but lack actual access to appropriate private spaces and equipment because of logistical limitations and demanding work conditions. Azizah (2024) also identified lactation rooms, pumping areas, and storage facilities for expressed breastmilk as important predictors of continued breastfeeding. Similarly, Vilar-Compte et al. (2021) emphasized that formal break schedules are most effective when accompanied by appropriate lactation rooms and other practical workplace accommodations. These studies reinforce the interpretation that policy implementation should not be evaluated solely through awareness or the formal granting of break time; it must also include the availability, privacy, cleanliness, accessibility, and functionality of lactation facilities.

Policy utilization and organizational support were rated highly implemented in government offices, with a mean of 4.50, and implemented in private offices, with a mean of 4.19. This indicates that breastfeeding employees generally received supervisory and organizational assistance in using lactational breaks. Nevertheless, the lower private-sector rating implies that the consistency of scheduling, managerial encouragement, workload accommodation, and enforcement may differ across organizations. Organizational support is particularly important because an employee may know that she is entitled to lactational breaks but may still avoid using them when she anticipates disapproval, work disruption, or negative consequences.

This finding is consistent with Organizational Support Theory, which explains that employees are more likely to use workplace benefits when they perceive that the organization values their welfare and supports their needs. The thesis cites Ranjitha (2023), who recommended integrated workplace lactation models consisting of private rooms, flexible break arrangements, employer education, and managerial support. Miller et al. (2025) likewise identified employer-provided breaks and facilities as necessary conditions for sustaining exclusive breastfeeding among employed mothers. Accordingly, the difference between sectors may reflect variations in administrative structures, the formalization of internal policies, and the capacity of offices to monitor compliance.

Employee satisfaction and breastfeeding continuity received the highest weighted means in both sectors: 4.54 in government offices and 4.29 in private offices. These findings suggest that respondents generally perceived lactational breaks as beneficial to their well-being, work–family balance, and capacity to continue breastfeeding after returning to employment. However, the lower private-sector rating indicates that positive perceptions did not necessarily mean that all employees received equally comprehensive support. The thesis further reported that the perceived contribution of lactational breaks to employee well-being was strongly rated, although continuity of breastfeeding after returning to work received comparatively lower ratings in some indicators.

The findings align with Patnode et al. (2025), whose systematic review, as cited in the thesis, associated structured breastfeeding support interventions with improved exclusive breastfeeding outcomes. Mgongo et al. (2024) similarly concluded that paid employment without adequate workplace support can reduce the likelihood of exclusive breastfeeding during the first six months. The high satisfaction ratings therefore demonstrate the perceived value of lactational breaks, while the sector differences show that positive outcomes are more likely when legal entitlements, facilities, flexible schedules, and supportive management operate together.

Overall, Table 1 indicates that mandated lactational breaks have been translated into workplace practice in both sectors, but implementation remains uneven. Government offices appear to have stronger policy communication, organizational support, facilities, and employee outcomes. The relatively low scores for resources and facilities, particularly in private workplaces, identify an important implementation gap. These findings underscore that effective workplace lactation support requires more than compliance on paper; it requires accessible infrastructure, consistent managerial support, employee awareness, and protection against workplace consequences associated with using lactational breaks.

Factors affecting the implementation of mandated lactational breaks

Table 2 presents three categories of factors affecting implementation: workplace constraints, cultural and social norms, and inadequate enforcement. Workplace constraints were the most influential factor in both government and private offices, with weighted means of 3.67 and 3.53, respectively, both interpreted as affected. Cultural and social norms were rated as slightly affecting implementation, with means of 2.45 in government offices and 2.37 in private offices. Inadequate enforcement moderately affected implementation, with a mean of 2.71 in government offices and 2.98 in private offices.

Table 2. Factors Affecting Lactational Break Implementation

Factors Affecting Implementation	Government Offices (WM)	Interpretation	Private Offices (WM)	Interpretation
Workplace Constraints	3.67	Affected	3.53	Affected
Cultural and Social Norms	2.45	Slightly Affected	2.37	Slightly Affected
Inadequate Enforcement	2.71	Moderately Affected	2.98	Moderately Affected

The findings show that operational workplace demands posed a greater obstacle than negative social attitudes. High workloads, insufficient time, conflicting tasks and deadlines, staffing shortages, pressure to prioritize work, and long working hours limited the ability of employees to utilize lactational breaks. In government offices, lack of sufficient time received a mean of 4.02, while high workload obtained 3.96. In private offices, insufficient time obtained 4.03 and high workload 3.83. These results indicate that even when employers recognize lactational break rights, employees may struggle to use them when work responsibilities are not redistributed or schedules are not adjusted.

The prominent effect of workplace constraints is consistent with the literature reviewed in the thesis. Ickes et al. (2023) found that heavy workloads and logistical barriers could prevent employees from using available breastfeeding accommodations. Villella (2025) similarly reported that demanding work conditions and inadequate flexibility negatively affected breastfeeding continuation, whereas flexible schedules and access to pumping facilities facilitated longer breastfeeding duration. Mgongo et al. (2024) further showed that employment alone does not support breastfeeding unless organizations establish practical mechanisms that allow mothers to express milk during working hours.

The results imply that simply granting a 40-minute entitlement is insufficient when employees cannot leave their workstations, when no replacement staff are available, or when deadlines overlap with scheduled breaks. Employers must therefore integrate lactational breaks into workload planning. This may include flexible scheduling, temporary task coverage, protected break periods, supervisor-approved adjustments, and workload redistribution. Without these measures, employees may technically possess the right to take a break but lack the practical capacity to exercise it.

Cultural and social norms had the least effect on implementation in both sectors. The slightly affected ratings suggest that direct discouragement from supervisors or coworkers, discomfort associated with using lactation facilities, social stigma, and concerns about workplace perceptions were present but were not the dominant barriers. This is a favorable indication because it suggests that breastfeeding has gained a degree of social acceptance in the surveyed workplaces. Nevertheless, even slight stigma can discourage individual employees, particularly when the workplace lacks privacy or when employees feel that lactational breaks create additional work for colleagues.

The findings can be interpreted through the Theory of Planned Behavior, which recognizes subjective norms as an influence on an individual's intention to perform a behavior. Employees who perceive breastfeeding and milk expression as accepted by supervisors and coworkers are more likely to use their lactational break entitlement. Conversely, even subtle disapproval may weaken an employee's confidence or willingness to take a break. Tsai et al. (2025) emphasized that management attitudes and workplace communication affect breastfeeding continuation, while Vilar-Compte et al. (2021) identified supportive workplace culture as an essential component of breastfeeding-friendly employment settings.

Although cultural and social barriers were relatively limited, workplaces should not assume that positive attitudes are universal. Regular sensitization activities, supervisor training, confidential employee feedback mechanisms, and workplace education can prevent

stigma and normalize the use of lactational breaks. Such interventions are especially important when employees must request permission from supervisors or use shared spaces.

Inadequate enforcement moderately affected implementation in both sectors and had a stronger influence in private offices. The weighted mean of 2.98 in private offices, compared with 2.71 in government offices, indicates greater concerns regarding inconsistent monitoring, unclear reporting procedures, insufficient follow-up by management, and uneven enforcement of lactational break provisions. The thesis reported concerns about the absence of clear mechanisms for reporting denied breaks and inadequate monitoring of policy compliance.

This finding indicates a gap between the existence of a legal mandate and the institutional systems necessary to ensure compliance. Employees may be reluctant to report violations when they do not know where to file complaints, fear negative employment consequences, or believe management will not act. Cetthakrikul et al. (2024), as discussed in the manuscript, found that maternity protection policies can remain underutilized when communication, enforcement, and workplace support systems are weak. Anderson et al. (2025) likewise noted that policy reforms alone do not guarantee effective breastfeeding support when implementation mechanisms remain inadequate.

The relatively higher effect of inadequate enforcement in private offices may reflect differences in regulatory oversight, human-resource structures, resource allocation, or formal monitoring systems. Government offices may have more standardized administrative procedures, whereas private organizations may vary considerably in size, management practices, and familiarity with statutory lactation requirements. This interpretation should nevertheless be treated cautiously because the study assessed employees' perceptions rather than conducting formal workplace compliance audits.

Overall, Table 2 demonstrates that the major barriers were primarily structural and operational rather than purely cultural. Workload, time limitations, staffing arrangements, and inconsistent enforcement reduced employees' practical access to lactational breaks. Therefore, strengthening implementation requires coordinated measures involving workload management, flexible scheduling, adequate staffing, clear reporting channels, routine monitoring, management accountability, and continuing education. Addressing these factors would help transform mandated lactational breaks from a formal entitlement into a consistently accessible workplace practice.

Comparing the level of implementation of mandated lactational breaks between private and government offices

Table 3 presents the comparison of mandated lactational break implementation between government and private offices across the four domains examined in the study. The manuscript reports identical Kruskal–Wallis results for workplace environment and policy awareness, resources and facilities, policy utilization and organizational support, and employee satisfaction and breastfeeding continuity, with an H-value of 6.94 and a p-value of 0.008 for every domain. Because the reported probability values were below the 0.05 level of significance, the study found statistically significant differences between the two workplace sectors across all four dimensions of implementation.

Table 3. *Difference in Implementation of Mandated Lactational Breaks Between Government and Private Offices*

Implementation Domain	H-value	df	p-value	Interpretation
Workplace Environment and Policy Awareness	6.94	2	0.008	Significant
Resources and Facilities	6.94	2	0.008	Significant
Policy Utilization and Organizational Support	6.94	2	0.008	Significant
Employee Satisfaction and Breastfeeding Continuity	6.94	2	0.008	Significant

These inferential findings reinforce the descriptive results presented in Table 1, where government offices obtained higher implementation ratings in every domain. Government offices recorded a weighted mean of 4.47 for workplace environment and policy awareness, compared with 4.20 in private offices. They also obtained higher ratings for resources and facilities, policy utilization and organizational support, and employee satisfaction and breastfeeding continuity. Thus, the significant differences reflected a consistent pattern rather than an isolated variation in one aspect of workplace support.

The difference in workplace environment and policy awareness suggests that employees in government offices may experience more systematic dissemination of lactational break rights and stronger institutional recognition of breastfeeding support. Government respondents reported greater confidence in exercising their right to lactational breaks without adverse consequences and stronger perceptions of a positive workplace culture. Although private-sector respondents also viewed their workplaces as generally supportive, the lower ratings for clear communication about lactational break rights indicate that policy information may not be disseminated with equal consistency across organizations.

This finding supports Maramag et al. (2023), as cited in the manuscript, who emphasized that policy awareness and institutional support contribute to a workplace climate that enables breastfeeding employees to use their entitlements. Tsai et al. (2025) similarly observed that formal lactation policies are less effective when employers do not explicitly communicate them to employees. The significant sectoral difference therefore indicates that compliance is influenced not only by the existence of a national mandate but also by how individual organizations interpret, communicate, and operationalize it.

The difference in resources and facilities is particularly important because this domain obtained the lowest implementation rating in both sectors. Government offices nevertheless performed better than private offices, suggesting comparatively greater access to designated lactation spaces, privacy arrangements, breastfeeding equipment, and facilities for storing expressed breastmilk. The lower private-sector score indicates that some organizations may formally permit lactational breaks without providing the physical infrastructure necessary for employees to use them safely and conveniently.

The finding is consistent with Ickes et al. (2023), who reported that working mothers may possess formal breastfeeding rights but still lack access to suitable lactation rooms and equipment because of logistical and workplace limitations. Azizah (2024) likewise identified private pumping areas and breastmilk storage provisions as important determinants of breastfeeding continuation. Vilar-Compte et al. (2021) further argued that protected break time must be accompanied by functional lactation facilities for workplace breastfeeding policies to produce meaningful outcomes. The sector difference therefore points to disparities in institutional capacity and resource allocation.

A significant difference was also found in policy utilization and organizational support. Government offices were rated highly implemented in this domain, while private offices were rated implemented. This pattern suggests that government employees may receive more consistent permission to take lactational breaks, greater coworker respect, more manageable workload arrangements, and stronger managerial support. In contrast, private employees may experience greater variability depending on organizational size, staffing arrangements, management practices, and internal human-resource policies.

This result is compatible with Organizational Support Theory, which proposes that employees are more likely to use workplace entitlements when they perceive that management values their well-being and supports their needs. Ranjitha (2023), as discussed in the thesis, recommended integrating managerial education, flexible scheduling, formal workplace guidelines, and appropriate facilities into lactation-support programs. Mgongo et al. (2024) likewise concluded that employment conditions can undermine breastfeeding when organizational support is absent.

Consequently, the observed difference may reflect stronger formal administrative structures in government offices and less standardized implementation across private workplaces.

Employee satisfaction and breastfeeding continuity also differed significantly between sectors. Although respondents from both groups recognized the benefits of lactational breaks for maternal well-being and work–life balance, government employees reported a higher overall level of implementation. This suggests that the more supportive policy environment, facilities, and organizational arrangements found in government offices may have translated into more favorable employee experiences.

The finding aligns with Patnode et al. (2025), whose review associated structured breastfeeding-support interventions with improved breastfeeding outcomes. Miller et al. (2025) similarly emphasized that maternal motivation and breastfeeding knowledge must be reinforced by employer-provided break time and workplace facilities. The sectoral difference therefore demonstrates that breastfeeding continuity is not determined solely by an employee's personal commitment; it is shaped by the broader organizational environment in which lactation occurs.

Overall, Table 3 indicates that the implementation of mandated lactational breaks was not uniform across workplace sectors. Government offices consistently demonstrated stronger implementation than private offices, particularly in policy communication, facility provision, organizational support, and employee outcomes. These results imply that national legislation alone does not ensure equivalent workplace experiences. Implementation also depends on organizational resources, leadership commitment, internal procedures, regulatory monitoring, and the practical integration of lactational breaks into daily work arrangements.

The findings should, however, be interpreted within the study's setting and sample. The respondents consisted of 83 eligible employees from selected government and private offices in Partido District, Camarines Sur. Therefore, the results provide evidence from the participating workplaces but should not automatically be generalized to all government and private offices in the Philippines without broader multisite research.

Recommended Strategies for Improving Workplace Lactation Support

Table 4 translates the study findings into recommended actions for improving the implementation of mandated lactational breaks in government and private offices.

The recommendations address five interrelated implementation gaps: inadequate resources and facilities, inconsistent policy awareness, workplace constraints, weak enforcement and monitoring, and insufficient organizational support.

These areas were drawn directly from the descriptive and comparative findings, particularly the relatively low ratings for facilities, the effect of workload and time constraints, and the stronger influence of inadequate enforcement in private offices.

Table 4. *Recommended Strategies for Improving Workplace Lactation Support*

Limited availability of lactation resources and facilities	**Strengthen provision of lactation rooms, breastmilk storage facilities, and necessary supplies**
Gaps in policy awareness	Conduct regular dissemination and orientation regarding lactational break rights
Workplace constraints affecting break utilization	Improve scheduling flexibility and workload management
Weak monitoring and enforcement mechanisms	Establish workplace monitoring systems and reporting mechanisms
Need for stronger organizational support	Enhance management commitment and breastfeeding-friendly workplace culture

The first recommended strategy is to strengthen the provision of lactation rooms, breastmilk storage facilities, and essential breastfeeding supplies. This recommendation responds to the finding that resources and facilities received the lowest implementation rating among the four domains in both sectors, with private offices showing the greater deficiency. A policy that grants break time without ensuring access to a private, sanitary, secure, and functional space may remain difficult to use in practice.

Workplaces should therefore provide a designated lactation area that is separate from toilets and protected from intrusion. The facility should contain appropriate seating, a stable surface for breast pumps, an electrical outlet when needed, handwashing access or nearby sanitation facilities, and secure storage for expressed breastmilk. Where a permanent room is not immediately feasible, employers may designate a multipurpose private space that can be reserved by breastfeeding employees, provided that it satisfies privacy and hygiene requirements.

This recommendation is supported by Azizah (2024), who associated pumping areas and breastmilk storage provisions with longer breastfeeding duration. Ickes et al. (2023) similarly found that the practical availability of lactation rooms and equipment affected employees' ability to continue breastfeeding. Vilar-Compte et al. (2021) further emphasized that lactation facilities must be paired with formal workplace policies and protected break schedules. Facility improvement should therefore be treated as a basic implementation requirement rather than an optional workplace benefit.

The second strategy is to conduct regular dissemination and orientation regarding lactational break rights. Although workplace environment and policy awareness were rated as implemented, private offices received lower ratings for providing clear information about lactational break entitlements. This suggests that some employees may be aware that support exists but may not fully understand the duration of breaks, procedures for requesting them, facility-use arrangements, or available remedies when breaks are denied.

Employers should incorporate lactational break policies into employee handbooks, orientation programs, maternity-return briefings, supervisor training, and workplace notices. Human-resource personnel should explain that lactational breaks are legally mandated and should clarify how employees may schedule and document them without fear of retaliation. Information should also be communicated to supervisors and coworkers so that implementation does not depend solely on the breastfeeding employee's willingness to assert her rights.

The importance of policy communication is reinforced by Tsai et al. (2025), who noted that absent or poorly communicated lactation policies can reduce breastfeeding continuation. Maramag et al. (2023) likewise emphasized that awareness and institutional support strengthen employees' use of breastfeeding accommodations. Accordingly, policy dissemination should be continuous rather than limited to the issuance of a memorandum.

The third strategy is to introduce flexible scheduling and workload-management mechanisms. Workplace constraints were the most influential barriers in both sectors. Respondents identified high workload, limited available time, conflicting deadlines, staffing shortages, and long working hours as factors that restricted the use of lactational breaks. These findings show that a formal break entitlement may remain inaccessible when work assignments are not adjusted.

Supervisors should establish protected lactation schedules while allowing reasonable flexibility based on breastfeeding needs. Offices may implement temporary task coverage, cross-training of staff, workload redistribution, adjustable break periods, and supervisor-approved changes when operational demands conflict with scheduled breaks. Employees should not be required to choose between meeting work targets and expressing breastmilk.

This recommendation is supported by Villella (2025), who found that demanding work conditions and inadequate schedule flexibility negatively affected breastfeeding continuation. Mgongo et al. (2024) likewise concluded that paid employment without meaningful workplace support can undermine

exclusive breastfeeding. The recommended strategy therefore seeks to convert the legal entitlement into usable time within the actual workflow of the organization.

The fourth strategy is to establish clear monitoring, reporting, and accountability mechanisms. Inadequate enforcement moderately affected implementation and was more influential in private offices. The manuscript identified concerns involving weak policy monitoring, unclear procedures for reporting denied breaks, and limited management follow-up. These weaknesses can permit inconsistent application even when the organization has a written policy.

Each workplace should assign a responsible office or focal person—such as the human-resource unit, occupational health office, gender and development focal point, or designated lactation coordinator—to monitor implementation. Employees should have access to a confidential reporting procedure for denied breaks, inadequate facilities, discriminatory treatment, or other policy violations. Monitoring may include facility inspections, employee feedback, utilization records that protect confidentiality, and periodic management reviews.

Cetthakrikul et al. (2024), as cited in the thesis, observed that maternity-protection laws can remain underutilized because of weaknesses in communication, enforcement, and workplace support systems. Anderson et al. (2025) similarly argued that policy reform does not automatically improve breastfeeding practice when implementation remains inconsistent. Clear accountability mechanisms are therefore essential to prevent the policy from existing only at the documentary level.

The fifth strategy is to strengthen management commitment and workplace culture. Although cultural and social norms were only slightly influential, managerial support remains central to policy utilization. Employees may hesitate to use lactational breaks when they anticipate disapproval, perceive that their absence will burden coworkers, or fear being viewed as less productive. A supportive culture must therefore be deliberately reinforced.

Managers and supervisors should receive training on breastfeeding rights, nondiscrimination, workload accommodation, and respectful communication. Workplace leaders should publicly affirm support for lactational breaks and ensure that employees are not penalized through negative performance assessments, loss of opportunities, or informal workplace sanctions. Coworker-awareness activities may also help normalize lactation breaks and reduce resentment associated with temporary task coverage.

This recommendation is consistent with Organizational Support Theory and with Ranjitha (2023), who advocated comprehensive workplace lactation models incorporating facilities, flexible scheduling, education, and employer support. Miller et al. (2025) also emphasized the complementary role of maternal self-efficacy and organizational accommodation. Management commitment therefore serves as the mechanism that connects policy, infrastructure, scheduling, and employee experience.

Implementation of Table 4 should be coordinated rather than fragmented. Providing a lactation room alone will not resolve barriers when employees lack time to use it. Similarly, policy orientation will have limited effect when no private space or reporting mechanism exists. A comprehensive intervention should combine facility development, communication, workload adjustment, monitoring, and leadership accountability.

Government offices may focus on sustaining their comparatively stronger implementation while addressing remaining gaps in facilities and scheduling. Private offices may require more intensive policy dissemination, facility investment, monitoring, and standardization of internal procedures. Nevertheless, recommendations should be adapted to organizational size, workforce composition, available resources, and the number of breastfeeding employees.

Overall, Table 4 provides an evidence-based framework for strengthening lactation-friendly workplace practice. Its proposed strategies directly address the barriers identified in the study and recognize that effective implementation requires both structural and relational support. By improving

facilities, disseminating policies, protecting break time, monitoring compliance, and strengthening management commitment, workplaces can better support employee well-being, breastfeeding continuity, work–life balance, and compliance with mandated lactational break provisions.

IV. CONCLUSION & RECOMMENDATION

The study concluded that mandated lactational breaks were implemented in both government and private offices, but the level and consistency of implementation differed between the two sectors. Government offices demonstrated stronger implementation across workplace environment and policy awareness, resources and facilities, policy utilization and organizational support, and employee satisfaction and breastfeeding continuity. Although both sectors generally recognized the importance of supporting breastfeeding employees, resources and facilities emerged as the weakest implementation domain, particularly in private offices. Workplace constraints, including heavy workloads, insufficient time, staffing limitations, conflicting deadlines, and long working hours, were the most influential barriers to break utilization, while cultural and social norms had comparatively limited effects. Inadequate enforcement also remained a concern, especially in private offices where monitoring, reporting procedures, and management follow-up appeared less consistent. The statistically significant differences across all four implementation domains indicate that the existence of a national mandate does not necessarily produce uniform workplace practices. Effective implementation depends on the availability of appropriate facilities, clear policy communication, flexible scheduling, supportive management, and reliable enforcement mechanisms. However, because the study involved 83 respondents from selected workplaces in Partido District, Camarines Sur, the findings should be interpreted within this local context and should not be generalized to all Philippine workplaces without further multisite investigation.

Government and private offices should adopt a comprehensive and coordinated approach to strengthening the implementation of mandated lactational breaks. Employers should provide accessible, private, sanitary, and adequately equipped lactation spaces, including secure breastmilk storage and essential pumping-related facilities. Human-resource units and workplace administrators should conduct regular policy orientations for employees, supervisors, and managers to clarify lactational break entitlements, procedures, and available reporting mechanisms. Protected and flexible break schedules should be integrated into workload planning through temporary task coverage, workload redistribution, cross-training, and appropriate staffing arrangements so that breastfeeding employees can exercise their rights without sacrificing work responsibilities. Offices should also establish confidential grievance procedures, designate responsible monitoring personnel or focal units, conduct periodic compliance reviews, and hold supervisors accountable for consistent implementation. Government offices should sustain their relatively stronger practices while addressing remaining facility and scheduling gaps, whereas private offices should prioritize facility investment, policy standardization, stronger monitoring, and management training. Future studies should involve larger and more geographically diverse samples, include formal workplace compliance audits, and examine how lactational break implementation influences breastfeeding duration, employee well-being, absenteeism, retention, and organizational productivity.

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