

The Successfulness of Exclusive Breastfeeding for Working Mothers in the Formal Sector

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ABSTRACT

Failure to achieve exclusive breastfeeding in Indonesia is caused by many things. One of them is the increasing number of female workers. Working mothers are more at risk for not breastfeeding exclusively. This study aimed to obtain in-depth information about the behavior of breastfeeding, supporting and barrier factors in the exclusive breastfeeding in mothers who work in the formal sector. The type of the research is qualitative descriptive research with Rapid Assessment Procedure. The sampling technique was used purposive sampling in breastfeeding mothers working in formal sector such as government office and private office in Pekanbaru city. The data was collected through in-depth interviews and observations from 8 informants and 3 key informants. Results showed that the success of exclusive breastfeeding began in during pregnancy, while in hospital, her time off work and her time at work. Barrier factors are the situation and condition of employment which do not allow exclusive breastfeeding. Some mothers could not pump breast milk, and there were no available means to breastfeed or pump breast milk. Mothers with confidence had a greater chance to succeed in exclusive breastfeeding. Support from leaders, husbands, families and co-workers are needed to encourage and motivate exclusive breastfeeding.

1. INTRODUCTION

Scaling up Nutrition Movement is a government program in public nutrition improvement. The First 1000 Day of Life is an important period in infant growth and development (Bappenas, 2012). Exclusive breastfeeding is the best food for infants aged 0-6 months. Government Regulation No. 33 of 2012 on exclusive breastfeeding stipulates exclusive breastfeeding for infants since they are born until they are six months old and it is recommended to continue it until they are two years old with an appropriate supplementary feeding (Indonesia R, 2012). The Basic Health Research Report of Indonesia (Riskesdas) shows that there is an increase of exclusive breastfeeding from 32% (Riskesdas 2007) to 42% (Riskesdas 2013) (Riskesdas, 2007; Riskesdas, 2013). Although there is an increase of 2% per year, the figure does not reach the target of 80% (BPS, 2012).

Exclusive breastfeeding target is not achieved in Indonesia due to several factors, including increased female participation in work and media influence in promoting infant formula. Central Bureau of Statistics reported the number of workers in Indonesia in 2012 increased by 0.85%, from 118 million people to 117.4 million in 2011 (BPS, 2012). The number of male workers is around 62% and the number of female workers is around 38%. The percentage of female workers in the formal sector is 35% (ILO, 2013). Studies have shown that working mothers are more at risk of exclusive breastfeeding than non-working mothers (Mitra, 2010; Amin, 2011). Basrowi's research shows that 32.3% of formal sector workers can provide exclusive breastfeeding, 45% of formal sector women workers ceases exclusive

breastfeeding before the babies are 4 months old. The length of work leave of less than three months is one of the factors causing non-exclusive breastfeeding (Basrowi, 2012).

These studies are quantitative studies that show the magnitude of problems and factors related to exclusive breastfeeding. However, the number of qualitative studies that reveal the problems of exclusive breastfeeding behavior in working mothers is very limited. The solution given to working mothers is to implement lactation management when they are pregnant, both on leave of work and while working. But there are still many mothers who do not know about lactation management at work. The purpose of this study was to obtain in-depth information about breastfeeding behavior and the supporting factors and barriers to exclusive breastfeeding in working mothers in formal sector.

2. RESEARCH METHOD

The research is qualitative research with Rapid Assessment Procedure (RAP) approach. RAP is a qualitative data collection technique for practical purposes such as obtaining rapid qualitative information useful for decision making (Scrimshaw, 1992). This research was conducted in Pekanbaru City, Riau Province in December 2014. The selection of respondents was done by using purposive sampling technique with the following criteria; breastfeeding mother working in formal sector, either in government office or private office who has a baby with a birth weight of > 2500 grams who is not a twin. The respondents were 8 breastfeeding mothers and 3 key informants (1 boss and 2 co-workers). There were no additional informants during the study.

The data collection techniques were in-depth interviews and observation on breastfeeding mothers as well as their co-workers and boss. Before interviewing the informants, the researcher confirmed their willingness to participate in the research by asking them to sign informed consent. The data processing and analysis were done through the following stages: (1) making the interview transcript, (2) compiling the in-depth interview data, (2) making the matrix, (3) interpreting the data according to findings, and (4) making conclusions (Martha, 2016). The validity of data was tested by using triangulation with the following process: (1) Triangulation of source by checking data through some sources, i. e. main informant and key informant. (2) Triangulation of methods by checking data through multiple methods, i. e. observations and in-depth interviews. When testing the data validity and the two techniques produced different data, the researcher conducted further discussions to relevant data source or other sources, to ensure the correctness of the data, (3) Triangulation of data by taking the data from more than one person and getting feedback from the informants (Martha, 2016).

3. RESULTS AND ANALYSIS

3.1. Characteristic of Informants

The age range of the informants: 27-32 years old. The informants' education ranged from Diploma III, Bachelor to Master. The informants' occupations were grouped into two areas: health and non-health. It took them an average of 20 minutes to travel from home to work by motor vehicle. The average length of work per day was 8-10 hours per day. The characteristics of the informants can be seen in Table 1.

3.2. Successful Exclusive Breastfeeding

3.2.1 Exclusive Breastfeeding Preparation

Mothers who were successful in giving exclusive breastfeeding had made preparations while they were pregnant. During pregnancy, the informants did breast care, such as keeping the breasts clean, pulling out the nipples, and massaging the breasts by applying baby oil and olive oil. In addition, those mothers regularly consumed milk and foods that were good for their pregnancy, such as green beans and green vegetables. It is in line with some informants' statements:

"During pregnancy, I still took vitamins. I also consumed milk while pregnant. After entering the third trimester, I regularly cleaned my breasts, pulled out the nipples, and then applied warm compress, baby oil or olive oil on them (INF1)"

".....massaged my breasts... drank green bean juice... herbal drink, and eat katuk (star gooseberry) leaves". (INF5)

Other preparations done during pregnancy were doing pregnancy exercise and having regular consultation with a doctor about lactation management. This is supported by the following informant's statement:

"Every night I listened to music for a relaxation. Every Wednesday and Saturday, I had pregnancy gymnastics, and once a month I went to a doctor for consultation on lactation management". (INF7)

Breast care during pregnancy has many benefits and is important to do because the process of lactation has started since the pregnancy. In general, the purpose of breast care is to maintain breast health, especially the hygiene of the nipples, stretch and strengthen the nipple. It is important to stimulate the milk glands, so that the milk production is plentiful and unplugged. It can detect breast abnormalities earlier that will give opportunity for mothers to overcome them. It can also prepare psychological state of mothers to breastfeed (Huliana, 2007). Research conducted by Maga in Gorontalo District shows that breast care during pregnancy is related to milk production (Maga, 2013). Although most mothers had preparations when they were pregnant, not all mothers could provide exclusive breastfeeding in this study. In addition to physical preparation (breast care), another preparation that can be done is having breastfeeding plan to do when returning to work.

The preparation that can be done for a mother when she is at work is to pump her breast milk to be stored in the refrigerator. Therefore, the baby will still have milk supply when the mother returns to work. The informants started pumping breast milk when they returned from hospital after the delivery, a week before coming to work or a month before work again. The informant said:

"I started storing milk in the refrigerator from a month before returning to work.. (INF7)

It is necessary for a mother to store milk in the refrigerator by labeling each bottle of milk. Therefore, there will still be milk supply, even though the mother goes back to work. All the exclusive breastfeeding informants did this. In contrast, the mothers who did not give exclusive breast milk were those who did not store their breast milk in the refrigerator. Fikawati and Syafiq (2012) states that a reason some mothers stop giving exclusive breast milk is because she feels that her breast milk is not sufficient for the baby. Their study showed that 36.8% of the respondents perceived that their breast milk was insufficient (Fikawati, 2012).

Exclusive breastfeeding behavior to do when the mother is still actively working is to pump milk before going to work, while she is working and before returning home. Before leaving for work, the baby is already breastfed. During the break time, the mother usually goes home for breastfeeding. The active return of working mothers is one of the obstacles in the success of exclusive breastfeeding. UK National Survey reported that 19% of mothers did not continue breastfeeding because they had to return to work. Similarly, Scottish survey reported that 28% of mothers did not continue breastfeeding because they needed to return to work. In Spain, 32% of working mothers did not continue breastfeeding when they were already active at work (Kosmala-Anderson, 2006). Several studies have shown that the failure of

exclusive breastfeeding happens when the mother begins to work. Research by Ong et al (2001) showed that the time spent by working mothers at work affected the duration of breastfeeding. Mothers who worked were more likely to stop breastfeeding compared to those who did not work with a Hazard Ratio (HR) of 1.61 (Ong, 2001).

Mother's Knowledge, Motivation and Confidence in Exclusive Breastfeeding

Supporting factors contributing to exclusive breastfeeding success are mother's high intention and motivation, and confidence to be able to give exclusive breastfeeding. An informant's statement supports this idea:

"...I believe that breast milk is the best food for babies... I have a strong intention to give exclusive breastfeeding." (INF2)

The understanding of how to store breast milk is needed, especially for working mothers. The informants who exclusively breastfed their children already knew about how to prepare and sterilize breastfeeding equipment, as well as how to store milk properly. Some of informants' statements are as follow:

"...Breast milk which is stored in the freezer can be consumed for up to a year... there must be label containing the storage date and time on the bottle." (INF2)

"Bottles are sterilized first. And then, breast milk is pumped and put into a sterilized bottle. Put it in the refrigerator, some are placed in the freezer, some are below it. If stored in the freezer, it can last up 3 months. If stored in a regular refrigerator, it can be consumed for a period of 2x24 hours." (INF6)

In addition to intention, belief and confidence, the mother must also have knowledge about exclusive breastfeeding and management of breastfeeding when the mother gets back to work. Not all of the informants knew what is meant by exclusive breastfeeding, especially those who worked in non-health sectors.

Mothers must have a good knowledge of breast milk storage in the refrigerator and how to pump breast milk so as not to cause pain in the breast. Another knowledge a mother must know is how to sterilize breastfeeding equipment. A study conducted by Wattimena *et al.*, showed that maternal psychological strength is a driving factor for more than 6 months maternal breastfeeding success (Wattimena, 2012).

In this study, not all mothers knew about exclusive breastfeeding. A Qualitative research by Tarigan and Aryastami shows that mother's knowledge about exclusive breastfeeding varies from one another (Tarigan, 2012).. A study conducted by Sriningsih shows that mother's knowledge is a significant variable that affects exclusive breastfeeding (Sriningsih, 2011). Another study by Abdullah and Ayubi found that about 83.6% of respondents who were exposed to information about exclusive breastfeeding had a good knowledge about exclusive breastfeeding (Abdullah, 2013). Fikawati and Syafiq's research in West Java and Central Java shows that a promotion of exclusive breastfeeding may improve a mother's knowledge about breastfeeding. However, the high knowledge of a mother is not always followed by the practice of exclusive breastfeeding. The percentage of exclusive breastfeeding practice was less than 25% of the total number of mothers who had knowledge about exclusive breastfeeding (Fikawati, 2003).

Qualitative research by Rahmah suggests that failure in breastfeeding is due to a lack of persistence and patience in practicing breastfeeding. Some mothers stop breastfeeding relatively early due to the panic they experience when their children refuse to have breast milk (Rahmah, 2012). Knowledge of lactation management prepares mother to anticipate if there is a complication when they are giving milk to their babies. Government Regulation No. 33 of 2012 shows that Exclusive Breastfeeding information and education must at least includes the following: (1) benefits and advantages of breastfeeding, (2) maternal nutrition, preparation and maintenance of breastfeeding; (3) negative effects of partial bottle feeding on breastfeeding; and (4) difficulties in changing the decision not to breastfeed. Health workers and service facility providers are obliged to provide information and education to mothers and / or families about exclusive breastfeeding(2).

Social Support

Supports from various parties are needed for successful exclusive breastfeeding of working mothers. Supports from boss may be in the forms of attention, dispensation to go home early, and exclusion from out-of-town activities. This is as explained by an informant:

I got dispensation; I may come later and go home sooner... In addition, I was not assigned for out-of-town job... (INF2)

Supports from colleagues are necessary for the success of exclusive breastfeeding. Most informants said that there were supports from their co-workers in breastfeeding. The supports provided were in the forms of motivating, understanding from colleagues, and sharing experiences in breastfeeding practices. The existence of policy from the manager really helped working mothers by arranging more flexible working hours and delegating out-of-town tasks to other colleagues during the time the mother gave exclusive breastfeeding. For working mothers, supports from their colleagues are very beneficial. Understanding and good cooperation from colleagues are very helpful to mothers who are still giving exclusive breastfeeding. This is supported by the Decree of the Minister of Manpower based on Law No. 13/2003 which calls for the company to provide lactation permits during working hours and more flexible working hours.

Supports from the nearest person, such as husband and family, are necessary for the sustainability of breastfeeding. Most informants said that they received supports from husbands and families in providing exclusive breastfeeding. Husband and family support to breastfeeding mothers were manifested in various forms, including taking milk from the mother's office, preparing and sterilizing bottles, searching for breast pumps, finding information, and buying supplementary milk and vitamins for breastfeeding mothers to increase their milk production. Some informants said:

"...I asked my husband or my sister for help... if at night I got tired and needed to sleep...I woke up to breastfeed." (INF1)

"My husband always bought me vitamins and dates extract for the flow of breast milk as well as supplementary milk for a breastfeeding mother." (INF8)

Supports from various parties are needed for exclusive breastfeeding success for working mother. Supports from the nearest person, such as husband and family, are necessary for the sustainability of breastfeeding. The types of husband supports include his role in seeking information about breastfeeding and infant feeding (role 1), involvement in decision making on how to feed children (role 2), selection of venues for pregnancy, delivery, and postnatal / immunization (role 3), involvement in the visit for pregnancy screening (role 4), having positive attitude towards marriage life (role 5), and involvement in various parenting activities (role 6) (Februhartanty, 2008). Ramadhani and Hadi's research (2010) found that mothers who got supports from their husbands were twice as likely to exclusively breastfeed compared to those with less supportive husbands (Ramadani, 2010).

Breastfeeding Facilities

All informants stated that there was not any special room for breastfeeding. Of the 4 informants who gave exclusive breastfeeding, 2 informants pumped his milk in the office. The only available places for pumping were their own room and the prayer room. This fact is supported by the following statements:

"There is not any lactation room for breastfeeding. Usually, if I wanted to pump breast milk, I just closed the door in my own room". (INF 1)

The unavailability of a lactation room for breastfeeding is justified by the key informant. The key informant said:

"There is no policy regarding the provision of supporting facilities for breastfeeding." (IK1)

Availability of facilities to support the success of exclusive breastfeeding consists of two components, namely the availability of facilities in the office such as lactation room and the availability of

facilities owned by mothers such as cooler bags, glass bottles and sterile plastics. There is an association between breastfeeding facilities and exclusive breastfeeding (Abdullah, 2013). The unavailability of adequate breastfeeding facilities at the workplace is also a risk factor for breastfeeding discontinuation Government Regulation No. 33 of 2012 rules out the provision of special facilities for breastfeeding (Amin, 2011). Workplace organizers and public facilities are required to provide breastfeeding facilities in accordance with the conditions and capabilities of the company.

3.3 Barriers Factors in Exclusive Breastfeeding

Barriers factors of exclusive breastfeeding for working mothers are the prohibition to leave the room, being given out-of-town assignments and breastfeeding insufficiency. This is proven by some informants' statements:

"Yes, because I work... I rarely breastfeed... I cannot go home during break time, because I work as a teller, so I cannot leave the room." (INF4)

"I often get assignments that require me to go out of town." (INF5)

The unavailability of lactation room for pumping breast milk, preparing bottles and breast milk pumps is considered troublesome for some mothers. Thus, it is also an exclusive breastfeeding inhibitor. Qualitative research in Kendal, Central Java found that one of the obstacles in giving exclusive breastfeeding is the inconvenience experienced by the mother, such as having too much workload and the long distance between their home and the office, so that the mother cannot go home if the mother wants to breastfeed (Rejeki, 2008). It is recommended that each workplace issue a policy to regulate working hours for breastfeeding mothers. In accordance with Government Regulation No. 13 of 2012, workplace managers and public facility providers should support exclusive breastfeeding programs. Without supports from the workplace, exclusive breastfeeding will be unsuccessful.

4. CONCLUSION

The success of exclusive breastfeeding in working mothers begins with maternal preparation when they are pregnant, while in the hospital, on a work leave and when they return to work. Mothers with high knowledge, intention, motivation and confidence are more likely to give exclusive breastfeeding. Policies and supports from the organizers, husbands and families and co-workers are essential in exclusive breastfeeding. The inhibiting factors of exclusive breastfeeding are situations and conditions of employment that do not allow the employee to leave the room and the assignment to work out of town. It is advisable to the office management to make a written policy on the provision of breastfeeding facilities and more flexible working hours, especially for breastfeeding mothers within the first six months of their breastfeeding period. Forum or community is also necessary for mothers to improve their knowledge about breastfeeding which can also be a medium to share their experiences at exclusive breastfeeding.

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