



Behavior of Working Mothers in Exclusive Breast Milk in The Work Area of Bulili Public Health Center

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Abstract

This study aimed to determine working mothers' behavior in exclusive breastfeeding in the Bulili Health Center Work Area, South Palu District. The research method applied qualitative with a case study approach. The research informants were 13, determined by the purposive sampling technique. The results showed that the predisposing factors with knowledge and attitude variables were still limited; the informants did not know the exact meaning of exclusive breastfeeding, the importance of exclusive breastfeeding, and the benefits of exclusive breastfeeding. Supporting factors with health facilities infrastructure and facilities at work variable are not yet available optimally. While the family support variable can be said to be lacking, this is influenced by the lack of family knowledge regarding exclusive breastfeeding. The definition of exclusive breastfeeding is still relatively low also about attitudes, even due to the lack of knowledge, facilities, and infrastructure that support exclusive breastfeeding, such as lactation rooms; in this study, the support provided by the family is still relatively low.

Keywords: Behavior, Exclusive Breastfeeding, Working Mother

Key Messages:

- The Bulili Public Health Center needs to pay greater attention to exclusive breastfeeding efforts so that educational programs regarding the importance of exclusive breastfeeding can be well-integrated, directed, and sustainable.
- Then for the place of work, mothers are expected to be able to realize a lactation-friendly workplace policy by providing education and breastfeeding room facilities.
- Families are expected to give more attention and encourage mothers always to give exclusive breastfeeding

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1. Introduction

The first 28 days of life (neonatal period) is the most vulnerable time for child survival. Children then face a high risk of dying in their first month, with a global rate of 19 deaths per 1,000 live births. The Infant Mortality Rate (IMR) in Indonesia significantly declined from 68 per 1,000 in 1991 to 32 per 1,000 live births in 2012. While international estimates for under-five mortality show a gradual improvement at 29 per 1,000 live births in 2014, the estimated national scale provides a simpler picture at 40 per 1,000 live births, with a wide disparity between 115 per 1,000 in Papua and 28 per 1,000 in Riau. However, this figure is still higher than the 2019 RPJMN target,

which is 24 per 1000 live births (1). Based on the Basic Health Research (2018) results, exclusive breastfeeding coverage in Indonesia in 2018 reached 37.3%. The lowest coverage is in the province of West Nusa Tenggara (20.3%), and the highest is in Bangka Belitung (56.7%). Compared with the national exclusive breastfeeding coverage target on service standards, of course, this achievement is still below the Indonesian Ministry of Health target, where the Indonesian Ministry of Health sets the 6-month exclusive breastfeeding coverage standard of 80% (2).

Based on data from the Health Profiles of Central Sulawesi Province in 2019, the percentage of exclusive breastfeeding coverage in Central Sulawesi Province from 2017 to 2018 experienced an insignificant increase from year to year; in 2018, it was (57.7%) increased to (57.9%) in 2019. Based on the report of Regency/City program managers in 2018, the highest average coverage was in Parigi Moutong Regency of (80.1 %), compared to coverage in 2017, the highest percentage of coverage for babies who were breastfed Exclusively in Banggai Laut Regency (77.7%). The lowest coverage of infants receiving exclusive breastfeeding was in Banggai Islands District (40.6%) and Toli-Toli District (50.8%) in 2017. Meanwhile, in 2018 the lowest percentage of coverage was in Buol District (39.5%) and North Morowali District (43.8%).

Palu City is the regional capital of Central Sulawesi, but even so, the coverage of exclusive breastfeeding in the area is still relatively low. According to the Profile of the Health Office of Palu City, in 2018, exclusive breastfeeding decreased (from 67.60% in 2015 to 64.40 in 2016); it continued to decline until 2017 by 58.33%, but in 2018 it increased by 59.9 %. This is also far from the national exclusive breastfeeding coverage target in the 2018 Minimum Service Standards, about 82% (2). Based on the results of a preliminary study conducted in the working area of the Bulili Health Center (known as Puskesmas in Indonesia), it was found that there were 297 working mothers, and the coverage of exclusive breastfeeding was around 42.6%. The lowest was the Petobo sub-district, about 42.4%, after the South Birobuli sub-district of 42.6%. The results of interviews with health workers at the Bulili public health center confirmed a decrease in the coverage of exclusive breastfeeding in the working area of the public health center.

This study aimed to determine working mothers' behavior in exclusive breastfeeding in the Bulili Health Center Work Area, South Palu District.

2. Methods

It was qualitative research with a case study approach design. It aims to understand the social reality in natural conditions and is discovery, where qualitative researchers were the key instrument. The data collection technique was done by triangulation (combined), the data analysis was inductive, and the sample used was a sample that had experienced the substance to be studied through in-depth interviews (in-depth interviews) and stopped when there was no new information. This study determined that the informants used a purposive sampling technique. Data processing was done by reducing the data by making a summary, selecting the main things, and focusing on the important things to find the themes and patterns of core data and process information questions (3).

In qualitative research, the main instrument of research was the researcher himself. In this study, a credibility test was used to test the validity of the data by triangulation. Data triangulation was defined as checking data from various sources in various ways and at various times.

3. Results

Predisposing Factors:

This research was carried out in the working area of the Bulili Health Center from 5 April – 6 May 2021, with in-depth interviews with key informants, including the person in charge of Nutrition at the Bulili Health Center; also, 6 people were ordinary informants, working mothers with babies and additional informants (the closest person to the mother). Researchers with ordinary informants about knowledge conducted the results of interviews. *Can you explain what mothers know about exclusive breastfeeding?* It was found that there was 1 regular informant who knew the exact meaning of exclusive breastfeeding, as follows:

"Exclusive breastfeeding is the intake for babies better than formula milk. Only given breast milk, not given other foods. Mmmm..... However, the role of breast milk is very important, especially babies from 0-6 months of age must be breastfed, later when they are 6 months old, they should be given complimentary breastfeeding"

(FA, 36 y.o, 5 April 2021).

Besides 1 usual informant above who knows the meaning of exclusive breastfeeding, 5 informants do not know the exact meaning of exclusive breastfeeding, as stated by the following informants:

"Breastmilk? My son has been breastfed since birth until now. Hmm... Breast milk is good for the growth of children, hmm.. I do not really understand either" (NW, 31 y.o, 6 April 2021).

"Yes, right breast milk has many nutrients, the mother eats vegetables, so the breast milk is good" (SU, 41 y.o, 7 April 2021).

"Hmm, I do not know whether this is breast milk or not; I forgot I only knew mother's milk" (SA, 24 y.o, 18 April 2021).

"Hmm, breast milk? eh, rather than later, I had better answer that this is already the best food for babies or the best nutrition. My child breastfed from birth to teething; he is still breast milk" (EF, 31 y.o, 26 April 2021).

"As far as I know, this breast milk given to babies is good for nutrition. My son has breastmilk since he was born. He likes to drink breast milk instead of formula milk. He does not really like it" (RW, 24 y.o, 24 May 2021).

In-depth interviews were also conducted with key informants, who were those in charge of nutrition, related to the definition of exclusive breastfeeding; the following results were obtained:

"Exclusive breastfeeding is when a newborn is only given breast milk from 0-6 months of age without any kind of treatment, such as giving sugar water or giving formula milk or other food besides exclusive breastfeeding" (MY, 24 y.o, 20 April 2021)).

Supporting Factors

The results of interviews were conducted by researchers with ordinary informants about the variables of facilities and infrastructure. *Can you explain whether the facilities you work in adequately support the service process optimally?* The following results were obtained:

"The workplace is near, if the child is fussy, just go straight to the house, there is a father who looks after it. Yes, the support service is not there, anyway, the place is close too.. " (SU, 41 y.o, 7 April 2021).

"Hey, how are the facilities? Oh no, there is only a room, but I rarely bring him there because it is just a room, it is just an empty room" (EF, 31 y.o, 26 April 2021).

"Yes, it is good; it is just that there is no special place for breastfeeding" (SA, 24 y.o, 18 April 2021).

"Hmm.. yes, there is" (RW, 24 y.o, 20 April 2021).

"It is just like this, and the facilities are like this" (FA, 36 y.o, 5 April 2021).

"Hm.. yes like this I do not know too" (NW, 31 y.o, 6 April 2021).

Based on statements from regular informants and key informants, it was found that most informants stated that they did not know about the existence of a lactation room at work. One informant admitted that health facilities (lactation rooms) at work are available but only in the form of empty spaces not equipped with tools and materials to support the process of exclusive breastfeeding. Five other informants admitted that they did not get adequate health facilities for the process of exclusive breastfeeding at work.

The interviews were conducted by researchers with key informants, namely the Person in Charge of Nutrition at the Bulili Health Center, regarding the variables of facilities and infrastructure. *Can you explain how you feel about the health facilities at the Bulili Health Center?* The following results were obtained:

"The breast milk corner is right there; it is just not there now. Actually, it is there. It is just now being used as a Health of both mother and child (KIA) room. The strings are right here. It is just on the one side with the breast milk corner room. For example, if a mother wants to breastfeed, right, but the situation is not like the one on the other side; it is rather spacious, so automatically now the breastfeeding corner is no longer available. However, if there is at least next to the examination site for pregnant women, maybe our room facilities are a bit less supportive" (MY, 24 y.o, 20 April 2021).

Driving Factors

The results of interviews that researchers conducted with ordinary informants about knowledge. *Can you explain how the role of the family in providing information related to exclusive breastfeeding?* It was found that 4 informants usually received information support from their families regarding exclusive breastfeeding, as follows:

"There are not any, hmm.. If it is like their advice, yes; usually told to eat vegetables soup, reduce coconut milk

or fried foods, that is also true. It is true that if you eat vegetable soup, it becomes much breastmilk. It is just that they do not want to stop drinking breast milk, even though there have been various ways to wean, but they do not want to. So, keep drinking breast milk, even though people say it is up to 2 years. So, let it be until whenever the baby wants to stop, then stop himself. This information before the disaster was given through the posyandu (Integrated Healthcare Center). It is just that we do not know if we do not ask. It is okay, my husband knows too much about that" (EF, 31 y.o, 26 April 2021).

"hmm. I do not feel anything while breastfeeding from the tent to the army. It is just that I am advised not to eat sweet or ice, eat cold food, or fried foods. Because, if you cough a little, all of these children are still breastfed; this is often the case, especially if they see it, they will ask to buy it" (SA, 24 y.o, 18 April 2021).

"information in order to smoothly give breast milk, already, like eating lots of vegetables, must be diligent in eating, do not be lazy to eat because my weight is not up to 40 kg, besides breast milk is good for children's health" (RW, 24 y.o, 20 April 2021).

"There is no information on breastfeeding, such as breast milk is better and more practical because husbands usually do not understand it, hmmm..." (NW, 31 y.o, 6 April 2021).

In addition to the 4 usual informants above who received information support from their families regarding exclusive breastfeeding, 2 informants did not receive information support related to exclusive breastfeeding from their families, as stated by the following informants:

"Hehe, how about that, hehe, there is nothing" (FA, 36 y.o, 5 April 2021).

"Yeah, he usually gives it as he talks; it is just that your husband does not know that. However, you still have to be strong, and you have to keep giving it too. Am I the only one who produces breast milk for the children" (SU, 41 y.o, 7 April 2021).

In-depth interviews were also conducted with additional informants from the mother's close family, namely her husband, brother, and in-laws, to find out *what kind of information you provide to your family regarding exclusive breastfeeding?* The following results were obtained:

"I usually tell them, like breast milk is important, eat vegetables, you can not eat cold ones too" (IN, 35 y.o, 26 April 2021).

"I always tell them to eat many a lot of vegetables, right?" (SU, 42 y.o, 5 April 2021).

"Hehe, yes, good" (FA, 26 y.o, 6 April 2021).

"Oh, it is always because breast milk is good for the development of these children, so I always say give it to breast milk" (IR, 34 y.o, 18 April 2021).

"Haha, I know that my mother and my wife already know that" (Nu, 30 y.o, 7 April 2021).

"Well, it depends on my wife; I see it is also good until now she is using breast milk" (SP, 36 y.o, 20 April 2021).

Based on the statements given by ordinary and additional informants, it was found that the support or information related to exclusive breastfeeding obtained by the mother from the family can be said to be lacking or not good. In this case, the knowledge from additional informants or families regarding the benefits and interests of exclusive breastfeeding mothers was still very lacking. So the information given to mothers was also limited. Most of the additional informants did not think that exclusive breastfeeding was important, so the information support provided to mothers also had an influence.

In-depth interviews were also conducted with ordinary informants to find out: *What is the role of the family in giving attention during preparation for breastfeeding and the breastfeeding process?* It was found that 4 informants usually received support from their families in exclusive breastfeeding for babies as follows:

"Yes, there are people who are told to eat healthy food, only if they are sick, so my husband pays more attention, right, like helping take care of yourself, he takes care of the house too" (EF, 31 y.o, 26 April 2021).

"Yes, yesterday, there was a problem with the breast, right, but at first, his papa said so-and-so, and he did not have milk. But, if I do not give him breastmilk, I feel sorry for him. His father also gave him formula milk. Anyway, formula milk will take a high cost together with the diapers. Then I try to him breastmilk with another breast" (SA, 24 y.o, 18 April 2021).

"Hehehe, what is the matter, to make breast milk smooth, your husband does not use stress, and if the mother is stressed, you can tell her breast milk, yesterday, my husband was in Kalimantan but used to do that over the phone. Lazy to force-feed if you do not want to come in. What is wrong with the parents remembering their names anyway" (RW, 24 y.o, 20 April 2021).

"Yes, please pay attention, if there is a problem, there is he who says it is like a teaching base, so, I forgot a bit too" (FA, 36 y.o, 5 April 2021).

4. Discussion

Knowledge results from knowing, which occurs after people have sensed a particular object. Sensing occurs through the five senses, namely the senses of sight, hearing, smell, taste, and touch. Most human knowledge is obtained through the eyes and ears. Knowledge of cognition is a very important domain for forming one's actions (overt behavior) (4). From in-depth interviews conducted by researchers, researchers consider that in today's era where information on exclusive breastfeeding is not a new thing, there are still many working mothers who do not know about exclusive breastfeeding even though health services and media such as conveying information, it is quite available in the region. Moreover, mothers who work outside the home can certainly obtain information about exclusive breastfeeding that can be obtained through other people or the media. However, in reality, the researchers found that most of the informants of working mothers did not have sufficient knowledge to describe what exclusive breastfeeding was like. Meanwhile, only a small proportion of other breastfeeding mother informants know the meaning of exclusive breastfeeding but not correctly, namely breastfeeding infants from 0 to 6 months of age. The informants also did not know precisely about breast milk can protect babies from disease and the differences in the immune system of babies. Most of the informants stated that the lack of knowledge was due to the lack of support from health workers regarding providing information related to exclusive breastfeeding. It can be concluded that the knowledge of ordinary and additional informants related to nutrition in breast milk is still low.

The results of this study are in line with (Lestari, 2013), namely the results of the analysis of the relationship between mother's knowledge about breastfeeding and exclusive breastfeeding in Fajar Bulan Village, West Lampung Regency, using the Chi-Square test, the p-value = 0.001 at the 95% confidence level, meaning p values <0.05. From this value, H_0 is rejected, meaning that there is a relationship between the mother's level of knowledge about breastfeeding and exclusive breastfeeding in Fajar Bulan Village, West Lampung Regency. The most obvious factor causing the failure of exclusive breastfeeding is the knowledge factor; the reasons why mothers do not give exclusive breastfeeding to their babies are mostly 51.35% because mothers do not know about exclusive breastfeeding and 18.92% because mothers work, 16, 22% because breast milk does not come out and 13.51% mothers feel that their babies are not full if only given breast milk (5).

Breastfeeding is an established and recommended intervention for improving child nutrition. This study has shown that exclusive breastfeeding can reduce mortality in infants and young children. It is one of the most important factors in infant growth and development and is globally endorsed as the best food for babies. The World Health Organization (WHO) recommends exclusive breastfeeding in infants for the first six months of life after birth. No other liquids or solids are administered, not even water, except oral rehydration saline solutions or vitamin, mineral, or drug drops/syrups (6).

Exclusive breastfeeding means the baby receives only breast milk from its mother and no other liquids or solids, not even water, except rehydration solutions, drops, or syrups consisting of vitamins, mineral supplements, or medications. Complementary feeding is the process initiated when breast milk is no longer sufficient to meet the baby's nutritional needs, and therefore other foods and fluids are required, along with breast milk. The target range for complementary feeding is generally 6 to 23 months. However, breastfeeding can continue for more than two years. These recommendations can be adapted according to the needs of infants and children in very difficult circumstances, such as infants with low birth weight, severely malnourished children, and emergencies (7).

The lactation room is a room for breastfeeding babies, expressing breast milk, storing breast milk and/or breastfeeding consultations. This room is equipped with breastfeeding and breastfeeding facilities as described in the Minister of Health Regulation no. 15 of 2013 includes procedures for providing special facilities for breastfeeding and/or expressing breast milk. This lactation room aims to provide protection for mothers in exclusive breastfeeding, fulfill children's rights to exclusive breastfeeding, and increase the role and support of families, communities, local governments, and governments in exclusive breastfeeding (8).

Being a mother is a special gift for women. While being a working mother is also a necessity of life and its preoccupation. After work, sometimes mothers do not want to worry about breastfeeding at work. Some mothers

even think more about themselves because it can interfere with the beauty of the body, so they end up not breastfeeding. At work, many offices or workplaces do not support breastfeeding programs. There is no effort to prepare a special room for breastfeeding or pumping breast milk while the mother works. There are no special places for breastfeeding babies in public places such as squares, shops, or airports. In addition, in urban areas, land rents are high, and entrepreneurs seem unwilling to share their profits in a good place to breastfeed babies (9).

Family support is a process that occurs throughout life; the type and nature of support differ in different stages of the life cycle. Family support can be in the form of internal social support, such as support from the husband, wife, or siblings, and can also be in the form of external family support for the nuclear family. Husband's support is one form of interaction in which there is a relationship of mutual giving and receiving of real assistance that the husband carries out towards his wife (10).

In-depth interviews were also conducted to find out how the role of the family in providing information related to exclusive breastfeeding; the results showed that most of the informants said the role of the family in providing information related to exclusive breastfeeding obtained by mothers from the family could be said to be not good enough in this case given by the family such as knowledge of information. Some additional informants did not think that exclusive breastfeeding was important, so the information support provided to mothers also had an influence. Informants said that so far, they need the support provided by their families because of the limited time they have to work, so getting information alone is quite difficult. In addition, the information provided by the family is also limited because it is only in the form of giving advice on which foods to eat while breastfeeding. Some informants stated that they did not get support from their families, especially their husbands because most of the additional informants underestimated the effect of support given to breastfeeding mothers.

This is in line with Nasution; non-exclusive breastfeeding is more common in mothers who lack a husband's support (96.2%) than mothers who receive a husband's support (46.7%). One form of family support in the form of encouraging mothers by providing the information needed to increase self-confidence and stabilize their emotions, as well as provide great motivation for breastfeeding mothers. Family support has a relationship with the success of exclusive breastfeeding to infants. Family support is support for mothers who are motivated to give only breast milk to their babies until the age of 6 months, provide psychological support, and prepare balanced nutrition for mothers (11).

This research is also in line with Arini's research, in which the results show a relationship between family support and the success of exclusive breastfeeding to infants. Family support motivates mothers to breastfeed their babies until 6 months, provides psychological support, and prepares balanced nutrition for mothers because husbands and families can play an active role in breastfeeding by providing emotional support or other practical assistance (12). If the family gives support to the mother, then the mother will be motivated to take action because of the belief that confidence, enthusiasm, and intention will arise in the mother so that the mother will have a great desire to get something desired as expected, and so will on the contrary. In action, a mother who has a desire will be more successful than a mother who does not have a desire. As for the support from the closest people, it is hoped that it can encourage behavioral changes manifested in family support, so family support is essential for mothers in forming an action.

5. Conclusion

Predisposing Factors in the behavior of working mothers in exclusive breastfeeding in the work area of the Bulili Health Center, South Palu District, including the knowledge of mothers, husbands, and families regarding the meaning of exclusive breastfeeding is still relatively low. Also, about attitudes, even due to the insufficient knowledge they have causing most of the attitudes of mothers in breastfeeding Exclusive breastfeeding is not good, ordinary informants still think that breastfeeding is not important, coupled with knowledge, this can undoubtedly hinder the process of mothers in exclusively breastfeeding optimally.

Factors Supporting the behavior of working mothers in exclusive breastfeeding in the Bulili Health Center work area include health facilities and infrastructure that support exclusive breastfeeding. In this study, the place of working mothers has not provided facilities and infrastructure that support exclusive breastfeeding, such as lactation rooms. Also, the implementation of outreach activities from health promoters is still not comprehensive for mothers and families of breastfeeding mothers, so some people do not know information related to counseling

on the importance of exclusive breastfeeding.

Reinforcing factors in the behavior of working mothers in exclusive breastfeeding in the work area of the Bulili Health Center, Palu Selatan District, includes family support, which is also the most important factor in exclusive breastfeeding. In this study, the support provided by the family is still relatively low because most families only provide support in the form of information and instrumental support, but the information support provided is also very limited.

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