



## EXPERIENCES OF EXCLUSIVE BREASTFEEDING AMONG EMPLOYED MOTHERS AT PT. HEINZ ABC IN THE YEAR 2023

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### Abstract

**Background:** One contributing factor to the failure of breastfeeding is the rising prevalence of mothers engaged in *full-time* employment, exemplified by occupations like factory work. This phenomenon is attributed to various impediments, including restricted intervals for rest, inadequacy of workplace amenities and provisions, and the presence of fatigue. **Objective:** To comprehensively understand the breastfeeding endeavors of mothers employed at PT Heinz ABC factory, delving into their experiences is imperative. **Methods:** Qualitative The research employed *a generic qualitative research approach*, utilizing *purposive sampling* as the sampling technique. The research involved nine informants who were mothers employed in factories and had children aged between 7-24 months. Data collection was conducted through online *in-depth interviews* conducted via WhatsApp voice calls. The researchers also employed supportive instruments, specifically interview guides that had undergone *pilot interviews* beforehand. The data analysis was conducted through thematic analysis. **Results:** This research is segmented into three themes, namely knowledge, *self-efficacy*, and barriers. **Conclusion:** The prevalence of breastfeeding practices among mothers employed in factories remains low. This can be attributed to obstacles hindering the sustained implementation of exclusive breastfeeding, including inadequacies in workplace facilities, restricted rest intervals, psychological pressure, and low self-efficacy.

**Keywords:** Breastfeeding, Experience, Practice, Working Mothers

### Introduction

As per the information provided during World Breastfeeding Week 2018, merely 33.6% of the 137,700,000 newborns globally were exclusively breastfed from birth to six months. Data from the World Health Organization (WHO) in 2018 further indicates that the global average for exclusive breastfeeding stands at a mere 38%, falling significantly short of the WHO's breastfeeding target of 80%. Given this disparity, collaborative efforts are imperative to attain the objective of achieving a minimum of 60% exclusive breastfeeding for the first six months by the year 2025. <sup>[1]</sup> Nevertheless, mothers continue to encounter various impediments in achieving optimal breastfeeding, with one of the major challenges arising when mothers have employment obligations, as they often lack the necessary support to sustain exclusive breastfeeding.

According to data extracted from the 2021 Karawang District Health Office profile, the percentage of breastfeeding coverage witnessed an increase to 59.1%. Subsequently, in 2022, the coverage for exclusive breastfeeding further rose to 65.8%. <sup>[2]</sup> The presented data indicates that the prevalence of breastfeeding in the Karawang district, while exhibiting an increase from the previous year, remains below the national target. This discrepancy can be attributed to various factors, including the nutritional status of mothers during breastfeeding, their mental and emotional well-

being, breast hygiene, the condition and maintenance of their breasts, adequate rest, contraceptive usage, and the frequency and technique of breastfeeding. Specifically, in the Klari sub-district, within the jurisdiction of the Klari Karawang community health center in 2022, the data reveals that 43.3% of infants received exclusive breastfeeding.

PT ABC situated in the Karawang Regency is one of the prominent corporations in the region with approximately one-third of its workforce comprising women. According to personnel data the current workforce at PT ABC includes around 530 women, out of which 120 are married and have children. However, only 25 of these mothers are actively engaged in breastfeeding. This data underscores the observation that a relatively low number of mothers in the workforce at PT ABC are providing breast milk to their infants.

## Methods

The research employed an exploratory method as its design. Informants for the research were selected through purposive sampling, specifically targeting mothers with breastfeeding experience and mothers with children aged between 7 to 24 months. A total of 9 informants participated in this research. The research was conducted at PT Heinz ABC and took place in December 2023. The instruments used are online *in-depth* interviews through whatsapp voice calls, *tape recorders*, stationery. The method of analysing data using *Thematic analysis*.

## Results

This research resulted in 3 themes namely: Knowledge, *Self-Efficacy*, and barriers.

The thematic focus on knowledge about breast milk examines the depth of understanding among working mothers regarding breast milk. In the course of this research, mothers articulated various aspects of knowledge related to breastfeeding. This is evident in the insights gleaned from interviews with informants, as encapsulated in the following quote:

*"...breast milk given to babies aged 0-6 months. They have not been given anything yet so they only drink breast milk..."* (I1)

*"...I breastfeed myself because breastfeeding is something that is important for the first to support the growth and development of my baby..."* (I2)

*"...yes, my child became healthier..."* (I3)

*"...I am afraid that if I don't breastfeed my child, there is a risk that my child will be susceptible to diseases..."* (I5)

The results of the interviews showed that working mothers at PT Heinz have sufficient knowledge related to breastfeeding, such as the definition of breastfeeding, the benefits of breastfeeding and breast milk production.

The theme of *self-efficacy* describes the failure of breastfeeding due to low self-efficacy, which makes mothers think that they are not able to continue breastfeeding. Most mothers choose to give formula milk to their children as a substitute for breastfeeding when the mother is working and practical. As stated by the following informant:

*"...I don't know anymore, the practical way is just formula milk. Because I leave my child with my mother, it's a bit far from home..."*(I1)

*"...I am worried that if I leave my child at work and there is no substitute milk like phosphorus, my child will grow slowly, not healthy..." (I6)*

*"...if I continue to breastfeed, it seems difficult, because I am busy and have to work, so I just choose something practical and easy, so that everything can work..." (I8)*

*"...my first child was also not breastfed, I just gave formula milk, so my second child also gave for although when I had my first child I was not working like now...." (I9)*

The excerpts from informant interviews above lead to the conclusion that diminished *self-efficacy* can contribute to a reduced commitment to breastfeeding and lower maternal resilience in overcoming challenges associated with breastfeeding. This is often attributed to the fact that working mothers, due to their busy schedules, find themselves compelled to opt for formula milk as an alternative.

The thematic exploration of obstacles faced by working mothers in factories concerning breastfeeding delineates the challenges leading to breastfeeding difficulties in this specific demographic. The research outcomes from informants have identified sub-themes that encapsulate the barriers encountered by factory working mothers in providing breast milk: 1) facilities and amenities in the workplace, 2) limited rest time, 3) psychological pressure, 4) fatigue.

#### **a. Workplace facilities and amenities**

The sub-theme pertaining to workplace facilities and amenities elucidates the issues or impediments related to the availability of suitable facilities for expressing breast milk among working mothers. Three informants highlighted that, in their respective workplaces, there exists a lactation room or designated area for breastfeeding. However, they noted a prevalent issue where the refrigerator intended for storing breast milk within the room is dysfunctional and remains unrepaired. This concern is articulated in the following interview excerpt:

*"...actually there was a tea fridge in the lactation room but, it was broken..." (I1)*

*"...Plus there was a refrigerator but it was broken and until now it hasn't been fixed ..." (I2)*

*"...for 7 months the refrigerator has not been repaired even though it is a place to store breast milk..." (I3)*

However, in contrast to 3 informants who stated that there is no refrigerator or freezer used to store breast milk

*"...there was a lactation room but now there is no place to store breast milk..." (I4)*

*"...there is no refrigerator to store the breast milk even though it is important..." (I8)*

The above statement can be concluded that the facilities provided by the company for working mothers who want to continue breastfeeding their babies are still lacking. It is proven by the lack of facilities provided by the company in order to achieve breastfeeding coverage in working mothers.

### **b. Limited break time**

The sub-theme of limited resting time describes the obstacles that often occur in mothers who provide expressed breast milk because they have little time to pump more milk. This was expressed by all informants with the following interview results:

*"...yes, it's the **same break time which is 1 hour**, enough to eat, **break**. So I don't pump breast milk..." (I1)*

*"...the bottleneck is the **break**. So everyone takes a **1-hour** break together..." (I2)*

*"...It's just constrained by the **rest time**, the pt policy should be differentiated for pregnant and lactating mothers, the **rest time** should not be together..." (I3)*

*"...how do you want to breastfeed tea, people just have **limited rest time** (pause) for eating and praying is just tight..." (I4)*

*"...yes, the factory policy is to give **only an hour's rest**, which includes lunch, prayer and breastfeeding. It's unimaginable that there are so many employees taking breaks together..." (I5)*

*"...**lack of rest time** for pregnant women and breastfeeding mothers, I get tired and in the end my milk is sometimes small because it is not released..." (I6)*

*"...time, I work long hours so I don't have enough **time to** breastfeed..." (I7)*

*"...I was at the factory for 8 hours, I didn't **take a break for just 1 hour**, how am I breastfeeding, I'm tired..." (I8)*

*"...people **also only rest for 1 hour**, how do you want to pump breast milk, mum..." (I9)*

The aforementioned statement concludes that a hindrance for mothers in breastfeeding while working lies in the identical break time allocated for all workers, which is limited to 1 hour. This constraint impedes the ability to generate a larger quantity of expressed breast milk, thereby posing a challenge to achieving exclusive breastfeeding for the recommended duration of up to 6 months.

### **c. Psychological pressure**

The sub-theme of psychological distress elucidates that the reason behind breastfeeding difficulties is rooted in the psychological distress experienced by mothers. This is supported by the outcomes from the following interview results:

*"...yes, sometimes if I'm **stressed with a lot of work or emotional with a lot of thoughts**, the milk comes out a little..." (I8)*

*"...nothing, only formula milk. When I gave birth that day, **my little nipple** also came out a little..." (I9)*

The conclusions drawn from the interview excerpts with the informants above indicate that among factory working mothers, a prevailing assumption persists that the volume of milk produced is

insufficient for the baby's needs. This belief often leads to the decision to supplement with formula milk.

## Discussion

The outcomes of this research indicate that while certain informants possessed a commendable level of knowledge about breastfeeding, this knowledge did not translate into improved breastfeeding practices. This discrepancy can be attributed to the fact that the mothers' understanding falls into the category of "knowing that" or theoretical knowledge, which is not deeply comprehensive. Consequently, such knowledge does not serve as a significant motivator for mothers to actively engage in breastfeeding. This is in accordance with the health belief model theory, the level of knowledge affects personal perceptions of breastfeeding. Based on the research results <sup>[3]</sup> It was found that most mothers knew about breastfeeding knowledge but only just knew. The results of this research are in line with research <sup>[4]</sup> said that in an effort to increase breastfeeding coverage, especially among working mothers, it is necessary to conduct counselling that emphasises in-depth knowledge about the importance of the benefits of breastfeeding.

Low *self-efficacy* arises as mothers perceive themselves as less capable of sustaining breastfeeding due to their demanding work schedules. Additionally, maternal concerns about inadequate breast milk production, fueled by the baby's fussiness despite receiving breast milk, lead mothers to initiate the introduction of formula milk to meet their infants' needs. This is in line with research <sup>[5]</sup> although every mother who is breastfeeding gets the urge to breastfeed, but because of the low self-efficacy of the mother, it makes the individual will not do it. According to research <sup>[6]</sup> Low *self-efficacy* in terms of breastfeeding can cause negative perceptions and motivation, so mothers tend not to breastfeed their babies. Low self-efficacy in terms of breastfeeding can cause negative perceptions so that mothers tend not to breastfeed their babies and replace them with something else, such as formula milk.

The results of this research showed that the presence of facilities and infrastructure greatly influenced breastfeeding among working mothers. This is significant because the workplace situation does not support breastfeeding practices, such as the unavailability of *freezers* to store breast milk and breast pumps, so there are still many mothers who do not breastfeed. Alternatively, companies can rent breast pumps for workers to continue breastfeeding, if this cannot be fulfilled by workplace administrators, then the health of working breastfeeding mothers will be directly disrupted. This outcome is in line with research <sup>[7]</sup> states that the failure of breastfeeding practices is due to the lack of breastfeeding facilities such as *freezers* (storage for expressed breast milk) and breast pumps. This aligns with research outcomes that attribute the failure of factory working mothers to provide breast milk to inadequate support and facilities within the workplace. This correlation corresponds to the stipulations outlined in Government Regulation Number 33 of 2012 regarding breastfeeding. According to this regulation, community nutrition programs, particularly those targeted at workplaces such as factories, are mandated to provide supportive facilities and infrastructure for breastfeeding mothers. Recognizing the substantial influence that factories wield, these provisions aim to enhance breastfeeding coverage.

Expressing breast milk serves as one of the solutions to sustain breastfeeding in the workplace. However, one of the hindrances in expressing breast milk is the constrained time allocation and the absence of a designated space for storing expressed milk within the workplace. The research results reveal that a majority of informants among factory working mothers reported having the same one-hour break time as their fellow workers, thereby impeding the production of expressed breast milk. This is in line with research <sup>[8]</sup> The lack of rest time is one of the barriers to breastfeeding during working hours so that working mothers to maintain breastfeeding need flexible working time and

special breaks to express breast milk. Other research from [9] found that female workers who were breastfeeding did not get priority for early breaks to be able to pump breastmilk so that the success of breastfeeding failed.

The outcomes of this research indicate that a critical factor influencing the breastfeeding practices of factory working mothers is the vulnerability stemming from the psychological condition of the mothers. The presence of psychological pressure, induced by stress and overwhelming thoughts, adversely affects milk production. The research suggests that a higher level of acceptance of this vulnerability increases the likelihood of adopting behaviors that can mitigate the associated risks. Other research conducted [10] mentioned that the heavy burden borne by women in dual roles as mothers and working can cause conflict, physical and mental fatigue that can lead to stress. In line with the research that the physical and mental condition of mothers returning home from working all day hinders the smooth production of 8 on.

The adherence to exclusive breastfeeding practices among working mothers remains relatively low. Several identified factors serve as barriers to exclusive breastfeeding, encompassing issues related to workplace facilities and amenities, constrained rest time, psychological pressure, and diminished *self-efficacy*. Certain informants in this research demonstrated knowledge of proper breastfeeding management, including techniques for expressing breast milk. Despite this knowledge, mothers still resort to providing supplementary formula milk as a precautionary measure against potential depletion of expressed breast milk. This arises from the challenges faced by factory working mothers in pumping milk at work, underscoring the need for specific support mechanisms such as factory policies that allow breaks for expressing breast milk and workplaces facilitating storage for expressed breast milk.

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