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## Working Mothers and Successful Exclusive Breast Milk Provision; An Observational Study in Hermina Bogor Public Hospital

Ibu Bekerja dan Keberhasilan Pemberian ASI Eksklusif ; Sebuah Penelitian Observasional di Rumah Sakit Umum Hermina Bogor

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### Abstract

*Breast milk has important and beneficial nutrients for the growth and development of an infant, resulting in the recommendation of exclusive breastfeeding until the child is 6 months old. This study aimed to determine the difference in the success of exclusive breast milk provision between working and non-working mothers. This is an observational analytic study with a cross-sectional design, with working and non-working mothers as the independent variable and exclusive breast milk provision as the dependent variable. This study involved 52 mothers that met inclusion criteria and data were taken through a questionnaire at Hermina Bogor Public Hospital. Data were then analyzed with the Chi-Square statistical test. The results showed that 15 (57.70%) working mothers provided breastmilk exclusively and 19 (73.10%) non-working mothers also provided breastmilk exclusively for their babies. The statistical analysis showed a p-value of 0.191 (> 0.05), showing no significant relationship between the working status of the mother with the success of exclusive breast milk provision. It was concluded there was no significant difference in the success of exclusive breast milk provision between working and non-working mothers.*

**Keywords:** Exclusive breast milk provision; working mothers; non-working mothers

### Abstrak

Air Susu Ibu (ASI) memiliki nutrisi penting yang bermanfaat bagi pertumbuhan dan perkembangan bayi, sehingga pemberian ASI secara eksklusif dianjurkan hingga bayi berusia 6 bulan. Namun, terkadang pemberian ASI eksklusif oleh ibu menyusui dapat mengalami beberapa kendala. Salah satunya adalah kendala akibat ibu bekerja. Tujuan penelitian ini adalah untuk mengetahui perbedaan keberhasilan pemberian ASI eksklusif pada ibu bekerja dan tidak bekerja. Penelitian ini menggunakan metode analitik observasional dengan rancangan *cross-sectional study*, dengan ibu bekerja dan tidak bekerja sebagai variabel independen dan pemberian ASI eksklusif sebagai variabel dependen. Penelitian ini melibatkan 52 ibu yang memenuhi kriteria inklusi dan data diambil dengan pengisian kuesioner di RSU Hermina Kota Bogor. Data dianalisis menggunakan uji statistik *Chi-Square*. Hasil penelitian menunjukkan sebanyak 15 (57,70%) ibu bekerja yang datang ke Poliklinik Anak RSU Hermina Bogor memberikan ASI

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secara eksklusif dan sebanyak 19 (73,10%) ibu tidak bekerja juga memberikan ASI secara eksklusif. Hasil analisis uji statistik diperoleh nilai  $p = 0,191$  menunjukkan bahwa tidak terdapat hubungan signifikan antara status bekerja ibu dengan keberhasilan pemberian ASI eksklusif di RSUD Hermina Bogor. Disimpulkan bahwa tidak terdapat perbedaan signifikan keberhasilan pemberian ASI eksklusif pada ibu bekerja dan tidak bekerja di RSUD Hermina Kota Bogor.

**Kata kunci:** pemberian ASI eksklusif; ibu bekerja; ibu tidak bekerja

### Introduction

Breast milk is the best food for a baby due to complete nutrition and immune factors. Breastfeeding also has a positive impact on maternal health and mother-child interactions.<sup>1,2</sup> Breastfeeding affects a kid's and mother's physical and psychological health not just during breastfeeding period but has a long last effect.<sup>3</sup> Exclusive breastfeeding is recommended until the baby is 6 months old which is then carried out simultaneously with complementary feeding/*Makanan Pendamping Air Susu Ibu* (MPASI) until the age of two years or more.<sup>4</sup> Exclusive breastfeeding is defined as breast milk given to babies from birth for 6 (six) months without adding or replacing it with other foods or drinks.<sup>1</sup>

Many factors play a role in the success of exclusive breastfeeding, such as mother's age, mother's education, mother's knowledge and attitudes, mother's work status, number of children, exposure to information, agency policies and availability of facilities at work, support from husbands, families, and health workers.<sup>5,6</sup> Employed mothers often face problems such as short maternity leave, unable to breastfeed directly in working hours, unable to pump or express breast milk at work and these are obstacles that can reduce the rate of exclusive breastfeeding.<sup>4,7</sup>

In fact, according to UNICEF 2018 data, in the world, only 41% of infants under the age of 6 months receive exclusive breastfeeding.<sup>8</sup> In Indonesia, although a large number of women (96%) breastfeed their children, only 40-59% of infants under the age of 6 months get exclusive breastfeeding. When children are approaching the second age, only 55% are still breastfed.<sup>8,9</sup> The low level of achievement of exclusive breastfeeding makes the authorities need to make regulations that can support breastfeeding mothers, especially working mothers, so that they can continue to provide breast milk to their children. Based on UU Ketenagakerjaan No. 13 Tahun 2003 article 83, it is stated that female workers/laborers whose children are still breastfeeding must be given the appropriate opportunity to breastfeed their children if it must be done during working time. Then, the regulations regarding maternity leave have also been regulated in article 82, which states that female workers/laborers have the right to get maternity leave for 1.5 (one

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and a half) months before the time to give birth to a child and 1.5 (one and a half) months after giving birth according to the calculation of gynecologist or midwife.<sup>10</sup>

However, the recommendations of the World Health Organization states that exclusive breastfeeding is carried during the first 6 months of a baby's life.<sup>11</sup> Based on this, the Association of Indonesian Breastfeeding Mothers/ *Asosiasi Ibu Menyusui Indonesia* (AIMI) recommends giving mothers the right to maternity leave for 6 months to support the fulfillment of the baby's right to exclusive breastfeeding.<sup>12</sup> The time a mother spends breastfeeding at work affects the success of exclusive breastfeeding. Based on UU Ketenagakerjaan No. 13 Tahun 2003, article 77 paragraph 2, each worker implements the stipulation of working time, namely 7-8 hours per day.<sup>10</sup>

In most situations, a nursing mother has to return to work when the baby is not yet 6 months old and leave her baby for approximately 7-8 hours per day while working. This results in reduced time for the mother to be with her baby and breastfeed him directly, which affects milk production, especially because milk production is greatly influenced by breast emptying or stimulation of the baby on the mother's breasts. Decreased milk production can cause mothers to give additional formula milk to babies or even stop breastfeeding so that they do not establish exclusive breastfeeding for 6 months.<sup>13</sup>

The purpose of this study was to determine the differences in the success of exclusive breastmilk provision in working and non-working mothers.

### Methods

This study was conducted using an observational analytic method, by collecting data in a cross-sectional study using questionnaire.<sup>14</sup> This questionnaire asks mothers' experiences in breastfeeding related to delivery methods, complications of childbirth, early initiation of breastfeeding, what intake is given to babies, and working mothers are added with questions regarding the availability of facilities for expressing breastmilk at work and the opportunities for expressing breastmilk that is permitted at work. workplace. Samples were taken by purposive sampling method.

The research was conducted at the Faculty of Medicine, Universitas Kristen Maranatha Bandung and Hermina General Hospital Bogor from December 2018 to November 2019. The sample size was taken based on the sample size formula to test the hypothesis of the difference in the proportion of two proportions. Fifty-two mothers that met inclusion criteria were involved in this study. The inclusion criteria in this study were mothers with babies aged 6 months to 24

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months who went for outpatient treatment at the Children's Clinic of the Hermina General Hospital, Bogor City during February 2019 - April 2019 and were willing to fill out and sign an informed consent. The exclusion criteria for this study were mothers who did not fill out the questionnaire completely, mothers with babies who had a cleft lip which made it difficult for the baby to breastfeed directly, mothers with disorders that affect milk production such as thyroid hormone disorders, Polycystic Ovary Syndrome, Diabetes Mellitus, and mammary hypoplasia.

As the operational definition of this study, working mother is a mother who works full time outside the home to earn income, for 7-8 hours per day or 40 hours per week. Exclusive breastfeeding is the provision of breastmilk without other additional food and drinks.<sup>8</sup> The research data were analyzed bivariate to determine differences in the success of exclusive breastfeeding for working and non-working mothers at the Hermina Hospital in Bogor City using the Chi-Square statistical test with a value of  $\alpha = 0.05$ . Data were analyzed using computer software. This research has received research ethics permission from Komite Etik Penelitian Fakultas Kedokteran UK Maranatha – Rumah Sakit Immanuel Number 052/KEP/V/2019.

### Result

Data collection of 52 respondents who met the inclusion criteria was done by filling out a questionnaire. Table 1 presents the characteristic data of all respondents in this study. In table 1, the largest number of respondents is between 30-34 years old (21 people; 40.40%) and the lowest is over 40 years old (1 person; 1.90%). Working and non-working mothers were equally involved in this research (50%). Most respondents were university graduates with a total of 40 people (76.90%) and only 3 people (5.80%) were junior high school graduates. Most children in this study were 6-12 months old (26 children; 50%). Most of the respondents performed cesarean delivery under local anesthesia with a total of 28 people (53.80%) and 1 (1.90%) had a normal delivery with vacuum extraction. Respondents who went through uncomplicated delivery were 50 people (96.20%) and respondents with complications during delivery were 2 people (3.80%). Most of the respondents performed early initiation of breastfeeding (34 people; 65.40%) and provided exclusive breastfeeding to their babies (32 people; 61.50%).

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**Table 1 Characteristic of Respondents**

Characteristic	Amount	Percentage (%)
Maternal Age (years)		
<25	4	7.70
25-29	17	32.70
30-34	21	40.40
35-39	9	17.30
≥40	1	1.90
Working Status		
Non-Working	26	50.00
Working	26	50.00
Educational Status		
Primary School	0	0.00
Junior High School	3	5.80
High School	9	17.30
University	40	76.90
Child's Age		
6-12 months	26	50
13-18 months	18	34.60
19-24 months	8	15.40
Delivery Method		
Vaginal Delivery	23	44.20
Vacuum Extraction	1	1.90
Caesarean Section with Local Anaesthesia	28	53.80
Caesarean Section with General Anaesthesia	0	0.00
Postnatal Complication		
Yes	2	3.80
No	50	96.20
Early Initiation of Breastfeeding		
Yes	34	65.40
No	18	34.60
Exclusive Breast Milk Provision		
Yes	32	61.50
No	20	38.50

Table 2 presents the relationship between mother's employment status and exclusive breastfeeding in this study. In table 2 we can see that that there are 26 working mothers and 26 non-working mothers. 15 (57.70%) working and 19 (73.10%) non-working mothers provided breastmilk exclusively for their babies.

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**Table 2 Relationship between Mother's Employment Status and Exclusive Breast Milk Provision**

Working Status	Breastfeeding Status				Total		p-value	OR (95% CI)
	Exclusive		Non-exclusive		n	%		
	n	%	n	%				
Non-Working	19	73.10	7	26.90	26	100.00	0.191	1.990 (0.621-6.379)
Working	15	57.70	11	42.30	26	100.00		
<b>Total</b>	34	65.40	18	34.60	52	100.00		

OR = Odds Ratio  
 CI = Confidence Interval

The data above were analyzed using the Chi-Square statistical test. The results showed that there was no significant effect between the employment status of mothers on the success of exclusive breastfeeding at the Hermina Bogor Hospital (p-value = 0.191). Hence both working and non-working mothers have the same chance to establish exclusive breastfeeding.

Table 3 presents the relationship between the availability of breast milk pumping rooms in the office with exclusive breastfeeding. We can see that 9 (81.80%) working mothers with breast milk pumping room available in their office was and only 6 (40%) of working mothers without breast milk pumping room available in their office were able to provide breast milk exclusively for their babies.

**Table 3 Relationship between The Availability of Breast Milk Pumping Room in The Office with Exclusive Breast Milk Provision**

Pumping Room	Breastfeeding Status				Total		p-value	OR (95% CI)
	Exclusive		Non-exclusive		n	%		
	n	%	n	%				
Available	9	81.80	2	18.20	11	100.00	0.04	6.750 (1.064 – 42.838)
Not available	6	40.00	9	60.00	15	100.00		
<b>Total</b>	15	57.70	11	42.30	26	100.00		

OR = Odds Ratio  
 CI = Confidence Interval

The OR value for the relationship between the availability of breastmilk pumping room in the office with exclusive breast milk provision was obtained at 6.750 and the average interval value was 95% CI 1.064 – 42.838. Hence those with pumping rooms available at their workplace had 6.750 times chance of successful exclusive breast milk provision compared to those who did not. The data above was then analyzed by bivariate and obtained p-value = 0.04 ( $p \leq 0.05$ ); suggesting there is a significant influence between the availability of a breast milk pumping room in the office on the success of exclusive breastfeeding.

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**Table 4 Relationship of Time Availability of Breast Milk Pumping in the Office with Exclusive Breast Milk Provision**

Pumping Time	Breastfeeding Status				Total	
	Exclusive		Non-exclusive		n	%
	n	%	n	%		
Available	15	78.90	4	21.10	19	100.00
Not available	0	0.00	7	100.00	7	100.00
<b>Total</b>	15	57.70	11	42.30	26	100.00

Table 4 presents the relationship of time availability of pumping breastmilk in the office with exclusive breastfeeding. All working mothers had the chance to pump the breastmilk in the office, however, 21.10% of them did not able to provide breast milk exclusively. The data in table 4 were not able to be analyzed using Chi-Square Test due to 0 results in one on the cell.

**Discussion**

Exclusive breastfeeding is defined as breastfeeding without additional food and drink for infants since they were born until six months. A sufficient amount of breast milk is the best food for babies because it can meet the baby's nutritional needs for the first 6 months. Breastmilk is the first and foremost natural food for babies so that babies can achieve optimal growth and development. In 2001, the World Health Organization stated that exclusive breastfeeding for the first six months of a baby's life is best. The WHO and UNICEF recommend starting and achieving exclusive breastfeeding by breastfeeding within one hour of birth via early initiation of breastfeeding.<sup>8</sup>

Breast milk is formed through a process called lactogenesis. Lactogenesis is the process of developing the ability to secrete milk which involves the maturation of alveolar cells in the mammary glands. This process involves mainly 3 hormones, namely estrogen, progesterone, and prolactin. The special effect of the hormones estrogen and progesterone is to inhibit the actual secretion of milk. Conversely, the hormone prolactin has the effect of stimulating the secretion of milk.<sup>2</sup>

Lactogenesis occurs in several stages. Stage I Lactogenesis occurs in the last few days of pregnancy when the mammary glands begin to produce colostrum in small amounts. Colostrum mainly contains protein and lactose in the same concentration as milk but contains almost no fat. After the baby is born, the discharge of the placenta causes a sudden drop in the levels of the progesterone and estrogen hormones, allowing the lactogenic effect of prolactin which plays a

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role in the production of breast milk. This results in large milk production known as stage II lactogenesis. At this stage, milk production during the first postpartum day is low (<100 mL/day), but a substantial increase in milk volume usually occurs between 36 and 92 hours postpartum.<sup>15</sup>

When milk production stabilizes, the autocrine control system begins. Lactation is maintained by stimulation of the nipple (suckling reflex), which triggers the release of prolactin from the anterior pituitary gland and oxytocin from the posterior pituitary gland because, to synthesize and secrete milk, the mammary glands must receive hormonal signals. This phase is called lactogenesis III.<sup>15</sup>

Prolactin stimulates the growth of mammary ducts, epithelial cell proliferation, and induces the formation of breast milk. The prolactin concentration will increase rapidly when the baby is breastfeeding directly to the breast, stimulating the nerve endings of the nipple. At this stage, if a lot of milk is released, the breasts will produce a lot more milk and increase the speed of production.<sup>15</sup> Emptying the breast 6-8 times per day is needed to keep prolactin secretion running optimally.<sup>16</sup>

The results of this study showed that exclusive breastfeeding was higher for non-working mothers (73.10%) than for working mothers (57.70%). However, the statistical tests showed p-value = 0.191; hence no significant relationship between the working status of mothers and exclusive breast milk provision.

This result is supported by research at the Cengkareng District Puskesmas (2015) which states that there is no significant relationship between maternal work and exclusive breastfeeding.<sup>17</sup> Research at Rambah Hilir 1 Community Health Center, Rokan Hulu Regency, Riau (2013), and the Sebangkau Community Health Center, Pemangkat District, Sambas Regency, West Kalimantan (2018) also show similar thing; there is no relationship between maternal occupation and exclusive breastfeeding. Both employed and unemployed mothers were able to breastfeed exclusively<sup>18,19</sup>

Another study showed some factors that reduce the exclusive breastfeeding rates for working mothers; the workload in the office, the separation of mother and baby, fatigue in the mother, and the unavailability of time and means to express breastmilk at work.<sup>20</sup> Mothers and babies have less time available for direct breastfeeding than mothers who stay at home, and during work, mother and baby are separated. Both of these can become obstacles because direct breastfeeding is an important factor affecting milk production, associated with the high production of the hormones prolactin and oxytocin in the direct breastfeeding process.<sup>16</sup>

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In general, mothers work eight to ten hours every day, so work fatigue is one of the complaints that working mothers often convey. At home, the mother physically demands rest while the baby demands breastfeeding. There are still very few companies/institutions/offices that have breastfeeding rooms or milk storage facilities. The absence of a nursing room or adequate facilities for breastfeeding activities greatly hinders mothers from working to express their milk.<sup>20</sup>

The OR value for the relationship between the availability of breastmilk pumping room in the office with exclusive breast milk provision was obtained at 6.750 and the average interval value was 95% CI 1.064 – 42.838. The data above was then analyzed by bivariate and obtained  $p\text{-value} = 0.04$  ( $p \leq 0.05$ ); so there is a significant influence between the availability of a place to pump breast milk in the office on the success of exclusive breastfeeding. Hence those with pumping rooms available at their workplace had 6.750 times chance of successful exclusive breast milk provision compared to those who did not.

Currently, various public places and workplaces have provided rooms for breastfeeding and / or pumping breast milk according to government policies. The support from the work environment, such as the availability of opportunities pump breast milk and the availability of space for pumping breast milk, causes working mothers to balance work and their desire to continue breastfeeding so that exclusive breastfeeding can be achieved.

This is supported by research in Stikes Widya Husada Semarang (2017) which states that there is a significant relationship between workplace support and the success of exclusive breastfeeding for working mothers.<sup>21</sup> Research conducted in seven sub-districts of Bandar Lampung (2017) also shows that the availability of facilities in agencies is related to exclusive breastfeeding behavior. According to the study, the availability of lactation room/breastfeeding corner is not only a space for pumping breast milk but also a place for breastfeeding mothers to gather and exchange experiences.<sup>22</sup>

The government has provided supports to increase the number of exclusive breastfeeding with the issuance of Peraturan Pemerintah RI. No. 33 Tahun 2012 tentang pemberian ASI Eksklusif. Chapter 5 lists the rules regarding workplaces and public facilities, namely (1) Workplace administrators and administrators of public facilities must support the exclusive breastfeeding program. (2) Provisions regarding the support for the exclusive breastfeeding program in the workplace as meant in paragraph (1) are implemented following company regulations between the entrepreneur and the worker/laborer, or through a collective working agreement between the trade/labor union and the entrepreneur. (3) Workplace administrators and

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administrators of public facilities must provide special facilities for breastfeeding and/or expressing breastmilk under the company's ability. (4) Further provisions regarding procedures for providing special facilities for breastfeeding and / or expressing breastmilk as referred to in paragraph (3) shall be regulated in a Ministerial Regulation.<sup>1</sup>

The existence of this new policy is expected to encourage awareness employers in the workplace to pay special attention to female workers who had babies and who breastfed. To maximize the existing regulations, it is better if the system is implemented rewards and sanctions for companies that do or do not implement this system.

It was shown that all mothers that did not have pumping time were not able to provide breast milk exclusively for their babies, whereas 78.90% of those who had pumping time available during the working hour was able to provide breast milk exclusively for their babies. Breastmilk pumping is very important for working mothers because frequent and constant breast emptying is the only factor that stimulates prolactin secretion and this is necessary to maintain breast milk production.

Both working and non-working mothers can provide exclusive breastfeeding for their babies if supported by optimal lactation management and all parties around the mother. For working mothers, of course, the support of the company where they work is very important. The limitations of this study are data collection by filling out a questionnaire that relies heavily on the mother's memory and subjective perceptions, as well as cross-sectional study design. For further research can be developed using a cohort research design and direct assessment of maternal working conditions by looking at several parameters.

### Conclusion

It was concluded that there was no difference in the success of exclusive breastfeeding for working and non-working mothers at Hermina Hospital, Bogor City.

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