



FACTORS RELATING TO THE SUCCESS OF WORKING MOTHERS IN EXCLUSIVE BREASTFEEDING, NORTH ACEH, INDONESIA

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ABSTRACT

Exclusive breastfeeding means babies are only given breast milk without any other additional food. It is recommended for up to 6 months and breastfed as early as possible. Exclusive breastfeeding until the baby is six months old can protect the baby from various diseases that cause infant death. Apart from benefiting the baby, exclusive breastfeeding also helps the mother, namely reducing postpartum bleeding, reducing blood loss during menstruation, accelerating weight gain before pregnancy, and reducing the risk of breast cancer and uterine cancer. The research aims to look at the factors that influence the success of working mothers in providing exclusive breastfeeding in the Sampoiniet community health center working area, Aceh district. The research method uses analytical observational research using a cross-sectional research design. The number of samples in this study was 39 working mothers with babies aged 7-12 months in the Sampoiniet Community Health Center Working Area, North Aceh Regency, using total sampling techniques. The results of the study showed that there was a relationship between knowledge ($p=0.03$), family support ($p=0.03$), and availability of facilities ($p=0.00$) with exclusive breastfeeding. Suggestions for health workers can improve the quality of services in promoting the exclusive breastfeeding program and cross-sector collaboration to support the exclusive breastfeeding program. To husbands, the success of exclusive breastfeeding is determined by the role of the family, especially the husband.

Keywords: *breast milk, exclusive breastfeeding, working mother*

INTRODUCTION

Breast milk is the best food for babies that suits the needs of the baby's body, so breast milk must be given to babies at least until the age of 6 months. WHO data for 2020 shows that the prevalence of exclusive breastfeeding for babies aged 0-6 months worldwide is only 36%. This coverage has decreased compared to 39% in 2019. This is due to a lack of breast milk production, and the habit of giving additional fluids or food such as tea, sweet water, and juice to breastfeeding babies at the age of 1 month is common in many countries such as Nigeria, Zambia, Turkey, India, including Indonesia (WHO, 2021).

Nationally, the coverage of babies receiving exclusive breastfeeding in 2019 was 67.74%. This figure has exceeded the 2019 Strategic Plan target of 50%. This data has increased compared to data in 2018, which stated that 96% of women breastfed, but only 44.36% of babies under 6 received exclusive breast milk (RI Ministry of Health, 2020).

Babies receiving exclusive breast milk from 0-6 months in Indonesia in 2020 amounted to 61.1%, with the National Target this year being 80%. The lowest percentage of exclusive breastfeeding is in Gorontalo Province at (30.7%), and Aceh is the 8th lowest province at (41.5%) and has yet to reach the 2020 RHS target. Based on data obtained from the Aceh Provincial Health Service in 2021 shows that the highest coverage of exclusive breastfeeding is in Langsa City at 84%, while the lowest range of exclusive breastfeeding is in North Aceh Regency at 33% (Aceh Health Office, 2021).

The benefits of breast milk for babies are enormous; namely, the composition meets needs, the calories from breast milk meet the needs of babies up to six months of age, breast milk contains protective substances, faster psychomotor development, supports cognitive development, supports vision development, strengthens the inner bond between mother and child, the basis for the development of warm emotions and the basis for the development of a confident personality (Maryunani, 2018).

Even though the benefits of breast milk are enormous, not all mothers want to breastfeed their babies for various reasons, for example, being busy and sagging breasts. Apart from that, there are several reasons why mothers still think that giving breast milk alone is not sufficient for the baby's needs. The baby will have diarrhea because the baby's stools are runny, unlike adult stools, and babies are less fat than babies who are given complementary foods (MP-ASI) and formula milk (Maryunani, 2018).

The impact if babies are not given exclusive breast milk is that they are susceptible to nutritional deficiencies, susceptible to infectious diseases such as diarrhea, ear infections, asthma, acute respiratory infection (ARI), pneumonia, obesity, and a higher risk of death than babies who are given exclusive breast milk (Yanti, 2016). Data obtained from the North Aceh Health Service in 2021, the number of babies aged 7-12 months was 12,281, the number of babies who received exclusive breast milk was 8,289 (67%), and those who did not receive exclusive breast milk were 3,992 babies (33%) (Dinkes Aceh, 2021).

Data obtained from the Sampoiniet Community Health Center from January to June 2022 included 124 babies aged 7-12 months, 42 babies who received exclusive breast milk (34%), and 82 people who did not receive exclusive breast milk (66%). The lowest breastfeeding coverage was in Gampong Cot Usen, with four people (33%). The results of a preliminary study conducted by the author on six mothers who had babies by conducting interviews about exclusive breastfeeding, it was found that six mothers working at the Sampoiniet Community Health Center did not provide exclusive breastfeeding. Due to various reasons, the mother said that there were limited rest hours to go home to give breast milk to 2 people because the baby was fussy as much as one person, and she was afraid that the baby would be malnourished. Apart from that, many mothers also said that there were no breastfeeding facilities in their offices. Some mothers also said that they worked with as many as three people, so it would be a hassle to provide exclusive breast milk, so they gave formula milk.

This research aims to determine the factors related to the success of working mothers in providing exclusive breastfeeding in the Sampoiniet Community Health Center Working Area, North Aceh Regency.

METHODS

This type of research is analytical observational research using a cross-sectional research design. This research design is used to find the relationship between independent variables (risk factors) and dependent variables (effects) by taking momentary measurements (Sastroasmoro & Ismael, 2017).

Location This research was conducted in the Sampoiniet Community Health Center working area from March 16 to April 17, 2023. The population in this study were all working mothers with babies aged 7-12 months in the Sampoiniet Public Health Center Working Area, North Aceh Regency, totaling 39 mothers. The sample in this research used total sampling.

The variables in this research are exclusive breastfeeding, knowledge, family income, family support, and availability of facilities. Data collection method to see factors related to the success of working mothers in providing exclusive breastfeeding using the chi-square test.

RESULTS AND DISCUSSION

Table 1. Relationship between mother's knowledge and exclusive breastfeeding in the Sampoiniet Community Health Center Working Area, North Aceh Regency

Knowledge	Exclusive Breastfeeding				Total		P- Value
	Exclusive Breastfeeding		Not Exclusive Breastfeeding				
	n	%	n	%	n	%	
Good	6	15,3	11	28,2	17	43,5	0,03
Not good	8	20,5	14	35,8	22	56,4	
Total	14	35,8	25	64,1	39	100	

Based on **Table 1**, it shows that of the 17 respondents in the excellent category, only six respondents (15.3%) gave exclusive breastfeeding, while 11 respondents (28.2%) did not give exclusive breast milk. Of the 22 respondents in the poor category, eight respondents (20.5%) gave exclusive breastfeeding. At the same time, those who did not provide exclusive breastfeeding were 14 respondents (35.8%). The statistical test results show a p-value of 0.03 (Pvalue < 0.05). It can be concluded that there is a relationship between maternal knowledge and exclusive breastfeeding by breastfeeding mothers who work in the Sampoiniet Community Health Center Working Area, North Aceh Regency.

Table 2. Relationship between family income and exclusive breastfeeding in the Sampoiniet Community Health Center working area, North Aceh Regency

Family Income	Exclusive Breastfeeding				Total		P- Value
	Exclusive Breastfeeding		Not Exclusive Breastfeeding				
	n	%	n	%	n	%	
According to Regional Minimum Wage	4	10,3	17	43,6	21	53,8	0,08
Less than Regional Minimum Wage	8	20,5	10	25,6	18	46,2	
Total	12	30,8	27	69,2	39	100	

Based on **Table 2**, it shows that of the 21 respondents who had income according to the minimum wage or more, only four respondents (10.3%) provided exclusive breastfeeding. In comparison, 17 respondents (43.6%) did not offer exclusive breastfeeding. Of the 18 respondents whose income was less than the minimum wage, eight (20.5%) offered exclusive breastfeeding. At the same time, those who did not provide exclusive breastfeeding were ten respondents (25.6%). The statistical test results show a p-value of 0.08 (Pvalue > 0.05). It can be concluded that there is no relationship between the mother's

family income and exclusive breastfeeding by breastfeeding mothers who work in the Sampoiniet Health Center Work Area, North Aceh Regency.

Table 3. Relationship between family support and exclusive breastfeeding in the work area of Sampoiniet Community Health Center, North Aceh Regency

Family Support	Exclusive Breastfeeding				Total		P- Value
	Exclusive Breastfeeding		Not Exclusive Breastfeeding				
	n	%	n	%	n	%	
Support	9	23,1	10	25,6	19	48,7	0,03
Does not support	3	7,7	17	43,6	20	51,3	
Total	12	30,8	27	69,2	39	100	

Based on **Table 3**, it shows that of the 19 respondents who received family support, nine respondents (23.1%) provided exclusive breastfeeding, while ten respondents (25.6%) did not provide exclusive breastfeeding. Of the 20 respondents who did not receive family support, only three respondents (7.7%) offered exclusive breastfeeding, while 17 respondents (43.6%) did not provide exclusive breastfeeding. The statistical test results show a p-value of 0.03 (P value < 0.05). It can be concluded that there is a relationship between family support and exclusive breastfeeding by breastfeeding mothers who work in the Sampoiniet Community Health Center Working Area, North Aceh Regency.

Table 4. Relationship between facilities availability and exclusive breastfeeding in the Sampoiniet Community Health Center Working Area, North Aceh Regency

Facilities Availability	Exclusive Breastfeeding				Total		P- Value
	Exclusive Breastfeeding		Not Exclusive Breastfeeding				
	n	%	n	%	n	%	
Available	10	25,6	4	10,3	14	35,9	0,00
Not available	2	5,1	23	59,0	25	64,1	
Total	12	30,8	27	69,2	39	100	

Based on **Table 4** shows that of the 14 respondents who had breastfeeding facilities available at work, ten respondents (25.6%) provided exclusive breastfeeding, and four respondents (10.3%) did not offer exclusive breastfeeding. Of the 25 respondents who did not provide breastfeeding facilities at work, only two respondents (5.1%) offered exclusive breastfeeding, while 23 respondents (59%) did not provide exclusive breastfeeding. The statistical test results show a p-value of 0.000 (P value < 0.05). It can be concluded that there is a relationship between the availability of facilities and the provision of exclusive breastfeeding by breastfeeding mothers who work in

the Sampoiniet Community Health Center Working Area, North Aceh Regency.

The Relationship between Maternal Knowledge and Exclusive Breastfeeding

The results of the study showed that there was a significant relationship between maternal knowledge and exclusive breastfeeding by working breastfeeding mothers ($p < 0.05$) in the Sampoiniet Community Health Center Working Area, North Aceh Regency. The results of this research are in line with the study conducted by Sabriana et al. (2022) stated that there is a significant relationship between knowledge and exclusive breastfeeding ($p < 0.05$). Education is carried out to increase maternal knowledge. The lack of understanding of pregnant mothers regarding the benefits of exclusive breastfeeding has an impact on the mother's level of giving exclusive breastfeeding to her baby.

According to Notoatmodjo (2012), knowledge is a significant domain for forming a person's behavior. A person's actions regarding a health problem will be influenced by a person's knowledge about the issue. The better a person's knowledge of a problem, the better it will be, and knowledge is closely related to education, where it is hoped that someone with higher education will have more extensive knowledge.

Relationship between Family Income and Exclusive Breastfeeding

The results of the study show that there is no relationship between the mother's family income and exclusive breastfeeding by breastfeeding mothers who work in the Sampoiniet Community Health Center Working Area, North Aceh Regency. This aligns with research conducted by Berutu (2021), which states no relationship between income ($p = 0.224$) and exclusive breastfeeding. Income indicates a family's economic condition, influencing children's nutritional needs.

This is contrary to research by Enggar et al. (2022), which states that mothers with low incomes are more likely to provide exclusive breastfeeding; common economic conditions make mothers prefer breastfeeding rather than giving formula milk. Meanwhile, mothers with high incomes are motivated to provide formula milk compared to exclusive breastfeeding. The purchasing power of families with low incomes will also be low.

According to researchers' assumptions, this is caused by the mother's lack of commitment and effort to continue providing exclusive breastfeeding. Many mothers look for shortcuts to be accessible to work by giving formula milk or complementary foods for breast milk. Only a tiny portion of working mothers come from the midwife profession. The others come from the teaching, office, and health worker professions. We don't understand the enormous benefits of exclusive breastfeeding for the mother's baby and the negative

impact of giving formula milk or complementary foods before the baby is six months old.

Relationship between Family Support and Exclusive Breastfeeding

Based on **Table 3** shows that of the 39 respondents, respondents who did not receive dominant family support and who did not provide exclusive breastfeeding were 17 respondents (43.6%). The statistical test results show a p-value of 0.03 (P value < 0.05). It can be concluded that there is a relationship between family support and exclusive breastfeeding by breastfeeding mothers who work in the Sampoiniet Health Center Working Area, North Aceh Regency.

The family has a significant meaning in society because a club is formed from several families who live in one place, so the family determines the characteristics of a community. Families are also influenced by culture, customs, values, and customs that apply to society, so if there are external influences that are felt to be inconsistent with these norms, a reaction of rejection will arise (Nasution, 2019; Subianto, 2013; Wahid & Halilurrahman, 2019).

The results of this study show that the success of exclusive breastfeeding is determined by the role of the family, especially the husband. During this process, the father's role is as vital as the role of the mother. The father's most important role is to create a conducive atmosphere and situation that allows smooth breastfeeding. Another thing a father can do is help lighten the mother's duties, for example, changing diapers while the mother is giving breast milk and massaging them gently. Families who understand the benefits of exclusive breast milk for babies will support and motivate and provide information so that mothers give exclusive breast milk and mothers before going to work express their breast milk and store it in the refrigerator to give to their babies when the mother goes to work so that exclusive breast milk can still be given to their babies even though working mothers (Bakri et al., 2019; Wulandari & Nurlaela, 2021; Yulia Novika, 2019).

According to researchers' assumptions, mothers who do not provide exclusive breastfeeding are mothers who do not receive family support and tend to give formula milk or complementary foods to their babies aged less than six months. When mothers are tied to working hours, they need help from the family to take the baby to work during rest hours or provide expressed breast milk that the mother has left at home. In this case, cooperation with your husband or other family members is needed. Mothers who receive support from their husbands and other family members tend to give exclusive breast milk and not formula milk. This is because the mother feels confident that her baby will receive exclusive breast milk every 2 hours at least so that the mother does not worry about her baby being thirsty and hungry when she is left at work.

Apart from that, working mothers feel that it is a hassle to provide exclusive breast milk. This is the reason most often given by mothers who do

not breastfeed their babies exclusively and supplement breast milk with formula milk for work reasons. Apart from that, many mothers feel that giving formula milk is elite and makes it a matter of prestige, for example, because their baby consumes a specific expensive brand of formula milk or for practical reasons. Assume that giving formula milk to the baby will make the baby healthier, fatter, and less fussy when the mother leaves him at work (Anggraeni & Putriningrum, 2019; Budiyanto et al., 2015; Nugraheni et al., 2018).

Relationship between Availability of facilities and exclusive breastfeeding

Based on **Table 4** shows that of the 39 respondents, the majority of respondents who provided breastfeeding facilities at work provided exclusive breastfeeding, and ten respondents (25.6%). Meanwhile, the majority of respondents who did not have breastfeeding facilities at work did not offer exclusive breastfeeding, 23 respondents (59%). The statistical test results show a p-value of 0.000 (P value < 0.05). It can be concluded that there is a relationship between the availability of facilities and the provision of exclusive breastfeeding by breastfeeding mothers who work in the Sampoiniet Community Health Center Working Area, North Aceh Regency.

Challenges for working mothers in providing exclusive breastfeeding include high work mobility, work out of town or abroad, long distance between the office and home, and no breastfeeding room in the office (Budiyanto et al., 2015). This research is supported by Yuliarsi (2012) in the Sawangan sub-district, Depok, West Java, in 2013. The results showed that most working mothers had supporting facilities at work (66.7%) provided exclusive breastfeeding, and a small percentage of working mothers did not have supporting facilities at the workplace (33%), so mothers do not offer exclusive breastfeeding.

According to researchers, working mothers tend not to breastfeed exclusively. This is due to the unavailability of breastfeeding facilities such as breast milk corners, childcare centers close to the workplace, long distances from work to home, short rest hours, and worry about not having enough breast milk.

CONCLUSION

Factors related to the success of working mothers in providing exclusive breastfeeding are knowledge, family support, and the availability of facilities for providing exclusive breastfeeding by working breastfeeding mothers. It is hoped that the public will know the negative impacts of giving complementary breast milk and complementary breast milk food too early, before the baby is six months old, and can continue to support families who provide exclusive breastfeeding. Village midwives are expected to be able to optimize complete breastfeeding socialization activities to reduce obstacles to exclusive breastfeeding in the community, especially for working mothers.

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