
HEALTH PROFESSIONALS' SUPPORT FOR EXCLUSIVE BREASTFEEDING AMONG TEXTILE INDUSTRY LABORERS IN JAKARTA

*Dukungan Tenaga Kesehatan Terhadap Pemberian Asi Eksklusif Pada Buruh Industri Tekstil
Di Jakarta*

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Abstrak

Pendahuluan: Kesempatan bagi para pekerja buruh perempuan untuk dapat memberikan ASI secara eksklusif masih menjadi tantangan tersendiri. Salah satu faktor yang dapat membantu memperpanjang durasi pemberian ASI adalah dukungan tenaga kesehatan.

Tujuan: Penelitian ini bertujuan untuk mengeksplorasi beberapa bentuk pengalaman maupun persepsi tenaga kesehatan dalam mendukung pemberian ASI eksklusif bagi pekerja buruh tekstil di Jakarta.

Metode: Studi kualitatif dilaksanakan terhadap 27 orang pekerja buruh industri tekstil yang memiliki anak balita 6-12 bulan serta dua orang tenaga kesehatan dari dua Puskesmas yang berbeda di Jakarta. Pengukuran sampel dilakukan secara purposif pada sebuah perusahaan tekstil serta pemilihan secara acak melalui skrining di lingkungan sekitar area industri. Diskusi kelompok terarah dan wawancara mendalam dilakukan guna memperoleh informasi dari pekerja buruh serta tenaga kesehatan mengenai pelayanan dan bentuk dukungan lain yang diberikan. Analisis data menggunakan analisis konten dan triangulasi dari dua jenis informan yang berbeda.

Hasil: Tenaga kesehatan yang pada umumnya adalah bidan memberikan dukungan yang positif kepada ibu termasuk pemberian berbagai jenis pelayanan kesehatan, di antaranya konseling dan kelas ibu hamil.

Kesimpulan: Dukungan tenaga kesehatan bagi buruh industri tekstil di Jakarta sudah cukup baik. Tenaga kesehatan diharapkan juga dapat memberikan informasi kepada keluarga, membangun kemitraan antara tenaga kesehatan, konselor sebaya dan kelompok dukungan menyusui serta membantu pengusaha atau pihak industri agar menjadi lebih ramah dengan praktek menyusui

Kata kunci: tenaga kesehatan, dukungan, pemberian ASI, ibu bekerja

Abstract

Background: The opportunity of woman laborers to exclusively breastfeed remains challenging. One factor that may help extend breastfeeding duration is better support from health professionals.

Objective: This study aims to explore a range of health professionals' experiences and perceptions of breastfeeding support provided to textile industry laborers in Jakarta.

Methods: A qualitative study was conducted towards 27 textile industry laborers having infants aged 6-12 months and two community health workers from two different Primary Health Centers (PHCs) in Jakarta. Sampling was done purposively from a textile company and randomly selected by screening to the community located close to industry area. Focus Group Discussion (FGD) and in-depth interview was done towards laborers and community health professionals to gain information about care and supports given. Data analysis involved content analysis and triangulation from two types of participant.

Results: Health professionals who were mainly midwives reported very positive and supportive support to mothers as well as provided various services and health care, such as counseling and prenatal classes.

Conclusion: Health professionals' support for textile industry laborers in Jakarta was sufficient. Health professionals are expected to provide information to family, build partnerships between health professionals, peer counselors and breastfeeding support groups, and also assist employers to become more breastfeeding friendly.

Keywords: health professionals, support, breast feeding, working mothers

INTRODUCTION

Breastfeeding is widely acknowledged by health professionals as one of essential child feeding practices. It is recommended by World Health Organisation (WHO) that, according to Global Strategy for Infant and Young Child Feeding, mothers worldwide are encouraged to exclusively breastfeed their infants in the first six months of life in order to provide adequate nutrition for their optimum growth and development¹. The reason for this is that exclusive breastfeeding can avert a substantial rate of infection-related deaths among under-five children in developing countries². Also, breast milk helps fulfil the optimal nutrition, and improve neuro development of infants. This means that breastfeeding is an essential public health intervention. Despite of those benefits, WHO noted that in the last decade, the number of mothers who have ability to breastfeed is globally decreased. Preliminary findings showed that only 39% of infants 0-5 months in developing countries who were exclusively breastfed³. Lower initiation rates and shorter duration of breastfeeding even found mostly among working mothers⁴.

The ability of working women to sustain breastfeed is influenced by a number of factors. In fact, adequate support from communities including family and health worker is the greatest one. A study has defined a range of factors affecting breastfeeding practices, which adapted from an "ecological model", comprising of individual, group and society level⁵. The health facilities environment is expected to provide professional support with breastfeeding technique and solution for any difficulties in the early feeding experience⁵. Given adequate information and knowledge of breastfeeding, health professionals, particularly midwives and nurses, can influence a woman's decision to initiate or continue breastfeeding. Another study revealed that most mothers considered a kind of support from their family or social network, such as health workers, to be important^{6,7}.

This paper explored a range of health professionals' experiences and perceptions of breastfeeding support provided to mothers working in textile companies in Jakarta. The

textile and textile product (TPT) industry is one of important manufacturing sectors in Indonesia. The TPT industry has continued to be a significant labour-absorbing industry, especially in Jakarta. More than 50 textile companies are currently operating in Jakarta with more than hundred thousands of workers rely on low wages. A rigorous qualitative research exploring health professional's supports for the breastfeeding mothers will enable insight to be gained into women's experiences. Hence, it may help to identify more effective strategies across a sample population of employees.

METHODS

This study is a part of qualitative research conducted in 2012 to analyse factors affecting successful practice of breastfeeding among textile industry workers in Jakarta⁸. More analysis was done to provide a comprehensive review of the role of health workers for the successful breastfeeding and how this might have encouraged the working mothers to sustain breastfeeding infants up to six months of life. Twenty-seven of textile company labours with children 6-12 months of age and two community health workers from two different Primary Health Centres (PHCs), i.e. *Puskesmas Kelurahan Sukapura* and *Puskesmas Kelurahan Semper Barat II*, were selected to participate in this study. A textile company in Jakarta was chosen based on the availability of lactation room. Twelve women were purposively selected from a list provided by the company. To reach the adequate number of respondents, others were randomly selected through screening in two PHCs located close to industry area. Screening was conducted by community health volunteers during immunization schedule. Mothers who were unable to breastfeed due to medical problems and other biological factors were excluded from the study. A written consent then was obtained before the information was collected.

Several themes were asked to both mothers and health professionals. On the one hand, mothers were examined about infant feeding practices, their lay knowledge and perception about breastfeeding and other health professionals concerns, and particularly, the

availability of supports from health professionals. Lay knowledge means "concept", influenced by women's experiences or meanings within a cultural dimension⁹. To be considered as exclusive breastfeeding, the infant had to not receiving any plain water, sugar water, infant formula, juices, or other liquids, semi-solid or solid foods, or any other substance for the last six months. Information was then collected by conducting Focus Group Discussion (FGD). The FGD was done in three groups on the basis of location of sampling and informant screening. First FGD was undertaken in the company whereas the other two were held in two PHCs nearby. Each FGD comprised of approximately 10 women and was accompanied by three researchers throughout the discussion. One researcher was in charge of presiding over a forum, while the other two were responsible to record and document all information gathered from the participants. All three researchers then discussed the information together to validate the interpretations.

On the other hand, community health workers were asked about care and supports given to the mothers through in-depth interview. Care refers to any assistances or efforts that were provided to enable women to continue breastfeeding. Once information was gathered, data was transcribed and entered into to the

CDC EZ-Text software to be simplified and coded based on a theme. Later, the inductive data was presented in a matrix. Finally, summary findings were generated using content analysis. It involved triangulation, which was used to confirm the validity of the results from two or more different sources. In particular, it is a method of cross checking data to search for certainty and regularities in the data collection¹⁰. To understand the extent to which support provided may be perceived, this study was conceptualized within Social-Exchange Theory¹¹. This concept can help interpret positive or negative perceptions from both providers and clients. Negative reactions resulted from social support like professional support could be strained and conflicted by a social exchange. The Leininger's Theory of Cultural Care further states that the cultural dynamics may influence the provider-client relationship¹². It is important to measure the ways of care were performed to address the differences of a specific individual or group's cultural beliefs, practices and values.

RESULTS

Of the 27 working mothers who were invited to participate in the study, only two reported to breastfeed their infants exclusively. The demographic characteristics of the women are included in Table.

Table: Characteristics of textile workers enrolled in the study (n = 27)

Demographic variables	(%)
Age (years)	
20 – 30	44.6
More than 30	55.4
Education	
None or elementary	18.5
Secondary	55.6
Higher secondary	22.2
Tertiary (university degree)	3.7
Type of work	
Cutting	7.4
Sewing	51.9
Finishing	22.2
Other	18.5

Health professionals

The study explored health professional supports for the breastfeeding mothers. Overall, the health professionals appeared to provide various services and health care. They were mainly midwives in the community

health centres. They reported very positive and supportive support to mothers. Their support was mostly offered informally to all pregnant women by one-by-one consultation during antenatal visits, or it can be given in a structured program through community engagement (counselling). Women were

encouraged to discuss their plans to breastfeed with their care providers. They can also express their inquiries about challenges in sustaining exclusive or continued breastfeeding if they are returned to the workplace. Many lactating mothers were advised about how to maintain their quantity of breast milk by consuming lots of nutritious food and vitamins.

Sometimes, I tell them about boosting their milk supply. I gave them iron (Fe) supplementation, or vitamin B and B12. I advised them to buy those supplements in a drug store. But they will be notified that the success is not significant. It mainly depends on food, which they consume. "You should eat a great amount of vegetables and fruits!", that's what I have said. (Community midwife, 47 years old)

It has been well argued that returning to work is a significant factor that has been associated with decreased breastfeeding frequency and duration. This study found that many employees never having enough time for breastfeeding or expressing milk. Time pressures at the company mainly hindered their intentions to breastfeed, resulting more flexibility to manage work and take breaks.

I often asked them, "Why don't you breastfeed your baby?" They told me that they did not have much time to breastfeed; even for having lunch they were limited. So, they did not get enough time to express their milk in the workplace. (Community midwife, 43 years old)

It is important, therefore, to empower them to keep breastfeed their infants while they work. However, women cannot be forced to keep the baby with her in the workplace. This study showed that the majority of workers were not allowed to go to the baby to breastfeed within the working hours. In fact, they are restricted to spare time for breastfeeding. Possible strategy is to store their breast milk during the workday. As informed by a community midwife during the consultation, women can refrigerate their milk supply before leaving to the workplace.

I said to them who are just housewife, 'Yes, you should have to keep breastfeed because

you do not work. But, if you do working, you could set aside the milk, then put into the fridge.' That is all what I have said. (Community midwife, 47 years old)

Sometimes they ask, "If I prefer keeping on refrigerator, will the breast milk become frozen? Could it be stored for a year? Is it still good?" I answered that you should have to store in an ice plastic bag for once and cool it down by using warm water. (Community midwife, 47 years old)

Despite personal advices, breastfeeding support can be multifaceted to provide more education to women. Findings indicated that community counselling about exclusive breastfeeding are regularly undertaken. One reported that general counselling and transfer of knowledge was done in PHC centres during immunization schedule. Duration of breastfeeding was one of topics to be discussed.

There is no special counselling for exclusive breastfeeding conducted here. Not yet. However, during immunization schedule, we sometimes provide three-minutes lesson. It can be any information, including breastfeeding. (Community midwife, 47 years old)

At our first counselling, we talked about how long the breastfeeding should be best given, when the early introduction of solids and supplements should be given and how long. Sometimes they ask about the kind of food should be eaten, whether solid or not. We advised them to give more liquid than solid. (Community midwife, 47 years old)

Lactation counselling was also conducted during antenatal classes in both PHC centres and integrated health posts. Antenatal class (*Kelas Ibu Hamil*) was established to facilitate and provide mothers on information about basic maternal and child health care including breastfeeding and contraception. As they are informed about how crucial breastfeeding is, mothers are more likely to breastfeed.

We often said, 'Please do not worry. If mothers can optimally breastfeed during the night, the infants will get sufficient food'. After I said so, they turn to

understand. 'Mothers, please take the advices. You will not get them from anywhere else' [...] If antenatal classes are available in the community level, then we endorse mothers to participate. [...] There is a counselling for exclusive breastfeeding... in the health posts, antenatal class and PHC centres. (Community midwife, 43 years old)

Yes, we do have antenatal classes, scheduled two times monthly. I was collecting pregnant women having five months of age. [...] We shared lots of things. We also explained about how to breastfeed. (Community midwife, 47 years old)

Information given within the counselling was mostly about how to take care of the mothers' breast, how to latch on and breastfeed and how to deal with the sore nipples.

The way of latching, breastfeeding position and how to deal with baby who does not want to breastfeed, especially for those who change from formula milk to breast milk [...] then how to overcome the sore nipples by doing a massage... hmm, well it looks like the basic of midwifery. (Community midwife, 43 years old)

The mother and health professional relationship

Building a good relationship between mothers and health workers may be the foundation on whether breastfeeding practice was successful or not. A lack of this foundation may result in unsupportive care and conflicting advices towards mothers. In this study, a majority of women found lack of support from health professionals. Little was known having an effective education in breastfeeding during antenatal care. They also reported that breastfeeding counselling has rarely commenced in both health facilities and workplace. Counselling was mostly made through integrated health posts. However, mothers assumed that it only entailed nutritional intervention such as immunization and vitamin A supplementation, resulting many of them did not necessarily access to the counselling.

They only provided vitamin A supplementation. They asked us to go to the

health posts, administering vitamin A. (Mother, 29 years old)

Although mothers were able to identify whether health workers were supportive and accommodating, this study reported absenteeism for employees returning to work by six months. On average, women tend to not attend maternal and child health services held in health posts after maternity leave because they had been busy from work.

I often bring my first child to the health post. I was not working during that time. But now I did not have such time. I was busy. (Mother, 26 years old)

DISCUSSIONS

The goal of this study was to analyze health workers' support that may influence breastfeeding practices among working mothers and also to identify actions that may be taken using the theoretical framework and guidelines by Leininger. We know that most women make their infant feeding decision before pregnancy or during the first trimester. However only those who are supported will become more successful at breastfeeding. It is strongly believed that health professionals, particularly midwives, can influence a woman's decision to encourage women to exclusively breastfeed for longer durations. Further, their knowledge and advice of breastfeeding can affect their level of support for the mothers. Yet, the adequacy of health professional's performance in the promotion for breastfeeding has been quite unknown. As described by Leininger, unprecedented cultural conflict occurring to mothers also emerges as the condition, which often leads to the failure.¹³ This includes feeling confused and frustrated to any contradictory information between health professionals and their social environment.

From this study, the most common breastfeeding problems reported by women were insufficient breast milk as well as difficulties to express breast milk for their

babies due to limited space for pumping and storing the milk. Many studies even found that employed mothers tend to lose their intention to breastfeed.⁴ In most cases, it is uneasy to find appropriate place and time to breastfeed while it can be possible to use breaks and part of lunch time. It is valuable, therefore, to assess what type of breastfeeding support is available. This finding indicates that level of knowledge of exclusive breastfeeding practice and recommendation among midwives was sufficient. They mostly addressed issues about nutrition and challenges. In spite of that, the more adequate information, the greater satisfaction and better perception received by mothers. Based on the evidence-based clinical practice guideline, the promotion of breastfeeding should also include infant health, maternal health, and psychological and economic benefits.¹⁴ The knowledge about these benefits has given rise to mothers about the broad importance of breast milk.

Many breastfeeding education programs are introduced in order to promote breastfeeding and to facilitate a longer duration of breastfeeding. These could be on an individual or group basis. Health care providers and professionals, such as nurses and midwives also delivered breastfeeding education and support to patients as a component of their routine care. Prenatal class or *Kelas Ibu Hamil*, for example, is one of key interventions, which is undertaken in a group of 6-10 pregnant women. It helps mothers to gain appropriate knowledge and skills, not only about pregnancy and childbirth but also early introduction to breastfeeding. This will further increase maternal self-efficacy in breastfeeding. In many studies, the provision of breastfeeding skill-based education improves breastfeeding rates. Dyson¹⁵ reviewed five studies to evaluate the effect of health education on the initiation of breastfeeding. A thorough meta-analysis demonstrated a statistically significant increase in the number of women starting to breastfeed as a result of health education interventions.

The same is true for repeated one-to-one based counseling. A review of two studies conducted in USA reported a significant increase in the median duration of breastfeeding among low income women as a result of repeated education sessions.¹⁵ In addition to that, Damstra¹⁶ comprehensively assessed the approach and contents of a prenatal educational intervention, which were also appeared to be important and lead to improved breastfeeding outcomes.

Despite health professionals, family and friends also play a role in predicting breastfeeding initiation. It has been identified that the attitude of support persons toward breastfeeding, such as family and peers, has a strong influence on a mother's breastfeeding initiation, exclusivity, and duration.¹⁶ A study by Kornides and Kitsantas¹⁷ found that women whose families supported exclusive breastfeeding had significantly higher odds to continue breastfeeding. Given their importance in supporting women to breastfeed, family should be encouraged to become educated about breastfeeding. Not only the mother, breastfeeding support needs to include providing family members with practical skills and knowledge, as their opinions and attitudes can result in the decision of mothers to breastfeed. The 30-minute home visit or counseling at the health facilities providing information to fathers and other family members about the benefits, management and support of breastfeeding, for instance, can be more valuable, compared to a class only covering infant care. These initiatives could also help reduce the risk of women perceive the advices from family members, such as parents, as contradictory with clinician.

In addition, the episode of health professional advice in health facilities was relatively shorter than the mother's contacts with their employers every day. As reported above, breastfeeding advices were only given during antenatal care and immunization day. Therefore, better approaches are essentially

needed to ensure appropriate and more periodic breastfeeding support. In Australia, community-based support, which is integrated with the Maternal and Child Health (MCH) Service, has been long acknowledged in providing consultations during MCH visit to discuss concerns of breastfeeding with mothers, including their child's health, growth and development.¹⁸ Another good example is breastfeeding support groups, which provide more diverse techniques through peer counseling and online communication via internet. These are often seen very effective and easier for some mothers to talk to other mothers about breastfeeding than they do with a health professional. Telephone-based breastfeeding peer support also found to create positive value, as women feel reassured, confident and more determined to continue breastfeeding.¹⁹

To be able to acquire more positive changes in breastfeeding support for mothers of designated cultures and characteristics, such as mothers who are from low socio-economic group and planning to return to work, it is also important to incorporate the mother's personal, social, environmental, and cultural needs/beliefs into the plan of interventions wherever possible.¹³ In other words, breastfeeding support could be further enhanced through building the partnerships between health professionals, institution or organizations, peer counselors and breastfeeding support groups. Several studies found that professional support resulted in a beneficial effect on exclusive breastfeeding.²⁰ The role of health workers itself in promoting breastfeeding enables women to have sufficient quality time with a midwife and had the opportunity to solve problems with a community midwife's help⁷. Similarly, peer counselors and breastfeeding support groups may help assisting women to make feeding-related decisions for themselves as they provide flexibility, a sense of control, and diversity of experiences⁷. On the other hand, company as the home organization can

contribute in the provision of breastfeeding-friendly workplace policy initiatives, which accommodate the mothers to exclusive breastfeeding even if they should return to work.

CONCLUSION

To conclude, this qualitative study showed that health professionals' support for mothers working in textile companies in Jakarta was sufficient. They provided various health care services such as counseling and prenatal classes. Further, other challenges faced by working mothers and any issues related to breastfeeding management and benefits were discussed, although many women found unsatisfactory. This can be explained by the low periodicity of counseling and education being offered. Another main finding was related to the material, which is still limited to mothers. Fathers and other family members who have on-going contact can be more supportive if they had more practical information about the management of breastfeeding.

RECOMMENDATIONS

As reflected by the results, therefore, it is important to increase breastfeeding support involves providing information to family and relatives. Also, building the partnerships between health professionals, peer counselors and breastfeeding support groups could hopefully create more favorable and convenient programs, not only to build the lay knowledge of mothers, but also to arise the positive perception and attitudes toward breastfeeding. Indeed, it is more likely to occur if most health professionals are exposed with essential basic training of breastfeeding support. Health professionals could also assist employers to become more breastfeeding friendly by providing breastfeeding education and support in their workplaces to ensure that mothers can breastfeed successfully.

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