

Description Of Factors Supporting Exclusive Breastfeeding At Danurejan I Public Health Center, Yogyakarta City

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ABSTRACT

Background: The low rate of exclusive breastfeeding is influenced by several factors, including enabling factors, supporting factors (such as family income, availability of time based on employment status, working hours, workplace location, and maternal health), as well as driving factors.

Objective: To describe the supporting factors associated with exclusive breastfeeding.

Methods: This study employed a descriptive design with a cross-sectional approach. Purposive sampling was used to recruit mothers with children aged 6–12 months.

Results: Among 35 breastfeeding mothers with infants aged 6–12 months, 62.9% provided exclusive breastfeeding. In addition, 62.9% of the mothers were employed, 71.4% had higher family income, 57.1% worked less than 8 hours per day, and 45.1% worked outside the home.

Conclusion: The findings indicate that maternal employment, working hours, and workplace location are key supporting factors for the practice of exclusive breastfeeding. Furthermore, both higher family income (\geq regional minimum wage) and lower family income ($<$ regional minimum wage) were associated with higher rates of exclusive breastfeeding compared to non-exclusive breastfeeding.

Keywords: Employment, Exclusive Breastfeeding, Family Income, Working Hours, Workplace Location.

Introduction

Exclusive breastfeeding refers to the practice of feeding infants only breast milk, without any additional food or drink, recommended for the first six months of life and initiated as early as possible (Lindawati, 2019). Globally, the rate of exclusive breastfeeding remains low, with only 42% of infants under six months being exclusively breastfed (WHO, 2021).

In Indonesia, the coverage of exclusive breastfeeding in 2022 was recorded at only 67.96%, a decrease from 69.7% in 2021. This indicates the need for more intensive support to improve exclusive breastfeeding rates (WHO, 2023). The percentage of infants receiving exclusive breastfeeding in Yogyakarta City in 2022 was the lowest among all districts in the Yogyakarta Province. The exclusive breastfeeding coverage for infants aged 6 months in Yogyakarta City was 69.8% in 2022, lower than 71.8% in 2021, although still above the national target of 50% (Yogyakarta City Health Profile, 2023).

Based on employment data in Yogyakarta City in 2021, the third most common employment sector was manufacturing (14.53%), which was predominantly occupied by women (56.7%). This data suggests that female workers in the manufacturing industry may have limited time to be with their babies, potentially leading to lower rates of exclusive breastfeeding. This is consistent with a study by Listyaningrum & Vidayanti (2016) in Klaten, which found that maternal employment status significantly influenced exclusive breastfeeding, with unemployed mothers being four times more likely to breastfeed exclusively than those who were employed.

According to WHO (2020), optimal exclusive breastfeeding could prevent 823,000 child deaths and 20,000 maternal deaths annually. Breast milk is considered the best source of nutrition for infants and

young children under three years old, offering lifelong health benefits.

Several factors contribute to the failure of exclusive breastfeeding, including cultural practices of giving prelacteal feeds, supplementation with formula due to delayed lactation, stopping breastfeeding due to maternal or infant illness, mothers returning to work, or the desire to try formula feeding (Amir, 2021).

Research by Wijayanti et al. (2023) also indicates that the workplace's distance from home can be a barrier to breastfeeding. Employment can lead to physical and mental fatigue and psychological stress. The farther the distance between home and workplace, the more time is spent away from the infant, which can reduce both milk production and the mother's motivation to breastfeed. A study by Momongan et al. (2018) stated that 100% of respondents who worked for eight hours or more per day were unable to exclusively breastfeed. Long working hours reduce the time a mother can spend with her baby.

Income is another factor that may influence exclusive breastfeeding, along with workplace distance and working hours. Low family income often forces parents to find more economical alternatives, and breastfeeding is a cost-effective option compared to formula feeding, as breast milk provides complete nutrition at no financial cost (Berutu, 2021).

A preliminary study conducted by the researcher at Danurejan I Public Health Center in January 2024 showed that out of 41 live births, only 26 babies received exclusive breastfeeding. In 2023, the exclusive breastfeeding rate at the same facility was 64%, meaning 36% of infants did not receive exclusive breastfeeding. The two main reasons cited were that the mother's maternity leave had ended, requiring her to return to work, and that the mother's milk supply

was insufficient, prompting formula supplementation.

This study aims to describe the supporting factors for exclusive breastfeeding at Danurejan I Public Health Center, Yogyakarta City.

Research Method

This study is a descriptive research. The descriptive research method is a method used to describe phenomena occurring within society (Notoatmodjo, 2012). The researcher employed a descriptive method to explore the phenomenon of exclusive breastfeeding based on the supporting factors influencing exclusive breastfeeding among working mothers in the working area of Danurejan I Public Health Center, Yogyakarta City.

The research design used in this study is a cross-sectional design, where data on risk factors and outcomes are collected simultaneously at a single point in time (point time approach), meaning that all variables are observed at the same time (Syapitri et al., 2021).

This research was conducted at Danurejan I Public Health Center, Yogyakarta City, from May 17, 2024, to June 7, 2024.

The population in this study consisted of all breastfeeding mothers with infants aged 6–12 months residing in the working area of Danurejan I Public Health Center, totaling 35 individuals.

The sampling technique used was purposive sampling. The sample in this study consisted of a portion of breastfeeding mothers in the working area of Danurejan I Public Health Center.

The variable in this study is exclusive breastfeeding, which will be analyzed based on several supporting factors such as type of employment, income, working hours, and workplace location.

Data collection methods used both primary and secondary data sources. The data analysis applied was univariate descriptive analysis by calculating the characteristics of the supporting factors

related to exclusive breastfeeding.

Research Results

1. Characteristics of Supporting Factors for Exclusive Breastfeeding

| Characteristics | Frequency | Percentage (%) |
|--|-----------|----------------|
| Exclusive breastfeeding | | |
| Exclusive | 22 | 62.9 |
| Not exclusive | 13 | 37.1 |
| Total | 35 | 100 |
| Mother's Employment Status | | |
| Employed | 22 | 62.9 |
| Unemployed | 13 | 37.1 |
| Total | 35 | 100 |
| Family Income | | |
| High (\geq Regional Minimum Wage: IDR 2,492,997)) | 25 | 71.4 |
| Low ($<$ Regional Minimum Wage) | 10 | 28.6 |
| Total | 35 | 100 |
| Duration Of Mother's Work | | |
| - | 13 | 37.1 |
| \leq 8 hours | 20 | 57.1 |
| $>$ 8 hours | 2 | 5.7 |
| Total | 35 | 100 |
| Mothers Work Location | | |
| - | 13 | 37.1 |
| At home | 6 | 17.1 |
| Outside the home | 16 | 45.7 |
| Total | 35 | 100 |

(Source: Primary Data, 2024)

2. Analysis of Research Results

The next analysis aimed to determine the impact of exclusive breastfeeding on supporting factors such as maternal occupation, family income, duration of work, and location of work.

a. Achievement of exclusive breastfeeding based on maternal occupation

Table 4.2 Achievement of exclusive breastfeeding based on maternal occupation

| Exclusive Breastfeeding | Mother's Employment | | | |
|-------------------------|---------------------|------------|------------|------------|
| | Employed | | Unemployed | |
| | N | % | N | % |
| Exclusive | 10 | 45,5 | 12 | 92,3 |
| Not exclusive | 12 | 54,5 | 1 | 7,7 |
| Total | 22 | 100 | 13 | 100 |

N=35 (Source: Primary Data, 2024).

Based on Table 4.2, the analysis shows that among working mothers, 45.5% practiced exclusive breastfeeding, while 54.5% did not. In contrast, of the 13 non-working mothers, 92.3% exclusively breastfed their infants, and only 7.7% did not.

b. Exclusive Breastfeeding Achievement Based on Family Income

Table 4.3 presents exclusive breastfeeding rates categorized by family income

| Exclusive Breastfeeding | Family Income | | | |
|-------------------------|---------------|------------|-----------|------------|
| | High | | Low | |
| | N | % | N | % |
| Exclusive | 13 | 52 | 9 | 90 |
| Not exclusive | 12 | 48 | 1 | 10 |
| Total | 22 | 100 | 10 | 100 |

N=35 (Source: Primary Data, 2024)

Based on Table 4.3, among the 25 respondents with high income (\geq regional minimum wage), 52% practiced exclusive breastfeeding, while 48% did not. Among the 10 respondents with low income ($<$ regional minimum wage), 90% provided exclusive breastfeeding, and 10% did not.

c. Exclusive Breastfeeding Achievement Based on Mother's Working Hours

Table 4.4 shows the distribution of exclusive breastfeeding based on the mother's daily working duration

| Exclusive Breastfeeding | Duration Of Mother's Work | | | |
|-------------------------|---------------------------|------------|-------------|------------|
| | ≤ 8 Hours | | > 8 Hours | |
| | N | % | N | % |
| Exclusive | 9 | 45 | 1 | 50 |
| Not exclusive | 11 | 55 | 1 | 50 |
| Total | 20 | 100 | 2 | 100 |

N=22 (Source: Primary Data, 2024)

Based on Table 4.4, among 20 mothers who worked ≤ 8 hours per day, 45% practiced exclusive breastfeeding, while 55% did not. Among the 2 mothers who worked more than 8 hours, 50% breastfed exclusively, and 50% did not.

d. Exclusive Breastfeeding Achievement Based on Mother's Work Location

Table 4.5 shows exclusive breastfeeding rates categorized by the location of the mother's workplace

| Exclusive Breastfeeding | Mothers Work Location | | | |
|-------------------------|-----------------------|------------|------------------|------------|
| | At Home | | Outside the home | |
| | N | % | N | % |
| Exclusive | 3 | 50 | 7 | 43,7 |
| Not exclusive | 3 | 50 | 9 | 56,3 |
| Total | 6 | 100 | 16 | 100 |

N=22 (Source: Primary Data, 2024)

Based on Table 4.5, of the 6 mothers who worked at home, 50% exclusively breastfed their infants and 50% did not. Among the 16 mothers working outside the home, 43.7% practiced exclusive breastfeeding, while 56.3% did not.

Discussion

The research was conducted from May to June 2024. Data collection was carried out using questionnaires filled out by respondents who were breastfeeding mothers with infants aged 6–12 months in the working area of Danurejan I Public Health Center, Yogyakarta City. The sampling technique employed was purposive sampling.

According to Haryono (2014) and Wijayanti et al. (2023), exclusive breastfeeding means giving only breast milk without any additional complementary foods until six months of age. Several factors influence this practice, including facilitating factors, supporting factors, and driving factors. Facilitating factors include education, knowledge, cultural values or customs; supporting factors include family income, availability of time (mother's employment status), working hours, workplace location, and maternal health; driving factors include support from family and health care providers.

Exclusive breastfeeding among infants aged 0–6 months is categorized into exclusive and non exclusive groups. The results showed that the majority 22 respondents (62.9%) practiced exclusive breastfeeding, while 13 respondents (37.1%) did not. Based on interviews, some of the reasons mothers did not exclusively breastfeed include having to return to work because maternity leave had ended. This rate has not yet met the target set in the Sustainable Development Goals (SDGs) for the DIY region, which is a minimum of 85% (Yogyakarta Health Office, 2022).

This study presents an overview of supporting factors (mother's employment, family income, duration of work, and work location) related to exclusive breastfeeding.

1. Exclusive Breastfeeding Achievement vs. Mother's Employment Status

Most mothers with children aged 6–12 months are working. Out of the total 35 respondents, 22 (62.9%) are employed; among them, 10 exclusively breastfed, while 12 did not. This aligns with research by Jacinta (2009), which indicates that working mothers face multiple challenges such as balancing work, household responsibilities, and care for their children. In contrast, homemakers have more time with their babies, enabling breastfeeding according to the infant's needs. Frequent breastfeeding, good infant latch on, and strong bonding maintain maternal hormonal balance and stimulate consistent milk production, supporting success in exclusive breastfeeding.

The analysis also found one non-working mother who could not exclusively breastfeed because her milk supply was low and she felt the infant's needs were not met, leading to formula supplementation. Among the working mothers who did exclusively breastfeed, facilitating factors included maternal knowledge about breast milk storage and family support.

2. Exclusive Breastfeeding Achievement vs. Family Income

The majority of respondents (25 out of 35) have high income (\geq regional minimum wage), and 10 families have low income ($<$ minimum wage). Among high income families, 52% practiced exclusive breastfeeding, while among low income families, 90% did so. The analysis indicates that the rates of exclusive breastfeeding are high in both income groups compared to those not exclusively breastfeeding.

This finding differs from Berutu (2021), where respondents with income below the minimum wage were more likely to practice exclusive breastfeeding than those with income \geq minimum wage. It is also not in line with Sriningsih (2011), which found that low income

mothers are more likely to provide exclusive breastfeeding. The current study suggests that many families with high income and those with low income both show high exclusive breastfeeding, possibly because low income families cannot afford formula, making exclusive breastfeeding the more economical alternative.

3. Exclusive Breastfeeding Achievement vs. Duration of Mother's Work

Among the 22 working mothers, 20 have working hours ≤ 8 hours per day, and 2 have working hours > 8 hours. Among mothers working ≤ 8 hours, 45% practiced exclusive breastfeeding and 55% did not; among those working > 8 hours, 50% practiced exclusive breastfeeding and 50% did not.

These results are consistent with Wijayanti et al. (2023), who reported that 100% of respondents with working hours ≥ 8 hours could not practice exclusive breastfeeding. Long working hours reduce time spent with the infant, limit opportunities for expressing milk during work, and may lead to supplementing with formula.

However, this study found that one mother working ≥ 8 hours still managed to exclusively breastfeed, owing to facilitating factors such as knowledge about milk storage and strong family support. Therefore, working duration is not always a barrier to exclusive breastfeeding.

4. Exclusive Breastfeeding Achievement vs. Work Location

Among 22 working mothers, 6 work from home and 16 outside the home. Among those working at home, 50% practiced exclusive breastfeeding and 50% did not. Among those working outside, 43.7% exclusively breastfed while 56.3% did not. The rate of failure to exclusively breastfeed is higher among mothers who work outside the home, highlighting that the

availability of time at home strongly supports exclusive breastfeeding. This is in line with Wijayanti et al. (2023), which reported that workplace distance or location away from home becomes an obstacle. The further the workplace is from home, the less time mothers spend with their infant, which can reduce milk production and the desire to continue exclusive breastfeeding.

Conclusion

Based on the results and discussion above, the following conclusions can be drawn:

Based on the exclusive breastfeeding coverage, 62.9% of respondents provided exclusive breastfeeding. Regarding supporting factors: 62.9% of the mothers were employed, 71.4% came from families with high income (\geq regional minimum wage), 57.1% of the mothers worked ≤ 8 hours per day, and 45.7% worked outside the home.

Among the 22 working mothers, 54.5% did not provide exclusive breastfeeding. Of the 22 respondents with high income (\geq minimum wage), 52% still managed to provide exclusive breastfeeding. Among the 20 mothers with working hours ≤ 8 hours, 45% provided exclusive breastfeeding while 55% did not. Of the 16 mothers who worked outside the home, 43.7% provided exclusive breastfeeding and 56.3% did not.

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