

Mother's perception and attitudes on exclusive breastfeeding among traditional market traders

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ABSTRACT

The benefits of breastfeeding for infants are well documented. One factor that contributes to suboptimal exclusive breastfeeding is the presence of working mothers. However, studies have revealed that employers tend to hold negative perceptions of breastfeeding, particularly for those working in the informal sector. The objective of this study was to examine the perspectives of mothers engaged in informal employment in North Sumatra and to identify the factors that influence their decision to exclusively breastfeed. A qualitative study was conducted with the participation of formal workers who were traders in traditional markets. In this study, mothers with children aged 0-2 years old who work as traders in traditional markets were recruited to participate in focus group discussions (FGDs) conducted in the local language which lasted between 45 and 60 minutes, were audio recorded and transcribed. The data were analyzed using a content analysis approach. The decision to exclusively breastfeed is influenced by a number of factors for mothers who work as traditional market traders. These can be grouped into three sub-themes: perceived benefits of breast milk and positive breastfeeding, support from family and friends, and misinformation related to breastfeeding behaviour and self-efficacy of breastfeeding mothers. Peer support for breastfeeding is a highly valuable study intervention. The health system and health workers facilitate the expansion of exclusive breastfeeding peer support. Highlight the benefits of exclusive breastfeeding across all socioeconomic groups and advocate for more conducive policies.

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INTRODUCTION

The benefits of breastfeeding for newborns and infants are well documented in the scientific literature. The nutritional content of breast milk is superior to that of infant formula, and it has been demonstrated to enhance infant immunity and potentially reduce future healthcare expenditures (Horwood et al., 2020; Nabunya et al., 2020). The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) have advocated for the implementation of

policies that would foster a culture of breastfeeding (WABA, 2024). These policies aim to encourage women to breastfeed their children exclusively for the first six months of life and then up to two years of age and beyond (Ariani et al., 2024). However, in Indonesia, the exclusive breastfeeding coverage rate in 2022 was only 67.96%, a decline from 69.7% in 2021. This decline indicates the necessity for more intensive support to increase this coverage rate. One of the factors that contribute to suboptimal exclusive breastfeeding is the presence of working mothers (Syahri et al., 2024). The challenges faced by mothers when resuming their professional lives following the birth of their children result in the premature cessation of exclusive breastfeeding. One strategy for facilitating successful breastfeeding among working mothers is to provide support for breastfeeding in the workplace (Ariani et al., 2024; Rahmawati et al., 2024).

Some of the difficulties encountered by working mothers in maintaining exclusive breastfeeding are attributable to workplace regulations and attitudes towards exclusive breastfeeding (Hentges & Pilot, 2021). The intensity of work that necessitates mothers' prolonged absences from their infants is a primary factor contributing to the failure of exclusive breastfeeding (Comfort et al., 2023; Wahyuni et al., 2020). The participation rate of the female workforce has increased annually due to the initiative to enhance family income. For working mothers, the return to work prior to the conclusion of the exclusive breastfeeding period, which often coincides with maternity or maternity leave, can impede exclusive breastfeeding efforts (Mgongo et al., 2024; Nabunya et al., 2020). It is incumbent upon employers to provide a supportive environment for those who are breastfeeding. Nevertheless, numerous studies have revealed that employers tend to hold negative perceptions of breastfeeding, perceiving it as a form of time-off from work that may diminish female efficiency (Economou et al., 2021). Other authors have recommended that the workplace should provide a private space with a locking door, access to clean, safe water, time to express milk at work, education and professional breastfeeding support, and adequate refrigeration, in order to be supportive (Rujumba et al., 2020; Titaley et al., 2021).

The promotion of breastfeeding-friendly workplaces can be achieved through the implementation of designated breastfeeding rooms and the provision of breastfeeding breaks for mothers who are breastfeeding (Abekah-nkrumah et al., 2020; Ariani et al., 2024). Despite its accessibility to both employees and employers, this legislation is predominantly emphasized in the formal sector, with minimal attention given to the informal sector. Furthermore, the recommended facilities to support exclusive breastfeeding are impractical to implement in informal workplaces due to a lack of resources (Gala et al., 2023; Nsiah-Asamoah et al., 2020). The informal sector is predominantly comprised of micro-enterprises, which are defined as businesses with an annual income below the minimum threshold for small business income tax. It is notable that this sector accounts for a significant proportion of employment opportunities for women in Indonesia, with 71% of women in the country engaged in informal sector work (Kusumaningtiar & Nurwahidah, 2021). Such workplaces include markets, shops (retail, hardware, wholesale, and kiosks), agriculture, small-scale saloons, and restaurants. However, the study reported that in Asia, maternal informal employment was associated with a higher likelihood of exclusive breastfeeding compared to non-employment.

The challenges faced by working mothers in Indonesia's informal sector are multifaceted, encompassing economic (Tawas, 2020), cultural (Manullang, 2020), and logistical barriers (Faradila & Riendera, 2021). While similar challenges exist in other countries, interventions such as community-based lactation support, public breastfeeding campaigns, and tailored government policies have mitigated these issues elsewhere (Seguí et al., 2020). Adopting such measures in Indonesia could improve exclusive breastfeeding rates among informal sector workers. Despite the existence of numerous studies on exclusive breastfeeding in Indonesia, there is a paucity of knowledge regarding the prevalence and associated factors of exclusive breastfeeding in Indonesia's informal sector. This study aimed to explore the perspectives of mothers working in the informal sector in North Sumatera and the factors influencing their decision to exclusively

breastfeed, with the objective of informing the development of breastfeeding guidance and support strategies tailored to the needs of mothers in this context.

RESEARCH METHOD

A qualitative study was conducted as part of development modeling in exclusive breastfeeding for informal worker who were traders in traditional market. This study was designed to explore the perception and barriers that might mothers has to deal with. The qualitative research has the strenght of describing the complexity of phenomenon of concern in a natural setting. It facilitates the understanding of exclusive breastfeeding from the perspective of study participants, in this case mothers who have child aged 0-2 years old, work as traders in traditional market was involved to share their life experiences. Data was collected by using Focus Group Discussion (FGD) of 10 members. The discussion was conducted to enlist collective views on perception, explore the barriers and their experience for exclsive breastfeeding in North Sumatera. The FGD was conducted by two researcher, one as facilitator and the other one as a note taker. The discussion was conducted in local language. Discussion lasted for 45-60 minutes, were audio recorded and transcribed. Data was analyzed by using content analysis approach. Study theme and sub-themes that emerged during data collection were found. Verbatim quaatations reflecting pasrticipant’s views on perception and barriers were identified and have been used in the presentation of the study findings. Ethical consideration was granted from Andalas University, permission was also obtained from all study participants.

RESULTS AND DISCUSSIONS

Characteristic of sttudy participants

We conducted single Focus Group Discussion (FGD), consist of 10 mothers who work as traders in traditional market. The deatil demography characteristic was present at Table 1 below.

Table 1. Characteristic of study participants

Participants ID	Age (years old)	Last Education	Number of Child
001	26	Senior High School	2
002	33	Junior High School	4
003	30	Junior High School	3
004	22	Senior High School	1
005	27	Junior High School	3
006	35	Elementary School	4
007	33	Junior High School	4
008	31	Senior High School	3
009	28	Senior High School	2
010	21	Senior High School	1

Perceived benefit of Exclusive Breastfeeding

It is a fundamental right of infants to receive exclusive breastfeeding for a minimum of six months, and it is the responsibility of their mothers to provide this nourishment in the optimal manner. A substantial body of research has demonstrated the numerous benefits of breast milk for both infants and mothers. Consequently, the mother's perception of breastfeeding is a fundamental aspect that must be internalized. The provision of education prior to marriage and throughout the period of pregnancy is an important factor in enhancing mothers' perceptions and fostering a more positive outlook.

As evidenced by the responses of numerous participants in the following focus group discussion, breastfeeding confers superior immunity to children: *"Breastfeeding offers a multitude of advantages." There is a notable distinction between the health profiles of breastfed and non-breastfed children. Infants who are breastfed are less prone to illness, whereas those who are not breastfed are more*

likely to experience fever. (Informant 10, FGD data). Indeed, breastfeeding is the optimal nourishment for children, a natural process that can positively impact their health. It can help prevent illnesses such as fever and heat illness, and it can contribute to the development of a strong body. (Informant 4, FGD data).

In addition to enhancing the infant's immune system, breast milk is perceived as a more cost-effective and convenient option for the child. This viewpoint is exemplified by the following statement: ... *"Indeed, breastfeeding is a cost-effective option, as it eliminates the need to purchase milk, which can be a significant expense."* (Informant 10, FGD data).

The exclusive breastfeeding of infants has been linked to positive weight outcomes. Breast milk is believed to facilitate rapid weight gain in infants, as evidenced by the following informant's statement: *"My child is exclusively breastfed...every postnatal check-up, the following month, the child has gained a significant amount of weight..."* (Informant 9, FGD data).

The implementation of breastfeeding policies in traditional markets represents a crucial aspect of the broader effort to bolster maternal and child health, while simultaneously promoting the adoption of healthy breastfeeding practices in the workplace (Ariani et al., 2024). However, the reception of exclusive breastfeeding policies for informal workers, such as the establishment of lactation rooms, has been met with skepticism, with some viewing these facilities as a less pressing concern for development as public amenities within the market (Al-ajmi et al., 2024; Wahyuni et al., 2020). Meanwhile, other study demonstrated that the difficulty of initiating exclusive breastfeeding was a consequence of the challenges associated with early breastfeeding initiation, including difficulties with breastfeeding, cracked nipples, perceived insufficient milk supply, pain, and fatigue.

Additionally, mothers' perceptions of inadequate breast milk, failure to thrive, mastitis, and returning to work were found to be associated with an increased risk of not being given exclusive breastfeeding ((Rahmawati et al., 2024; Syahri et al., 2024). A separate study revealed that a significant number of mothers opt for exclusive breastfeeding due to the perceived convenience and cost-effectiveness of this practice. The ability to produce breast milk without the need for additional formula or other supplements allows mothers to conserve resources while ensuring their infants receive adequate nutrition (Atnafu et al., 2023). Additionally, the observed increase in infants' weight over time supports the notion that exclusive breastfeeding is a beneficial practice for both mothers and their children (Asih et al., 2023; Kusumaningtiar & Nurwahidah, 2021; Makwela et al., 2024)

Family and peer support

The process of breastfeeding is not without its challenges, underscoring the importance of robust support from partners, family members, and even friends. A substantial body of prior research has demonstrated that providing mothers with supportive assistance throughout the breastfeeding process can contribute to a reduction in stress levels and an increase in calmness, which may subsequently influence the quantity of milk produced. Consequently, the majority of respondents in the focus group discussions expressed favourable views regarding breast milk and breastfeeding. However, mothers indicated that the support of family (spouse and parents) and friends was highly beneficial. ... *"I am grateful that I was able to provide my child with breast milk for six months. During that period, my husband was engaged in sales activities, while I was responsible for caring for our child at home."* The informant expressed a positive sentiment, indicating a sense of satisfaction and contentment (Informant 3, FGD Data). *"My husband also advised me to cease selling, emphasizing the necessity of prioritizing my health and ensuring the ability to breastfeed our child."* Consequently, during the period of breastfeeding, my husband was engaged in commercial activities at the tax office. (Informant 5, FGD Data).

In addition to the support of their husbands, breastfeeding mothers also benefit from the support of their fellow traders. As the respondent below states: ... *"I am also fortunate to have the support of my friend who sells next to me. When my child cries, I take a short break to breastfeed, allowing my friend to oversee my merchandise"* (Informant 4, FGD Data).

"My friend who is situated adjacent to me while selling is the individual who provides assistance in safeguarding my merchandise. On occasion, I experience a sense of remorse, however, they advise me not to hesitate, as my child's wellbeing necessitates the consumption of breast milk," (Informant 5, FGD Data).

The findings indicated that maternal occupation did not exert any influence on the practice of exclusive breastfeeding. This may be due to the involvement of additional factors. The analysis of the relationship between maternal employment status and exclusive breastfeeding behavior revealed a significant stratification based on the level of knowledge. Among mothers who are not employed, those with limited knowledge were more likely to not practice exclusive breastfeeding. However, among employed and non-employed mothers with adequate knowledge, the majority were observed to adhere to exclusive breastfeeding practices (Gala et al., 2023).

The results of the analysis between maternal employment status and exclusive breastfeeding behavior, stratified by family support, indicate that mothers who work or do not work and lack family support are more likely to not provide exclusive breastfeeding. However, for mothers who work or do not work and have family support, the largest proportion provides exclusive breastfeeding. Therefore, it can be concluded that maternal employment status is not directly related to exclusive breastfeeding behavior but is influenced by family knowledge and support (Horwood et al., 2020).

The findings indicated that the mother did not receive familial assistance and did not adhere to the practice of exclusive breastfeeding (Aronsson et al., 2023). The results of the questionnaires administered to the respondents indicated that the type of family support that is lacking is the provision of reading materials, such as books or magazines, about exclusive breastfeeding and assistance in expressing breast milk for the infant. Inadequate forms of family support may be caused by a lack of knowledge possessed by the husband or immediate family, which makes it difficult for them to help or resolve problems regarding exclusive breastfeeding. Additionally, families who do not have time may result in mothers feeling tired in caring for children and feeling unloved, which can lead to insufficient milk production during breastfeeding (Goodman et al., 2024). It is imperative that cross-sector collaboration be established to facilitate the socialization of the role of the family, particularly that of the husband, in supporting the success of exclusive breastfeeding (Hentges & Pilot, 2021; Titaley et al., 2021).

Missleading information related breastfeeding behaviour

Information pertaining to breastfeeding behavior can be obtained from a multitude of sources (Bicchieri et al., 2022). However, it is sometimes prudent to exercise discernment when responding to the information received. There is a paucity of accurate information regarding breastfeeding behavior, with many misconceptions persisting. These include inaccurate beliefs about breast milk, expressed breast milk, the effects of breastfeeding on the breasts, and other related topics. The respondents expressed their opinions on this matter in the following quote: ... *"I do not provide my child with expressed breast milk because I consider breastfeeding to be the most important aspect of my child's nutrition." The issue of bottle milk is not a concern, as milk is also..." (Informant 1, FGD Data).*

"Since my discharge from the hospital, I have not provided breast milk to my child. I was given bottle milk during my hospital stay, so my breast milk was withheld. I believe that bottle milk is a suitable substitute, is this correct?" (Informant 7, FGD Data).

There are two primary methods of breastfeeding: direct and indirect. Direct breastfeeding involves the infant receiving breast milk directly from the mother's breast. Indirect breastfeeding, on the other hand, entails the infant consuming expressed breast milk or ASIP, which is administered via a tube or spoon. It is regrettable that a considerable number of mothers remain uninformed about the subject of expressed breast milk. Furthermore, there is a considerable amount of misinformation surrounding this topic. A total of three respondents provided feedback.

"I have been informed by a midwife that expressed breast milk may be used, but I am uncertain as to the best course of action. Additionally, my son has advised that expressed breast milk can become stale if

expressed and placed in a bottle, which can cause nosebleeds. (Informant 6, FGD Data). "Indeed, it can become stale and may even be toxic. This is why I am hesitant to proceed." (Informant 5, FGD Data).

An individual's comprehension of objects can be subject to varying degrees of intensity. Adequate knowledge and comprehension of the principles of breastfeeding, encompassing the optimal positioning of the infant, the maintenance of the maternal breast, the stimulation of lactation, the advantages of breastfeeding, and the benefits to the infant, will encourage mothers to breastfeed their infants in a manner that is both effective and beneficial (Abdul-hassan et al., 2023; Abekah-nkrumah et al., 2020; Kusumaningtiar & Nurwahidah, 2021).

Breastfeeding self-efficacy

The term "confidence" is defined as the ability to carry out the breastfeeding process and provide breast milk exclusively for six months. Despite the challenges and difficulties that may be experienced, the process can be navigated optimally when accompanied by positive and constructive beliefs. Mothers who feel capable, or who possess self-efficacy, are more likely to be motivated to provide their infants with exclusive breastfeeding, even when encountering obstacles or difficulties along the way. Three respondents provided commentary on this topic: "Indeed, breastfeeding is somewhat challenging for us, but because I believe that breast milk is the optimal nutrition for my child, I am confident that I can overcome the difficulties and continue breastfeeding." (Informant 3, FGD Data).

"Indeed, we are compelled to sell this in order to sustain our livelihoods and assist our spouses. At times, it presents a challenging dilemma. However, witnessing our children's robust health and well-being reinforces my resolve to breastfeed them." (Informant 5, FGD Data).

An individual's self-efficacy can be enhanced by a multitude of factors, including prior experiences, guidance from healthcare professionals, and access to accurate information, as exemplified by the aforementioned quote (Gallagher & Chevalier, 2024; Hashim et al., 2020). Thus, mothers may be able to provide exclusive breastfeeding for their children with greater confidence. In anticipation of monitoring risk factors for early weaning, several studies have examined whether outcomes such as age, schooling, and income can influence personal expectations about self-efficacy, defined as the ability to successfully develop a given behavior. Given that the practice of exclusive breastfeeding is shaped by numerous variables over time and that optimal nutrition from birth is a crucial element of lifelong health, it is imperative to investigate the factors and outcomes associated with prolonging breastfeeding (Assuncao et al., 2023; Economou et al., 2021).

CONCLUSION

Peer support for breastfeeding is regarded as a highly valuable intervention in the context of the study. It is widely acknowledged that the health system and health workers represent the primary facilitators for the expansion of peer support for exclusive breastfeeding. This objective can be achieved by forming a partnership with existing women and community groups, role models, professional associations, and the media. It is also necessary to emphasize the benefits of exclusive breastfeeding across all income groups and lobby for more favorable policies in support of the practice. The provision of updated information and educational materials, health facilities, and community leaders would be an effective avenue through which the information can be disseminated.

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