

FACTORS ASSOCIATED WITH EXCLUSIVE BREASTFEEDING IN INDONESIA: A QUALITATIVE STUDY AMONG WORKING MOTHERS

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Abstract

Exclusive breastfeeding (EBF) is a globally recommended practice, yet its proportion remains low in Indonesia, particularly among working mothers. Various factors, including workplace policies, socioeconomic status, and family support, influence EBF success. This study aims to explore the supporting and inhibiting factors of EBF among working mothers in urban and semi-urban areas in Indonesia. A qualitative study was conducted through in-depth interviews to 14 working mothers with children aged 6–24 months in Jakarta (urban) and Beji-Depok (semi-urban) between October 2016 and January 2017. Participants were selected using purposive and snowball sampling, considering variations in breastfeeding status, occupation, and dwelling location. Data were analyzed through thematic content analysis with expert triangulation. Key factors influencing EBF included postpartum health, maternity leave policies, socioeconomic conditions, family and external support, and access to EBF-related information. White-collar mothers faced workplace-related barriers but benefited from strong internal and external support. Blue-collar mothers, constrained by economic factors, showed higher EBF adherence due to lacked comprehensive EBF knowledge. Health worker recommendations influenced breastfeeding decisions. Enhancing workplace support, strengthening family engagement, and improving targeted education for working mothers are crucial to increasing EBF adherence. Further research involving healthcare providers is recommended.

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Keywords: Exclusive breastfeeding, breast milk, working mother, Indonesia

Introduction

Exclusive breastfeeding (EBF) is globally recommended for infants during the first six months of life and throughout the remainder of the first and second years of life.^{1,2} In principle, timely initiation of breastfeeding is proven as an effective practice to advance maternal and child health outcomes.^{1,3} Although breastfeeding substantially reduces the risk of infections and stunting in infants, global adherence to EBF recommendations during the first six months remains relatively low, including in Indonesia.^{1,4,5} A secondary analysis of 2021 Indonesian National Nutritional Status Survey reported that the proportion of infants exclusively breastfed in Indonesia was 51.9%, which falls short of the national target of 80%.^{5,6} One contributing factor to the low EBF rate is the increasing number of working mothers.⁵ In 2014, the female labor force participation rate in Indonesia surpassed 50% nationally, with a rate of 24.3% specifically in the West Java province.⁷

Further studies found that among mothers with low economic status, returning to work after childbirth is a major factor contributing to the early cessation of EBF. This finding is supported by qualitative research conducted in South Jakarta and Depok, West Java.^{8,9} In this context, factors such as maternal self-efficacy, breastfeeding confidence, knowledge, and family support have been shown to positively influence a mother's decision to continue breastfeeding.^{9,10}

Previous research has also highlighted the influence of socio-environmental factors on breastfeeding practices. Urban environments, particularly among working mothers, often promote individualistic and transactional social interactions, in contrast to the more collectivist and community-oriented structures common in semi-urban or rural areas.^{11,12} In

urban settings, the pressure to return to work, limited family support, and time constraints often lead mothers to prioritize efficiency and productivity, which may conflict with the demands of EBF.¹² This contrasts with semi-urban areas, where stronger family networks and community-based childcare practices may play a more supportive role.¹¹

These contextual differences suggest potential variations in breastfeeding outcomes, highlighting the need to examine how socio-cultural and economic environments influence EBF practices among working mothers. Despite the significance of these issues, limited qualitative research has explored the experiences of working mothers in relation to EBF, particularly in both urban and semi-urban settings.^{8,9} Therefore, this study aims to gain an overview of the factors affecting the success of EBF among working mothers in these two contexts, with a particular focus on identifying both supportive and inhibiting factors.

Methods

The qualitative study employed a phenomenological approach to explore the lived experiences of working mothers related to Exclusive Breastfeeding (EBF). Fourteen participants with children aged 6-24 months were interviewed between October 2016 and Januari 2017—seven from Jakarta (urban) and seven from Beji-Depok (semi-urban), Indonesia. The first informant was purposively selected and followed by snowball sampling—until data saturation was reached, based on the mother variations criteria to ensure diversity in breastfeeding status (EBF/non-EBF) and employment type (white-/blue-collar).^{13,14} The inclusion criteria of EBF is to only give breast milk to children aged six months, without any food/liquid except medicine and oral rehydration solution. The white-collar was defined with

any kind of office job or other professional environment, while blue-collar was defined with any kind of job related to manual work, particularly in industry.¹⁵

Data were collected through semi-structured, in-depth interviews, conducted in Bahasa Indonesia, at locations chosen by the participants (typically their homes) with each lasting approximately 90 minutes. The interview was guided by an open-ended question that allowed informants to provide any further comments. Therefore, the discussions were audio-recorded with participant consent and transcribed verbatim. An interview guide was developed based on literature review and pre-tested with two participants, to get the sense of the interview.

The data analysis was an iterative process started with transcribing verbatim, content analysing, attaching three level coding, and generating themes. Thematic content analysis was used, involving three levels of coding: open, axial, and selective. Coding was done manually by three researchers and validated through team discussions and triangulation to reach consensus. Informants were classified based on the breastfeeding status and relevant quotes were chosen to help explain the result. Findings from this process were validated through a “check-back” via phone with six informants for clarification purpose. All the processes were documented using MS Word and MS Excel.

Ethical approval was obtained from the Universitas Indonesia Research Ethics Committee, and all participants provided informed consent.

Results and Discussion

We conducted in-depth interviews to 14 working mothers aged between 21-40 years old, who mostly have completed bachelor’s degree. Majority had only one child, and there were eight informants categorized as white-collar. In specific, they work as a lecturer,

researcher, ministry officer, bank analyst, and airline officer. As for the other six informants that were categorized as blue-collar, they work as a servant, labor, and cleaning service. There are equal number of participants were obtained from either urban- (Jakarta) or rural-area (Beji-Depok).

There were seven informants that success in EBF and two informants had predominant breastfeeding status as they gave small amount of zam-zam water and sweet tea to infants within the four to five months. Therefore, four informants had partial breastfeeding status as they gave additional food such as early complementary food before six months. There was one informant who never breastfeed the baby since birth, because of nipple rejection and unproductive breastmilk. There were five informants who continued to breastfeed until one year and seven informants continued until one and a half year to two years. The remaining were two informants who stop breastfeed before the infant reach six months.

Based on the working mothers' characteristics, the authors have identified six thematic factors associated with breastfeeding practice associated with working mothers as below.

Mother and infant health status after postpartum period

The interview found six mothers conducted caesarean for parturition which induced pain afterwards. While noting that breastfeeding benefits for both mother and infant^{2,16}, this experience made one mother to stop the breastfeeding.

“At that time the breast milk production couldn't be forced, I was in a painful condition, my stomach felt hurt, it was really hurt after caesarian birth and it took a long time to heal.” – (26 years old, non-EBF, white-collar, urban)

Further comments have identified that nipple confusion and infant health problem like low birth weight or premature birth were the main reason for EBF failure. Through approval, three informants who had these problems have accepted a suggestion from doctor to give their infant additional milk, to fill the weight gaps or response to medical conditions.

“The doctor said that my child has a heart problem, that I have to be aware if my child choke due to direct breastfeed. Thus, feeding by bottle is the best option instead of direct breastfeeding. Moreover, to catch up the ideal body weight, additional milk should be provided because my breast milk is no longer enough to fulfil his need.” – (26 years old, non-EBF, white collar, semi urban)

Breast milk is highly nutritious, providing an excellence source of energy, protein, iron, vitamin A, various antibodies and bioactive components for disease prevention. Infants who were breastfed will have a decreased risk of life-threatening illnesses such as diarrhea, infectious and chronic diseases in the later stage of life.^{2,16} Health workers like doctor, nurse, and midwife must also play an active role in educating mothers about the benefits of breastfeeding and teach them the necessary skills to breastfeed, while also remind them about the importance of breastfeeding in early stages.¹⁷ Traditional beliefs and advices from health staffs were important to influence EBF practice after postpartum period.

Limited maternity leave and return-to-work policy for working mother

In this study, there were only two informants that had six months maternity leave, while some others got three months or none at all.

“It’s really tiring at first. Moreover if you had to stay up all night and got to work in the morning.” – (33 years old, non-EBF, blue-collar, urban)

Some informants revealed that they were low in milk supply due to stress, less support from working environment, limited time for pumping, and uncomfortable or no lactation room. These statements are aligned with some studies which explains that stress, limited- or inflexible working time, and inappropriate space during working hours are hindrances of breastmilk pumping efforts.^{10,17–20}

“When I was pumping, suddenly I got a call from my boss or friends looking for me. Alright, I hadn’t finished my pumping yet and my breast milk still full, but I have to stop pumping.” – (26 years old, non-EBF, white-collar, semi-urban).

Some informants mentioned that six months maternity leave might contribute to the success of EBF, since the return to work policy has increased stress that resulted in reduction in breast milk production. On this matter, the role of postpartum employment needs a particular emphasise.¹⁸ A qualitative study conducted among working mothers found that returning to work has negatively impacted their breastfeeding practices, with some mothers experiencing illness due to the transition from home to the workplace.¹⁰ In Singapore, the short duration of maternity leave—typically only two months—has led some mothers to utilize childcare leave immediately afterward to continue breastfeeding.¹⁷

Additionally, introducing bottle-feeding too early may lead to nipple confusion. When mothers return to work, they often express breast milk and feed their babies using bottles. However, bottle-feeding requires less suction and tongue movement compared to breastfeeding, which can result in the infant rejecting the breast when reintroduced.²¹

In United States, the increase of women’s labor force participation has been associated with the decreases in breastfeeding.¹⁸ Two quantitative studies from Nairobi²² and

Singapore¹⁷ also highlighted work-related factors as unsupportive environment for EBF among working mothers, especially for those working outside home¹⁰. These information has underscored that working status is associated with breastfeeding practice among working mother.²³ In relation to that, a qualitative study among working mother in Indonesia also mentioned that difficult times and places for breast milk pumping during working hour resulted in low milk supply.¹⁰ However, this study found that working environment was not the main reason of EBF failure, because some mothers had breastfeeding plan, such as time schedule for pumping. This evidence been supported with a study which confirms that a breastfeeding plan could help in anticipating the pumping schedule and other barriers they met in the working environment.²¹

Socio-economical status of working mothers

Although a study in the United States found that returning to work is an influencing factor in EBF among individuals of low economic²⁴, a different result was identified in this study. Interestingly, for blue-collar informants, a low-income level emerged as a major factor in continuing breastfeeding. Additional comments regarding a more flexible working hours were noted, particularly among those employed as domestic workers, cleaning staff, and laborers. Blue-collar working mothers did not mentioned breast feeding problems after return to work. As a result, they preferred breastfeeding. However, they specifically mentioned that if they had the financial means, they would prefer to provide both breast milk and additional milk, believing additional milk is rich in vitamins and beneficial for brain and growth development.

Moreover, we identified that a mother's sense of pride and personal experience served as key motivation for continuing breastfeeding.

"... Because I believe, likes the people said breastmilk/ASI will not out, but definitely it will out." –

(28 years old, EBF, white-collar, semi-urban)

This study did not assess any of nutritional indicators of the infants to determine whether EBF given is sufficient for their growing needs. In addition, ensuring a good nutrition quality of mother during lactation period is another important work.

Family support in exclusive breastfeeding

Five informants reported lack of family support for breastfeeding upon returning to work. One informant shared that her family perceived breastmilk pumping as burdensome, despite her efforts to explain the benefits of EBF. In contrast, six informants stated their parents and in-laws played a supportive role in ensuring EBF success by taking care of the baby during office hours. Grandmothers provided and prepared nutritious meals, including vegetables and *Katuk* leaves, to enhance breast milk production and encouraged continued breastfeeding. In addition to parental support, one blue-collar informant received assistance from her sibling, who motivated her to practice EBF for the first six months and continue until the child reached two years of age.

Most informants emphasised that their husband was the primary supporter in their EBF journey. Husbands provided assistance during challenging times, such as soothing the baby during midnight fussiness, offering encouragement when the mother felt exhausted, and proactively preparing breastfeeding facilities even before the baby's birth. Their active involvement throughout the breastfeeding period significantly contributed to EBF success.

"Yes, my husband is the one who supports me the most when I get tired of breastfeeding (because I have to stay up all night)." – (24 years old, EBF, blue-collar, urban)

External support from health workers and others

Findings from in-depth interviews revealed mixed experiences with health worker support for EBF. Some informants reported limited encouragement from health workers, particularly due to initial breast milk production was challenging. Negative remarks from nurses about breast milk quality contributed to breastfeeding decision among some mothers.²¹

“The breast milk was very hard to be produced, and the infant kept on refusing it. The nurse then said ‘It seems that the breast milk wasn’t tasted good anymore, the infant don’t want it anymore’”

– (33 years old, non-EBF, blue-collar, urban)

Conversely, positive experiences with health workers were also noted. Five informants described receiving continuous support from nurses, including lactation education, breastfeeding techniques, and encouragement to persist with direct breastfeeding. Hospitals that implemented rooming-in facilities and breast massage were perceived as significantly improving breast milk production.

Beyond healthcare providers, experienced caregivers, babysitters, and neighbors also played a role in EBF success, particularly among blue-collar informants. Some white-collar informants emphasised the importance of trained nannies, especially those with prior knowledge of EBF through community health programs (e.g., posyandu cadres). These caregivers provided emotional and practical support by managing breast milk supply and responding to infant needs without excessive bottle feeding.

“I found my nanny is helpful. She was a posyandu cadre, so she supports EBF. She understands how to make my breast milk supply enough for my infant. If my infant cried, she wouldn’t always give him my breast milk, she is also very sociable, she would take my infant outside and played around

with him so she wouldn't give drink everytime my baby cried.” – (26 years old, EBF, white-collar, semi urban)

Overall, educational support from health workers and trained caregivers enhanced mothers' confidence in continuing EBF, particularly when they received guidance on breastfeeding benefits, lactation management, and emotional support.

Exposure of information related with exclusive breastfeeding

Three informants reported that peer support from other breastfeeding mothers played a crucial role in encouraging EBF and served as a platform for sharing information about breastfeeding.

“Breastfeeding mothers in this office have a WhatsApp group called ‘Ibu Perah’ (milking mothers). It’s a funny name, but in that group, we truly support each other. When a mother returns from maternity leave, we give her a warm welcome, and the senior members often share advice.” – (27 years old, EBF, white-collar, urban)

Among white-collar informants, many began seeking breastfeeding-related information before pregnancy. Four informants specifically searched for pro-EBF hospitals and physicians as their prenatal preparation to support EBF success.

“I had already planned to choose a pro-EBF hospital so that I could initiate early breastfeeding immediately after birth.” – (34 years old, EBF, white-collar, semi-urban)

In contrast, blue-collar informants generally started looking for breastfeeding-related information during pregnancy or after encountering breastfeeding difficulties. Their primary sources of information included health workers particularly midwives, employers, television, and health websites.

Breastfeeding is undoubtedly the best nutrition for infants. However, it will always a challenge for working mother to fulfill the breastmilk rights for their infants, except there is a massive multisectoral commitment and initiative from healthcare, family, to workplace. A study found out commitment to provide breastfeeding knowledge and support through workplace is effective to achieve continuation of breastfeeding and retention of working mothers.²⁵

Conclusion

Exclusive breastfeeding (EBF) among working mothers in Indonesia is shaped by occupational, socioeconomic, and geographic factors. White-collar mothers faced workplace barriers such as inadequate lactation facilities and short maternity leave but maintained EBF with strong family and peer support. In contrast, blue-collar mothers, particularly in semi-urban areas, adhered to EBF due to financial constraints but had limited awareness of its benefits. Common challenges across groups included doubts about milk sufficiency, limited health worker support. Strengthening workplace policies, health education, and engagement is essential to improve EBF practices. Future research should incorporate healthcare providers' perspectives to promote EBF.

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Conflict of interest

The authors declare no potential conflicts of interests.

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