Efforts of Government Institutions to Support Exclusive Breastfeeding Among Civil Servants

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ABSTRACT

Exclusive breastfeeding rate in Palu City has decreased in the last three years from 59.9% (2018) to 57.8% (2019) and 52.42% (2020). Work caused failure to provide exclusive breastfeeding among women. This study aims to explore the efforts of government institutions to support exclusive breastfeeding among civil servants in Palu City, Central Sulawesi. This study applied a qualitative approach, constructivism paradigm, and phenomenological strategy. The study subjects were selected according to the study objectives, which involved the main informants namely the heads of health department; women's empowerment and child protection department, education department, employment department, social affairs department and head of the Religious Office. In addition, there were key informants, namely civil servants with babies aged <12 months who had breastfed or were currently breastfeeding. The number of study subjects was considered sufficient when the coding results and data categories obtained were saturated. Triangulation was carried out towards the Mayor of Palu. Data were collected through in-depth interviews based on interview guides. All interviews were recorded using an audio recorder. The main instrument in this study was the researchers. Ethical Clearance letter Number: 0042/KEPK-KPK/V/2022 dated June 7, 2022 was issued by the Ethics Commission of Palu Health Polytechnic. The results revealed that breastfeeding rooms in the workplace were not yet available for breastfeeding women; there was no reduction in working hours for breastfeeding women, the workload for breastfeeding women was the same, and there was no specific support or motivation from the leaders, and no one had ever provided rewards. Furthermore, the triangulation towards the Mayor of Palu revealed that he promised to make a Regional Regulation (PERDA) that women who exclusively breastfeed will be given leave for 6 months. It can be concluded that the government institutions had not provided support for civil servants to perform exclusive breastfeeding. To achieve the target of exclusive breastfeeding, the government must support exclusive breastfeeding.

Keywords: Exclusive Breastfeeding, Breastfeeding, Civil Servants, Leaders Support

INTRODUCTION

Exclusive breastfeeding is the best way to meet the nutritional needs of newborns up to six months of age. Breast milk is a complete food for babies and provides many benefits for the health of mothers and children by supporting growth and development. WHO recommends protection, promotion and support for breastfeeding women. Unfortunately, there is no serious concern about such issues in the workplace. This makes it difficult for working women to keep breastfeeding when they have to return to work¹.
The causes of failure of working women to provide exclusive breastfeeding include stress due to high workloads, unavailability of facilities and infrastructure for expressing breast milk or breastfeeding at work, and limited time for household maternity leave\(^2\). In fact, civil servants have to return to work before the baby is 6 months old\(^3\). Based on Government Regulation No. 24 of 2017, the period of Maternity Leave for civil servants is 3 months. Therefore, it is deemed necessary to have programs that support lactation in the workplace for breastfeeding women. Some actions to support breastfeeding in the workplace involve providing breast pumps, breast milk storage facilities, child care facilities and maintaining women's privacy for breastfeeding babies or expressing breast milk in the workplace\(^4\). Support to continue breastfeeding at work is very important for breastfeeding women. In Nigeria, it was reported that less than 10% of respondents received support for breastfeeding at work. Most support was obtained from the closest family members, especially the husband\(^5\).

Nationally, the exclusive breastfeeding target has not been achieved. The highest and the lowest achievement of exclusive breastfeeding were found in West Nusa Tenggara (87.35%) and in Papua (15.32%), respectively. Furthermore, Central Sulawesi Province (54.69%) ranked 27th out of 34 provinces\(^6\). Data derived from the Palu City Health Office showed that the achievement of exclusive breastfeeding decreased from 59.9% in 2018 to 57.8% in 2019. In 2020, the achievement of exclusive breastfeeding increased to 62.42%. Working outside the home, either as a state civil servant or in the private sector, was one of the highest causes of failure to provide exclusive breastfeeding\(^7\).

Based on the background described above, a research problem can be formulated, namely: "What are the efforts of Government Institutions to support exclusive breastfeeding among civil servants in Palu City, Central Sulawesi?". This study aims to explore the efforts of government institutions to support exclusive breastfeeding among civil servants in Palu City, Central Sulawesi.

METHOD

This study was conducted in Palu City, Central Sulawesi from June 8 to July 31, 2022. This study applied a qualitative approach, constructivism paradigm, and phenomenological strategy. The study subjects were selected according to the study objectives, which involved the main informants name the heads of health department; women's empowerment and child protection department, education department, employment department, social affairs department and head of the Religious Office. In addition, there were key informants, namely civil servants with babies aged <12 months who had breastfed or were currently breastfeeding.

The number of study subjects was considered sufficient when the coding results and data categories obtained were saturated. Triangulation was carried out towards the Mayor of Palu. Data were collected through in-depth interviews based on interview guides. All interviews were recorded using an audio recorder. The main instrument in this study was the researchers. Ethical Clearance letter Number: 0042/KEPK-KPK/V/2022 dated June 7, 2022 was issued by the Ethics Commission of Palu Health Polytechnic.

RESULTS

The results of a study regarding the efforts of government institutions in supporting the success of breastfeeding for civil servants in Palu City were obtained from leaders of government institutions in Palu City and breastfeeding civil servants in that city. Hammer. There were four main themes to be discussed as follows:

1) **There were no lactation rooms available at the workplace**

A lactation room is a specific room that is ideally provided for every institution (office, workplace) which functions to maintain the comfort of women to breastfeed their babies or express breast milk during working hours. Six heads of departments as the main informants in this study said that they had not provided such room as stated by the following informants:

...before the earthquake there was a specific room for breastfeeding, but after the earthquake it was used as a goods warehouse (kdkk)(kdp).

*It was always forgotten, it is never be a*
There are institutions that said that it was not a priority and considered as the task of the Health Department. Having a breastfeeding corner in the workplace that employs breastfeeding women will be very helpful in carrying out their duties. Breastfeeding provides many benefits for both baby and mother. Apart from giving very complete nutrition for babies, breastfeeding will also strengthen the emotional closeness between mother and baby. The breast milk corner is not only for breastfeeding, but can also be used to express breast milk during working hours so that babies can still get exclusive breast milk.

Breastfeeding women usually use available space to express breast milk, for example a corner at the office that is not passed by many people and is slightly closed off, or a prayer room and a toilet. Such practice was expressed by the following informant:

*I most often use the prayer room corner, after 10 o'clock, rarely people come in (Id).*

Unsupportive condition means that the woman's privacy and comfort when expressing breast milk is not fulfilled. There was a dilemma, despite a demand for breastfeeding woman to provide exclusive breastfeeding, but support and facilities to help meet such demand are not available.

2) **There was no reduction in working hours for breastfeeding women**

The leave period after giving birth is only 1.5 months, while exclusive breastfeeding must be given until the baby is 6 months old. Therefore, breastfeeding women must arrange time for work and time for breastfeeding or expressing breast milk. It's best to breastfeed baby before going to work so that the breasts are empty. 10.00 am at the office is the best time to express breast milk or breastfeed the baby if the baby is accessible. Several department leaders said that there was no reduction in working hours for breastfeeding women, but they never forbade them from going home to breastfeed their babies, as expressed by the following informant:

*...we never forbid anyone from asking permission to go home to breastfeed, or asking permission to bring their child to the office, but there are no specific written rules for breastfeeding women to come late or go home early (kdp, kds).*

*...There are two women here who have just worked after postpartum leave, they came home for breastfeeding at 10 am, there is a woman who doesn't come back until noon, returning to the office after taking a break (kdp).*

Breastfeeding women preferred to go home to breastfeed their babies directly. It is due to no space to express breast milk and also they didn't understand how to store breast milk after expressing it and how to give expressed breast milk to babies. In addition, women also said that their babies should not use pacifier, as stated by the following informant:

*My child doesn't want to use pacifier, that's why I still go home, but it is really tiring on the way (IA).*

The use of pacifier should be avoided since it can have a negative impact on the child's growth and development. Using a pacifier may cause nipple confusion, disrupt dental and oral health, and can increase the risk of speech delay.

3) **The same workload for breastfeeding women**

Working women have multiple roles after they get married, especially while breastfeeding. With the role as a housewife, especially while taking care of baby, a woman has almost no rest in 24 hours. There are challenges for working and breastfeeding women. Working women have an increase in the workload they have to complete, both at the office and to take care of their family. However, there are several alternatives for breastfeeding women to complete their workload in the office, as stated by the following informant:

*We even allow women to bring their children to the office so they can breastfeed at any time, but with the condition that the children are accompanied by the nanny. In fact, no one ever asks (kds).*

*We do not reduce the workload for employees who breastfeed, but we are more...*
flexible about when it must be completed, if there is still time (kdpp), (kka).

4. There was no specific support or motivation from the leaders

Motivating and supporting pregnant and breastfeeding women to provide exclusive breastfeeding can not only be performed by healthcare workers, but also families. It is also the responsibility of the government, especially heads of institutions. However, not all leaders provide motivation for pregnant women to breastfeed, as stated by the following informant:

... forgotten, so far we have never conveyed it....

Women breastfeed their babies of their own accord and may know the advantages from the healthcare workers at the Integrated Healthcare Post. We never speak up about this, but if this has to be shared about, we are ready to convey and support it (kdp, kka).

So far, there has been no institution that specifically conveys its support or motivates or brings healthcare workers to offices to provide education about the importance of exclusive breastfeeding.

... no... never be supported or motivated to breastfeed, I know about this when during pregnancy check-ups at the doctor or midwife practice (idp, ids).

5. Provision of rewards or sanctions

Providing rewards to breastfeeding women who succeed in providing exclusive breastfeeding or at the Breastfeeding Week commemoration will motivate other women to breastfeed their babies. This can be a way for all women to breastfeed their babies. However, none of the institution leaders who were the main informants in the study ever did so, either only through supporting words in the form of appreciation or other forms, as stated by the following informant:

...Completely never, completely overlooked. Breastfeeding Week commemoration? I never be involved at all (ika, idk, idp)

There were congratulations and gifts when giving birth, lots of friends came, but no support for breastfeeding (ikpp).

During breastfeeding, it feels like I'm just trying and being responsible for myself, sometimes I want to give up (ikds).

DISCUSSION

Support for exclusive breastfeeding is contained in Employment Law no. 13 of 2003 article 83 which states that female workers who are still breastfeeding their children must be given the opportunity to breastfeed during working hours. Furthermore, this is stated in Health Law no. 39 of 2009 article 128 which states that during exclusive breastfeeding (6 months), the family, government and regional government as well as the community are obliged to fully support the baby's mother by providing facilities and time both at work as well as in public facilities. Furthermore, the obligation to provide exclusive breastfeeding for women is contained in the Government Regulation of the Republic of Indonesia Number 33 of 2012 concerning Exclusive Breastfeeding in Article 6 which states that every woman who gives birth is obliged to provide exclusive breastfeeding to her newborn baby.

Based on the results of triangulation and discussions with the Mayor of Palu, it was revealed that such issue had not yet become a concern and he promised to make a Regional Regulation that "Women who exclusively breastfeed their babies will be given six months' leave (until the end of the year) for exclusive breastfeeding)". This section will discuss the findings compared to the theory and previous study results related to this topic.

1. There were no lactation rooms available at the workplace

The availability of lactation rooms in government institutions in Palu City was very limited. In fact there were no breastfeeding corners in the six institutions involved in this study. Such finding is in line with a study conducted by Kumalaningsih, 2020 in Serang which found that it was still very difficult to find lactation room facilities or breastfeeding corners in the workplace or in public facilities. Breastfeeding corner must be one of the requirements for companies to apply for a business license at the Investment and Integrated Services Agency.
In the Joint Regulation of the State Minister for Women's Empowerment, the Minister of Manpower and Transmigration and the Minister of Health No. 48/MEN.PP/XII/2008, PER.27/MEN/XII/2008 and 1177/MENKES/PB/XII/2008 concerning Increasing breastfeeding during working hours, institutions and companies are encouraged to give women the right to breastfeed at workplace. Since this joint regulation is only an advisory, companies or institutions that provide breast milk corners cannot be subject to sanctions.

A study conducted by Abekah, 2020 in Gana reported that the main factor influencing the success of exclusive breastfeeding for working mothers was the practice of exclusive breastfeeding which involved knowledge, understanding of exclusive breastfeeding and experience in providing exclusive breastfeeding. Understanding the practice of exclusive breastfeeding is very important due to the fluctuation of volume and concentration of micro and macronutrients in breast milk. Such fluctuation is influenced by maternal factors such as psychological conditions, including work stress and supplementation which are very influential in supporting good breastfeeding practices.

In addition, Vilar reported that the main influencing factors for breastfeeding success among working women were the intention to breastfeed, the availability of a lactation room for breastfeeding or expressing breast milk at work, beliefs about breastfeeding, and workplace peer support and policies issued by the leaders. Furthermore, Ibarra, 2020 reported that more women breastfed longer (more than 6 months) in workplaces with breastfeeding corners (75.0%) compared to workplaces with no breastfeeding corners (25.0%).

2. There was no reduction in working hours for breastfeeding women

Another finding in this study was no reduction in working hours for women who provided temporary exclusive breastfeeding. Law Number 36 of 2009 concerning Health and Wellness in article 128 explains that every baby has the right to receive exclusive breast milk from birth for six months unless there is a medical indication. As long as the family provides exclusive breastfeeding, the government and society must fully support women by providing specific time and facilities, both at work and in public facilities. Moreover, postpartum leave only lasts for 1.5 months, while exclusive breastfeeding lasts for 6 months.

Such a finding is in line with a study conducted by Eren, 2018 in Turkey, which revealed that changes in laws in Turkey regarding pregnancy and childbirth leave significantly increased the exclusive breastfeeding rate and overall breastfeeding rate. In Turkey, from 2011 to the present, the rule regarding leave is during the first six months after giving birth for breastfeeding women, after work 3 hours earlier and 1.5 hours in the following six months. Furthermore, pregnant women who have reported pregnancy are not scheduled for night shifts until 24 months after giving birth. Women who have given birth are given 16 weeks of paid leave and can choose to take 24 months of unpaid leave.

Exclusive breastfeeding is an investment that has a positive impact on the health of mothers and children, as well as the country's economy. Exclusive breastfeeding will also reduce maternal and child morbidity and mortality, increase children's intelligence (IQ), improve children's achievement at school which indirectly contributes to poverty alleviation. In Brazil, 91% of women during postpartum leave period provided exclusive breastfeeding compared to those who were not in postpartum leave period. Postpartum leave allows women to be close to their children.

The experience of women who have to return to work or study while breastfeeding, encourage certain policies and facilities that can help them continue breastfeeding or take paid leave until the baby is 12 months old, flexible work arrangements, comfortable rooms for breastfeeding and expressing breast milk, and childcare room.

Chhetri in Karnataka reported that 52% of working women did not receive postpartum leave benefits. Only 11% of women were allowed breaks between work hours and no women were provided with childcare right at work. This was a common reason for working women to stop exclusive breastfeeding. It was shown that a more flexible work schedule and living close to work could influence...
breastfeeding success\textsuperscript{18}.

3. **The same workload for breastfeeding women**

   Another finding in this study is the same workload for breastfeeding women. Workload is the total number of tasks that a person or group of people must complete in a certain time. This workload can take the form of physical, mental and social demands. A previous study found that one of the factors that could thwart exclusive breastfeeding was a high workload\textsuperscript{19}. A qualitative study conducted by Zakar et al, 2018 in Pakistan further revealed that the failure of exclusive breastfeeding referred to insufficient daily breast milk intake due to the high workload for breastfeeding women and lack of social support\textsuperscript{20}. Workload for breastfeeding women that is not reduced may cause work stress and hinder breast milk production\textsuperscript{9}.

   A qualitative study conducted by Ahishakiye, et al in Rwanda, 2019 revealed that heavy workloads were responsible for suboptimal exclusive breastfeeding in Rwanda. The heavy workload for breastfeeding women was a challenge to consistently breastfeed. Despite housework and work outside the home that must be completed, they must still be able to smile\textsuperscript{21}.

   Women involved in this study were responsible for all duties both as a civil servant and as a housewife, and such condition certainly limited their ability and opportunity to provide exclusive breastfeeding\textsuperscript{22}. The serious challenges faced by women in providing exclusive breastfeeding were due to the heavy workload which could have a negative impact on children’s nutrition, so that the baby’s right to receive exclusive breastfeeding was also hampered\textsuperscript{23}. Such finding requires intervention so as to help women allocate more time to care for and provide exclusive breastfeeding through reduction in the workload during the exclusive breastfeeding period\textsuperscript{5}.

   The level of workload is related to the level of work stress. Support from colleagues is needed so that it does not have a negative impact on the woman’s psychology which can further cause a decrease in breast milk production. Therefore, peer support is very important and must be delivered in a positive way without negative judgment\textsuperscript{24,23}. Good teamwork was found to have a positive effect on organizational productivity\textsuperscript{25}.

4. **Motivation or rewards for breastfeeding women**

   The fourth finding from this study showed that there had never been any motivation or reward for women who successfully provide exclusive breastfeeding, especially on certain days, such as national or international breastfeeding week or when the baby is seven months old. Likewise, there were no sanctions for women who did not breastfeed or did not breastfeed exclusively without medical reasons. The motivation to provide exclusive breastfeeding is the encouragement or recommendation given by the leaders to breastfeeding women in such institution\textsuperscript{26}. The approach that can be taken by leaders and colleagues may focuses on the bounding attachment to improve the emotional relationship between mother and baby and facilitate mothers if they experience difficulties during breastfeeding\textsuperscript{27,28}.

   A qualitative study conducted by Jhonson, 2018 in the UK reported that awards in the form of prizes were given as a form of motivation for women to continue breastfeeding enthusiastically. This was considered to be compensation for the difficulties faced during breastfeeding. Award given to breastfeeding women was proven to create awareness and encourage other women who refused to breastfeed\textsuperscript{29,30}.

   Bekker, 2018 in the United States reported that breastfeeding women preferred to receive incentives in the form of cash, although exclusive breastfeeding was also influenced by maternal characteristics\textsuperscript{31}. Moreover, Clare Relton, 2017 in England reported that providing incentives in the form of cash had proven to be effective in increasing exclusive breastfeeding rate, especially in areas with a low prevalence of breastfeeding. Incentives in various countries were provided in various ways, for example France provided paid breastfeeding break during the working day. On the other hand, incentives to support the provision of formula milk were also provided, for example by providing vouchers [US$7.75] per week in the first year of birth which could be exchanged for formula milk\textsuperscript{32}.

   Motivating mothers to breastfeed before birth can increase good intentions and determination to breastfeed immediately after
the birth of the baby. Motivation is especially appropriate to be provided in the third trimester of pregnancy. A previous study found that combined interventions in the form of motivation, support and incentives could increase breastfeeding success. Interventions mainly take the form of efforts to overcome breastfeeding difficulties and provide appreciation for the efforts made by breastfeeding women.

CONCLUSION

There were no breastfeeding rooms for women available either in government institutions or public facilities. There was no reduction in working hours or workload for breastfeeding civil servants. Furthermore, there had never been an award given to civil servants who successfully breastfed. The form of support from government institutions in providing exclusive breastfeeding has not yet been stated in written regulations regarding Breastfeeding in Palu City. Therefore, the Mayor of Palu, Central Sulawesi, as a policy maker, tried to establish written rules in the form of Regional Regulations to grant six months' leave for civil servants who are willing to exclusively breastfeed. The issuance of such regulation helps socialization to institutions and supports monitoring and evaluation towards civil servants who breastfeed.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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