



Scoping Review



WORKING MOTHER'S EXPERIENCE GETS SUPPORT IN EXCLUSIVE BREAST MILK

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ABSTRACT

Background: Barriers to breastfeeding for working mothers include short time off work, lack of workplace support, short rest time after work, no room to express breast milk, laziness, workload, limited leave time, media exposure, role husband, parents' role, lack of facilities and infrastructure.

Objective: to review evidence related to the experience of working mothers getting support in exclusive breastfeeding.

Methods: This scoping review uses the Framework from Arksey and O'Malley, by focusing a study using the PEOS framework, a database that used to search literature, namely PubMed, Science Direct and EBSCO, articles were selected based on inclusion and exclusion criteria, assessed the quality of essays using critical appraisal, then data was extracted, analysed and concluded the results. Three themes emerged, namely the decision to breastfeed, factors that influence breastfeeding, and barriers to breastfeeding.

Conclusion: Mother's Milk is the best nutrition for babies because it can fight infection, help boost the immune system, reduce digestive disorders and support a baby's brain growth. The benefits of breastfeeding for infants can prevent the risk of death from the digestive tract and respiratory tract infections. At the same time, it can stop bleeding in postpartum mothers for mothers. The success of exclusive breastfeeding cannot be separated from the support given to the mother.

INTRODUCTION

The active role of parents in the growth and development of children is vital, especially when they are under the age of 5 years or toddlers. One of the parents, the mother, is a central figure in a child's development. Mothers play an essential role in the development of their children because with the excellent ability of the mother, monitoring the development and growth of children can be done correctly. Insufficient development and growth of children due to the lack of mother's ability to fulfil children's basic needs such as providing nutrition [1]

One of the factors that contribute to the success of the mother's role is economic status. Economic status is the income per month of a family, which is the social status of a person or family in the community. The family's financial status can be seen from its income to meet the family's needs. Low economic conditions in the family make mothers work to increase revenue in their families so

that they are expected to help meet family needs. Working mothers tend to interfere with exclusive breastfeeding for their children because they have limited time. [2]

The role of women in today's world of work can be taken into account. The number of female workers of reproductive age is quite large, making it possible to conceive and have children for working women (Sitepoe, 2013). According to World Bank data, globally, the female labour force participation rate in 2017 was 39.30%. According to the International Labor Organization (ILO), the number of women workers increases every year. In 2018, 120 million workers or 48.12% in Indonesia, were women. [3]

A woman is a mother who will become pregnant, give birth and breastfeed her baby; although almost all mothers know and understand the benefits of exclusive breastfeeding, exclusive breastfeeding has not been implemented optimally. The World Health Organization (WHO) noted that 41% of infants aged 0-6

months received exclusive breastfeeding. This figure is still low compared to the 2025 Global Nutrition Targets, namely increasing exclusive breastfeeding by at least 50% and the target in 2030 of 70% (WHO, 2018). Nationally, the coverage of infants receiving exclusive breastfeeding in 2018 was 68.74%. This figure has exceeded the 2018 Strategic Plan target of 47%. The highest percentage of complete breastfeeding coverage is in West Java Province at 90.79%, while the lowest rate is in Gorontalo Province at 30.71%. [4]

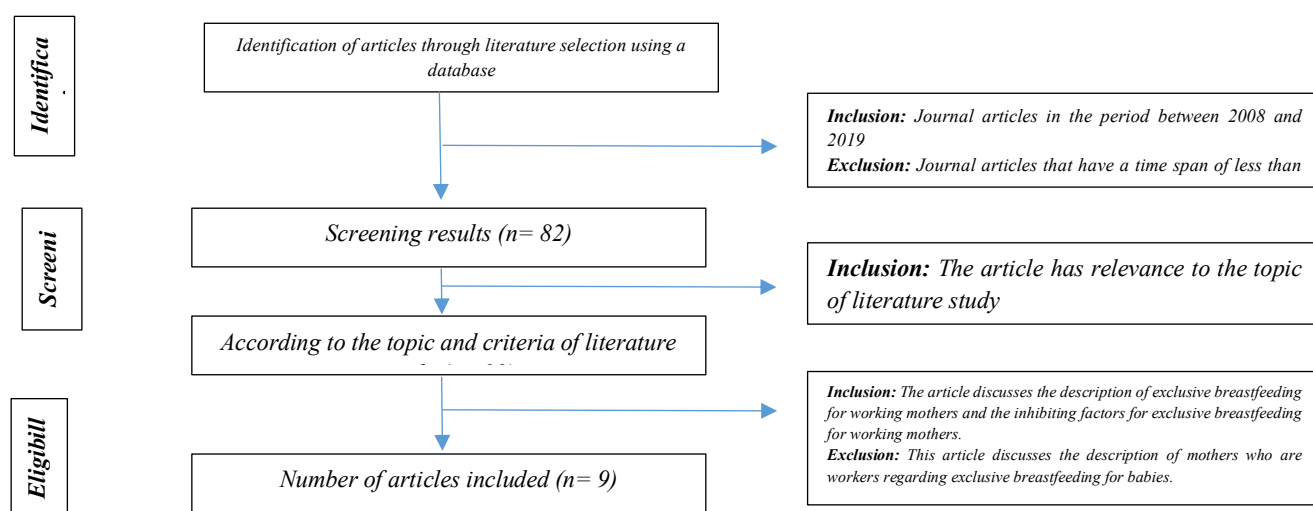
Breast milk is the best nutrition for a baby. The nutrients in breast milk are proven to prevent infection, increase the immune system, prevent digestive system disorders and support the development of the baby's brain (Suryoprajogo, 2015). Exclusive breastfeeding means that a baby for six months is only given breast milk without other additional foods such as oranges, honey, tea, water, formula milk, solid foods such as corn porridge, milk porridge, biscuits, rice porridge and team rice. [5]

Breastfeeding is very beneficial for babies, but to give breast milk from the first time the baby is born is not always easy. Problems that arise in exclusive breastfeeding include work status so that the breast milk given to babies is not optimal (Sunar, 2012). One of the factors that influence exclusive breastfeeding is work. Work is often an obstacle for women to give exclusive breastfeeding so that exclusive breastfeeding fails or is hampered. Factors that hinder mothers who work in breastfeeding include short time off from work, lack of workplace support, short rest time after work, lack of facilities and infrastructure for expressing breast milk, feeling lazy, workload, limited leave time, media exposure, husband's role, parent's role, lack of facilities and infrastructure. [6].

Working mothers have the right to breastfeed their children; the government supports this with the stipulation of the Minister of Health of the Republic of Indonesia (2013) Number 15 concerning procedures for providing special facilities for breastfeeding and expressing breast milk. Article 3 states that workplace managers must support the exclusive breastfeeding program through special provisions for breastfeeding and expressing breast milk and providing opportunities for working mothers to provide exclusive breastfeeding or define breast milk while working. Efforts to help achieve the success of exclusive breastfeeding, the government also issued Law Number 4 of 2019 concerning Midwifery, namely Article 20, Article 21, Article 28C, and Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia that health services to the community, especially women, infants, and children carried out by midwives in a responsible and accountable manner. Quality, safety, and sustainability are still obstacles to professionalism, competence, and authority (Kemenkes RI, 2019). Therefore, researchers are interested in knowing the experience of working mothers in getting support in exclusive breastfeeding.

METHOD

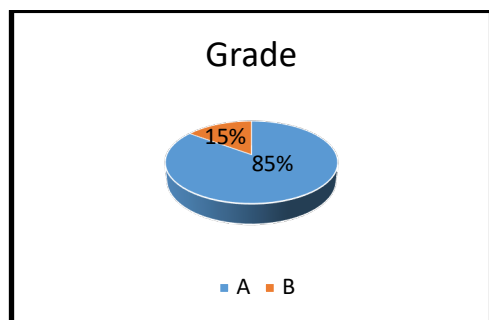
This scoping review uses the Framework from Arksey and O'Malley, using a focusing review using the PEOS framework, the database used for literature searches, namely PubMed, Science Direct and EBSCO, articles are selected based on inclusion and exclusion criteria, assesses the quality of essays by means of critical appraisal. The data is extracted, analysed and concluded with the results. The following will describe the article acquisition diagram through a flowchart as follows.



RESULTS AND DISCUSSION

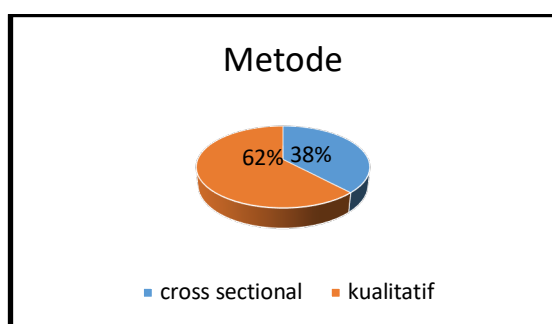
The selected articles were critically appraised using the Joana Briggs Institute (JBI) to assess the quality of the articles, so eight articles were classified as Grade A and 1 article classified as Grade B.

Figure 1. Characteristics of Articles Based on Grade



There was also a cross-sectional study based on nine selected articles, seven articles using the Cross-Sectional Study research method and two articles using the Qualitative study research method.

Figure 2. Characteristics of Articles Based on Research Methods



Next, the theme mapping is carried out as follows:

Tabel 1. Theme Analysis

Article	Sub Thema	Thema
Article 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	1. Reason for Giving	Breastfeeding Decision Making
	2. Baby Health	
	3. Family Support	
	4. Workplace Support	
Article 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	1. Knowledge	Factors affecting breastfeeding
	2. Support	
	3. Economic aspects	
Article 1, 3, 6, 8, 11	1. Difficulty dividing time at work	Barriers to breastfeeding
	2. Mother's confidence	

Based on this, the results are as follows:

The results of the mapping in this scoping review obtained three themes. The first theme is the mother's decision to breastfeed. The second theme is success factors in exclusive breastfeeding, including knowledge, support (family support and workplace support), and economic aspects. The third theme is barriers to breastfeeding.

Decisions in breastfeeding

Reasons for breastfeeding

Mothers give breast milk to their babies because it can provide satisfaction for the mother. The mother obtains satisfaction because the mother can illustrate that her baby's behaviour can calm herself when breastfed, provide comfort for the mother, and create a bond between mother and baby (Loke et al., 2013). Mothers feel comfortable because breast milk is an excellent, optimal and safe source of nutrition for their babies (Iliyasu et al., 2019). Breastfeeding is a choice and a right for children. [7]

Baby Health

Breast milk is seen as the best nutritional and immunological source for newborns and infants aged 1-6 months (Wambach & Chambers, 2018). Mothers perceive that breastfeeding provides good dietary benefits for the baby's health (Kuswara et al., 2020). Breast milk is optimal infant nutrition and benefits both mother and child. In the first years of life, adequate nutrition provides health and well-being from infancy to adulthood (Marshall et al., 2020). Breast milk does not make babies have diarrhoea because breast milk provides good nutrition for babies. [8]

Family Support

Information, emotional, instrumental, and reward support the family gives the mother, making her feel confident to provide exclusive breastfeeding (Harismayanti, 2018). The existence of a proud expression given by the husband for his wife's decision to breastfeed her baby can increase the mother's confidence and give exclusive breastfeeding to her baby. [9]

Support from family members can be related to the mother's decision to breastfeed exclusively. When the mother begins to give up exclusive breastfeeding with the help of family members, the mother decides to return to exclusively breastfeeding her child. Mothers who receive support from their husbands in breastfeeding tend to give exclusive breastfeeding to their children. [10]

Workplace Support

Support from the workplace is essential for working mothers to provide breast milk for their babies (Iliyasu et al., 2019). There is support from the workplace, such as a room and a breast milk pump (Wambach & Chambers, 2018). The existence of superior policies that provide additional time for female workers who have just given birth in breastfeeding their babies and pumping breast milk and the presence of refrigerators to store breast milk can motivate mothers to provide exclusive breastfeeding to their babies (Lisbona, 2018). Many mothers stop working because there is no support from their workplace. After all, mothers leave their workplaces to breastfeed their children exclusively. [11]

Factors that affect the success of breastfeeding

Knowledge

One of the factors in breastfeeding mothers is knowledge. Knowledge related to exclusive breastfeeding has contributed to the behaviour of mothers in breastfeeding (Loke & Chan, 2013). Information obtained by mothers through mass media, electronic media, health workers affects mothers' knowledge of breastfeeding their children (Sharma & Byne, 2016). Understanding breastfeeding can encourage the mother to continue exclusive breastfeeding for six months. [12]

A mother's high knowledge can increase breastfeeding to her baby compared to low ability mothers (Osibogun, 2018). A good understanding of breastfeeding can improve their babies' exclusive breastfeeding (Iliyasu et al., 2019). Lack of knowledge about breastfeeding makes mothers have difficulty providing breast milk for their babies (Tarrant et al., 2014). Although mothers' wisdom is high about exclusive breastfeeding, many mothers do not practise exclusive breastfeeding due to the belief of family members that breastfeeding alone is not enough for babies. There is no awareness of mothers in giving breast milk to their babies. [13]

Support

The most common challenge for mothers in exclusive breastfeeding is the lack of support, such as family support, spouse/husband, and support from the workplace [14].

Family Support

Family support is obtained from the husband's support and family support such as parents. Husband's support influences mothers' success in giving exclusive breastfeeding to their babies (Iliyasu et al., 2019). The existence of parental support can trigger and raise awareness of mothers giving exclusive breastfeeding, which can change the attitude and behaviour of mothers in breastfeeding their babies for six months (Harismayanti, 2018). Support from husbands, such as taking their babies to work to get

breast milk from their mothers, is a form of support for mothers in exclusively breastfeeding. [15]

Family support includes meeting the routine needs of breastfeeding mothers, changing diapers, burping babies after breastfeeding, carrying, bathing, massaging babies regularly and giving expressed breast milk to babies when mothers work (Roesli, 2015). Family support can also impact stopping exclusive breastfeeding because parents often associate the culture of providing food other than breast milk to accelerate their child's growth. [16] The lack of support from the family makes the mother discourage her from exclusively breastfeeding her child. [16]

Family members believe that giving additional food to babies can make babies healthier and have high nutrition. The beliefs of family members make mothers stop breastfeeding exclusively for children. [18]

Workplace Support

Workplace support given to breastfeed their babies, such as policies to provide time off for pumping breast milk and interpersonal communication, can positively impact mothers in breastfeeding at work. A lactation room positively affects the longer duration of breastfeeding the baby in the workplace (Wambach & Britt, 2018). The absence of support from the workplace, such as the absence of a special place for breastfeeding, makes mothers not exclusively breastfeed their children [19]

Exclusive breastfeeding can be successful if there is support from superiors (managers). Help from seniors can positively impact mothers and reduce the stress load due to the role conflicts they face; this support allows mothers to breastfeed their babies (Lisbona, 2018) exclusively. Providing facilities such as a lactation room and a refrigerator for storing breast milk can affect mothers giving breast milk to their babies [20].

Limited time for maternity leave makes mothers stop breastfeeding their babies, so mothers replace them with other complementary foods such as formula milk (Desmond & Meaney, 2016). Inflexible policies in the workplace make working mothers stop giving exclusive breastfeeding to their children. The absence of daycare in the workplace makes mothers stop breastfeeding exclusively. [21]

Economic Aspect

Exclusive breastfeeding for babies is a good promotion in raising children because of the high costs of raising children (Kuswara et al., 2020). Low economic conditions in the family make mothers decide to work outside the home, resulting in the cessation of exclusive breastfeeding because the mother has limited time (Fatmawati, 2013).

However, it was found that mothers who come from families with low economic income tend to exclusively breastfeed their babies at six weeks postpartum (Loke & Chan, 2013). Economic reasons make mothers return to work and do not extend maternity leave so that it becomes a problem for working mothers who breastfeed their children. [22]

Barriers to breastfeeding

Difficulty dividing time at work

Mothers who breastfeed and work as nurses have difficulty giving breast milk to their babies because they have to divide their time to care for others. So that breastfeeding for babies can be disrupted (Wright & Hurst, 2018). Mothers who do not exclusively breastfeed because of their busy work schedules or time. [23]

Mother's confidence

Lack of confidence in the mother's inability to breastfeed influences the cessation of exclusive breastfeeding for her baby. The failure of breastfeeding for the first child can affect breastfeeding for the second child. The existence of doubts in the mother to breastfeed for her baby affects exclusive breastfeeding to her baby. [24]

The cause of mothers having doubts about breastfeeding their babies is because of bad experiences (Sinta et al., 2017). Mothers do not give exclusive breastfeeding to their babies because of the pain when breastfeeding (Al Sagarat et al., 2017). The perception of mothers about breastfeeding in the workplace is a taboo subject, which is why working mothers do not breastfeed their children. [25]

CONCLUSION

Mother's milk is the best nutrition for babies because it can fight infection, help boost the immune system, reduce digestive disorders and support the baby's brain growth. The benefits of breastfeeding for infants can prevent the risk of death from the digestive tract and respiratory tract infections. For mothers, it can stop bleeding in postpartum mothers. The success of exclusive breastfeeding cannot be separated from the support given to the mother. Research on exclusive breastfeeding focuses on physical and informative support, but there is still little that discusses psychological support. There are still few studies that examine the obstacles experienced by working mothers in providing exclusive breastfeeding to their babies.

There is also a recommendation for the government: it is necessary to monitor and evaluate the existing policies intensively, whether they are running according to what has been planned.

There need to be strict sanctions for companies that do not provide facilities and infrastructure to support exclusive breastfeeding for working mothers. All health workers, especially midwives in the community, are expected to implement programs that the government has recommended, provide integrated ANC services, provide maximum midwifery care for working mothers, and carry out health promotions regarding exclusive breastfeeding.

ANNOUNCEMENT

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