

Husband Support on Working Mothers in Giving Exclusive Breastfeeding

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Abstract— Exclusive breastfeeding provides short-term and long-term benefits for infants and mothers. Promotional efforts through various media on the importance of exclusive breastfeeding are still being carried out and the program achievements keep increasing. The number of breastfeeding mothers in Indonesia has declined even though exclusive breastfeeding has many advantages. Indonesian mothers tend to choose to give baby formula to their babies. The purpose of this study was to determine the impact of husband's support on working mothers on exclusive breastfeeding. This study employed five stages for scoping review. The five stages included: identifying research questions, identifying relevant literature, selecting literature, mapping data, compiling, summarizing and reporting results. Ten journals were gathered and then analyzed in the form of scoping reviews by classifying the main points in three themes emerged: about husband's support for the success of exclusive breastfeeding on working mothers, the success of exclusive breastfeeding in working mothers and exclusive breastfeeding. The success of giving exclusive breastfeeding to working mothers is greatly supported by workplaces, husbands, families and information about exclusive breastfeeding from providers to husbands and families who will achieve success in exclusive breastfeeding. Working mothers should be given additional policies on maternity leave to achieve more in exclusive breastfeeding, provision of special facilities for breastfeeding or breast milking (breast milk), refrigeration for breast milk storage, internal regulation that supports the success of exclusive breastfeeding programs, provision of trained personnel for breastfeeding according to the mandate of the exclusive breastfeeding government regulation, and the need for strict sanctions for workplaces that do not support exclusive breastfeeding.

Keywords: *husband support, working mother, exclusive breastfeeding*

I. INTRODUCTION

Exclusive breastfeeding is very important during the early months of life reducing infant morbidity and mortality. The World Health Organization (WHO) defines exclusive breastfeeding as, 'feeding infants only with breast milk, excluding solids or other fluids (including infant formulas) except drugs, vitamins and minerals. In 2001, WHO recommended infants to be exclusively breastfed during the first 6 months of life [1].

The 2014 World Health Organization (WHO) stated that the number of infant mortality (IMR) in Indonesia in 2012 was 26 deaths per 1,000 live births. This number still does not meet the IMR target in the Millennium Development Goals (MDGs), where the target of AKB itself is 24 deaths per 1,000 live.

The program implemented by the government to increase the coverage of exclusive breastfeeding until this year still shows results below the figures targeted by the Ministry of Health in 2012, namely 80% of babies are expected to get breastmilk exclusively from all babies in Indonesia. Monitoring of nutritional status in 2016 showed that the coverage of exclusively breastfed infants nationally was 54.0% of infants received exclusive breastfeeding for 5 months and 29.5% of infants received exclusive breastfeeding for 6 months.

The DIY health profile in 2017 shows the highest percentage of exclusive breastfeeding occurred in Sleman Regency, which was 82.6% and the lowest occurred in Yogyakarta City 66.1%. Promotional efforts through various media about the importance of exclusive breastfeeding are still being carried out even though the program's achievements are increasing.

The number of breastfeeding mothers in Indonesia has declined even though exclusive breastfeeding has many advantages. Indonesian mothers tend to choose to give formula milk to their babies. This behavior develops into prestige in some mothers. This wrong behavior is imitated by mothers of poor families. As a result, mothers from disadvantaged families provide formula milk is very runny and does not meet the nutritional needs of infants.

Research conducted by Utami explains that there are several factors associated with exclusive breastfeeding including self-efficacy, parity, husband's role, work, and socio-economic. Family support and a high level of education to the father are very important for working mothers to continue to support exclusive breastfeeding. Support that promotes exclusive breastfeeding should focus on involving husbands and other family members in health care programs related to breastfeeding [2]

II. METHOD

The researcher screened 1092 literature studies from one database (Pubmed) for review. All selected articles use quantitative research methodology indexed scopus with the standards of Q1 and Q2 and research conducted in developing and developed countries. The population in this review is all Working Mothers. There are eight reasons to review the scope: (1) identification of problems, prioritizing problems and questions, (2) using frameworks, (3) literature searching using databases, (4) manual searching and gray literature, (5) choosing papers based on criteria inclusion and exclusion, (6) conducting critical appraisal, (7) extracting data from selected papers, collecting data and (8) making maps to answer questions.

Step 1 Identify problems, prioritize problems and questions. This review specifically wants to know: Husband's support for mothers works on the success of exclusive breastfeeding. Research question: "Is there an impact of husband's support on working mothers on the success of Exclusive breastfeeding?".

Step 2: Using the framework. The following is the Framework as a reference for inclusion and exclusion criteria in this Systematic Literature Review:

TABLE 1. RESEARCH FRAMEWORK

Element	Inclusion	Exclusion
Population	Working Mother	Ms. RT
Intervention	Supporting husbands	
Comparison	Supporting husbands and husbands who do not support exclusive breastfeeding	
Outcomes	for childbirth get exclusive breastfeeding	
Context	all countries	

Step 3: Literature searching using the Literature database used in this study was obtained through a Comprehensive literature search. This literature search method uses articles from 2013 to 2018, using restrictions on English-language articles, free full text, last 5n data, human and keyword implementation specifications must be in the title / abstract section. Articles obtained are taken from the Pubmed electronic database.

Step 4: Manually searching and gray literature. Search is done using keywords ((husband's support) OR working mothers) AND exclusive breastfeeding, then screening articles is adjusted to the criteria determined by the researcher and in accordance with the research questions.

Step 5 chooses paper based on inclusion and exclusion criteria. Step 6: Perform critical appraisal. Critical appraisal is used to assess the quality of articles to be used. The tool chosen to assess the quality of articles is the checklist Joana Brigs of the Joana Brigs Institute. In this critical appraisal stage there are 10 articles that correspond to the research question. This selected article uses quantitative research

methods with various types of study designs such as cohort, cross sectional and Case control. This article is assessed by a checklist or tools Joanna Briggs of Joanna Briggs Institute. After the selected appraisal critical process has been selected, 10 articles of good quality are indexed scopus with standards Q1 and Q2.

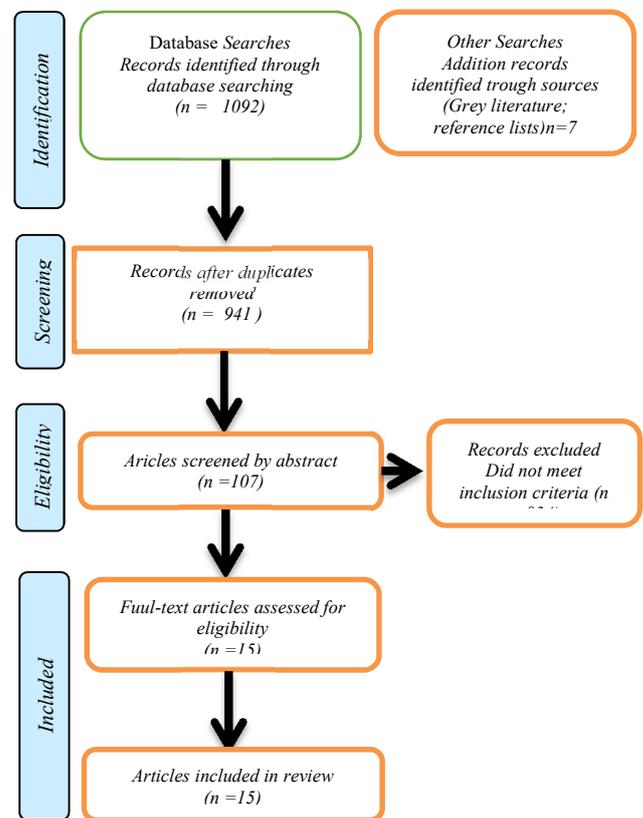


FIG1. SCOPING REVIEW FLOWCHAT

Step 7: Extract data from the selected paper. Of the 10 articles extracted to include key criteria such as research location, research population, research objectives, methodology and significant recommendation findings. Periview records information and then compares extracted data.

Step 8: Make mapping to answer questions. Of the 10 articles that are suitable and of good quality, the data is extracted to find out in detail and classify several points of the article, such as the research country, research objectives, methods used, and results or findings from the research conducted. Of the 10 articles selected, 2 articles used the Retrospective research method, 2 articles used the Cohort method, 2 articles the control method and the other Crosssectional. Articles obtained from developed and developing countries, 2 articles from Taiwan, 1 America, 1 Sweden, 1 Malaysia, 1 Indonesia, 1 Australia, 1 Canada, 1 Ethiopia and 1 from Brazil.

III. RESULTS

Descriptive summary and thematic analysis

This review consists of articles published between 2014-2018, authors in literature sources taken from countries. From 16 selected articles, 2 articles using Retrospective research methods, 2 articles using the Cohort method, 2 articles Control methods and other Cross-sectional methods. The articles obtained come from developed and developing countries, 2 articles from Taiwan, 1 America, 1 Sweden, 1 Malaysia, 1 Indonesia, 1 Australia, 1 Canada, 1 Ethiopia and 1 from Brazil. Four journals discuss about determinants of exclusive breastfeeding in terms of the workplace environment, husband and family support. The other six discussed about the goals, women's experiences from several countries about exclusive breastfeeding for success in giving exclusive breastfeeding.

Theme from data

Data taken from scoping articles is arranged in several themes. The themes included in this literature review include: husband's support for the success of exclusive breastfeeding in working mothers, the success of exclusive breastfeeding in working mothers and exclusive breastfeeding.

Husband's support for exclusive breastfeeding in working mothers

In this review there are several journals that examine the relationship with the support of providing exclusive breastfeeding at workplaces, families and husbands. Some findings in the journal say that workplaces, families and husbands influence the success of exclusive breastfeeding. Family support and father's education level are the only factors associated with exclusive breastfeeding for working mothers. In particular, mothers who received good family support were associated with a possible 2.85% increase more successful in exclusive breastfeeding, compared to those whose family support was less supportive. For women whose husbands have high education levels 2.68% are more likely to give exclusive breastfeeding than those whose husbands have low levels of education [2].

In some review journals an important factor influencing the duration of breastfeeding is the employment status of a mother. In the workplace the attitude of a boss also affects the work atmosphere for employees who are breastfeeding, because of the various perceptions of female employees about the support of breastfeeding in the workplace. In some companies there are sometimes those who have informal policies about exclusive breastfeeding support. Breastfeeding provides health benefits for babies and mothers, so a workplace that provides breastfeeding support for working mothers is recommended to increase initiation and the length of time for breastfeeding to achieve exclusive breastfeeding success [3].

In the Nainggolan study in 2014 it was seen that husband's support for exclusively breastfeeding wives was 28.57%. The small support is also small Sartono & Utaminigrum (2012) research results showed that of 62 breastfeeding

wives, husband support was only around 22.6%. The results above do not coincide with the results of Kok's study (2011). He said that breastfeeding is exclusively more succeed in the wife with a supportive husband compared to those who do not support. Thing this is because their culture (in Kelantan, Malaysia) places husbands as decision makers in family and household matters. Research in Padang (Indonesia) also showed that more than half of the respondents had husbands who supported breastfeeding exclusive (Ramadani & Hadi, 2010).

Exclusive breastfeeding success for working mothers

The results of the Journal review stated that the work of mothers contributed to the decline in giving exclusive breastfeeding. Breastfeeding is a behavior that is learned and can be done by all mothers with family support to provide exclusive breast milk to babies. In Indonesia, exclusive breastfeeding is only giving breast milk to babies in the first 6 months without additional food or drink has also been determined based on Government Regulation Number 33 of 2012 and this Regulation also guarantees the rights of babies about breast milk. However, in practice, to achieve exclusive breastfeeding and breastfeeding is difficult for working mothers, because they have to return to work early because of short maternity leave, no rest periods given for breastfeeding, and lack of equipment for breastfeeding [2].

In the study Tsai revealed that although 88.8% of mothers worked breastfeeding during maternity leave, only 24.1% continued for more than 6 months who continued to provide exclusive breastfeeding, for many working mothers who had obstacles to keep giving exclusive information, because they are still faced with the problem of the role of work and family [4].

Today many mothers work to help the family economy. The tight policy at the company about the rules of working hours, the location of residence that is far from the workplace, or the absence of private vehicle facilities are often factors that prevent mothers from giving breastmilk. Not only that, working mothers will certainly feel tired faster, so they feel they have no energy to breastfeed.

In achieving success in providing exclusive breastfeeding, especially for working mothers, support from superiors is certainly needed. Tolerance and special policies given to nursing mothers to milk breast milk during working hours will certainly have a positive impact on exclusive breastfeeding by working mothers. In addition, if it is equipped with adequate facilities in the workplace, it will certainly make it easier for mothers to work to provide exclusive breastfeeding.

Exclusive breastfeeding

The results of the research journal state that exclusive breastfeeding can provide benefits for both mother and baby for the short and long term, because it can reduce the risk of morbidity and mortality in infants for maternal health [2]. The WHO proposed for the fifth global target to increase the level of exclusive breastfeeding to 50% by 2022, however, exclusive breastfeeding coverage remains low, both globally and in Indonesia. Data from Indonesia states that the

exclusive breastfeeding rate was still 25.6% in 2013, and that it was much lower among mothers who did not work.

One of the factors that influence the practice of exclusive breastfeeding is attitude. And one of the factors that shape attitudes is one's perception of something. A person's perception of lactation management will affect the beliefs held. Trust that will encourage a mother to make decisions in terms of breastfeeding. Factors associated with shorter time of exclusive breastfeeding are determined by the identification of women who experience emotional disturbances during pregnancy and childbirth by caesarean section. It is best to promote the achievement of exclusive breastfeeding, breastfeeding support and any factors associated with exclusive breastfeeding obtained from the start of the pregnancy counseling from health workers and after childbirth [5].

IV. DISCUSSION

In this journal identify 15 relevant journals taken from the last five sources that discuss husband's support for the success of exclusive breastfeeding in working mothers, the success of exclusive breastfeeding in working mothers and exclusive breastfeeding.

According to WHO in exclusive breastfeeding research is family support which means as support received from family members to ensure success in giving exclusive breastfeeding to working mothers. Excluent breastfeeding is recommended as the best source of nutrition for babies and is an important public health problem [6].

Health workers as providers have an important role in preventing complications in mothers and babies. Mothers who have had the first child need help and certainty regardless of whether this is the first or the next child, strengthening the need for support, information about breastfeeding, and education about neonatal care. This is closely related to service quality. Provide IEC that is needed by the success of giving exclusive breastfeeding. Quality of service can be improved by increasing the available human resources and without large investments. This increase can reduce maternal and neonatal mortality and morbidity [7].

The findings indicate that the factors associated with determining the time / duration of exclusive breastfeeding are shorter. Identification of women who experience emotional distress during pregnancy, as well as monitoring parenting routines for cesarean section need to be addressed, to provide breastfeeding support that is targeted individually and promote longer duration of breastfeeding [5].

Exclusive breastfeeding is defined as breastfeeding only for the first six months. In Ethiopia, more than half of babies do not receive exclusive breastfeeding. Barriers at work contribute to this low practice of exclusive breastfeeding. Understanding sociodemographic, health, behavioral and economic factors is very important to promote the practice of exclusive breastfeeding in Ethiopia [8].

Support for the first exclusive breastfeeding is from the workplace, in the choice for breastfeeding and the urge to use lactation rooms and milking at rest, the mother's

perception of partner support in infant care is a factor in the intention to continue breastfeeding after returning to work, from characteristic demographic conditions to the work of the mother [9].

Family support and father's level of education are strongly related to the practice of exclusive breastfeeding for working mothers. Mothers who receive family support and whose husbands also support from an economic perspective, higher education gives more exclusive breastfeeding than from a low husband's education and from a less economic status. The sex of the baby and age, parity, and age and level of education of the mother are also related to factors in exclusive breastfeeding.

In achieving successful breastfeeding exclusively especially for working mothers, support from superiors is certainly very needed. Tolerance and special policies given to nursing mothers to milk breast milk during working hours will certainly have a positive impact on exclusive breastfeeding by working mothers. In addition, if it is equipped with adequate facilities in the workplace, of course it will it is easier for mothers to work to give exclusive breastfeeding.

V. CONCLUSION

The findings outlined here provide some conclusions that the success of giving exclusive breastfeeding to working mothers is greatly supported by workplaces, husbands, families and information about exclusive breastfeeding from providers to husbands and families who will achieve success in exclusive breastfeeding.

Recommendations suggested to working mothers should be given an additional policy of maternity leave, to better achieve exclusive breastfeeding, provision of special facilities for breastfeeding or breast milking (breast milk), refrigerator for breast milk storage, internal regulation making that supports the success of breastfeeding programs. exclusive, provision of trained personnel for breastfeeding in accordance with the mandate of the exclusive breastfeeding PP, the need for strict sanctions for workplaces that do not support exclusive breastfeeding.

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