

The Significance of Mothers' Voice at Household Level: A Decision-making Process to Increase the Health Status of Mothers and Babies

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ABSTRACT

It is widely acknowledged that breastfeeding impacts both mothers and babies positively. One of the determinants of breastfeeding success is the decision to breastfeed. Many studies show that mothers have always made most decisions, particularly at the household level. However, the infant feeding decision is a critical step toward improving the health of mothers and babies. The aim of this article is to explore the breastfeeding decision-making process and how it relates to breastfeeding practice. Furthermore, this article attempts to gain insights into the possibility of gender bias on top-level decision-makers (legislators), who are always predominantly male. This study took a qualitative approach, conducting in-depth interviews with ten couples in Jakarta and surrounding areas. There are several intriguing research findings. First, this study demonstrates that mothers play an essential role in the infant feeding decision-making process. Furthermore, the study discovered that while mothers choose the method of infant feeding, fathers play an important role in supporting their wives' choice. The most important result in terms of a gender perspective is that the voice of mothers is significant at the household level. This study used evidence-based decision-making for mothers to minimize gender barriers and policy gaps in health regulations. As a result, we recommend that this action be recognized by many related stakeholders, particularly the legislative level as the primary decision-makers in Indonesia in the larger context. Because encouraging women to participate in decision-making processes, particularly those related to health development, is urged to create a better breastfeeding policy.

Keywords: *Decision Making, Exclusive Breastfeeding, Mothers and Child Health, Gender.*

1. INTRODUCTION

The positive impacts of breastfeeding do not stop for the babies and mothers, but the nation and the environment also significantly affect breastfeeding practices [1], [2], [3]. Due to breastfeeding benefits, particularly in health aspects [4] – [7] mothers and families have been encouraged to give exclusive breastfeeding to their children. The recommendation of the WHO about exclusive breastfeeding states that babies should be exclusively breastfed since they are born until six months without additional milk, solid food, juice or water. The babies then are given solid food as an extra nutrition, and they are still breastfed until 2 years.

The recommendation aims to increase the rate of exclusive breastfeeding so that the more babies are exclusively breastfed. Unfortunately, the current situation shows the rate of exclusive breastfeeding has not been satisfying globally since the rate has not reached the target yet [8]. Successful breastfeeding can be determined by some aspects. According to the ecological theory [9] several levels influence on the breastfeeding

successful: microsystem, mesosystem, and macrosystem or it can be said from the individual level, the family, the community and also the broader aspect, such as the government policy.

The decision-making process between parents is one of the crucial steps in deciding infant feeding methods. Parents can choose to choose either formula milk or breastfeeding to feed their babies. Those choices have consequences on the babies and the families. Several studies assert that mothers play a key role in the decision-making process for their babies' needs, including breastfeeding [10], [11]. Fathers sometimes agree or just follow their wives' decision. The mothers, therefore, should be more knowledgeable to understand the best for their children. The decision-making process also has a significant influence on mothers during their breastfeeding activities. This makes a hard situation if the fathers are not involved and put all consequences of the decision on mothers.

The gender perspective examines how gender influences people's opportunities, social roles, and

interactions. The impact of gender on the successful implementation of policy, program, and project goals directly impacts the process of social development. Thus, gender is an essential component of every aspect of individuals' and societies' economic, social, daily, and private lives and the various roles assigned to men and women by society. Gender issues have been given top priority in development planning and policies by governments and development agencies for several years. Gender equity, as it relates to resource access and allocation and opportunities for social and economic advancement, has been a prominent item on the agendas of all recent decision-making processes, which have also investigated the fundamental link between gender equity and sustainable development.

This current study aims to explore breastfeeding decision-making and how it relates to the breastfeeding practice and the success of exclusive breastfeeding. Due

to the importance of women's role in the domestic area and it has significant influence on the child's health and the future of the children, meanwhile, in the top level of the most regulator are predominantly males. It thus needs to consider the mother's voices. Mothers' voices in the top up level can potentially strengthen the exclusive breastfeeding practice through the supportive policy, which will influence maternal and child health.

2. METHODS

This study used an evidence-based decision-making approach to minimize gender barriers and policy gaps in breastfeeding regulations. Evidence-based decision-making is a process for making decisions about a program, practice, or even policy based on the best available research evidence and informed by experimental evidence from the field and relevant contextual evidence.

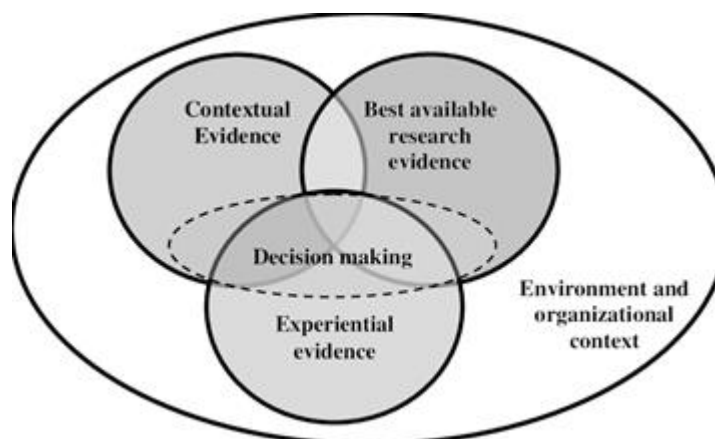


Figure 1 A supporting uncertainty decision making processes [20].

To better understand this topic, we choose a qualitative approach with several methods. There are two primary methods in collecting the data. First, we conducted an in-depth interview with the 10 couples whose children aged 6 months minimum and maximum 2 years. The age was chosen to identify whether they were successfully exclusively breastfed or not. The WHO has determined exclusive breastfeeding stops at 6 months, so it is an indicator to see the journey of exclusive breastfeeding practice. Then, the location was in the greater Jakarta and represents urban characteristics. We interviewed the informants separately to avoid the bias and the informants would be more open in providing the answer or show their perspectives. Each interview took around an hour and it depended on the type of the informants. If the informant is a talkative person, the interview takes more time. The place of the interview was decided by the informants, so we just followed their instructions.

In addition, to obtain a comprehensive answer to the research question according to the topic, we are also doing a desk review. The review that we have conducted associate the topic particularly with the decision-making in breastfeeding. Limitations included the study participants were from higher socio-economic groups and live in urban characteristics where health and information access were easily found. their babies mostly were successfully exclusively breastfed.

3. RESULTS

This section will explore the findings from the field trip and the findings also comes from the desk review through several studies in relation to the topic. There were remarkable insights from the findings to support the discussion section. The findings will be described based on the demographic background of the informants. It is then continued with the breastfeeding experiences and the last about the decision making on infant feeding methods.

The socio-economic background of the informants came from the middle-upper class of economy. Mostly, they graduated from university, and they were well-educated. Six of 20 informants obtained postgraduate degrees. The informants came from different occupations, but they were mostly white-collar employees either as government officers or private employees. The median age of the informants was 33 years old with the youngest age was 28 years old and the oldest was 41 years old. More than half of the informants were the second or third child and the rest were the first child.

There were various breastfeeding experiences among the informants. Only one of 10 children were partly breastfed, and the rest were exclusively breastfed. The cause of the non-exclusively breastfed baby was because of the nutrition issue of the baby, not because of the lack of breastmilk. The mother had hyper lactation, so there was no challenge on the supply of breastmilk, which is the primary cause of the stop breastfeeding.

This part, we will continue to the essence of this study which is about the decision making of breastfeeding. Due to the fact that the most active in upbringing children in Indonesia is the mother, so the mothers' role in deciding the infant feeding method should be explored. This current study has also confirmed that. According to the in-depth interview result, most mothers responded that it was their first time to think about the choice of infant feeding method for their children.

3.1. Experiences of Having Previous Children Who Were Not Exclusively Breastfed

There were several reasons why mothers chose breastfeeding as an infant feeding method for their babies. Those who had experiences having previous children and the practice of exclusive breastfeeding failed would like the next children to be exclusively breastfed. The mothers thought that the failure of providing exclusive breastfeeding for their children was a lesson learnt for them. They have understood that breastmilk is the best nutrition for the babies so that they would like to struggle to fulfil the right of their babies to get the best nutrition.

Before the mothers discussed the infant feeding method to their spouse, they already had the fixed decision to breastfeed their children. They would like to share about the decision to their spouse and expect the husband to support the decision. At this point, the husbands believed what their wives had decided and supported any decision. It can be seen from the findings that the first time who had decided the infant method choice was mothers then the fathers supported it. Following this is the interview with the mother who failed to provide exclusive breastfeeding to the previous

child and tried the best to fulfill exclusive breastfeeding for the next child.

When I was pregnant with my second child, I discussed with my husband that I wanted to breastfeed our second child; his response was positive. He said it was ok to breastfeed as long as my nutrition was good. It was a different response to when my first child was born. My husband suggested giving Abirama –her son– formula milk when our son was crying (A, December, 2017).

Another response who the first time to decide infant method also comes from the wife:

The decision to give breast milk came from me. Then I bought the book of Catatan AyahASI and asked my husband to read it. "Read this book, you can understand what you should do as a breastfeeding father" (B, December, 2017).

Decision for BM came from my wife, especially the knowledge. She browsed everything, but I just supported what she wanted as long as it was for the children. At first time, it was quite difficult. I did not know why. After two days, I got my first formula. But for the second, he got EBF since more prepared since pregnancy (D, January 2018).

3.2. The Reasons to Choose Breastfeeding

In addition, another reason that made the wives provide exclusive breastfeeding is because of religious reasons. Most of the informants were Muslims and according to the holy Quran, they believe that mothers should breastfeed the babies until two years. The health benefits and emotional bonding between mothers and babies also were the reason their mother chose breastfeeding rather than other infant feeding methods.

From the findings, the decision-making process of infant feeding methods was mostly decided by mothers. However, the role of fathers to support the decision and help mothers during breastfeeding practice was significant. Husband is the closest person to the wife and their role to support mothers is important during breastfeeding since the experiences of breastfeeding for every mother is different. Sometimes, the new mothers who breastfeed for the first time will probably face some problems, such as nipple cracking, which is so painful, babies refuse to breastfeed, and super exhausting for taking care of newborn babies. If the husbands do not support either physically or psychologically, the adversity for mothers during taking care of the babies in the early phase would emerge.

Here the experiences of the mothers who feel supported and how they faced the problems and adapted with the new situation. They felt that the existence of

fathers' support was significant and had a positive influence on exclusive breastfeeding success.

My husband fully supported me since he was also happy not to spend money on formulas which are so expensive hahaha. Since the beginning, I have talked to BF and his response was positive. He said it was ok to BF if your nutrition was good. When Kafka was crying at that time, he said to give formula. It was different. When I was tired and Kairo was so cranky, my husband helped me carry the baby. He helped to lighten the burden even though the contribution was small, but it was so meaningful. Involvement of husband is important to EBF success (E, December 2017).

Another experience comes from the mothers who felt really supported by fathers' involvement. Even though at the first time when discussing infant feeding methods the father was passive and just followed his wife's explanation, when the baby was born, the father was involved and did not let his wife struggle by herself.

I think fathers' involvement is important. The form of involvement can be mmm... sometimes the tiredness influences the amount of BM. When I was exhausted with the breastfeeding stuff including expressing the milk, he acted like a cheerleader: come on, you can do it! Your child has been getting breastmilk and it was more than enough. Breastfeeding is crucial for us since it can decrease our household budget. When I said that I was so tired because I breastfeed too much. He then said: ok, I would massage you later or something like that. That was part of his involvement. The support that he gave was important (H, December 2017).

3.3. Fathers' View about Their Involvement During Breastfeeding

It is important to understand how fathers think about their involvement and whether it is significant for supporting their wife or they do not know anything about that issue. Mostly, the informants understood that fathers' involvement is part of their responsibility as a husband. Even though they looked more passive, they had their own perception about breastfeeding. They would do anything as long as it was for the needs of their children. Here are the perspectives from informants associated with father's involvement.

There is a strong connection between stress and production of BM. If mothers are stressed, the breast milk does not come out. So, it is important for the husband to do his duty to make his wife happy (I, Januari 2018).

Fathers role is really important, especially mental support. Makes her happy (K, December 2017).

Actually, parents are a team. As a wife you need a husband as a figure. I don't want to regret when my child grows and I don't have a story to tell when I take care of them. I don't want it. So, the father's role is so important and cannot be compared (D, January 2018).

4. DISCUSSION

Consistent with other studies, the decision maker to choose infant feeding method or anything related to parenting was referred to mothers [10]. In line with Hounsborne and Douling's study, this current study confirmed that even though fathers did not decide much about the infant feeding method, they always supported it during breastfeeding practice. Therefore, it made breastfeeding experiences easier and mothers felt supported and had high confidence to achieve exclusive breastfeeding success.

Furthermore, having previous children and the breastfeeding experience, had shaped mothers' decision to provide infant feeding methods. This confirmed with the quantitative study conducted in Canada that asserts the breastfeeding decision-making model provides a framework for explaining how previous infant feeding experiences have affected the decision on the current infant feeding method [12]. The current study states that the mothers preferred choosing breastmilk feeding to formula since they have understood that breastfeeding has much more benefit than formula feeding. Putting infant feeding decisions on mothers can be seen as mothers who always have a bigger role in taking care of the children and about the parenting stuff. For a traditional view, parenting is seen strictly as the responsibility of mothers. It is also the same view with feeding the babies, through breastfeeding or formula milk.

This phenomenon cannot be separated with patriarchal values that the domestic task should be women's responsibility. A similar treatment was also applied when women or mothers chose to breastfeed their children. Radzynski and Callister [11] discovered that maternal decisions about infant feeding are multifactorial. The infant's health, culture, social and family support, implications for the mother, and knowledge of infant feeding were all consistent findings that were extremely important in breastfeeding. Furthermore, the importance of parliamentary support or legislative actions in the breastfeeding decision-making process cannot be overstated.

According to the Ministry of Women Empowerment and Child Protection's most recent data [13], women's participation in politics (elected office) and decision-making with the assistance of affirmative action for

candidacy and political party participation remains low. Although women's representation in the Parliament (Dewan Perwakilan Rakyat, DPR) increased from 11 percent in 2004-2009 to 18 percent in 2009-2014, with similar increases at the provincial and district level DPR, it remains below the desired 30 percent and is insufficient in other critical areas of public service and decision-making roles. Significant disparities exist within political parties, across levels of government, and across geographic regions, limiting progress toward the Sustainable Development Goals (SDGs) for women's empowerment. While Indonesia's Constitution and legal framework recognize women's equal rights and demonstrate a commitment to better governance, improvements to current laws/regulations and increased implementation and monitoring could more effectively address institutional and socio-cultural barriers and support women in elected and decision-making roles.

Unfortunately, in Indonesia, women are not generally regarded as family or community decision-makers. UNDP (2010) [14] identified a decade ago that attitudes and perceptions of women's social, economic, and political participation were very low. For example, 77.6 percent of the community believed that men should make decisions for the community. Furthermore, 95% agreed that men should be the household leaders, while 94% agreed that women should not work without permission from their husbands. Gender bias persists in knowledge, attitudes, and practices across the country, highlighting the importance of expanding education and gender-training programs for people of all ages. Furthermore, there have been no significant changes in Indonesia in terms of women and decision-making processes over time. Blomkamp et al. [15] discovered that even though decision and policy making is prioritized 'bottom up' planning, there are still gaps or weaknesses in the process. In Indonesia, policymaking does not make useful information available to communities and rarely involves women.

4.1. The Future of Breastfeeding Issue in Legislative Forum

One of the most effective investments a country can make to ensure a smarter, healthier population is breastfeeding. It protects children from a variety of illnesses, boosts intelligence, and fosters a strong bond between mother and infant. It also helps to reduce the risk of breast cancer in mothers and lowers healthcare costs for families and societies. Breastfeeding has far-reaching consequences for a country's future prosperity. Unfortunately, countries' funding and policies do not adequately protect, promote, and support breastfeeding [16]. As a result, the vast majority of children worldwide are not breastfed as recommended, missing out on the critical benefits that breastfeeding provides. Although each mother chooses how to feed her child, economic,

environmental, social, and political factors such as inadequate healthcare support, marketing of baby foods, and workplace support for women all have a significant impact. Countries must improve their funding, health-care programs, and, most importantly, the legislative process to support breastfeeding.

In Indonesia, legislative bodies continue to make ambiguous breastfeeding law and policy decisions. There are currently no specific laws governing breastfeeding. The law is generally about Health and the explanation about breastfeeding is only in some articles. Law No. 36 of 2009 concerning Health and about breastfeeding in articles 128. Furthermore, there are several Ministries released regulations (48/Men.PP/XII/2008, PER.27/MEN/XII/2008, and 1177/Menkes/PB/XII/2008) concerning exclusive breastfeeding, especially for working women; the Ministry of Empowerment Women and Child Protection, the Ministry of Manpower, and the Ministry of Health. Based on the Government Ordinance, there is a national directive to increase exclusive breastfeeding coverage for at least six months and continue until two years among working women. According to Pramono (2018) [17] research, Indonesia is now making strides towards a better future for breastfeeding laws. Indonesia has issued a number of regulations aimed at increasing the rate of exclusive breastfeeding. Nonetheless, those regulations are not fully implemented or regularly monitored.

On the other side, many developed countries have implemented Breastfeeding Laws in response to widespread concern about mothers and infants [18] In the United States, for example, an employer must provide reasonable break time for an employee to express breast milk for her nursing child for one year after the child's birth. The employer must also provide a location for the employee to express breast milk that is not a bathroom. As a result, in July 2019, the United States Congress also passed the Fairness for Breastfeeding Mothers Act of 2019. The law requires that certain public buildings provide a shielded, sanitary space, other than a bathroom, with a chair, work surface, and an electrical outlet for members of the public to express milk. Breastfeeding issues are an even greater concern in Northern Ireland. They have taken the initiative to change the legislative body so that it is more serious about caring for mothers and infants. For example, they advocate for mothers to have adequate maternity leave and advise against using artificial milks. Most importantly, they believe that it is critical to conduct such marketing of breastmilk substitutes [19].

Another important regulation about breastfeeding which considers the role of fathers in exclusive breastfeeding is the existence of paternity leave. There are no specific laws to regulate paternity leave issues. The availability of the fathers-specific policy potentially increases the health status of mothers and infants through

breastfeeding. Many studies show that fathers play a key role in breastfeeding practice. The support of fathers both physically and psychologically cannot be ignored since it helps mothers struggle to take care of the newborn babies. In addition, if there is paternity leave in Indonesia, it also highlights that the taking care of children including breastfeeding is not solely mothers' responsibility. Mothers can feel supported by the spouse and the social environment, and it will then reduce the burden that mothers' face after delivering babies. The more the fathers are involved, the more successful exclusive breastfeeding will be and, in the end, can potentially increase the rate of exclusive breastfeeding.

5. CONCLUSION

The present study found that mothers have a crucial role in deciding breastmilk feeding methods. Thus, it needs abundant support from fathers who are the closest person to mothers. Even though the understanding of fathers in relation to the importance of breastfeeding and their involvement during breastfeeding practice are quite good, they still put the best decision on mothers and let mothers decide it. Fathers will support and help in taking care of the babies for the welfare of their children. In this context, mothers have a significant role in decision making particularly for the health of their babies.

Seeing all breastfeeding statistics in developed countries could be a lesson learned from Indonesia. Indonesia can develop better breastfeeding laws and policies, but first significant changes must be made in the Indonesian parliament or legislative body. As a result, Indonesia's program to educate health professionals about comprehensive lactation management and infant and young child feeding in general needs to be strengthened. Medical professional associations must control and monitor member practices in order to support breastfeeding and update their knowledge of lactation management. The government must create a national Baby-Friendly Hospital Initiative (BFHI) program, reactivate the National Breastfeeding Committee, pass Infant and Young Child Feeding (IYCF) legislation, and review the standard competencies of health professionals and supporting teams. As a result, the government must establish a national monitoring and evaluation program for maternal health and community outreach, as well as provide significant opportunities for women to have such voices in parliament by increasing their political participation in the breastfeeding issue.

AUTHORS' CONTRIBUTIONS

Angga Sisca Rahadian

Roles: Conceptualization, collecting primary data, formal analysis, data curation, writing original draft, review.

Lengga Pradipta

Roles: Methodology, formal analysis, data curation, writing.

Fitranita

Roles: Data curation, formal analysis.

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