



## Working Mother's Breastfeeding Experience: A Phenomenology Qualitative Approach

Natalia Damaiyanti Putri Raden\*, Eufrasia Prinata Padeng and Dionesia Octaviani Laput

Department of Midwifery, Faculty of Health Sciences, Universitas Katolik Indonesia Santu Paulus Ruteng, Manggarai, East Nusa Tenggara, Indonesia

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### Abstract

Breast milk is a diet that satisfies all of a baby's physical, psychological, social and spiritual needs because it contains nutrients, hormones, immunological components and growth factors. Unfortunately, many working mothers choose to stop breastfeeding due to various factors. The purpose of this study was to explore the experiences of working mothers in exclusive breastfeeding. This study used a qualitative research design with a phenomenological descriptive approach. Data were collected using in-depth interviews and then analyzed using the Colaizzi method. The study results show that children who receive exclusive breastfeeding are healthier and have adequate nutrition. However, working mothers have difficulty in breastfeeding. So, support from partners, family members, supervisors and colleagues influences a mother's decision to breastfeed. In addition, leave regulations and child care facilities at work affect breastfeeding ability of working mothers. This study provides information about breastfeeding challenges and the support needed by breastfeeding mothers working to formulate better policies that support breastfeeding. Policies covering employee rights and privileges, such as extended maternity leave, support facilities and child care services, are critical to the success of exclusive breastfeeding by working mothers.

**Keywords:** breastfeeding; exclusive breastfeeding; experience; working mother

### INTRODUCTION

Breast milk is an essential source of energy and nutrition for children aged 6 to 23 months. Breast milk can provide half or more of a child's energy needs at the ages of 6 to 12 months and one-third of the energy needs of children aged 12 and 24 months. Breast milk is also an essential source of energy and nutrition during illness and reduces mortality in malnourished children (WHO, 2021). Breast milk is a portion of food sufficient for all elements of a baby's physical, psychological, social, and spiritual needs. Breast milk is the best food for babies. No other food can replace breast milk because it has advantages covering three aspects, namely nutritional, immune or immunological, and psychology

or psychological, in the form of affection, which is essential for the mental development and intelligence of children. Breast milk is the leading food for babies. Breast milk contains nutrients, hormones, immune elements, and growth factors and is hypoallergenic (Pratiwi et al., 2020).

The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend that children begin breastfeeding within the first hour of birth and be exclusively breastfed for the first six months of life, meaning no other food or fluids are given, including water. Babies should be breastfed on demand as often as the child wants, day and night. Bottles or pacifiers should not be used. Children should begin consuming safe and enough supplementary foods at the age of six months, while continuing to

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\* **Corresponding author:** [putriraden332@gmail.com](mailto:putriraden332@gmail.com)

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breastfeed for up to two years and beyond (WHO, 2018). Given that breastfeeding contributes to the lifelong health of mothers and children, breastfeeding is recommended worldwide. UNICEF, WHO and the American Academy of Pediatrics recommend exclusive breastfeeding (WHO, 2021).

The coverage of exclusively breastfed infants for the first six months of their lives based on WHO data was only 43.76% (WHO, 2020). Based on the routine report of the Directorate of Community Nutrition for 2021 as of February 4, 2022, in Indonesia, it is known that out of 1,845,367 infants aged < 6 months who were recalled, there were 1,287,130 infants aged < 6 months who received exclusive breastfeeding. Based on provincial distribution, there were three provinces with achievements that were still below the target, namely Papua (11.9%), West Papua (21.4%) and West Sulawesi (27.8%). In contrast, the province with the highest achievement was the province of West Nusa Tenggara (86.7%) (Ministry of Health, 2022).

However, research shows that many mothers intend to stop breastfeeding. They do not maintain exclusive breastfeeding for the first six months of life (Hauck et al., 2021). The research identified various barriers, including returning to work (Hendaus et al., 2018; Ogbo et al., 2019) and lack of support from healthcare providers and loved ones (Ayton et al., 2019), as a potential factor that can explain the mother's ability to give exclusive breastfeeding.

Many mothers who return to work stop breastfeeding because they do not have enough time, anywhere to breastfeed, and no storage for breastfeeds. Most mothers stop breastfeeding a few weeks after returning to work (Abekah-Nkrumah et al., 2020). Mothers need a safe, clean, and private place at or near their workplace to continue breastfeeding. Possible conditions at work, such as maternity, paid leave, part-time work arrangements, breast milk storage facilities, and no breaks for breastfeeding, can prevent mothers from continuing to breastfeed exclusively. Studies report many challenges faced by working mothers who intend to continue breastfeeding (Wambach et al., 2016). One of the factors that inhibits breastfeeding is the status of working mothers, especially if mothers do not have knowledge about breastfeeding. The causes that usually arise are not having time to give breast

milk directly, heavy workload, working time that does not match breastfeeding time, the distance of the workplace, which is far from where the mother lives, mothers who do not know how to express and store breast milk (Vianita, 2019).

Studies conducted in China show that work-related factors such as hectic and less flexible working hours, lack of maternity leave, and the absence of unique rooms for breastfeeding pose significant challenges for working mothers (Chen et al., 2019). In particular, knowledge, experience and workplace factors are the main drivers for mothers to breastfeed (Nkrumah et al., 2020).

Collective action is needed to achieve the goal of at least 60% exclusive breastfeeding for six months by 2025. The state supports activities on the rights of mothers to breastfeed at work. This support can be seen in regulations that provide proper time/relaxation and facilities for mothers to breastfeed their babies. The legal framework in Indonesia has been regulated regarding the provision of special facilities for breastfeeding through the Regulation of the Minister of Health of the Republic of Indonesia Number 15 of 2013 concerning Procedures for Provision of Special Facilities for Breastfeeding and Expressing Mother's Milk. This regulation is undoubtedly inseparable from Law Number 36 of 2009 concerning Health, especially in Article 128, which regulates the right of babies to get exclusive breastfeeding from birth for six months. In addition, specifically, the state also provides legal protection for workers who are breastfeeding their children as regulated in Article 83 Law Number 13 of 2003 regarding Employment.

However, mothers still face various obstacles to getting optimal breastfeeding. One of the biggest obstacles is when mothers have to work and lack support to continue exclusive breastfeeding. Increasing the female workforce is also one of the obstacles to the success of the exclusive breastfeeding program because maternity leave is only given 12 weeks for State Civil Apparatuses and 40 days for most private employees. Therefore, mothers working in Indonesia can only intensively accompany their babies for 1 to 3 months, including breastfeeding them. After that, the mother has to go back to work so often the mother is forced to stop breastfeeding. Previous research has highlighted

the various problems working mothers face in breastfeeding, including physical and mental fatigue, lack of free time, stress and difficulties pumping milk at work. However, most of these studies are quantitative and focus on the factors influencing breastfeeding success. Therefore, more in-depth research is needed to understand the subjective experience of working mothers in breastfeeding. This research aims to explore the experience of working mothers in providing exclusive breastfeeding.

## **MATERIALS AND METHOD**

### **Study design**

This type of research is qualitative research using a phenomenological descriptive approach. In this study, researchers explored the experiences of working mothers in providing exclusive breastfeeding. This research was conducted in Manggarai Regency, East Nusa Tenggara, Indonesia, from December 2022 to March 2023 after passing an ethical test by the Research Ethics and Community Service Team at the Universitas Katolik Indonesia Santu Paulus Ruteng Number 11b/USP/R01/PE02/K/12/2022. Manggarai Regency was chosen as the research location because the stunting rate is still high and the number of female workers is also quite large.

### **Respondents**

The research subjects were 11 working and breastfeeding mothers selected using a purposive sampling technique until the data was saturated. In this study, the participant criteria included mothers who worked in the Manggarai Regency area, were and had breastfed, were voluntarily willing to become research participants, and were able to share breastfeeding experiences. Determining the number of research subjects (respondents) is sufficient if it has reached saturation. Sampling data saturation is achieved when all types of informant characteristics have been represented, and the data obtained fully represents completeness for the entire research model construct.

The participant recruitment process was carried out by tracing mothers working in several government and private agencies in Manggarai Regency. After the researcher got the mother's data, the researcher contacted her and asked for permission. The researcher provides an explanation sheet about the research for

mothers willing to participate. Mothers who agreed to participate were asked to sign a consent form, and an in-depth interview was conducted. Informed consent was obtained from the participants before starting the discussion. Participants were informed about the sensitive nature of the content of the interview questions and allowed to withdraw from the study at any interview stage. Interviews were conducted in a place that could guarantee participant privacy, and the confidentiality of information was strictly maintained. Before the interview session begins, the researcher provides sufficient time to build trust and good relations with the participants.

### **Data collection**

Data was collected through in-depth interviews and direct observation by making field notes. The interview lasted approximately 60 minutes. The type of interview used was semi-structured, so the researcher used an interview guide but was not fixated on the interview guideline. To minimize the weaknesses of the in-depth interview technique, the researcher carried out the bracketing stages, namely confining, limiting, and withholding things in the form of assumptions, personal opinions, initial understandings, beliefs, and concepts previously known during the research process related to the phenomenon to be studied. Bracketing restrains the researcher's hypotheses from influencing the description of the phenomenon to be explored. Also, the questions must be clear, concise and easy to understand. For this reason, in compiling interview guidelines, the researcher conducted discussions with colleagues who understood the characteristics of the informants. Researchers also carried out probing techniques to deepen and explore informants' answers.

The researcher allowed the participants to convey the experiences and meanings that the participants found while breastfeeding while working. The interview questions describe living bodies, times, spaces, and human relationships to understand the world of living experiences. Interviews were conducted at the participant's home at the request of participant.

### **Data analysis**

Thematic analysis was used in this study, consisting of several stages using the Colaizzi method. The results of the interview recordings were listened to again, transcribed word for

word, and then identified as keywords for compiling the categories, which were then arranged into sub-themes. The results of the sub-themes were then grouped into theme groups. The researcher integrates the results of the data analysis into a complete and in-depth description of the research phenomenon under study.

## RESULTS AND DISCUSSION

A total of 11 participants aged 22 to 33 years were willing and voluntarily participated in this study. All participants in this study had different educational and occupational backgrounds. The baby ages of the participants ranged from 6 to 14 months (Table 1).

This study found four main themes related to the experience of working mothers in providing exclusive breastfeeding, namely healthy children and adequate nutrition, difficulties with breastfeeding while working, internal and external support influencing breastfeeding decisions, and rules for leave and daycare.

### Healthy children and adequate nutrition

#### *Children are rarely sick*

Mothers who continue to breastfeed while working believe that their children are healthier and less to illness. This condition is based on the results of interviews with participants, namely:

*“Compared to his siblings, my second child rarely gets sick because I only give him breast milk without formula”* (P2, P3, P8)

*“The child’s immune system is more potent; my child has never been sick. I also feel safer”* (P8, P1)

*“Breast milk protects my child from disease. He rarely gets diarrhea and flu”* (P5, P7, P9)

#### *Nutrition is fulfilled by breast milk*

Breast milk is the only food containing the nutrients babies need from 0 to 6 months. Mothers can save more by giving only breast milk because they do not need formula milk and have no difficulty measuring milk doses. This condition is based on the results of interviews with participants, namely:

*“I don’t need to worry about just giving breast milk. I think all the nutrition my child needs before he is six months old is fulfilled. I also save more because I don’t have to buy formula milk”* (P1, P4, P5)

*“Considering the nutrition my child needs, I’m afraid to give formula milk”* (P11, P2, P6, P7)

*“I don’t need to measure the amount of milk if I only give breast milk. The nutrition is measured and fits according to the measure”* (P9, P3, P10)

Breast milk is the best food for newborns (BBL) because it contains more than 100 types of nutrients, which any milk cannot match. Special protein content such as tourin, lactose, and omega-3, essential for growth and development, optimize the baby’s nerve and brain cells, improve the immune system, and protect against various infectious diseases (Dror and Allen, 2018). Breast milk also contains hundreds to thousands of different bioactive molecules that protect against infection and inflammation and contribute to immune maturation, organ development and healthy microbial colonization (Consales et al., 2022).

Table 1. Characteristics of participants

Respondents	Age	Level of education (degree)	Occupation	Monthly child age index
P1	24	Bachelor	Teacher	8
P2	28	Associate	Government employees	6
P3	28	Associate	Health officer	9
P4	22	Bachelor	Teacher	8
P5	26	Bachelor	Accountant	6
P6	32	Master	Teacher	12
P7	26	Bachelor	Private employees	14
P8	22	Bachelor	Government employees	8
P9	25	Bachelor	Pharmacist	7
P10	28	Associate	Cashier	6
P11	33	Bachelor	Teacher	11

Research also shows that breastfeeding can reduce the risk of infectious diseases and allergies in children and benefit the mother's health (Victora et al., 2016). This condition aligns with the research results, where most mothers say their children rarely get sick when they provide exclusive breastfeeding. Breast milk contains antibody-rich colostrum because it contains protein for the body's resistance and kills germs in large quantities. Breastfeeding lowers the risk of asthma or allergies in the baby. In addition, babies who are exclusively breastfed for the first six months without formula milk have a lower risk of ear infections, respiratory diseases, and diarrhea (Wijaya, 2019). This research also aligns with the results of Icelandic studies showing that the energy content of breast milk metabolism supports normal growth in babies who are exclusively breastfed up to six months of age (Thorisdottir et al., 2023).

### **Breastfeeding difficulties at work**

#### *Breastfeeding is troublesome*

Working mothers find it very difficult to breastfeed while working. They have to bring various equipment to pump breast milk at work. They also have to return home to breastfeed during work breaks.

*"The process is a bit inconvenient because you have to bring a lot of equipment to the office and sterilize the equipment after you get home, and because the breast milk is not abundant, sometimes the results of the breast pump are not much"* (P3, P11, P1)

*"I find it very hard to work while breastfeeding. I have to go back and forth from home and work to breastfeed and pump milk during working hours"* (P7, P4, P9, P3)

*"I've never pumped milk, so I try to steal as much rest as I can and go home to breastfeed, sometimes my breasts feel tight and sore, but it's not time to rest yet, so I endure the pain, and it's a bit difficult to manage my time"* (P6, P2, P5)

#### *The child does not want to breastfeed from a pacifier*

Because during the time off from work, babies are used to sucking directly from the breast, mothers have difficulty giving babies to drink from a bottle of milk. Babies have to be fed using a spoon. Some mothers must return home

from work so babies can suckle directly from the mother's breast. This condition is based on participant statements, namely:

*"During my three months of leave, my child was used to breastfeeding directly from the breast, so when I went to work and gave my child a pacifier, I didn't want to breastfeed from a pacifier. I was sad because I had to force my child to drink from a pacifier"* (P1, P8, P11, P3)

*"My baby had to be fed using a spoon when being breastfed because he didn't want to suck on a pacifier, and his caregivers sometimes had trouble giving him a drink"* (P10, P5, P9, P2).

*"I have to go home to breastfeed from the start. My child doesn't want to drink from the bottle. I'm sometimes embarrassed because I often ask permission from work and go home to breastfeed"* (P4, P1, P3)

#### *Breastfeeding facilities in the workplace*

The participants had difficulties expressing breast milk at work because there was no special space provided for mothers to express their milk comfortably. The participants also complained about the absence of a place to store breast milk after being expressed so that sometimes the milk that had been expressed was thrown away. This condition was based on the statement of the participants, namely:

*"I can't breastfeed at work because there is no special room for mothers who want to breastfeed"* (P10, P4, P3)

*"Never mind bringing my child to breastfeed here, I just pumped my breast milk and had to go to the toilet because there isn't a special room here for us mothers who are breastfeeding"* (P2, P11)

*"Even though my co-workers understand our situation, they are still embarrassed and uncomfortable when I have to pump breast milk in front of them. It feels like my milk doesn't want to come out"* (P7, P1, P2)

*"I used to borrow the boss's office to pump breast milk because it was the only comfortable room, and the door could be locked. Luckily our boss understood, maybe because she was also a woman"* (P8, P7, P6)

*"After pumping the breast milk, I immediately send it home because there is no refrigerator"*

*to store expressed breast milk. Sometimes if the breast milk bag is full, I pump it and throw away the milk because the breast hurts if the milk is full” (P3, P5, P7)*

Even though all mothers said that breastfeeding was the best for their babies working mothers found it difficult to breastfeed, starting from preparing pumping equipment and dividing time with work without a comfortable place to breastfeed, participants felt difficult because their babies did not want to breastfeed with a pacifier, some mothers also have to steal time off to go home and breastfeed. These difficulties are experienced by many mothers who are breastfeeding. The research found that working mothers face many problems in breastfeeding, such as uncomfortable breastfeeding rooms, distance from their workplace to breastfeeding rooms, lack of facilities, and limited time to express milk (Febrianingtyas et al., 2019).

Breastfeeding at work is a huge challenge for working mothers. Studies have revealed that breastfeeding rates falls dramatically when mothers return to work. The main causes are the distance between home and workplace, lack of lactation facilities at work, and decreased milk production during working hours (Basrowi et al., 2018).

Working mothers need a special room to express their milk while working. The room must be clean and comfortable to maintain the mother’s privacy while expressing breast milk. An appropriate room can make the mother feel responsible for her work after the mother expresses her milk. The office is not the right place to bring a baby. Still, according to the Indonesian Lactation Center (Selasinet) it would be better if a company that follows the “love the baby” movement could provide child care facilities and a milking room equipped with a special refrigerator to store expressed breast milk while waiting for office hours to finish. The time required for milking is at least one hour daily (3 to 4 times per day is enough, with 15 minutes per session) (Hatala et al., 2022).

This condition is in line with research on mothers in South Africa, which shows many female employees who breastfeed stop breastfeeding when they return to the workplace due to the lack of a breastfeeding-friendly work environment and adequate facilities

(Maponya et al., 2021). According to research in Kenya also shows that mothers who have access to breastfeeding facilities and support at work are more likely to give exclusive breastfeeding than mothers who do not (Ickes et al., 2022).

### **Internal and external support affects breastfeeding decisions**

*Continue to breastfeed because you have the support of your husband and family*

Husband and family support made the participants choose to continue breastfeeding because husbands and families helped participants to take care of their children and meet their needs. This condition was based on participant statements, namely:

*“I almost gave up and decided to use formula milk, but my husband always strengthened me, so we shared the task with my husband. The husband is usually the one who will sterilize the pump equipment and prepare all the needs for pumping breast milk at work” (P11, P2, P4)*

*“When I learned I wanted to provide exclusive breastfeeding, my family was very supportive. My mother even came to live with me to look after my child while I was working” (P4, P6, P8)*

*“When I come home from work and am tired, I want to rest. My mother-in-law will usually take my child to be held so that I can rest because they know that rest makes my milk production run smoothly” (P9, P10)*

*“If it weren’t for the support of my husband and family, I would have wanted to give up and give formula milk for a long time, but seeing them treat me well and provide for all my needs, makes me want to keep fighting to give exclusive breastfeeding to my baby” (P5, P8, P11)*

### **Supervisors and co-workers support breastfeeding**

Supervisors and co-workers also have an important role in enabling mothers to breastfeed exclusively while working. This condition is based on participant statements, namely:

*“During breastfeeding, I became less focused, and sometimes work couldn’t be completed on time. Fortunately, my boss understood*

*this and gave me extra time, so I could still work and still be able to breastfeed” (P1, P5, P11, P3)*

*“When I first gave birth to my baby, my co-workers gave me a set of breast pumps as a gift so I could still breastfeed while working” (P6, P7, P2, P9)*

The mother’s decision to breastfeed is also influenced by support from various parties, including the closest people, such as her husband and family. Also, support from supervisors and co-workers is beneficial for mothers breastfeeding. The results of this study are supported by previous studies, which show that the husband’s positive perceptions and attitudes in supporting breastfeeding mothers influence the mother’s decision to continue breastfeeding. Partner support is the main factor affecting a mother’s decision to breastfeed (Rempel et al., 2017; Sibogun et al., 2018). Not only verbal support from husbands and family important, but so is the attitude of husbands and families toward helping with household chores when breastfeeding mothers is also greatly influenced (Ratnasari et al., 2017; Ballesta-Castillejos et al., 2020).

In accordance with the research of Mogre et al. (2016), working mothers rely on their immediate family to care for their babies while they are away at work. Apart from experience and number of parties, support, and encouragement from the husband, family, health care providers, supervisors, and co-workers also affect the mother’s emotional well-being while exclusive breastfeeding (Debevec and Evanson, 2016; Bengough et al., 2022). This condition is in line with Lyons et al. (2023) research that conducted on mothers of different races and ethnicities, which show results that social support is associated with a longer duration of planned breastfeeding. Research conducted in Australian found greater postpartum breastfeeding support, both in the hospital as well as after the mother returns home, is likely to increase the mother’s self-confidence and enhance her experience as a mother (James et al., 2020).

### **Rules of leave and child care**

#### *Short maternity leave*

Participants complained that the time off was short, so they felt less than optimal in caring for their babies. They needed at least six months

of leave until their child could eat complementary foods. This condition was based on participant statements, namely:

*“If only the rules for postnatal leave lasted up to 6 months, maybe all mothers would choose exclusive breastfeeding” (P7, P8, P1)*

*“We are only given three months to be able to be with our baby 24 hours, while babies only need six months to be exclusively breastfed, so we working mothers must have a very difficult time providing optimal exclusive breastfeeding” (P10, P11)*

*“I wanted to stop working because letting go of my child with other people when he was three months old was very worrying. I became restless when I was working. Every half hour I would call home to check on his condition” (P4, P5, P9)*

*“If only maternity leave ended when our baby was able to eat food other than breast milk, maybe our duty would be easier because if our baby is hungry, we can still be given food other than breast milk” (P3, P10, P6)*

#### *Child care at work*

Participants hope to have a daycare in the workplace that is equipped with professional staff so that the participants.

*“If there is a daycare at work, I think it will be beneficial for those of us whose babies do not want to breastfeed via a pacifier” (P3, P2, P5, P7)*

*“If all workplaces had a daycare center with professional staff, I’m sure it would benefit mothers who want to breastfeed their babies exclusively. We no longer need to go back home or pump breast milk. We can use our break hours to meet our baby directly” (P8, P1, P6, P9, P11)*

All the respondents in this study had only three months off work. Mothers felt this time was lacking. Mothers hoped for at least six months of leave till their babies could eat food other than breast milk, so that they would be calm when they have to leave their baby at home because they do not need to be afraid that their baby will starve. The results of this study both show that environmental factors and other policy levels are the main challenges that influence mothers’ ability to work to demonstrate exclusive breastfeeding. Other factors are

the inadequate duration of maternity leave and the lack of policies and delivery facilities that support breastfeeding in the workplace (Abekah-Nkrumah et al., 2020; Nkrumah et al., 2020; Tsai, 2022). The research results also show mothers who do not have support at work believe that child care and maternity leave for six months influence breastfeeding decisions. Mothers say that it is impossible to breastfeed during shift work without child care services and state the need for child care centers (Valizadeh et al., 2017).

## CONCLUSIONS

This study resulted in four main themes: healthy and well-nourished children, difficulty with breastfeeding at work, internal and external support influencing breastfeeding decisions, rules for leave, and child care. This study provides essential information about breastfeeding challenges and the support needed by working mothers who are breastfeeding to make better policies that support breastfeeding. Even with the availability of these policies, if implementation is poor, the result is that exclusive breastfeeding will not be supported and may not work. Therefore, it is essential for policymakers to always pay attention to the extent to which the policies they develop affect exclusive breastfeeding. It was emphasized in this study that policies covering employee rights and privileges, such as extending maternity leave, supporting facilities, and child care, are essential for the success of exclusive breastfeeding by working mothers.

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