

## Hak Perawat di Tempat Kerja dalam Perspektif Pelayanan Publik dan Pengaruhnya terhadap Prestasi Kerja

### *The Rights of Nursing Mothers at the Workplace in the Perspective of Public Service and Its Effect on Job Performance*

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#### Abstrak

Tujuan penelitian ini untuk mengkaji apakah hak ibu menyusui di tempat kerja telah terpenuhi ditinjau dari perspektif pelayanan publik dan bagaimana hal tersebut akan mempengaruhi kinerjanya. Ibu sebagai pilar bangsa menentukan kualitas generasi penerusnya. Kualitas generasi penerus bangsa sangat bergantung pada bagaimana kualitas pendidikan dan kesehatan yang diberikan oleh seorang ibu kepada anak-anaknya sejak usia dini. Dari aspek kesehatan, seorang ibu harus memberikan nutrisi yang cukup sejak dini melalui ASI. Berdasarkan rekomendasi WHO, pemerintah Indonesia merekomendasikan para ibu untuk memberikan ASI secara eksklusif selama enam bulan. Dari aspek hukum, pemerintah Indonesia telah memberikan hak perlindungan bagi ibu menyusui yang bekerja, sebagaimana diatur dalam Undang-Undang Nomor 13 Tahun 2003 tentang Ketenagakerjaan. Namun fenomena menunjukkan semakin banyak ibu yang bekerja meninggalkan anaknya tanpa ASI dan mengandalkan nutrisi bayinya dari susu kaleng. Penelitian ini menggunakan pendekatan metode campuran kualitatif kuantitatif. Populasi adalah tenaga kerja wanita yang memiliki bayi usia antara 1 sampai 6 bulan. Penentuan sampel dengan metode kemudahan. Pengumpulan data menggunakan kuesioner, wawancara dan data sekunder. Sebanyak 176 responden telah terjaring dan memenuhi kriteria. Selain itu kami memasukkan data sekunder melalui penelusuran dokumen digital. Analisis data primer secara deskriptif dan ditriangulasi dengan data sekunder, kemudian dianalisis secara interaktif untuk menyimpulkan. Hasil penelitian menunjukkan bahwa hak ibu menyusui di tempat kerja untuk secara eksklusif selama 6 bulan belum terpenuhi dengan baik. Selain itu, temuan penelitian ini mendukung hasil penelitian sebelumnya bahwa kualitas layanan yang memadai bagi ibu menyusui akan berkontribusi terhadap kinerja ibu menyusui di tempat kerja.

**Keywords:** *Ibu menyusui, pelayanan publik, Kinerja.*

#### Abstract

This study aimed to examine whether or not the rights of nursing mothers at work have been fulfilled from a public service perspective and how this will affect their job performance. Mother's role determines the quality of next generation depending on the quality of education and health provided to her children from an early age. Viewed from a health aspect, a mother must provide

adequate nutrition from an early age through breast milk. Based on WHO recommendations, the Indonesian government recommends mothers to exclusively breastfeed for six months. From a legal aspect, the Indonesian government has provided protection rights for nursing mothers, as regulated in Law Number 13 of 2003 concerning Manpower. However, the phenomenon shows that more working mothers leave their children without breast milk and rely on their babies' nutrition from canned milk. This study uses mixed methods. The population consisted of female workers who have 1-to-6 month old babies. Sample was determined using a convenience method. Data was collected using questionnaires, interviews and secondary data. A total of 176 respondents have met the criteria. In addition, we entered secondary data through digital document tracing. Data analysis was carried out descriptively, and the data was triangulated with secondary data and then analyzed interactively to draw a conclusion. The results showed that the rights of mothers to breastfeed exclusively at work for 6 months have not been fulfilled properly. This finding confirms the results of previous studies that adequate quality of care for nursing mothers will contribute to the performance of nursing mothers at the workplace.

**Keywords:** *Nursing mothers, Service quality, Performance.*

## Introduction

The quality of the nation's next-generation depends on the quality of education and health a mother gives to her children from the womb. From the health aspect, a mother should provide adequate nutrition early on in the form of breastfeeding. Breast milk is important to babies' growth and development so that they can develop optimally, physically, mentally and intellectually (Krol & Grossmann, 2018; Kanazawa, 2015).

Mothers' obligations to breastfeed their babies are often constrained because more and more women are undergoing dual roles, both as mothers and as workers outside home (Murtagh & Moulton, 2011; Bartick & Reinhold, 2010; Fein et al., 2008). Most working women are also at a productive age, meaning that when they work they also should give exclusive breastfeeding to their babies for at least 6 months. It is because when the mother breastfeed her baby, it means that mother has given greatest affection, best immunization, complete nutrition, healthiest drink and living water (Roesli, 2000). The benefits of breast milk have even been campaigned by UNICEF through the World Breastfeeding Week held every August 1-7. The campaign, among others, invites people throughout world, especially mothers, to provide the benefits of nursing to infants and to recognize the benefits of nursing to themselves. It is expected that exclusive breastfeeding can reduce mortality due to infection, especially in less than 3-month old infants (Nkoka et al., 2019; Edmon et al., 2006; Dieterich et al., 2013; Stuebe, 2009 in Rebecca J. Schlafer Laurel Davis Lauren A. Hindt Lorie S. Goshin Erica Gerrity. 2018). With breast milk, babies will be healthier because they have better endurance those not getting exclusive breast milk. Therefore

breastfeeding is an important key to encourage the development of healthy and intelligent generations in the future.

Once the importance of breastfeeding to her baby needs to be supported and considered by government and private as the providers of employment, so that working mothers still can breastfeed their babies exclusively (6 months). The right of nursing mothers is affirmed in Article 128 of Law Number 36 of 2009 stating that every baby is entitled to exclusive breastfeeding from birth to 6 month old, except for medical indications and all levels of society, including the family, central and regional governments, and the public are required to fully support nursing mothers by providing special breastfeeding time and facilities at workplace and public facilities. Furthermore, the government ratified Government Regulation No. 33 of 2012, the Articles 30, 31, 32 of which state that the workplace and public facilities must support the breastfeeding program by providing special facilities for breastfeeding and expressing milk. The intended public facilities are health service facilities, hotels and inns, recreational areas, land transportation terminals, train stations, airports, seaports, shopping centers, sports buildings, refugee holding locations, and other public facilities. Lactation rooms are a form of public service facilities organized to meet the needs of nursing mothers (Susiloningtyas & Ratnawati, 2017).

Even though the infant mortality rate in Indonesia has decreased significantly, viewed from each of its regions the condition is unstable. Some regions have experienced an increase in infant mortality rate. For example, in the Tangerang district it has increased over years. There were 102 cases in 2016, 144 cases in 2017, and 247 cases 2018. Trends in infant mortality have also increased in Malang Regency, East Java. The IMR was 1.61 in 2017. But there were 2.08 deaths per 1,000 live births in 2018. The still-high rate of infant mortality indicates that Indonesia is still one of the 10 countries constituting the focus of the UNICEF's Every Child Alive campaign. The other nine countries are Bangladesh, Ethiopia, Guinea-Bissau, India, Malawi, Mali, Nigeria, Pakistan and the United Republic of Tanzania. These countries were chosen because they are the source of more than a half of newborn deaths in the world. It is noteworthy that the Infant Mortality Rate in Indonesia has decreased, although it is still relatively high compared with other countries in ASEAN. The decrease was 35/1000 live births in 2002 to 34/1000 live births in 2007 and decreased again to 24/1000 live births in 2017 (Indonesian Statistical Centre Bureau, 2019). With that number, Indonesia still belongs to ten countries with the highest neonatal mortality rate in the world.

In Indonesia, efforts to reduce infant mortality rates still require long and hard work. One way is to campaign for breastfeeding. Although the attention and support of the government are quite large with the existence of Laws and Government Regulations

concerning the right to breastfeed both at work and in public places, in its implementation it has not been fulfilled as expected. Several studies have found that the breastfeeding activity for the working women has not been fully supported by the institution where they work (Rahardian, 2014; Wijaya & Soesanto, 2017).

Various reasons are often cited by the owner of company or agency where women work who does not meet the requirements of providing a special room for nursing and lactation. The reason commonly stated is related to the company's ignorance or the inadequate space. Thus, many mothers breastfeed or express breast milk in public places or non-hygienic places, such as warehouses or toilet where this will cause new problems to their babies' health. Besides, service rights for nursing mothers at workplace are also often not fulfilled by the company due to economic reasons, because providing opportunities for female employees to breastfeed will reduce their work hours and productivity.

The importance of providing services to nursing women needs to be seen not only from the health aspect but also from a broader perspective, i.e. economic and organizational aspects. So far, breastfeeding has always been associated with improving mothers' and children's health, whereas breastfeeding is not only beneficial for improving mothers' and children's health but also for the economy of a country. This is published in a journal written by Siregar et.al. in International Nursing Journal (2018) 13:10 showing that the high costs incurred reach IDR 1.6 trillion / year for health care costs incurred due to not breastfeeding according to government recommendations, especially pertaining to diarrhea and respiratory infection cases. In addition, 10% of health care cost excludes parents' expenses on buying formula milk and supplies.

Providing exclusive lactation also has an impact on the productivity and performance of working women. Basrowi's (2018) study found that the presence of lactation facilities in the workplace will increase attendance because mothers are not worried about their babies' health. Lactation facility has become a necessity; that is why it is included as a public service. Nursing at work can actually increase productivity and reduce days off because babies are healthier than children who receive formula milk. The mother fulfilling successfully the child's right to breastfeed will not only protect the child's health, but also at the same time will benefit physically and psychologically so that will have better performance and productivity in the workplace. This reason is also the main concern of a property consulting firm, Jones Lang LaSalle (JLL) Indonesia, in Jakarta. Breastfed children are healthier and less susceptible to disease, meaning that nursing mothers have less concern about their children and can focus more on their work. This can improve overall company performance.

Giving rights to nursing mothers in the workplace is a form of public service that is carried out through companies, workplaces and public places. In accordance with Article 1 Paragraph (1) of Law Number 25 of 2009 concerning Public Services, it is stated that Public Services are activities or series in the framework of meeting service needs in accordance with statutory regulations for every citizen and resident for goods, services, and / or administrative services provided by public service providers. Based on this definition, the fulfillment of public service activities has been regulated based on regulations made by the government with the main objective of meeting basic needs and welfare of the community.

To analyze how the fulfillment of the rights of nursing workers is, this study uses the public service theory perspective proposed by Zeithaml, Parasuraman & Berry (1990) consisting of five indicators or dimensions of service quality: Tangible, Reliability, Responsiveness, Assurance, Empathy. Analysis of tangible dimension in the context of providing facilities for nursing mothers at work, both indoors and outdoors, is adjusted to standard health requirements based on Republic of Indonesia Minister of Health's Regulation Number 15 of 2013 concerning how to provide special facilities for breastfeeding and/or expressing breast milk, including: 1) a special room with a minimum size of 3x4 square meters and or according to the number of female workers who are breastfeeding, 2) a door that can be locked, which is easy to open or close, 3) Floor in the form of ceramic, cement or carpet, 4) adequate ventilation and air circulation, 5) free of potential hazards in the workplace, including pollution free, 6) environment quiet away from the noise, 7) sufficient and not dazzling lighting in the room, 8) humidity ranging from 30-50%, maximum 60%, and 9) a sink with running water for washing hands and washing the milker.

## Methodology

This research used a mixed method research design; more precisely we use qualitative data to add or to explore further the results of quantitative studies. This *explanatory sequential design* typically involves two phases: (1) an initial quantitative instrument phase, followed by (2) a qualitative data collection phase, in which the qualitative phase builds directly on the results of quantitative phase (Creswell, 2014). In this way, the quantitative results are explained in more detail through the qualitative data.

The population in this study consisted of Indonesian female employees with 1-6 month old babies. The sample was selected using convenience method. Quantitative data collection was carried out using a questionnaire distributed to respondents who met the sample criteria through Google form techniques disseminated through social media. We calculated the sample size using a single proportion sample formula for descriptive studies and this

showed that at least 160 participants were needed. But in reality we got 176 respondents who participated and fulfilled the criteria.

The next step, we conduct in-depth interviews by giving open questions, either by directly meeting in person or using information technology tools such as whatsapp and email. Interviews were conducted with only 5 of the respondents who were considered to represent the characteristics of respondents including, government employees, private employees, teachers and lecturers. It also looks at the differences in socioeconomic status classes seen from female workers with low to moderate income levels (between 1 million to 5 millions) and high-income classes (over 5 million per month). Besides, we use primary data obtained through questionnaire and open question or in-depth interview, we also looked for data and information from secondary data sources in order to complete and to confirm the truth of primary data we have obtained. The data analysis process starts with assessing data and information using parallel constructs for both types of data; analyzing both types of data separately; and comparing results through procedures such as side by side comparisons in discussions, changing qualitative data sets into quantitative scores, or jointly displaying two forms of data.

## Result and Discussion

### *Characteristics of Respondents*

One hundred and seventy six respondents were obtained who participated in filling out the questionnaire circulated through social media and met the requirements. The total respondents are categorized by age, type of work and level of education. The age category is divided into 3: 20-25 years, 26-30 years, and 30 years and more. There were 63 women (35.8%) aged between 20-25 years, 57 (32.4%) between 26-30 years, and 56 (31.8%) over 30 years. The occupational background and profession of respondents varies greatly, from government to private sector employees. There were 69 (39.2%) respondents who worked in private companies, 48 (27.3%) in government organizations, and 59 (33.5%) in both public and private educational institutions. Majority of respondents, 112 (63.6%) graduated from tertiary education and 64 (36.4%) graduated from secondary education only. From the respondents' income level, 98 (55.7%) people earn more than 5 millions per month and 78 (44.3%) people earn between 1 million and 5 millions per month.

### *Policy on the Provision of Breast Milk and Lactation in Indonesia*

In the attempt of protecting the right to breastfeeding, the Government has issued regulations to support the exclusive breastfeeding program, through Law number 13 of 2003 concerning Manpower; Government Regulation No. 33 on Granting Exclusive

Breastfeeding (2012); and Minister of Health's Regulation No. 15 of 2013 concerning Procedures for Providing Special Facilities for Nursing and/or milking.

In-Law Number 13 the Year 2003 concerning Manpower, there are regulations related to providing opportunities for workers to breastfeed their children. Article 83 states that female workers whose children are still nursing should be given the appropriate opportunity to breastfeed their children if this must be done during work time. With this policy, mothers who have just returned to work after giving birth still can breastfeed the children exclusively (six months) by milking and nursing during working hours.

The mothers' right to breastfeeding at work is also protected in article 30 of Government Regulation number 33 of 2012 concerning exclusive breastfeeding stating that the Workplace Management and the organizer of public facilities must support the Exclusive Breast Milk Program. Provisions regarding the support for the Exclusive breastfeeding program at the workplace are implemented following company regulations or through a collective labor agreement between the union and the employer. The policy also emphasized that the workplace management and the organizer of public facilities must provide special facilities for nursing rooms and lactation according to the company's capabilities. This lactation room facility is a part of service to the working breastfeeding mother which must be fulfilled by all government and private agencies.

Obligations of workplace managers and providers of public facilities to support the Exclusive Breastfeeding program are also regulated in Minister of Health's Regulation number 15 of 2013 concerning Procedures for Providing Special Facilities for Breastfeeding and/or Expressing Breast Milk. Support for the exclusive Breastfeeding program is accomplished through 1) providing special facilities for breastfeeding and/or milking; 2) giving opportunities to working mothers to give exclusive breast milk to babies or to milk during work time at the workplace; 3) making internal regulations to support the successful exclusive breastfeeding program, and 4) providing training for nursing workers. The policy also stipulates in detail the standard of breastfeeding or lactation space at work or public facilities.

To enforce the regulation, the relevant ministers, heads of non-ministerial government institutions, governors and regents/mayors provide guidance and oversight of the provision of breastfeeding space following their respective duties, functions, and authorities. Guidance and supervision are aimed at enhancing the role and support of workplace administrators and organizers of public facilities for the success of the exclusive breastfeeding program. However, the compliance of companies and public facilities providers is still relatively unsatisfactory.

The result of Indonesian Ministry of Health's survey on 338 companies in 19 provinces in 2016 showed that only 64.7% of companies and agencies have nursing and lactation rooms (Indriyani Astuti in *Hutabarat, SMD and Dalimunthe, SN. 2017*). This condition makes the nursing mothers finding difficulty in milking during work time. Based on the problems outlined above, this study wants to examine the extent to which the rights of nursing mothers have been fulfilled in their workplaces, viewed from the perspective of public services and its effect on their performance.

In the framework of protecting the right to breastfeed, the Government has issued regulations to support the exclusive breastfeeding program, namely through Law No. 13 of 2003 concerning Manpower, Government Regulation No. 33 on Granting Exclusive Breastfeeding (2012) and Minister of Health Regulation No. 15 of 2013 concerning Procedures for Providing Special Facilities for Breastfeeding and / or Expressing. In Law Number 13 of 2003 concerning Manpower, there are regulations related to providing opportunities for workers to breastfeed their children. Article 83 states that female workers whose children are still breastfed must be given the appropriate opportunity to breastfeed their children. By this policy, mothers who have just returned to work after giving birth still can provide exclusive breastfeeding (six months) to their children by expressing and breastfeeding during working hours.

The right of mothers to breastfeed in the workplace is also protected by Government Regulation No. 33 of 2012 concerning Exclusive Breastfeeding Article 30 stating that Workplace Administrators and administrators of public facilities must support the Exclusive Breastfeeding Program. Provisions regarding support for the exclusive breastfeeding program in the workplace are implemented in accordance with company regulations or through collective labor agreements between trade unions and employers. The policy also emphasizes that managers of workplaces and administrators of public facilities must provide special facilities for nursing and lactation in accordance with the company's capabilities. This lactation room facility is a part of services to female workers who are breastfeeding which must be fulfilled by all agencies, in both government and private sectors.

The obligations of workplace administrators and public facilities to support the exclusive breastfeeding program are also regulated in the Minister of Health Regulation number 15 of 2013 concerning Procedures for Providing Special Facilities for Breastfeeding and / or Expressing Breast Milk. Support for the exclusive breastfeeding program is carried out through: 1) providing special facilities for breastfeeding and/or expressing breast milk; 2) giving working mothers the opportunity to provide exclusive breastfeeding to babies or express breast milk during working hours at the workplace; 3) making internal regulations



that support the success of the exclusive breastfeeding program; and 4) providing trained breastfeeding personnel. The policy also regulates in detail the standards for nursing or lactation in the workplace or public facilities.

#### *Public Service Perspective*

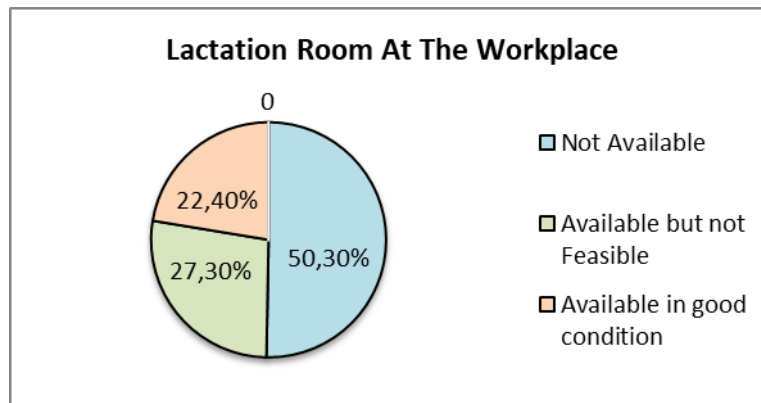
The granting of rights to nursing mothers at work is a form of public service carried out through companies, workplaces and public facilities. In accordance with Article 1 Paragraph (1) of Law Number 25 Year 2009 Concerning Public Services, it is stated that Public Service is an activity or series in the framework of fulfilling service needs in accordance with statutory regulations for every citizen and resident of goods, services, and/or administrative services provided by public service providers. Based on this understanding, the fulfillment of public service activities has been regulated based on regulations made by the government with the main objective of meeting basic needs and welfare of the community.

To analyze how nursing mothers' rights at work are fulfilled, this study uses the perspective of public service theory proposed by Parasuraman et al. (1990) consisting of five indicators or dimensions of service quality, namely: Tangibility, Reliability, Responsiveness, Assurance, and Empathy.

Analysis of tangible dimension in the context of providing opportunities for mothers working both indoor and outdoor in the form of providing breastfeeding space according to standards meeting health requirements based on the Regulation of the Minister of Health RI number 15 of 2013 on how to provide special facilities for breastfeeding and/or expressing milk, including: 1) a special room with a minimum size of 3x4 square meters and or according to the number of female workers who are breastfeeding, 2) a door that can be locked, which is easy to open or close, 3) Floor in the form of ceramic, cement or carpet, 4) adequate ventilation and air circulation, 5) free of potential hazards in the workplace, including pollution free, 6) environment quiet away from the noise, 7) sufficient and not dazzling lighting in the room, 8) humidity ranging from 30-50%, maximum 60%, and 9) a sink with running water for washing hands and milking equipment.

From the data collected it can be seen that 50.3% of their workplaces have not provided breastfeeding and / or lactation facilities yet, 27.3% have had breastfeeding and / or lactation room facilities but with less feasible conditions and only 22.4% have provided facilities suitable to the nursing working women.

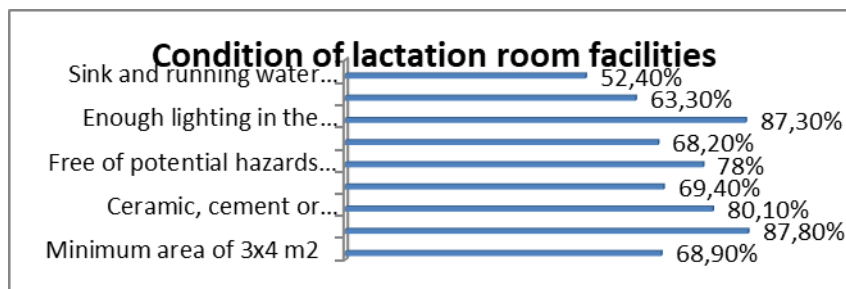
**Figure 1.**  
**Availability of lactation room facilities at the workplace**



Source: Processed primary Data

Those who provide these facilities are described in more detail as follows:

Figure 2.  
Condition of lactation room facilities



Source: Processed primary Data

The data above shows that largely the facilities for nursing mothers in the workplace have not met yet the minimum requirements determined by applicable laws and regulations. The results of this study confirm the findings of previous studies stating that the prevalence of Exclusive Breast Feeding (EBF) in Indonesia was lower compared with other countries like Malaysia and Taiwan. The EBF rate was reported to be 49% in office workers in Malaysia and 66.9% in Taipei, Taiwan. In Indonesia, only 21.5% of mothers working outside the home have access to appropriate lactation or nursing facilities. It is estimated that 7.5% of women workers have the privilege of having access to adequate lactation programs in their workplaces. The obstacle faced by most companies is their desire to maximize all rooms into workspaces. Some companies also question the cost and the limited space. Most agencies not providing yet breastfeeding and lactation facilities do not have an awareness of the importance of exclusive breastfeeding programs and their benefits for agencies or companies.

#### *Impact of Lactation Facilities on Women's Job Performance*

The importance of providing services for nursing mothers needs to be seen not only from the health aspect but also from a broader perspective, i.e. the aspect of economic benefits and increased work performance or productivity. Nowadays, breastfeeding has always been associated with improving maternal and child health, whereas breastfeeding is not only beneficial to improving maternal and child health but also contributes to the country's economy. This is as suggested by Siregar et al. (2018) that the high costs incurred for health care due to breastfeeding not given according to the government's recommendations reaches 1.6 trillion per year, especially in cases of diarrhea and respiratory infections. In addition, 10% of health care costs are also added beyond the parents' expenses to buy formula milk and equipment.

Exclusive breastfeeding also impacts the productivity and performance of working women. Basrowi's (2018) research found that the presence of lactation facilities at workplace will increase attendance rate because mothers do not worry about their babies' health. Lactation facilities have become a necessity because it belongs to a public service. Breastfeeding at work can increase productivity and reduce absenteeism because babies are healthier than those receiving formula milk. When a mother successfully fulfills the child's right to receive breast milk, not only will the health of the child be protected, but also nursing mothers get physical and psychological benefits that will support performance and productivity at workplace. This reason is also the main concern of property consulting company Jones Lang LaSalle (JLL) Indonesia. In Jakarta, children who get breast milk are healthier and less susceptible to disease, and thereby make nursing mothers concerned only a little with their children and can focus more on their work. This can improve overall company performance.

The benefits that companies receive indirectly from providing facilities for female workers who are breastfeeding can, among others, reduce the absenteeism rate of employees regarding the care of sick children. It is in line with a research conducted by Cohen et al. (1995) on the comparisons of mothers' absenteeism levels and babies' sickness rate between nursing women and those giving formula milk to their babies in two companies finding that mothers who give formula milk to their babies are absent from the workplace one day more than mothers breastfeeding their babies are.

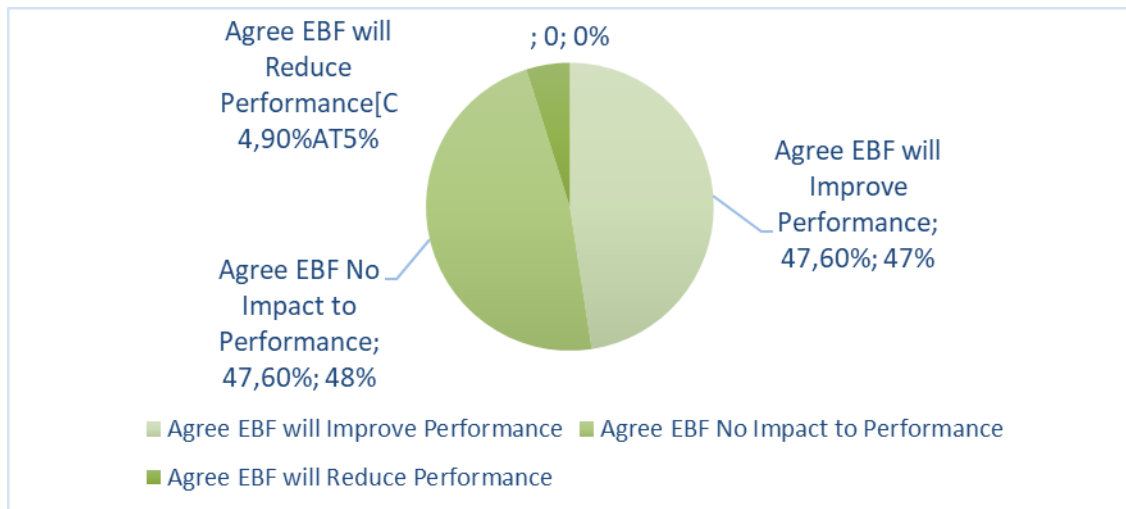
Another benefit the companies get is that it can increase the retention rate of female employees because they feel comfortable and have the right to breastfeed. This certainly benefits the company much more, because the high employee turnover has an impact on the high costs for the company to recruit and train new employees. Employers have an interest in maintaining the excellent employees, including those who are taking maternity leave and are expected to return to work. The implementation of family-centered programs

to maintain a balance between commitment to family and work has a positive impact on retention rates, which in turn can save the companies a large amount of cost. Studies on various companies that have breastfeeding support programs reveal an average retention rate of 94% (Ortiz J, McGilligan K, Kelly P, 2004).

Compared with other countries, the conditions in Indonesia are still much different and somewhat lagging behind. In other countries there are already many companies that provide breastfeeding rooms for female workers having babies. This is done because the company realizes that breastfeeding facilities are one of the factors supporting the productivity level of female workers. The provision of breastfeeding facilities has been proven to increase their presence in the company. Mothers ask for leave permission more rarely just because they have to look after their sick babies at home. The close relation of mothers to their baby will ensure that their babies grow healthier so that they do not have to worry about their babies' health condition and this makes them more productive.

Although it is logically believed that female workers who are breastfeeding will be calmer and happier when they can breastfeed their babies and or can milk during their working hours, however, survey data do not fully support this logic. The data collected showed that some respondents (47.6%) support the opinion that lactation or nursing facilities will improve performance, some others (47.6%) believe that nursing facilities have no impact on the women's job performance, and the rest (4.9%) states that the existence of breastfeeding and lactation facilities will instead reduce work productivity.

**Figure 3.**  
**Perception about the impact of EBF on Women's Job Performance**



EBF= Exclusive Breastfeeding Facilities

Source: Processed Primary Data

In other words, these findings mean that more respondents said that the existence of lactation facilities at work had no effect on improving women's job performance. This becomes interesting why those agreeing are less than those disagreeing. Related to this confusing response, we will explore further by elaborating on some previous research.

This finding is an anti-mainstream view, that providing breastfeeding and lactation facilities at work will improve the performance of female employees who are breastfeeding. Generally, companies or agencies that have not fulfilled the obligation to provide service facilities for nursing mothers do not realize that providing special room facilities will improve the performance of women workers. Conversely, the ones providing special services for women workers who are breastfeeding their babies with excellent and adequate facilities have proven that they can improve the productivity and performance of female workers, as is the case in the Jones Lang LaSalle Company (JLL) described as follows:

*"To maintain the productivity and comfort of nursing mothers after maternity leave, the Indonesian JLL Company extends maternity leave, from normally 3 months to 4 months, so that they can spend more time with their child. We also have a Gradual come back to work policy. That is, after four months of leave, nursing mothers can choose to work part time, and only go to the office once a week for meetings. This policy is very helpful to young mothers. This policy has evidently increased successfully the productivity of female workers returning to careers after maternity leave, especially after the JLL management provided a lactation room. The existence of this lactation space is proven to be able to increase the Return on Investment, or return on investment of the company."* (Jayalaksana, 2018)

From the point of view slightly different from previous research, our finding indicates that the availability of adequate facilities does not necessarily increase the success of exclusive

breastfeeding programs. This argument is not exaggerated, and even in line with the findings of Aisyaroh & Sutrisminah (2017) who examined the breastfeeding facilities in the workplace in terms of the implementation of exclusive breastfeeding program, the results of which show that although there are breastfeeding rooms with supporting and complete facilities, but 51.6 % of mothers do not exclusively breastfeed their babies. This fact indirectly supports the argument that nursing mother tends to leave the exclusive breastfeeding because they are afraid it will hamper their job performance.

The difference between this study and previous research is that we want to explore from the perspective of the female workers themselves, how their perception is on the imperative to feed their babies during working hours. Breastfeeding-friendly policies can indeed significantly influence breastfeeding behavior. But this is not always the case from the point of view of the female workers themselves. Some of them actually refuse to breastfeed while they work for various reasons. The most common reason is because they are busy and play a great role in the company so that it is impossible to bring their babies to workplace. They are more comfortable to leave their babies with their grandmothers at home and to give canned milk as a substitute for breast milk. It has become a habit or it is something natural in Indonesia if a young mother who works tends to leave their babies and children with their parents (grandmothers). It is just like a statement of a respondent who was then interviewed individually to find out why they did not agree with the view that the existence of the EBF program would improve the work performance or performance of women workers:

*"I have spent 2 months on maternity leave and breastfeeding my baby, but when it was time to go back to the office I was forced to stop breastfeeding my baby because I could not bring my baby to workplace and breastfeed him because it would be very time-consuming, particularly, the company for which I work calculates employees' work time very strictly" (informant 1, in-depth interview, 14 December, 2019).*

On the other hand, one of the informants, representing some respondents in this study who agreed that the availability of lactation and nursing facilities would improve performance, stated as follows:

*"I lost a lot of work time because I had to find an empty and comfortable room to milk. If the company provides special room facilities for female workers who are breastfeeding, of course we will focus more on work and be calm so that we can maintain our productivity and performance" (informant 2, in-depth interview, 15 December, 2019).*

The above conditions indicate an unfavorable work environment that can complicate the implementation of breastfeeding, especially for great workers. In such circumstances we can understand how difficult are the female workers to divide their time between the demands

of professional work and the obligation to breastfeed their babies exclusively. Unfortunately, eventually many of them decided to end the exclusive breastfeeding.

Some researchers argued that maternal intention and breastfeeding knowledge are the key factors influencing breastfeeding behavior (Losch et al., 1995; Kloeblen-Tarver et al., 2002). Education level also affects knowledge on the importance of breastfeeding. The results of the study by Gamze Özgürhan and Serdar Cömert (2020) showed that a large number of highly educated mothers continued exclusive breastfeeding. There was also little awareness or analysis of the various structural obstacles to breastfeeding practice, such as lack of workplace support that undermines the 'choice' (Galtry, 2015). But the intention or knowledge alone is not enough to overcome the obstacles to breastfeeding. They found that poor breastfeeding rates among blue collar mothers in a company with breastfeeding friendly policies were, at least in part, related to an uncomfortable work environment. Galtry (2000) found that blue collar or lower income workers generally imply lower skill requirements, lower flexibility, and even more protective work rights. Therefore it is not excessive that health professionals emphasize on the importance of breastfeeding for the infants' health, and because only women can breastfeed, therefore the community needs to respect and to accommodate the role of these women in carrying out both productive and reproductive roles at the same time in their households (Chen et al., 2006).

In the section on breastfeeding, American Academy of Pediatrics stated shows that exclusive breastfeeding for six months will reduce the risk of infant morbidity and mortality (Gartner et.al, 2005). In order to make this program successful, it is necessary to reinforce the importance of having more comprehensive breastfeeding-friendly actions at work. The situation experienced by great female workers described in this study, where they have a very large burden of responsibility in the company, while on the other hand she also has the responsibility as a mother who has to breastfeed and care for her baby at the same time, really requires overall support.

What are needed are coordinated steps to support them in continuing to breastfeed after returning to work. Before criticizing women for stopping breastfeeding, it is important to consider the environmental constraints faced and the actions of mothers to overcome them. Therefore, efforts to promote breastfeeding need to deal with various aspects that enable mothers, such as their socioeconomic, cultural and psychological conditions, rather than by providing facilities for breastfeeding and lactation rooms only.

## Conclusion

The results of study indicate, firstly, the fact that the lactating working women's right to exclusively breastfeed for at least 6 months has not been fulfilled properly. Although the

Indonesian government has made regulations requiring all agencies and public places to provide special facilities for breastfeeding and milking mothers, only 22.4% have fulfilled them adequately, 50.3% have not provided those facilities specifically, and 27.3% have provided the facilities but with inadequate condition. This finding shows that in general the quality of services for nursing workers is still low.

Secondly, this study's finding reinforces the notion that adequate service quality of lactation and breastfeeding room alone is not enough to make an exclusive breastfeeding program successful. Likewise, adequate breastfeeding and lactation facilities are not guaranteed to improve their job performance, because what is needed more is comprehensive support from their environment, including work environment, household and community.

Thus, we recommend further researches to be conducted on how to increase efforts in order to support the successful exclusive breastfeeding programs and at the same time to improve the job performance of nursing mothers without having to sacrifice their obligation to breastfeed their babies for at least 6 months of life.

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