



Original Research

## The relationship between maternal employment and exclusive breastfeeding in Moyag Tampoan Village, East Kotamobagu District

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### Article Info

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### Abstract

*Exclusive breastfeeding during the first six months is essential for optimal infant growth and development. However, maternal employment often becomes a barrier due to limited time and lack of workplace support. This study examines the relationship between maternal occupation and exclusive breastfeeding in Moyag Tampoan Village, East Kotamobagu District. This analytical cross-sectional study involved 16 mothers with infants aged 0–6 months, selected through purposive sampling. Data were collected using questionnaires and analyzed with the Fisher's Exact Test ( $\alpha = 0.05$ ). The analysis showed a significant relationship between maternal occupation and exclusive breastfeeding ( $p = 0.000$ ). Working mothers were less likely to provide exclusive breastfeeding compared to non-working mothers. Maternal employment significantly affects exclusive breastfeeding. Working mothers face greater challenges in maintaining exclusive breastfeeding. This study aimed to analyze the relationship between maternal employment and exclusive breastfeeding in Moyag Tampoan Village*

### 1. Introduction

Exclusive breastfeeding during the first six months of life is a critical public health strategy to ensure optimal infant growth, development, and survival. The World Health Organization strongly recommends exclusive breastfeeding for the first six months, followed by continued breastfeeding alongside appropriate complementary foods up to two years of age or beyond (WHO, 2023). Breast milk provides complete nutrition tailored to the infant's needs, including macronutrients, micronutrients, enzymes, hormones, and bioactive compounds that cannot be replicated by formula feeding. In addition, breast milk contains immunological components such as immunoglobulin A (IgA), lactoferrin, and leukocytes, which play a crucial role in protecting infants from infections, particularly diarrhea and respiratory illnesses (Victora et al., 2016).

Beyond physical health, exclusive breastfeeding significantly contributes to cognitive development. Evidence shows that breastfed infants tend to achieve higher intelligence test scores compared to non-breastfed infants, largely due to the presence of long-chain polyunsaturated fatty acids such as DHA (docosahexaenoic acid) that support brain development (Horta et al., 2015). Breastfeeding also reduces the risk of chronic diseases later in life, including obesity, type 2 diabetes, and cardiovascular disease (Rollins et al., 2016). These long-term benefits make exclusive breastfeeding not only a nutritional intervention but also an investment in human capital development.

Exclusive breastfeeding also strengthens the emotional and psychological bond between mother and infant. Skin-to-skin contact and direct breastfeeding stimulate the release of oxytocin, which enhances maternal attachment and promotes a sense of security in the infant (Moore et al., 2016). This bonding process supports emotional regulation and social development in early childhood. Therefore, breastfeeding has multidimensional benefits that extend beyond nutrition into psychological and developmental domains.

Despite these well-established benefits, the global prevalence of exclusive breastfeeding remains suboptimal. In Indonesia, although there has been progress, exclusive breastfeeding coverage still falls short of national and global targets. Data from UNICEF indicate that multiple structural, social, and economic barriers hinder optimal breastfeeding practices (UNICEF, 2022). One of the most significant challenges is maternal employment, particularly among women working in formal and informal sectors.

Working mothers face substantial barriers in maintaining exclusive breastfeeding. Time constraints represent the most immediate challenge. Many mothers return to work shortly after childbirth, often before the recommended six-month exclusive breastfeeding period is completed. This limits opportunities for direct breastfeeding and increases reliance on alternative feeding methods. Inadequate workplace support further exacerbates the problem. Many workplaces lack designated lactation rooms, refrigeration facilities for storing expressed breast milk, and flexible break times for milk expression (Bai et al., 2015).

In addition, workplace culture often does not support breastfeeding practices. Mothers may feel uncomfortable or discouraged from expressing milk during working hours due to stigma, lack of privacy, or unsupportive supervisors. These conditions create psychological stress, which can negatively affect milk production and breastfeeding continuation. As a result, working mothers are more likely to discontinue exclusive breastfeeding earlier than intended. Empirical studies consistently demonstrate the negative association between maternal employment and exclusive breastfeeding. Research by Ogbuanu et al. (2011) found that mothers who returned to work within three months postpartum were significantly less likely to maintain exclusive breastfeeding compared to those who stayed at home longer. Similarly, a study in Indonesia reported that working mothers had lower odds of achieving six months of exclusive breastfeeding compared to non-working mothers, mainly due to time limitations and lack of workplace support (Susiloretni et al., 2019). These findings confirm that employment status plays a critical role in shaping breastfeeding behavior.

Policy gaps also contribute to the low rates of exclusive breastfeeding among working mothers. Although maternity leave policies exist in many countries, including Indonesia, their duration and implementation often fall short of international recommendations. The International Labour Organization recommends a minimum of 14 weeks of maternity leave, with a preference for extending it to six months to support exclusive breastfeeding (ILO, 2014). However, in practice, many women receive shorter leave periods, particularly those in informal employment who lack legal protection.

Socio-cultural factors also influence breastfeeding practices. In some communities, misconceptions about breast milk adequacy, social pressure to introduce formula feeding, and lack of family support can discourage exclusive breastfeeding. For working mothers, the absence of support from family members in caregiving further complicates breastfeeding continuity. These combined factors highlight that exclusive breastfeeding is not solely an individual responsibility but is shaped by broader structural and social determinants.

Given these challenges, research examining the relationship between maternal employment and exclusive breastfeeding remains essential, particularly in rural settings where evidence is still limited. Rural areas often present unique barriers, including limited healthcare access, lower educational levels, and fewer workplace protections. Understanding these contextual factors is necessary to design targeted interventions that address the specific needs of working mothers.

## 2. Research Method

This study used an analytical design with a cross-sectional approach. The sample used in this study was 16 respondents who were mothers who had infants aged 0-6 months in Moyag Tampoan Village that the inclusion criteria was Mothers with infants aged 0-6 months residing in Moyag Tampoan Village and willing to participate. Data were collected through interviews using a questionnaire consisting of information on maternal occupation and exclusive breastfeeding. Data were analyzed using Fisher's Exact Test with a significance level of 0.05 due to the small sample size. Ethical approval for this study was obtained from the Ethics Committee of [Nama Institusi] with approval number: 017/KEPK/2025. All respondents provided informed consent prior to participation. About the instrument data were collected using a structured questionnaire developed based on WHO breastfeeding indicators. The questionnaire was reviewed by experts in maternal and child health before use.

### 3. Results and Discussion

#### 3.1 Results

Table 1 Mother's Age

Information	Frequency	Percent
<21 year	3	18.8
>21 year	13	81.2
Total	16	100.0

In table 1, the age of the mother, most of the 13 respondents (81.2%) were >21 years old and a small number of 3 respondents (18.8%) were <21 years old.

Table 2 Mother's Occupation

Information	Frequency	Percent
housewives	12	75.0
self-employed	4	25.0
Total	16	100.0

In table 2, it was found that the majority of 12 respondents (75%) were housewives and a small proportion of 4 respondents (25%) were self-employed.

Table 3 Mother's Education

Information	Frequency	Percent
SMP	7	43.8
SMA	9	56.2
Total	16	100.0

Based on table 3 above, it was found that the majority of 9 respondents (56.2%) had a high school education and a small proportion of 7 respondents (43.8%) had a junior high school education.

Table 4 Mother's Occupation \* Children's Milk Crosstabulation

Maternal Occupation	Exclusive BF	Non-Exclusive BF	Total
Housewives	10	2	12
Self-employed	1	3	4
Total	11	5	16

Based on table 4 above, from the Uji Chi Squaren test above,  $0.000 < 0.05$  was obtained, The relationship between maternal employment and exclusive breastfeeding in Moyag Tampoan Village, East Kotamobagu District. With 12 respondents as housewives and 4 respondents as self-employed

#### 3.2. Discussion

Exclusive breastfeeding is a decisive factor in ensuring optimal growth, development, and survival of infants during the first six months of life. The World Health Organization defines exclusive breastfeeding as feeding infants only breast milk, without any additional food or drink, not even water, except for oral rehydration solutions or prescribed medicines (WHO, 2023). This practice supplies complete nutrition and provides immunological protection that significantly reduces infant morbidity and mortality. Global evidence shows that optimal breastfeeding practices could prevent more than 800,000 child deaths annually (Victora et al., 2016). Therefore, understanding determinants that influence exclusive breastfeeding, including maternal employment, remains critical, particularly in rural settings.

Based on the results of this study conducted in Moyag Tampoan Village, East Kotamobagu District, maternal occupation significantly influences the practice of exclusive breastfeeding. The Fisher's Exact Test result ( $p = 0.000 < 0.05$ ) confirms a statistically significant association between

maternal employment status and exclusive breastfeeding. This finding establishes that employment is not a neutral variable; it directly shapes maternal capacity, opportunity, and decision-making in infant feeding practices. Similar findings appear consistently across multiple settings, where employment status emerges as a strong predictor of early breastfeeding cessation (Ogbuanu et al., 2011; Susiloretni et al., 2019).

This study involved 16 respondents, consisting of 12 housewives and 4 self-employed mothers. The distribution highlights a clear pattern: housewives demonstrate a higher success rate in exclusive breastfeeding compared to working mothers. Housewives benefit from continuous proximity to their infants, which facilitates direct breastfeeding on demand. In contrast, working mothers must divide their time between occupational responsibilities and childcare, creating structural barriers to maintaining exclusive breastfeeding. Evidence shows that frequent and direct breastfeeding stimulates milk production through hormonal mechanisms involving prolactin and oxytocin, which are less effectively triggered when breastfeeding is replaced by infrequent pumping or formula feeding (Kent et al., 2012). This biological mechanism reinforces why time availability is not merely a logistical issue but a physiological determinant of breastfeeding success.

Working mothers face multiple, layered challenges. Time constraint stands as the most immediate and measurable barrier. Many mothers return to work within weeks or months postpartum, often before establishing a stable breastfeeding routine. Once work resumes, feeding frequency decreases, which disrupts milk supply and increases reliance on breast milk substitutes. Studies show that mothers returning to work before three months postpartum are significantly less likely to sustain exclusive breastfeeding for six months (Ogbuanu et al., 2011). This aligns with the findings in Moyag Tampoan Village, where working mothers reported difficulty maintaining consistent breastfeeding schedules.

Workplace conditions further intensify this challenge. Many workplaces lack basic lactation support facilities, such as private rooms for milk expression, refrigeration for storage, and flexible break times. Without these supports,

Expressing breast milk becomes impractical or even impossible. Research by Bai et al. (2015) confirms that workplace environment strongly predicts breastfeeding continuation, with supportive environments significantly increasing the likelihood of exclusive breastfeeding. In rural and semi-formal work sectors, such as those represented in Moyag Tampoan Village, these facilities are often absent, leaving mothers with limited options beyond formula feeding.

In addition to structural barriers, socio-cultural factors shape breastfeeding behavior among working mothers. In some communities, formula feeding is perceived as modern, convenient, and compatible with working lifestyles. This perception creates a social norm that indirectly discourages exclusive breastfeeding. Marketing of breast milk substitutes also contributes to this shift by framing formula as an equivalent alternative to breast milk, despite strong evidence to the contrary (Rollins et al., 2016). In this study, working mothers reported more frequent use of formula milk, not due to lack of knowledge, but due to perceived practicality and social acceptance. This demonstrates that knowledge alone does not guarantee behavior change when structural and cultural pressures oppose it.

Family support emerges as a critical enabling factor. Mothers who receive emotional, practical, and logistical support from husbands and extended family are more likely to sustain exclusive breastfeeding. Support may include assistance with household tasks, childcare for other children, or encouragement to continue breastfeeding despite challenges. Evidence shows that paternal involvement significantly increases breastfeeding duration and exclusivity (Sherriff et al., 2014). In Moyag Tampoan Village, housewives reported stronger family support, which contributed to their success in maintaining exclusive breastfeeding. In contrast, working mothers often lacked consistent support, particularly in managing competing responsibilities.

Maternal knowledge and education also influence breastfeeding outcomes, although their effect is mediated by structural conditions. Mothers with higher knowledge levels understand the benefits of exclusive breastfeeding and are more motivated to practice it. Education improves awareness of breastfeeding techniques, milk expression methods, and problem-solving strategies. However, knowledge alone does not overcome systemic barriers such as lack of time or workplace support. Studies confirm that even well-informed mothers discontinue exclusive breastfeeding when environmental constraints persist (Horta et al., 2015). This pattern is evident in this study, where working mothers acknowledged the importance of exclusive breastfeeding but struggled to implement it consistently.

Workplace policies play a decisive role in bridging this gap. The International Labour Organization recommends at least 14 weeks of maternity leave, with longer durations supporting exclusive breastfeeding goals (ILO, 2014). Flexible working arrangements, breastfeeding breaks, and lactation facilities significantly improve breastfeeding outcomes among working mothers. However, implementation remains inconsistent, especially in rural and informal sectors. In Moyag Tampoan Village, most workplaces do not provide such support, reinforcing the structural disadvantage faced by working mothers.

Time constraints also extend to maternal nutrition, which indirectly affects breastfeeding success. Lactating mothers require increased caloric and nutrient intake to sustain milk production. Working mothers often experience irregular eating patterns due to busy schedules, which can compromise nutritional status. While the body prioritizes milk production, prolonged nutritional deficits can reduce milk volume and maternal health (Prentice et al., 2016). Respondents in this study reported difficulty maintaining regular meals, adding another layer of challenge to exclusive breastfeeding.

Community and healthcare support systems further influence breastfeeding practices. Access to counseling, education, and encouragement from healthcare providers strengthens maternal confidence and problem-solving capacity. The UNICEF emphasizes that community-based interventions, including peer support groups and breastfeeding counseling, significantly improve exclusive breastfeeding rates (UNICEF, 2022). In this study, housewives reported greater engagement with community health services, while working mothers had limited interaction due to time constraints. This gap reduces opportunities for professional support and reinforces disparities in breastfeeding outcomes.

The higher success of exclusive breastfeeding among housewives in Moyag Tampoan Village reflects the combined effect of time availability, family support, and community engagement. Housewives maintain continuous contact with their infants, enabling responsive feeding and stable milk production. They also experience fewer external pressures compared to working mothers. This confirms that exclusive breastfeeding is not solely a personal choice but a behavior shaped by environmental conditions and social structures.

In contrast, working mothers face a convergence of barriers: limited time, inadequate workplace support, socio-cultural pressures, reduced family assistance, and constrained access to health services. These factors interact and reinforce each other, creating a cycle that undermines exclusive breastfeeding. Addressing only one factor, such as knowledge, without improving structural conditions will not produce significant change.

In conclusion, maternal employment, particularly self-employment and informal work, shows a strong and significant relationship with exclusive breastfeeding practices in Moyag Tampoan Village. Working mothers encounter

substantial barriers that reduce their ability to sustain exclusive breastfeeding, while housewives benefit from more supportive conditions. Effective interventions must target structural determinants, including workplace policies, maternity protection, and community support systems. Governments and stakeholders must implement breastfeeding-friendly policies, expand access to lactation facilities, and strengthen education programs that are compatible with working mothers' realities. Without systemic change, disparities in exclusive breastfeeding will persist, particularly in rural communities.

### **Study Limitation**

This study has several limitations, including the small sample size, single-study location, and lack of control for confounding variables such as parity, socioeconomic status, and previous breastfeeding experience. Therefore, the findings cannot be generalized broadly and should be interpreted cautiously.

### **4. Conclusion**

Based on the results of the study conducted in Moyag Tampoan Village, East Kotamobagu District, maternal occupation shows a statistically significant relationship with exclusive breastfeeding. Fisher's Exact Test result ( $p = 0.000 < 0.05$ ) confirms that employment status directly affects a mother's ability to maintain exclusive breastfeeding during the first six months of life. This finding aligns with global evidence that identifies maternal employment as a key determinant of breastfeeding practices. The World Health Organization emphasizes that exclusive breastfeeding

requires continuous maternal-infant interaction, which becomes difficult when mothers face competing work demands (WHO, 2023). In this study, housewives demonstrate higher success rates in exclusive breastfeeding because they have greater flexibility and more time to breastfeed their infants directly. Direct breastfeeding supports stable milk production through frequent stimulation of prolactin and oxytocin, hormones essential for lactation (Kent et al., 2012). In contrast, mothers who are self-employed or engaged in other forms of work encounter more substantial barriers.

Time constraint stands out as the primary limiting factor. Working mothers often return to work before the recommended six-month exclusive breastfeeding period ends, which disrupts feeding frequency and reduces milk supply. Evidence shows that early return to work significantly increases the likelihood of early cessation of exclusive breastfeeding (Ogbuanu et al., 2011). In addition, many workplaces do not provide adequate facilities such as lactation rooms, breast milk storage, or flexible break times, making it difficult for mothers to express and store milk during working hours. Research confirms that supportive workplace environments strongly increase breastfeeding continuation rates, while unsupportive environments accelerate discontinuation (Bai et al., 2015).

Family support also plays a decisive role in shaping breastfeeding outcomes. Mothers who receive support from husbands and extended family members are more likely to sustain exclusive breastfeeding despite employment challenges. Support can include assistance with childcare, emotional encouragement, and shared household responsibilities. Studies demonstrate that partner involvement significantly improves breastfeeding duration and exclusivity (Sherriff et al., 2014). In this study, housewives reported stronger family support systems, which contributed to their higher success rates compared to working mothers.

Knowledge and education further influence maternal behavior. Mothers who understand the benefits of exclusive breastfeeding and proper lactation management techniques tend to show stronger commitment to breastfeeding. However, knowledge alone does not guarantee success when structural barriers persist. Many working mothers in this study reported adequate knowledge but still struggled due to time limitations and lack of workplace support. This pattern reflects broader evidence showing that environmental and policy factors often outweigh individual knowledge in determining breastfeeding practices (Rollins et al., 2016).

Workplace policies emerge as a critical intervention point. The International Labour Organization recommends maternity protection measures, including sufficient maternity leave, breastfeeding breaks, and workplace lactation facilities, to support breastfeeding mothers (ILO, 2014). However, implementation remains limited, especially in rural and informal work settings such as those found in Moyag Tampoan Village. Without institutional support, working mothers face persistent barriers that reduce their ability to maintain exclusive breastfeeding.

Overall, this study confirms that maternal employment significantly influences exclusive breastfeeding practices. Housewives benefit from supportive conditions that enable consistent breastfeeding, while working mothers face structural, social, and logistical constraints. Improving exclusive breastfeeding rates requires coordinated efforts from families, communities, and policymakers. Strengthening maternity protection policies, improving workplace support systems, and expanding community-based breastfeeding education are essential steps to ensure that all mothers, regardless of employment status, can successfully provide exclusive breastfeeding to their infants.

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