



The Utilization of Lactation Rooms by Health Workers in Medan City

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ABSTRACT

Exclusive breastfeeding for infants with working mothers still becomes a significant problem. The provision of on-site lactation rooms has not substantially impacted the utilization of lactation rooms. This study analyzes the factors that influence the utilization of breastfeeding rooms by health workers in all public health centers in Medan City. This study is a quantitative study using a cross-sectional design. The study involved 78 health workers who breastfed children under two years old. The determination of the sample used the total sampling technique. The results show knowledge (0.000), attitudes (0.002), practice (0.008), support from health workers (0.000), the availability of lactation rooms (0.000), and formula feeding (0.000) affect the utilization of breastfeeding rooms. The regression test results show that knowledge is the most influential factor in the utilization of the lactation room. Respondents with good knowledge have 9.477 times more opportunities to use the lactation room than respondents with poor knowledge. It can be concluded that the use of lactation rooms is influenced by factors such as knowledge, attitudes, practice, support from health workers, availability of lactation rooms, and formula feeding. It is recommended for local governments to provide adequate and comfortable facilities at each institution's offices to increase the utilization of breastfeeding rooms. The provision of a comfortable lactation room has implications for the mother's willingness to use the lactation room. However, it becomes difficult to realize without the support of colleagues.

INTRODUCTION

Breastfeeding the baby exclusively until six-month old is recommended by WHO. Although a lot of literature references recommend the benefits that babies get if they are exclusively breastfed, the prevalence and duration of exclusive breastfeeding are lower than the recommendations for breastfeeding for the first six months in many countries.¹ Rate of Exclusive Breastfeeding (EBF) up to 6 months in most low- and middle-income countries is far below the standard.^{2,3}

In Indonesia, there is only 1 in 2 infants under six months are exclusively breastfed, and only slightly more than 5% of children are still breastfed at 23 months. This means that almost half of all Indonesian children do not receive the nutrition they need during the first two years. More than 40% of infants are introduced to complementary foods too early, i.e., before they reach the age of 6 months and the food which provided does not meet the nutritional needs of infants.⁴ Indonesian Basic Health Research (Riset Kesehatan Dasar) results in 2018 show the proportion of exclusive breastfeeding patterns for infants aged 0-5 months is 37.3%. This percentage is still far from the target set by WHO which is 50%. The proportion of breastfeeding patterns for infants aged 0-5 months in 2018, in North Sumatra province reached 48%, those who gave exclusive breastfeeding was in the last 24 hours only consuming breast milk and not consuming food or beverage during the period.⁵

Most women spend a lot of time working after the first year of birth, so they are distant from their children.^{6,7} Friendly Lactation rooms in workplaces are indispensable for working mothers. This particular room allows female employees to work productively but does not forget the activity of pumping their breast milk to be given to their babies at home. Thus, breastfeeding is not interrupted even though the mother goes to work every day. The most common reasons why mothers stop breastfeeding are work demands, limited time and distance.⁸ Several studies have shown that providing a lactation room contributes to improved performance, reduced absenteeism and commitment.^{3,9}

Many factors are related to the practice of breastfeeding can be viewed from various

perspectives and classified according to individual and social roles. Studies have shown that high intensity of work, uncomfortable and hygienic lactation rooms in the workplace, and social conditions cause low breastfeeding practices for working mothers.^{10,11} Knowledge and attitudes also contribute to improve breastfeeding practices, but they need support from their husbands and coworkers as well as adequate working conditions for mothers.¹² The formula feeding practice can also inhibit exclusive breastfeeding for working women.⁶ The discomfort and embarrassment in expressing breast milk at work lead many women to give formula milk or stop breastfeeding altogether.¹³ In this study, the researchers focused on the population group of women working in health care institutions such as health center and hospital because there are still few study results for this population. Previous studies in Indonesia have primarily focused on women working in the industrial, agricultural, and informal sectors.¹⁴⁻¹⁷

In Indonesia, the provision of lactation room (rooms for breastfeeding babies, expressing breast milk storing expressed breast milk, and breastfeeding counseling) is regulated in Minister of Health Regulation No. 15 of 2013 concerning Procedures to Provide Special Facilities for Breastfeeding and Expressing Mother's Milk. The provision of this lactation room protects mothers in providing exclusive breastfeeding and fulfilling children's rights to get exclusive breastfeeding.

Among the 41 primary healthcares in Medan City, 9 primary healthcares do not provide a lactation room for their employees. The long-lasting COVID-19 pandemic has caused the lactation room to change its function into a storage area for goods for preventing COVID-19. Even in some primary healthcares, there is no longer a lactation room. This condition makes employees feel disturbed and uncomfortable to practice breastfeeding. This study intends to examine matters related to the usage of lactation rooms in primary healthcare. The study results will contribute to a better understanding for employers and supervisors about barriers to working mothers to breastfeed so that they can implement a policy of providing a friendly and comfortable lactation room.

MATERIAL AND METHOD

This research is quantitative research using a cross-sectional design. It analyzes the factors that influence the utilization of lactation rooms by health workers in all primary healthcare services in Medan City. This research was conducted from November 2020 to January 2021. This study involved 78 health workers with children under two years old including those who breastfeed or express breast milk at the office. The determination of the sample used the total sampling technique.

Data were collected using a validated questionnaire. Researchers also used a checklist in data collection. The data was collected in the form of respondents' characteristics, knowledge, attitudes, practice, support from health workers, availability of lactation room, use of formula milk and utilization of lactation room. In measuring the variables of knowledge, mother's practice, and support from health workers, subjects were given a questionnaire consisting of 5 statements on each variable. The number of respondents' answer scores were categorized into three categories which are good (76-100), moderate (56-75), and poor (0-55). In the attitude questionnaire, respondents were given five statements. If the respondent's answer score is > 50, it is categorized as positive, while a score of 50 is categorized as negative.

The researchers would use the Chi-square statistical test to analyze the collected data, provided that there was no expected value less than 5. If the Chi-square test conditions are not met, an alternative test is used, namely the Fisher's Exact Test. The tested variables are said to have a significant relation if the p-value is less than 0.05. Furthermore, the researchers conducted a logistic regression test with predictive modeling. The interaction test was carried out on variables that were suspected to have interaction in substance. If the p-value is less than 0.05, there is an interaction between the independent variables and vice versa. If there is interaction, then the final modeling used is multivariate model with interaction. If there is no interaction, the final model used is a multivariate model without interaction.

RESULTS

The calculation of the frequency distribution among 78 respondents showed that the majority have diploma education (70.51%), and aged between 20 and 45 years (66.67%). Most respondents have sufficient knowledge (44.87%) and have a positive attitude (70.51%). In the practice parameters, the majority are in a good category (39.74%), while most respondents stated that the support they received is good (44.87%). Respondents said that the availability of a lactation room is still inadequate (88.46%), and respondents also stated that they gave formula milk to their babies. Finally, 62.82% said that they used the lactation room.

Table 1. The Demographic Characteristics of Female Health Workers Using Lactation Rooms

Characteristics	n = 78	%
Education		
Diploma	55	70.51
Bachelor	23	29.49
Age (Years)		
< 20	2	2.56
20 - 45	52	66.67
> 45	24	30.77
Knowledge		
Poor	11	14.10
Moderate	35	44.87
Good	32	41.03
Attitude		
Negative	23	29.49
Positive	55	70.51
Practice		
Poor	19	24.36
Moderate	28	35.90
Good	31	39.74
Health Worker Support		
Poor	21	26.92
Moderate	22	28.21
Good	35	44.87
Availability of Lactation Room		
Available	69	88.46
Not available	9	11.54
Formula-Feeding		
Yes	20	25.64
No	58	74.36
Utilization of Lactation Room		
Used	49	62.82
Not used	29	37.18

Source: Primary Data, 2021

Table 2 shows that the results of the Chi-square test on knowledge with the use of a lactation room shows a significant effect ($p=0.000$). Likewise, the test results between attitudes and the use of the lactation room show a significant relation (0.002). The statistical test on the parameters of the mother's practice with the use of the lactation room obtains a p -value = 0.008, meaning that there is an effect of the mother's practice with the use of the lactation room. Likewise, the support obtained by the mother also correlates significantly with the utilization of the lactation room (0.000).

The results in Table 2, shows statistical tests on the variable availability of lactation room and utilization of lactation room show a positive correlation (0.003), meaning that there is an influence between the two variables. Respondents who stated the availability of a lactation room have 3.450 times more chance to use a lactation room. Formula feeding also affects the utilization of the lactation room (0.000).

A logistic regression test was performed as a

follow-up to the Chi-square test. All variables were eligible to be analyzed using logistic regression. Among the six independent variables tested, there are still variables with a significant value above 0.25 which is the availability of lactation room and formula feeding. Only variables with a value of < 0.25 can be included in stage two of logistic regression test (knowledge, attitudes, practice of mothers, and support of health workers).

The results on the second stage of the logistic regression test show that respondents with good knowledge have 9,477 times more opportunities to use the lactation room than respondents with poor knowledge. Because B is positive, knowledge positively influences health of workers. utilization of the breastfeeding corner ($B=2.273$). Then, respondents who have a positive attitude are 5.934 times more likely to use the lactation room than those who have negative attitude. Because B is positive, the attitude positively influences the utilization of the lactation room ($B = 1.781$) (Table 3).

Table 2. The Association Between Utilization of Lactation Room and Predictors Among Health Workers

Variable	Utilization of Lactation Room				p
	Not used		Used		
	n = 29	%	n = 49	%	
Knowledge					
Poor	9	11.54	2	2.56	0.000
Moderate	18	23.08	17	21.79	
Good	2	2.56	30	38.46	
Attitude					
Negative	15	19.23	8	10.26	0.002
Positive	14	17.95	41	52.56	
Practice					
Poor	12	15.38	7	8.97	0.008
Moderate	11	14.10	17	21.79	
Good	6	7.69	25	32.05	
Health Worker Support					
Poor	16	20.51	5	6.41	0.000
Moderate	9	11.54	13	16.67	
Good	4	5.13	31	39.74	
Availability of Lactation Room					
Available	20	25.64	49	62.82	0.000
Not available	9	11.54	0	0	
Formula-Feeding					
Yes	20	25.64	0	0	0.000
No	9	11.54	49	62.82	

Source: Primary Data, 2021

Respondents who have good practice have 6.324 times more opportunities to use the lactation room than respondents who have poor practice. Because B is positive, the mother's practice positively affects the utilization of the lactation room (B=2.273). Furthermore, respondents who received good support from health workers are 9.705 times more likely to use the breastfeeding corner than respondents who did not receive support from health workers. Because B has a positive value, the support of health workers positively influences the utilization of the lactation room (B=2.273). It can be concluded that knowledge is the most dominant variable influencing the utilization of the lactation room. This can be seen from the logistic regression equation which shows the regression coefficient value of 2.969.

DISCUSSION

This study provides holistic information about the aspects affecting breastfeeding health workers in utilizing the lactation rooms. The lactation room is beneficial for breastfeeding mothers who are working. The existence of a lactation room will help mothers to express breast milk so that even though they have to work, mothers can still provide breast milk to their babies. Expressed breast milk can be stored temporarily in the refrigerator or freezer. Lactation rooms in the workplace can provide comfort and privacy for mothers, reducing stress and impacting the quantity of breast milk expressed.

Referring to KAP theory in this study, three variables (Knowledge, Attitudes, and Practice) affect the utilization of lactation rooms. The better mother's KAP score, the more likely she uses the breastfeeding room at work. The literature shows that many women mistakenly think they cannot breastfeed if they plan to return to work after giving birth. They also do not know that breastfeeding can be done in the workplace.¹⁸ Studies in Ghana and Jakarta reported that working mothers with good knowledge are more likely to breastfeed their babies exclusively.^{19,20} The study by Jara-Palacios et al. showed that primigravida mothers are more at risk of exclusive breastfeeding for less than six months due to lack of experience and knowledge about the benefits of exclusive breastfeeding.²¹ Information held by mothers

about the benefits of exclusive breastfeeding and government's regulations on breastfeeding practices in the workplace encourage mothers to provide exclusive breastfeeding.²² Furthermore, a study in Surakarta reported that the knowledge, experience, and motivation of working mothers affect the mother's perception on the availability of lactation corner facilities.²³

A strong attitude is owned by working mothers to continue to breastfeed well when working by utilizing the lactation room.¹² Studies in Kenya show that working mothers have a good attitude towards achieving exclusive breastfeeding through breastfeeding.²⁴ Practice is an activity carried out by mothers through the decision making for the successful implementation of exclusive breastfeeding. A person's practice of behaving is the main determinant of the individual's behavior. Mothers who want to give breast milk will tend to use the lactation room.^{25,26}

In line with the previous studies, support from health workers also affects the utilization of lactation rooms. Professional health workers can be a supporting factor for mothers in breastfeeding. Female health workers are part of working mothers who usually marry and have children naturally. Thus, breastfeeding is an integral part of the process. However, the fact is poor because health workers themselves have a lower percentage of success in breastfeeding their babies.²⁷ The support of health workers is necessary for the physical and psychological aspects of the mother during breastfeeding. The better support of health workers for breastfeeding mothers, the better mothers will give breast milk to their children.²⁸ The support of health workers is expected to be able in realizing the process of mutual development of love and affection between mothers and their children. Therefore, mothers can exclusively breastfeed with the support of other health workers by using the lactation room. The lack of encouragement from health workers makes people not get information or encouragement about the benefits of breastfeeding.²⁹ The wrong explanation comes from the health workers who recommend replacing breast milk with formula milk.³⁰ Health workers who assist mothers in childbirth and provide postnatal guidance to mothers affect maternal compliance in exclusive breastfeeding.³¹

Table 3. The Factors Related to the Use of Lactation Room by Multivariate Logistic Regression

Variable	B	df	Sig	Exp. (B)
Stage 1				
Knowledge	4.661	1	.067	105.696
Attitude	4.896	1	.059	133.759
Practice	2.365	1	.117	10.639
Health worker support	5.421	1	.045	226.077
Availability of breastfeeding room	19.445	1	.999	2.784
Formula-feeding	-24.449	1	.997	.000
Constant	-45.233	1	.998	.000
Stage 2				
Knowledge	2.969	1	.001	19.477
Attitude	1.781	1	.054	5.934
Practice	1.844	1	.002	6.324
Health worker support	2.273	1	.002	9.705
Constant	-17.183	1	.000	.000

Source: Primary Data, 2021

The results of studies obtained from the field indicate that there is an influence of the availability of lactation rooms and the use of lactation rooms. The literature shows that the unavailability of lactation facilities in the workplace is associated with a decrease in breastfeeding initiation of mothers who return to work.³² The lactation room is one of the government's programs to increase exclusive breastfeeding and support high maternal mobility. Article 30 of the Indonesian Government Regulation Number 33 of 2012 states that workplace administrators and organizers of public facilities must provide special facilities for breastfeeding and expressing breast milk following the company's capacity. Public facilities are required to provide lactation booths in health service facilities, hotels and inns, recreation areas, land transportation terminals, train stations, airports, seaports, shopping centers, sports buildings, refugee shelter locations, and other public facilities.

An ideal lactation room is equipped with breastfeeding and expressing milk facilities used for breastfeeding babies, expressing breast milk, storing expressed breast milk, and breastfeeding counseling. Every workplace and public places

should provide facilities and infrastructure for lactation room following minimum standards and as needed. The purpose of providing a lactation room is to protect mothers in exclusive breastfeeding, fulfill children's rights to exclusive breastfeeding, and increase the role and support of families, communities, and government for exclusive breastfeeding.

Mothers who work outside the home need support from their workplace. It is stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 15 of 2013 concerning the Provision of Special Facilities for Breastfeeding and Expressing Breast Milk: the workplace provides opportunities for mothers to work indoor and outdoor to breastfeed and express breast milk at work.³³ The provision of opportunities for mothers who work indoor and outdoor, as referred to in the Permenkes above provides a lactation room according to standards that meet health requirements. Still, under the same regulation of the Minister of Health, the lactation room in every office must have a person in charge who can act as a breastfeeding counselor. The person in charge is appointed by the workplace administrator. In the case of a lactation room that does not have a breastfeeding counselor, the workplace administrator can work closely with health service facilities or coordinate with the provincial, district, or city health offices to provide breastfeeding counseling training. The type and number of health and non-health workers as trained personnel in breastfeeding are adjusted to the needs and types of services provided in the lactation room.

In this study, there is an effect between formula milk and the utilization of the lactation room. Formula feeding can inhibit exclusive breastfeeding. Giving formula milk to newborns shows a lack of knowledge of mothers about exclusive breastfeeding and the dangers of giving formula milk to babies. Sadly, formula feeding is given when the baby is born. The main reason is that the milk has not come out, and the baby still has trouble at suckling. They are worried that the baby will cry if left alone. Working mothers have reasons to give formula milk instead of breast milk.^{34,35}

The place of giving birth influences exclusive breastfeeding for babies because it is the starting

point for mothers to choose whether to continue to exclusively breastfeed their babies or formula feeding given by health or non-health workers. Even though there is an international code of ethics regarding breast milk substitutes (formula milk), the marketing of formula milk is getting more intense. It seriously disrupts the success of exclusive breastfeeding programs. Perpetrators of violations of the international code of ethics are now shifting from baby food companies to health workers and health care facilities. Hospitals or maternity hospitals distribute formula milk products as gifts for mothers after giving birth. In addition, some health workers subtly encourage mothers not to provide breast milk but formula milk to their babies.³⁶⁻³⁸

Formula feeding as prelacteal is adjusted in private practice of midwives and maternity homes. The main reason is that milk has not come out, and the baby still has difficulty at suckling, so the baby will cry if left alone. Usually, the midwife will advise on formula feeding first. In fact, formula milk is made by midwives or nurses themselves. They even provide a bottle sterilizer. This will negatively influence the mother's beliefs. The mother will think that formula milk is the most effective medicine to stop the baby's crying. The mother's lack of confidence in producing a lot of breast milk encourages mothers to give bottle-feeding. Children who do not use bottle with pacifier are more likely to be exclusively breastfed.^{39,40}

CONCLUSION AND RECOMMENDATION

This study concludes that knowledge (0.000), attitude (0.002), practice (0.008), support from health workers (0.000), availability of lactation room (0.000), and formula feeding (0.000) affect the utilization of lactation room. The regression test results show that knowledge is the most influential factor in the utilization of the lactation room. Respondents with good knowledge have 9.477 times more opportunities to use the lactation room than respondents with poor knowledge. To increase the utilization of lactation rooms, local governments should provide adequate and comfortable facilities at each institution's offices. The provision of a comfortable lactation room has implications for the mother's willingness to use the lactation room. It becomes

difficult to realize without the support of colleagues.

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AUTHOR CONTRIBUTIONS

YSN, CNG, SLRN carried out the experiment. YSN, MS, PM verified the analytical methods and contributed to interpret the results. YSN, CNG, PM took the lead in writing the manuscript. All authors provided critical feedback and helped shape the research, analysis, and manuscript.

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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