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COPING STRATEGIES ON BREASTFEEDING-WORKING MOTHER

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ABSTRACT

This research aimed to identify coping strategies used by breastfeeding-working mothers. Participants in this research were four breastfeeding-working mothers who had child aged under two years old. This research used qualitative method with phenomenology approach. Data collected using open questionnaire and semi structured interview as inquiry process. Results showed that all participants faced problems related to their role as breastfeeding-working mothers and perform several coping strategies such as anticipatory coping, preventive coping, problem-focused and emotion focused coping which can be included as reactive coping.

1. INTRODUCTION

Breastfeeding is a natural thing done by mothers after childbirth. For Moslem, it is also mentioned in Al-Qur'an QS. Al Baqarah verse 233: "mothers should breastfeed their children for fully two years, that is for those who wants to enhance the breastfeeding..". Based on that verse can be concluded that breastfeeding is very important because it is also God's command. Researchs showed that human breast milk is the quintessential source of protective nutrients for newborn infants. The human neonatal gut at birth is immature, and that breast milk contains functional nutrients that help provide the microenvironment for gut protection and maturation (Walker, 2010). According to American Academy of Pediatrics (AAP) another benefits by giving breastmilk to infants related to lower incidence of asthma, allergy and respiratory illnesses, fewer infections of the gastrointestinal tract, middle ear and urinary tract with consequently lower rates of hospitalisations (Bono and Pronzato, 2012).

Breastfeeding has become a concern for the government. Indonesian government in 2012, issued a Government Regulation number 33 on Granting Exclusive Breastfeeding (PP no 33 tahun 2012). In this regulation mentioned about the importance of giving the best nutrition for children due to the fact that the malnutrition still become a problems among Indonesian childrens. The regulation explained that the best feeding pattern for children aged 0 – 2 years old is : (1) Early breastfeeding initiation, means that breastfeeding process should be started promptly within one hour after birth; (2) Exclusively breastfeeding, means giving only breast milk for babies aged 0 – 6 months; (3) Provide complementary food (MP-ASI) and still continue breastfeeding at 6-12 months; (4) continue to breastfeed on demand until 2 years old.

Every mother may choose to breastfeed or not to breastfeed, however the Ministry of Health decision no 450/Menkes/SK/VI/2004 about exclusively breastfeeding for infant, stated that breastfeeding is every mother's right both working or non-working mother. Breastfeeding for woman who had a dual role as a mother and also working mother seems to be more challenging than non-working mother. A research by Arlotti et al (1998) showed one of the main factors inhibit mothers to continue breastfeeding was mother returned to work or school. McCann et al (Brand et al, 2011) in his study found that returning to work presents a social factor that may influence women's decision to discontinue breastfeeding. In fact, maternal employment is often linked to premature weaning due to barriers found in the work environment. As a breastfeeding-working mother, they should be able to maintained milk supply (Galson, 2008), expressing and storing milk especially when they are at work or whenever separated from their baby (Marinelli, 2013). According to The Office on Woman's Health in the US Department of Health and Human Services (Galson, 2008) notes that the health benefits to mother and baby conveyed by breastfeeding translate into reduced costs to employers due to lower health care costs, decreased absenteeism, enhanced productivity, improved employee satisfaction and a better corporate image.

Returning to work after 12 weeks labour leave requires a lot of adjustment especially when a mother had commitment to continue breastfeeding. A breastfeeding-working mother have to manage their double role as a mother who still breastfeed their babies and also as an employee. This means that a mother should prepare themselves to manage their time between lactation management and finishing their tasks. If a working-mother can not adapt to this condition it will lead to a greater problems which can be seen as a stressor. When an individual encounter problems, the ability to adjust will greatly help to cope with the demands of the situation. The ability to cope with the problems referred as coping strategy. According to Folkman and Lazarus (Rice, 1999) coping is all the cognitive and behavioral efforts to master, reduce, or tolerate demands, whether the demands are imposed from the outside (by family, job or friends) or from inside (while wrestling with an emotional conflict or by setting impossibly high standards). If an individual can use coping strategy effectively, then an individual can adapt to their stress and become healthier and productive.

According to Lazarus (Sarafino and Smith, 2011) coping can serve two main functions. It can alter the problems causing stress or it can regulate the emotional response to the problem. Based on that theory, coping can be divided into two types:

- a. Emotion-focused coping, aimed at controlling the emotional response to the stressful situation. People can regulate their emotional responses through behavioral and cognitive approach
- b. Problem-focused coping, aimed at reducing the demands of a stressful situation or expanding the resources to deal with it.

A person may use both emotion-focused and problem focused at the same time depends on the situation. Schwarzer (2008) describe coping in four perspective :

- a. Reactive coping, is an effort to deal with an ongoing stressful encounter or one that has already happened. Reactive coping may be problem-focused, emotion-focused or social-relation focused.

- b. Anticipatory coping, is an effort to deal with imminent threat. It means that individuals face a critical event that will occur in the near future.
- c. Preventive coping, is an effort to build up general resistance resources that result in less strain in the future (minimizing the severity of the impact of potential distress).
- d. Proactive coping, is an effort to build up general resources that facilitate promotion toward challenging goals and personal growth.

In line with Schwarzer, Greenglass (2002) stated that in the past coping was seen mainly as reactive which is a strategy to be used once stress has been experienced, but more recently coping is being seen as something one can do before stress occurs.

2. METHOD

This research used qualitative method with phenomenology approach. Data collected using open questionnaire and semi structured interview as inquiry process. This research took places in Yogyakarta, Indonesia and conducted on May-July 2014. Participants were four breastfeeding-working mothers aged 25-32 years old and have children aged under two years old which chosen by purposive sampling technique. The profile of participants shown in table 1.

Table 1. Profile of Participants

Name	Age (years)	Baby's age	Employee status	Occupation	Working hour
P	29	14 months	Full-time	Lecturer (private university)	± 6-8 hour/day
K	28	17 months	Full-time	Lecturer (private university)	± 6-8 hour/day
D	25	11 months	Full-time	Administrative Employee (private office)	± 6-8 hour/day
R	32	7 months	Full-time	Administrative Employee (government office)	± 6-8 hour/day

3. RESULT

The result shown that all four participants decided to continue breastfeeding their babies eventhough they have o return to work since pregnancy and hope that they can at least breastfeed their children up to two years old. Facing this dual role, all participants tried to prepare all the needs such as started to pump or expressed and store breast milk before the maternity leaves over. Thus, participants also tried to find information about breastfeeding especially breastfeeding and working from the internet, books, friends and families. Participants also seek and received support about their decision to continue breastfeeding from their husband, family especially mother and fellow breastfeeding mothers. Participants knew that they might going to face unpredictable condition related to breastfeeding and

working, so they tried to do such preparation like finding information about breastfeeding management for working-mother, provide EBM (expressed breast milk), time management and find support from family and work place.

After they returned to work, participants dealt with various problems such as managing time. Time management is very important because they have to be able to manage their time during work hour. In 6 to 8 hour working time, at least they have to pump or express milk twice or three times and also have to pump at home. Besides that condition, participants also face problems related to the work load at office, feeling worried about their baby's condition while at work especially the sufficient of expressed breastmilk and lower milk supply due to the work stress or work load. Moreover, eventhough their work place understand the condition of their employees, the fact is that none of all four participant's work place provide a suitable or private facilities to pump or expressed breast milk.

Participants felt that those condition sometimes affect them psychologically such as the emerge of anxious feeling and uncomfortable. However, none of participants gave up with that condition. Related to the commitment to continue giving only breastmilk to their children, participants has strategy to provide the EBM eventhough there are no private facilities. Participant P, K, and R chose to pump at home and at the office during work hour but participant D chose to pump only at home and took advantage during the lunch break to back home to breastfeed her baby and to pump. Participant P at first used the toilet in her office to pump but then she worried about the sanitation and hygiene. She finally chose to pump hiding under her table eventhough she felt worry and uncomfortable because the possibility that some people might see her because they didn't know what she was doing. Participant K also pumped at her office but only until her child aged 1 year old and finally decided to only direct breastfeed without giving EBM during work hour. Participant R chose to pump at office in any available room such as meeting room, empty room or unused room and even in mushola.

Participants said that pumping is the only way to carry on breastfeeding and provide the best nutrition for their children. Furthermore, the anxious or worry feeling when pumping because of the uncomfortable place often affect the amount of EBM they can get while the lack of milk supply sometimes makes more anxious. Nevertheless, the participants tried to accept and deal with that condition. When they feel worry or under pressure, they usually share their feeling and condition with fellow breastfeeding friends besides managing their own emotional condition.

Furthermore, participants explained that the hardest phase of being breastfeeding-working mother was when the children aged 0-6 months or during the exclusive breastfeeding phase. Exclusive breastfeeding means that baby only need breastmilk from their mother, so as a mother it would be very important to provide the sufficient of EBM when mothers separated from the babies.

Related to the importance of time management skill, all participants tried to manage their working hour to work effectively and provides time to pump during work hour and also setting priorities so that they have to choose the important and urgent activity to be done first. Besides managing their times, they should be able to manage their emotion due to the emerge of any stressor such as work load or unpredictable condition which may effect the ammount of milk supply and

concern to their health condition. They also care about the nutrition intake, tried to relax and sharing with families and friends whenever problems occur.

4. DISCUSSION

Based on the result it can be concluded that all of participant faced some problems related to their double role as a working and breastfeeding mother. Became a breastfeeding-working mother was very challenging and fragile to stress. However all participants tried to handle all the problems by using coping strategies. Participants performed coping strategies not only after the problems appear but they did anticipatory and preventive coping so that coping can be seen as something that can be done before the stress or distress emerge (Greenglass, 2002).

The anticipatory coping means that somebody shows an effort to deal with an imminent threat or when individuals face a critical event that will occur in the near future (Schwarzer, 2008). Participants showed anticipatory coping such as managing time to pump or express breastmilk, planed to manage their working hour and also tried to find relevant information regarding to breastfeeding and working. This effort also shown that participants performed the preventive coping because they started to find information about breastfeeding and working since they were pregnant and started to prepare and stored their EBM before their maternity leave over. Preventive coping is an effort to bulid up general resistance resources that result in less strain in the future or minimizing the severity of the impact of potential distress (Schwarzer, 2008).

Besides taking the anticipatory and preventinve coping, participants also performed reactive coping which means an aeffort to deal with an ongoing stressfull encounter or one that has already happened (Schwarzer, 2008). After the problems appeared, articipants tried to face it by using coping strategies such as problems and emotion focused coping which can be concluded as reactive coping. Coping according to Lazarus and Folkman (Ragin, 2011) define as cognitive or behavioral actions to manage when situational demand exceed someone's resources.

As a breastfeeding-working mother, all participants had to deal with the condition that their work place did not provide the nursing facilities to pump their breastmilk. Participants tried to solve it by hiding under her table, used the empty room or meeting room to pump or decide to take advantage during the lunch break to go home to breastfeed and pump. That is shows that participants performed the problem focused coping. Afterwards when participants faced the problems related to the anxious or worry feeling because of several reasons such as the sufficient EBM, tired, or feeling like given up they usually seek for emotional support. They shared their feeling to their family or fellow friends who can affect them to cope emotionally with their problems. . Emotion-focused coping is aimed at controlling the emotional response to the stressful situation while problem-focused coping is aimed at reducing the demands of a stressful situation or expanding the resources to deal with it (Sarafino and Smith, 2011). Furthermore, eventhough the government regulation mentioned that every workplace should provide the opportunity to breastfeed during working hour and facilitate a place to pump or expressing milk but all participants' workplace did not provide that. Thus participants had to cope with that condition. The key

needs are basic: time, a location in which to pump or express the breast milk, and employer-employee communication. When child care is on-site or nearby and schedules are supportive, breastfeeding can continue seamlessly and enhanced the productivity of the breastfeeding-working mother (Galson, 2008)

5. CONCLUSION

Based on the result of this research can be concluded that having the ability to cope with problems is very important especially for breastfeeding-working mother. All participants were committed to breastfeeding their children at least for fully two years. During that period of time participants faced problems related to the work stress, time management between work and children, the sufficient of breastmilk and the fact that their work place did not provide facility to support breastfeeding at work place such as private room to nurse or to pump. The importance of coping strategies owned by breastfeeding-working mothers is very useful because it would help working mothers to continue breastfeeding while working and to give the best nutrition for baby. Breastfeeding also beneficial to the health of mothers and babies.

Coping strategies used by participants were anticipatory coping and preventive coping which has done since pregnancy and before the maternity leave over. This is showed that participants performed coping strategies before the problems appear such as prepared the EBM, managing time to pump or expressed breastmilk, planned to manage their working hour and finding relevant information. After going back to work participants faced problems related to time management, work stress, the sufficient of EBM, and the emotional problems such as feeling worry and anxious related to their role and commitment to keep breastfeeding and working. Coping strategies used to handle this problems was reactive coping which include problem-focused and emotion-focused coping.

In the future, according to the Government Regulation number 33 year 2012, Chapter V, Section 30, article 2 stated that "every workplace should provide certain facilities to breastfeed or expressing milk regarding to the company's ability". This means that every workplace should support their employee during the breastfeeding period. Support needed to enhance their employee's well-being. The government should also monitor the enforcement of these regulations and gives the sanctions in case of violation.

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