



POLICY ANALYSIS ON EXCLUSIVE BREASTFEEDING FOR INFORMAL WORKERS IN TRADITIONAL MARKETS IN NORTH SUMATRA

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ABSTRACT

Most informal female workers in traditional markets are in the reproductive age range. One of the causes of low exclusive breastfeeding in women informal workers is the low implementation of policies related to exclusive breastfeeding in the workplace, especially in the informal sector. Objective to analyze the policies carried out by the local government related to exclusive breastfeeding policies for informal workers in traditional markets. Method: the study was qualitative with a phenomenological approach. Participants consisted of 12 employees of related agencies with purposive sampling. Data collection was done through in-depth interviews using voice records. Data analysis used content analysis by the collaizi method. The principle of traceability was applied to ensure rigor in the research. The results of this study obtained two themes related to the analysis of exclusive breastfeeding policies in Informal Workers of Traditional Markets in North Sumatra, namely 1) perception of lactation corner facilities in the markets; and 2) barriers to the certainty of lactation corners in the traditional market. It is essential to analyze the exclusive breastfeeding policy for informal workers in convention markets to create better policies by providing adequate lactation corner facilities for informal workers.

Keywords: exclusive breastfeeding; informal worker; women's empowerment

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INTRODUCTION

Exclusive breastfeeding is one of the indicators of successful feeding for infants aged 0-6 months, which is the basis for providing nutrition in the first 1000 days of life (Adokiya et al., 2023). The global coverage of exclusively breastfed infants based on UNICEF data in 2020 is

44%, and in the East Asia and Pacific region is 31%. Infants who received exclusive breastfeeding in Indonesia in 2021 reached 71.58 (Paramashanti et al., 2023). The percentage of exclusive breastfeeding in 2021 indicated an improvement from the previous year, which amounted to 69.62%. However, most provinces still have a percentage of exclusive breastfeeding below the national average, with Gorontalo recorded as the province with the lowest strength at only 52.75%, followed by Central Kalimantan and North Sumatra at 55.98% and 57.83% (Gayatri, 2021).

Population-based studies related to exclusive breastfeeding practices in Indonesia are influenced by employment status. The low coverage of breastfeeding in working women is also in line with the increasing labor force participation rate (TPAK) in women around the world, namely 50.14% of 181 countries and 43.9% in the Asia Pacific region (Rahmita et al., 2023). The TPAK rate in Indonesia also increased in 2020 to 53.34%, this figure has increased slightly compared to the TPAK in the 2019 period, which amounted to 53.13%, based on the results of the 2020 National Labor Force Survey (Sakernas), most women work in the informal sector (65.35%) intending to meet daily needs to help the family economy. The age characteristics of informal female workers are in the productive age range of 25-59 years old at 58.34% (Aditiya & Wildana, 2023).

Most women workers work as traders, as much as 80% of the total traders, and those in the fertile age range reach 10% of the total women traders in traditional markets (Barbanchon et al., 2021). Traditional markets are synonymous with women because in any traditional market, especially in Indonesia, 85% of trade is controlled by women. Even buyers in traditional markets mostly (90%) consist of women with the majority aged 25 years - 45 years, which is in the reproductive age range (Fujiati, 2018). The condition of traditional markets in Indonesia is risky for the health of babies during the breastfeeding process (Mulyaningsih et al., 2020). The majority of convention markets do not have places or facilities for breastfeeding, so the majority of female traders who bring their babies to work must breastfeed in the open. This makes female traders feel embarrassed and uncomfortable with the view of buyers when they breastfeed their babies during the buying and selling process in public places (Sosseh et al., 2023). Poor air conditions in traditional markets are also one of the reasons why women traders do not breastfeed their babies during trading, as well as a sense of distrust of people they meet in the market (Megawati et al., 2023). Most women informal workers do not provide exclusive breastfeeding after returning to work (Ruqaiyah et al., 2024).

The cause of low exclusive breastfeeding among women informal workers is also due to the low implementation of policies related to exclusive breastfeeding in the workplace, especially in the informal sector (Martin et al., 2021). The lack of monitoring related to policy implementation and the lack of budget allocations related to promotive efforts compared to curative for exclusive breastfeeding programs also make exclusive breastfeeding programs in the workplace less prioritized (Pratiwi et al., 2020). There is no specific informal labor protection policy in Indonesia. Government efforts in general to improve labor protection only focus on the national level (Mufdlilah, 2017). In Indonesia, women unofficial workers usually do not get maternity leave and make little use of leave for post-saline recovery because it depends on the time to return to work (Mardhatillah & Ilyas, 2018). Therefore, the purpose of this study is to analyze the policies carried out by the local government related to exclusive breastfeeding policies for informal workers in traditional markets.

METHOD

The study was qualitative with a phenomenological approach. Phenomenological studies focus on how a person experiences various things related to definite life experiences (Neubauer et al., 2019) so that from this phenomenological approach is expected to gain an in-depth understanding of the experience of the exclusive breastfeeding policy on informal workers. Twelve informants were applied in this study using purposive sampling. Data were collected using a semi-structured interview consisting of 5 open questions developed by the researcher. Researchers conducted prolonged engagement and conducted 2-4 meetings with each participant until researchers and participants trusted each other and still paid attention to the principles of communication in children. Researchers introduced themselves and explained the purpose and objectives of the study. Participants were willing to be interviewed, so participants were asked to read and sign an informed consent guaranteeing anonymity and confidentiality. The duration of the interview was conducted for 50-60 minutes. Data collection stopped until no new information was obtained and redundancy was achieved. Data analysis using content analysis by the collaizi method.

Member checking was done to ensure that the researchers had analyzed the data correctly. The principle of trustworthiness was applied to ensure the reliability of the research. Credibility is a criterion to fulfill the truth value of the data and information collected. Researchers conducted a prolonged engagement technique, namely holding meetings with participants 1-2 times in a place that had been promised to participants, so that researchers and participants had a long relationship so that they became more familiar, more open, and trusted each other. Confirmability is done by showing all transcripts and field notes to determine themes. Dependability is used to assess the quality of the process taken by the researcher. Transferability is passed by writing a research report that is described in detail, evident, systematic, and easy to understand so that readers can get a clear picture of the experience of exclusive breastfeeding policy in informal workers. Authenticity focuses on the extent to which researchers can show various realities. Authenticity appears in research that can convey the authenticity of participants' experiences. The researcher invites readers to feel the life experiences described and allows readers to develop increased sensitivity to the problems described. This research has received approval from the Health Research Ethics Commission of the Faculty of Medicine, Andalas University No. 96/ UN.16.2/K: 96/ UN.16.2/KEP-FK/2023 and researchers also asked for approval from respondents with informed consent.

RESULTS

Table 1.

Respondent characteristics (n=12)

Participant	Section	Agency	District
#1	Public Health Nutrition	Health	Deli Serdang
#2	Head of Section	Employment	Deli Serdang
#3	Head of Section	CPD	Deli Serdang
#4	Head of Division	Industry and Trade	Deli Serdang
#5	Public Health Nutrition	Health	Serdang Bedagai
#6	Head of Division	Employment	Serdang Bedagai
#7	Head of Department	CPD	Serdang Bedagai
#8	Head of Division	Industry and Trade	Serdang Bedagai
#9	Secretary	Health	Langkat
#10	Head of Section	Employment	Langkat
#11	Head of Agency	CPD	Langkat
#12	Head of Division	Industry and Trade	Langkat

Based on table 1. All participants were workers in government offices located in 3 districts.

The results of this study obtained two themes related to the analysis of exclusive breastfeeding policies in north Sumatra traditional market informal workers, namely 1) perception of lactation corner facilities in the market; and 2) barriers to the provision of lactation corners in traditional markets.

Thema 1. Perceptions about lactation corner facilities in the market

The development of lactation corners has not been a priority part of the compliance of public facilities in the market. More public facilities in the market are the main target of market development. Health facilities, including the availability of lactation corners, are still hard to find in the middle of traditional markets. Even though there are government policies, both regional and central, related to this facility, the implementation has not been able to be implemented as optimally as quoted in the informant's statement below:

"The existence of lactation corner facilities is not included in the development priorities because it only contributes slightly to the healthy market index (smiling slightly)" (Participant #8).

"Yes, what else can we do ... we have tried to submit a proposal to build a lactation room and all kinds of things, let alone that ... we just want to build an important toilet. it's hard to get the funds..." (Participant #6)

The existence of existing lactation corner facilities in several traditional markets is considered a pilot, but these facilities do not function properly instead they tend to be misused, and breastfeeding mothers who work or visit the market state that they never use the existing lactation corner for various reasons.

"What else can we do ... we have made efforts to submit proposals to build lactation rooms and all kinds of things, let alone that ... we just want to build important toilets. It's hard to get the funds...." (Participant #6)

"Sometimes it even turns into a merchandise warehouse, a lactation room..." (Participant #5)

Theme 2. Barriers to providing lactation corners in a traditional market

Policies related to the provision of lactation corners in public spaces have been contained in various regulatory bases and even international conventions. However, in practice, there are still many public spaces that do not provide public facilities related to health, especially the fulfillment of children's basic rights to exclusive breastfeeding for informal workers. Cross-sectoral cooperation and coordination are needed regarding the clarity of policies on the provision of lactation corners in traditional market environments.

"So that's where the weakness is ... there is no permanent policy on the person in charge of the program in the market because there was a merger of the market office into the Industry and Trade Office. The lactation corner development program is included in the market department program, so now we can't run it" (Participant #8)

"Currently, there is no specific program or policy related to the provision of lactation corners for informal workers such as traders in traditional markets" (Participant #7). "If it is a facility, maybe we can provide it, we can use the existing room, but for the officers who are guarding, or providing counseling and supervising there, we obviously cannot afford it" (Participant #9)

The construction of lactation corners as part of public facilities in traditional markets has been included in the main work indicators and assessment for healthy market criteria. However, some respondents stated that the implementation would require additional funds,

even though the lactation corner is not the majority achievement indicator in assessing market criteria. The problem funding is the cause of the unavailability of lactation corners in traditional market areas.

"Yes, actually ... what is the name for a kind of market development ... there are technical guidelines, equipped with facilities, office VAT, there is what is called a breastfeeding room, there is child-friendly and so on ... That's all already there, but the obstacle is on the budget side which is still limited" (Participant #1) "We manage 26 traditional markets in 17 sub-districts, so there are quite a lot of things that we do, the more, the more funds are needed too" (Participant #6).

DISCUSSION

Breastfeeding policies in traditional markets are an important part of efforts to support maternal and child health, as well as encourage healthy breastfeeding behavior in the work environment. There are various perceptions of the exclusive breastfeeding policy for informal workers, such as the construction of lactation corners, which are not considered a priority for development as public facilities in the market (Wahyuni et al., 2020). The lactation corner is not the main target of market development and is not a priority, meaning that the existence of a lactation corner in the traditional market environment is still considered not a fundamental thing that must exist (Sudirman et al., 2024). The informal sector in cities and villages does not get enough protection from the government, so if an eviction is carried out by the informal sector can not do much (Syafitri et al., 2022). In addition, protection for the informal sector can be in the form of protection tariffs, credit with relatively low interest rates, guidance, counseling, labor protection and care, guaranteed flow of imported technology, patents, and so on (The ASEAN, 2022).

This is inversely proportional to conditions in the global world. In 2021, UNICEF, ILO, and Women in Informal Employment: Globalizing and Organizing (WIEGO) issued a Family Friendly Policy for Workers in the Informal Economy (WIEGO, 2016). This is intended to bridge the policy needs to be related to informal labor regulations towards the protection of informal workers (Praditama et al., 2023). Some aspects of this policy are breastfeeding support during work, incentives during maternity leave, and several policies and measures that can be introduced by the government to reduce the risk of increased malnutrition, such as the provision of cash and in-kind transfers and workplace support for breastfeeding (Siregar et al., 2021).

The problem of funds is the cause of the unavailability of lactation corners in traditional market areas. The funds are an obstacle to the development of health infrastructure (Liddell & Meyer, 2022). This has not become a priority in the development of each market. In addition, related to the main duties and division of authority that still need to be improved, the provision of lactation corners for informal workers does not yet have a legal umbrella or specific policy (Subiyanto, 2024). The government has an important role in supporting breastfeeding policies in the workplace, including in traditional markets (Basrowi et al., 2018).

Supportive policies are needed, such as occupational health regulations that require the provision of clean and comfortable breastfeeding rooms in conventional markets (Darus et al., 2023). Labor regulations are in the form of laws that provide the right to breastfeeding leave or breastfeeding time during working hours (Murtagh & Moulton, 2011). Adequate supporting infrastructure such as comfortable and clean breastfeeding rooms for mothers and breast milk storage facilities Evaluation and monitoring to ensure the policy works well,

periodic evaluation of breastfeeding facilities and policies in the market is needed (Darus et al., 2023; Rahmita et al., 2023).

CONCLUSION

A breastfeeding policy in traditional markets requires a comprehensive and collaborative approach between the government, market managers, traders, and the community. With clear regulations, supporting facilities, proper education, and social support, this policy can improve maternal and child health and support a healthy breastfeeding culture in the community. For more information, references to similar policies can be found in occupational health and labor regulations that support breastfeeding in the workplace, as well as case studies from traditional markets in various countries that have successfully implemented these policies.

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