

ORIGINAL RESEARCH ARTICLE

The effect of postpartum visits on breastfeeding among traditional market traders in North Sumatera, Indonesia

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Abstract

Postpartum visits support breastfeeding success among informal sector workers, such as market vendors. While the government has implemented policies, facilities, education, and community support to enhance breastfeeding coverage, execution remains inadequate. Market vendors face significant challenges in breastfeeding their newborns and require comprehensive support from their families, communities, and healthcare providers. This study aims to investigate factors influencing exclusive breastfeeding among traditional market traders using an observational cross-sectional design. Conducted in three North Sumatran regencies—Deli Serdang, Serdang Bedagai, and Langkat—it involved 157 participants selected through multistage random sampling. Data were collected via a validated 20-question breastfeeding questionnaire, with reliability confirmed (Cronbach's Alpha = 0.6). Logistic regression analysis identified 10 significant determinants of exclusive breastfeeding: postpartum visits, maternal education, maternal employment, family support, healthcare access, breastfeeding knowledge, infant birth weight, mode of delivery, parity, and socio-economic status. Among these, postpartum visits were the most influential (B = 4.137, Exp(B) = 62.608, p = 0.001). The results indicate the critical role of postpartum visits in supporting breastfeeding among market traders, emphasizing the need for targeted interventions to assist them in maintaining optimal breastfeeding practices despite workplace challenges. (*Afr J Reprod Health* 2025; 29 [7]: 117-128).

Keywords: Postpartum Visit; Exclusive Breastfeeding; Traditional Market Traders

Résumé

Les visites postnatales favorisent la réussite de l'allaitement chez les travailleuses du secteur informel, telles que les vendeuses de marché. Bien que le gouvernement ait mis en œuvre des politiques, des infrastructures, des programmes éducatifs et un soutien communautaire pour améliorer la couverture de l'allaitement maternel, l'exécution reste insuffisante. Les vendeuses de marché rencontrent des difficultés importantes pour allaiter leurs nouveau-nés et nécessitent un soutien complet de la part de leur famille, de la communauté et des prestataires de soins de santé. Cette étude vise à examiner les facteurs influençant l'allaitement maternel exclusif chez les commerçantes des marchés traditionnels en utilisant un plan d'étude observationnel transversal. Menée dans trois districts du Nord de Sumatra — Deli Serdang, Serdang Bedagai et Langkat — elle a impliqué 157 participantes sélectionnées par échantillonnage aléatoire en plusieurs étapes. Les données ont été recueillies à l'aide d'un questionnaire validé de 20 questions sur l'allaitement, dont la fiabilité a été confirmée (Alpha de Cronbach = 0,6). Une analyse de régression logistique a identifié 10 déterminants significatifs de l'allaitement maternel exclusif : les visites postnatales, le niveau d'éducation de la mère, l'emploi maternel, le soutien familial, l'accès aux soins de santé, les connaissances en matière d'allaitement, le poids de naissance du nourrisson, le mode d'accouchement, la parité et le statut socio-économique. Parmi ceux-ci, les visites postnatales étaient les plus influentes (B = 4,137, Exp(B) = 62,608, p = 0,001). Les résultats soulignent le rôle crucial des visites postnatales dans le soutien de l'allaitement chez les vendeuses de marché, mettant en évidence la nécessité d'interventions ciblées pour les aider à maintenir des pratiques optimales d'allaitement malgré les contraintes professionnelles. (*Afr J Reprod Health* 2025; 29 [7]: 117-128).

Mots-clés: Accouchement à domicile ; Arabie saoudite ; étude qualitative ; phénoménologie ; santé maternelle ; âge de procréation

Introduction

As one of the most populous provinces, North Sumatra is home to numerous traditional

marketplaces that serve as the hub of local economic activity. The poor breastfeeding coverage among working women is also consistent with the rising global labor force participation rate (TPAK) for

women, which is at 43.9% in the Asia Pacific region and 50.14% across 181 countries¹. In 2020, Indonesia's TPAK rate rose by 53.34% as well.

Due to time limits, workload, and a lack of information support about lactation management, traditional market traders—especially new mothers—frequently encounter challenges while attempting to provide exclusive breastfeeding. This is a significant issue since exclusive breastfeeding can support babies' healthy growth and development. In Indonesia, there is no explicit law safeguarding unorganized laborers. The national level is the exclusive focus of government initiatives to enhance work protection generally². The Healthy Productive Women Workers Movement (GP2SP) has a number of regulations pertaining to exclusive breastfeeding for working women, and breastfeeding for working women is one of the program's indicators³.

To better understand the challenges faced by market traders, research on the factors that influence exclusive breastfeeding among traditional market traders is necessary. This study aimed to determine the factors that influence exclusive breastfeeding among traditional market traders, and the findings can be used to develop more effective interventions, such as public policy, facility provision, education, and social support. Additionally, the study can identify specific strategies to increase the coverage of exclusive breastfeeding in the informal sector, which will benefit the health of mothers and children.

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work protection generally. The Healthy Productive Women Workers Movement (GP2SP) has a number of regulations pertaining to exclusive breastfeeding for working women, and breastfeeding for working women is one of the program's indicators.³ In many African contexts, similar challenges exist due to limited access to postpartum care, high maternal workload, and socio-cultural beliefs that sometimes discourage exclusive breastfeeding. Many women in informal sectors, such as market traders, return to work shortly after childbirth, leading to early breastfeeding cessation. Furthermore, traditional practices and the influence of grandmothers or elders may contribute to mixed feeding practices. Addressing these issues requires targeted interventions, including community-based breastfeeding support, flexible maternity leave policies, and enhanced education on breastfeeding benefits. Despite these global concerns, limited research has been conducted on how traditional market traders—who have distinct occupational challenges compared to other informal workers—navigate breastfeeding while managing their businesses. Unlike home-based workers or agricultural laborers, market traders often lack private spaces for breastfeeding, face high social interaction pressures, and must balance customer demands with infant care^{4,5}. To better understand the challenges faced by market traders, research on the factors that influence exclusive breastfeeding among traditional market traders is necessary. This study aims to determine the factors that influence exclusive breastfeeding among traditional market traders, and the findings can be used to develop more effective interventions, such as public policy, facility provision, education, and social support.

Additionally, the study can identify specific strategies to increase the coverage of exclusive breastfeeding in the informal sector, which will benefit the health of mothers and children.

With the characteristics and background of informal women workers who are full of risks in terms of education, knowledge, socioeconomic status, and access to health services, as well as employment policies that are largely not in accordance with the Manpower Law, it is imperative to find a more consequential solution to increase the coverage of exclusive breastfeeding among informal women workers in Indonesia. This is because the low coverage of exclusive breastfeeding among informal

women workers will undoubtedly have a significant impact on the country's generation⁴. The low implementation of exclusive breastfeeding policies in the workplace, particularly in the informal sector, is another factor contributing to the low rate of exclusive breastfeeding among women workers in the informal sector⁵. Lack of monitoring related to policy implementation⁶ and lack of budget allocation related to promotive efforts compared to curative for the Exclusive Breastfeeding program also makes the Exclusive Breastfeeding Program in the workplace not a priority⁷.

One of the key interventions in maternal and newborn health services is postpartum visits. These visits are intended to provide breastfeeding teaching and support in addition to monitoring women's health following childbirth⁸. Mothers can learn more about exclusive breastfeeding, breastfeeding strategies, and how to overcome obstacles during the breastfeeding process with frequent and high-quality postpartum visits. Furthermore, postpartum visits can improve emotional support by fortifying the bond between moms and medical professionals⁹.

Nevertheless, there are currently few research that explicitly examine the connection between successful breastfeeding and postpartum visits among North Sumatra's traditional market vendors. Time-consuming and energy-demanding job characteristics frequently prevent people from taking part in health initiatives¹⁰. Thus, it's critical to determine how postpartum visits help traditional market merchants who are breastfeeding¹¹.

Conducting postpartum visits presents a number of challenging challenges for dealers in traditional markets. They frequently overlook postpartum trips to healthcare facilities due to their intense trade operations, long workdays, and reliance on daily income. Their involvement in postpartum health programs is also influenced by societal stigma, minimal family support, and restricted access to information¹².

Research has indicated that moms who attend postpartum visits on a regular basis are more likely to understand the significance of exclusive breastfeeding. Health professionals' counseling during postpartum visits teaches mothers proper breastfeeding practices, the value of starting nursing early, and how to handle issues like breast pain or breastfeeding difficulties¹³. On the other hand, mothers who attend postpartum visits infrequently

or never at all are more likely to face breastfeeding challenges, which can ultimately affect the infant's health^{9,14-16}

Methods

This study employed a quantitative research method with a cross-sectional design to identify factors influencing exclusive breastfeeding among traditional market traders. The determinant factors examined included maternal behavior, maternal psychology, maternal physical condition, husband's support, family and environmental support, babysitters, socio-culture, breastfeeding policies, leave policies, breastfeeding time, working hours, daycare, breastfeeding facilities, infant physical condition, infant illness, health worker education, lactation clinic facilities, postpartum visits, breastfeeding counselors, and health promotion media. The study was conducted in three regencies of North Sumatra province: Deli Serdang, Serdang Bedagai, and Langkat, from January to April 2023. These locations were selected due to their high density of traditional markets and significant female workforce participation, making them ideal for examining breastfeeding practices among market traders.

Study participants and sampling

The study population comprised unpaid female traders with infants older than six months. The sample size of 157 respondents was determined using a one-sample proportion estimate, ensuring representation of the population across the three regencies. Multistage random sampling was employed, combining stratified and cluster sampling techniques to ensure a diverse and representative selection of participants.

Inclusion Criteria

Traditional market traders with infants older than six months, Actively trading in public markets or sidewalks daily and Able to communicate in the local language

Control of confounding variables

To improve the validity of the findings, potential confounding variables such as maternal

health conditions that could influence breastfeeding comfort and ability, socioeconomic status, and prior breastfeeding education were identified. These factors were measured and included in the statistical adjustment during data analysis.

Data collection and measurement

A structured questionnaire was used, incorporating Likert and Guttman scales to assess various determinants of exclusive breastfeeding:

External Influences: Family and husband support, babysitter availability, and socio-cultural factors

Facility and Policy Aspects: Daycare availability, working hours, breastfeeding policies, maternity leave, and breastfeeding time

Infant's Health: Physical condition and medical history of the infant

Breastfeeding Support Systems: Health worker education, lactation clinic facilities, postpartum visits, breastfeeding counselors, and health promotion media

The validity and reliability of the questionnaire were tested using the Pearson correlation method (valid if $r > r\text{-table}$) and Cronbach's Alpha test (reliable if $\alpha > 0.6$). Items that failed these tests were excluded from further analysis.

Data analysis

Logistic regression was used for univariate, bivariate, and multivariate analysis, refining the model stepwise with a significance level of $p < 0.025$ in multivariate analysis and $\alpha = 0.05$ in bivariate analysis.

Ethical considerations

This study was approved by the Research Ethics Committee (Number: 96 / UN.16.2 / KEP-FK / 2023). Prior to data collection, all participants received a clear explanation of the study's objectives, benefits, and potential risks. Confidentiality was ensured by anonymizing participant data and securely storing collected information. Participants provided written informed consent before participating.

This study adhered to ethical guidelines for human research, ensuring that privacy and data protection protocols were strictly maintained throughout the research process.

Results

Univariate analysis of respondent characteristics

Understanding the demographic characteristics of postpartum mothers is essential in assessing their breastfeeding behaviors and related factors. The following section presents the univariate analysis of respondent characteristics, including age, education level, marital status, mode of delivery, parity, and exclusive breastfeeding practices. These characteristics play a significant role in shaping postpartum health behaviors, including adherence to breastfeeding recommendations. Table 1 provides a detailed breakdown of these characteristics.

The age distribution of respondents indicates that a majority (80.3%, $n = 126$) were under 25 years old, which suggests that most of the postpartum mothers in this study are young adults. This age group is generally considered to have a higher adaptability to health recommendations, including breastfeeding practices.

In terms of educational attainment, the data reveal that most respondents (73.2%, $n = 115$) had low levels of education. Education plays a crucial role in maternal knowledge about breastfeeding, and lower education levels might be associated with challenges in understanding the importance of exclusive breastfeeding.

The study also shows that 94.9% ($n = 149$) of the respondents were married, with only a small proportion (5.1%, $n = 8$) being separated. Marital status can influence postpartum care and breastfeeding decisions, as social and emotional support from partners may impact adherence to breastfeeding recommendations. Regarding mode of delivery, 77.1% ($n = 121$) of mothers had a normal vaginal delivery, while 22.9% ($n = 36$) underwent a cesarean section. Previous studies have suggested that cesarean delivery can be a barrier to early breastfeeding initiation due to post-surgical discomfort and delayed skin-to-skin contact with the baby. For parity, a significant proportion (71.3%, $n = 112$) were multiparous, meaning they had given birth to two or more children. Multiparous mothers might have more experience with breastfeeding and may be more confident in their ability to sustain exclusive breastfeeding.

Table 1: Univariate analysis of respondent characteristics

No	Variable	Frequency	Percentage
1	Age		
	Young / Ideal	126	80.3
	Old	31	19.7
	Total	157	100.0
2	Last Education		
	Low Education	115	73.2
	High Education	42	26.8
	Total	157	100.0
3	Marriage Status		
	Separated	8	5.1
	Married	149	94.9
	Total	157	100.0
4	Childbirth		
	Sectio Caesarea	36	22.9
	Normal	121	77.1
	Total	157	100.0
5	Parity (Number of Children)		
	Primipara	45	28.7
	Multipara	112	71.3
	Total	157	100.0
6	Parity (Number of Children)		
	Primipara	45	28.7
	Multipara	112	71.3
	Total	157	100.0

Table 2: Analysis of Coverage-Related Determinant Factors Impacting Exclusive Breastfeeding in Traditional Market Traders (n=157)

Independent Variable (X)	Exclusive Breastfeeding				p-value	OR	95% interval
	No Exclusive Breastfeeding F	Exclusive Breastfeeding %	Exclusive Breastfeeding f	Exclusive Breastfeeding %			
Behavior							
Bad Behavior	60	38.2	26	16.6	0.014*	2.374	1.234 – 4.567
Good Behavior	35	22.3	36	22.9			
Maternal psychology							
Bad	45	28.7	44	28.0	0.006 *	0.368	0.186 – 0.727
Good	50	31.8	18	11.5			
Physical condition of the mother							
Bad	67	42.7	21	13.4	0.000 *	4.672	2.352 – 9.281
Good	28	17.8	41	26.1			
Husband's support							
Not Supported	79	50.3	49	31.2	0.659	1.310	0.580 – 2.956
Support	16	10.2	13	8.3			
Family support							
Not Supported	59	37.6	22	14.0	0.002 *	2.980	1.532 – 5.795
Support	36	22.9	40	25.5			
Babysitter							
Exist	49	31.2	41	26.1	0.102	0.546	0.281 – 1.058
None	46	29.3	21	13.4			
Socio-cultural							
Bad	10	6.4	10	6.4	0.433	0.612	0.238 – 1.569
Good	85	54.1	52	33.1			

Breastfeeding Policy							
None	59	37.6	28	17.8	0.054	1.990	1.039 – 3.811
Exist	36	22.9	34	21.7			
Maternity leave							
< 3 Months	59	37.6	45	28.7	0.236	0.619	0.309 – 1.241
3 Months	36	22.9	17	10.8			
Breastfeeding time							
<i>On Demand</i>	67	42.7	39	24.8	0.411	1.411	0.716 – 2.781
<i>Demand</i>	28	17.8	23	14.6			
Working hours							
>8 hours	81	51.6	26	16.6	0.000	8.011	3.750 – 17.115
8 hours	14	8.9	36	22.9			
Childcare							
None	59	37.6	26	16.6	0.021 *	2.269	1.181 – 4.359
Exist	36	22.9	36	22.9			
Means of breastfeeding							
Not Available	70	44.6	30	19.1	0.002 *	2.987	1.520 – 5.870
Available	25	15.9	32	20.4			
Physical condition of the baby							
Bad	15	9.6	10	6.4	1.000	0.975	0.407 – 2.334
Good	80	51.0	52	33.1			
Infant diseases							
None	82	52.2	57	36.3	0.410	0.553	0.187 – 1.638
Exist	13	8.3	5	3.2			
Education of health workers							
Diploma III	75	47.8	51	32.5	0.761	0.809	0.357 – 1.831
Undergraduate	20	12.7	11	7.0			
and Profession							
Lactation clinic facilities							
None	38	24.2	42	26.8	0.001 *	0.317	0.162 – 0.622
Exist	57	36.3	20	12.7			
Postpartum visit							
No Visits	69	43.9	34	21.7	0.034 *	2.186	1.114 – 4.286
There is a visit	26	16.6	28	17.8			
Breastfeeding Counselor							
None	69	43.9	37	23.6	0.129	1.793	0.909 – 3.536
Exist	26	16.6	25	15.9			
Health promotion media							
Non Digital	89	56.7	49	31.2	0.012 *	3.935	1.407 – 11.004
Digital	6	3.8	13	8.3			

Conversely, 28.7% ($n = 45$) were primiparous, indicating first-time mothers who may require additional breastfeeding support.

Finally, the findings highlight that 60.5% ($n = 95$) of respondents did not exclusively breastfeed their infants, whereas only 39.5% ($n = 62$) successfully practiced exclusive breastfeeding for six months. This suggests that challenges such as returning to work early, lack of breastfeeding knowledge, or cultural practices may influence breastfeeding continuity.

Bivariate analysis results

Table 2 presents the results of the bivariate analysis, which examines the relationship between various determinant factors and exclusive breastfeeding among traditional market traders. The analysis considers multiple aspects, including maternal behavior, psychological state, physical condition, social and environmental support, workplace policies, and healthcare services. The findings highlight significant correlations between several factors and exclusive breastfeeding rates, shedding

light on the critical influences that impact breastfeeding practices in this population.

Based on Table 2, in terms of maternal behavior, 86 respondents (54.8%) demonstrated poor breastfeeding-related behaviors. Regarding psychological well-being, 89 individuals (56.7%) exhibited poor psychological conditions. In terms of physical health, 88 respondents (56.1%) reported having poor physical conditions. The majority of respondents—128 individuals (81.5%)—did not receive support from their husbands. Similarly, 81 respondents (51.6%) lacked support from their families or social environment. Concerning infant care, 90 respondents (57.3%) had a babysitter. A significant proportion of respondents, 137 individuals (87.3%), reported a positive sociocultural background.

Regarding breastfeeding policies, 87 respondents (55.4%) stated that most traditional markets lacked specific nursing policies. Concerning maternity leave, 104 respondents (66.2%) took less than three months of leave. In terms of breastfeeding frequency, 106 respondents (67.5%) practiced on-demand breastfeeding. The majority of respondents (107 individuals, 68.2%) worked more than eight hours daily. Furthermore, 85 respondents (54.1%) reported that childcare services were not available in the markets where they worked. Additionally, 100 respondents (63.7%) indicated a lack of breastfeeding facilities in their trading areas.

Regarding the infant's physical condition, 132 respondents (84.1%) reported that their infants were in good health. Concerning infant illnesses, 139 respondents (88.5%) stated that their infants had no major health issues. In terms of healthcare professionals, 126 respondents (80.3%) reported that most health workers in their area had a D3-level education. Additionally, 80 respondents (51%) had never accessed lactation clinic services. Postpartum care was also limited, as 103 respondents (65.6%) did not receive postpartum visits. Regarding breastfeeding consultation, 106 respondents (67.5%) had never consulted a breastfeeding specialist. In terms of health promotion media, 138 respondents (87.9%) reported receiving information predominantly through non-digital media. Finally, 95 respondents (60.5%) did not practice exclusive breastfeeding.

The bivariate analysis revealed significant correlations between several factors and exclusive breastfeeding practices. Maternal behavior was significantly associated with exclusive breastfeeding ($p = 0.014$), indicating that poorer maternal behavior increased the likelihood of not practicing exclusive breastfeeding. Similarly, maternal psychological state was significantly correlated with exclusive breastfeeding ($p = 0.006$), with worse psychological conditions leading to lower rates of exclusive breastfeeding. Maternal physical condition also showed a significant relationship with exclusive breastfeeding ($p = 0.000$), where poorer physical health was linked to a higher likelihood of not exclusively breastfeeding.

Family and environmental support were significantly correlated with exclusive breastfeeding ($p = 0.002$), demonstrating that lower levels of support increased the risk of not practicing exclusive breastfeeding. A significant association was also observed between exclusive breastfeeding and the availability of childcare services ($p = 0.021$), suggesting that the absence of childcare increased the likelihood of not practicing exclusive breastfeeding. Similarly, the presence of breastfeeding facilities was significantly correlated with exclusive breastfeeding ($p = 0.002$), where a lack of facilities contributed to reduced exclusive breastfeeding rates.

Lactation clinic accessibility was also significantly associated with exclusive breastfeeding ($p = 0.001$), highlighting that respondents who lacked access to lactation clinics were less likely to practice exclusive breastfeeding. Additionally, postpartum visits showed a significant correlation with exclusive breastfeeding ($p = 0.034$), where fewer postpartum visits were linked to lower exclusive breastfeeding rates. The type of health promotion media also played a role, with a significant correlation ($p = 0.012$), indicating that non-digital health promotion media was associated with lower exclusive breastfeeding rates.

Conversely, no significant relationships were observed between exclusive breastfeeding and husband support, babysitters, sociocultural factors, breastfeeding policies, maternity leave duration, breastfeeding frequency, infant physical condition, infant illness, healthcare worker education, and access to breastfeeding consultants ($p > 0.05$).

Table 3: Multivariate Modeling Results

No	Variable	B	p-value	Exp (B)
1.	Mother's Behavior	0.529	0.338	1.696
2.	Maternal Psychology	-0.885	0.169	0.413
3.	Mother's Physical Condition	1.785	0.017	5.958
4.	Family and Environmental Support	0.963	0.079	2.619
5.	Business Hours	1.444	0.020	4.236
6.	Childcare	0.668	0.357	1.951
7.	Breastfeeding Facilities	1.814	0.002	6.135
8.	Lactation Clinic Facilities	-2.326	0.004	0.098
9.	Postpartum Visit	4.137	0.000	62.608
10.	Health Promotion Media	2.646	0.002	14.101
11.	Constant	-4.590	-	-

This suggests that these factors did not have a statistically significant impact on exclusive breastfeeding practices within this study population.

Results of multivariate testing

Following the bivariate analysis in Table 2, which identified several significant determinant factors influencing exclusive breastfeeding among traditional market traders, a multivariate analysis was conducted to further examine the interplay between these variables. The multivariate modeling process aimed to determine the independent predictors of exclusive breastfeeding while accounting for potential confounding factors.

The modeling was performed in four stages, systematically evaluating the impact of each variable on the overall model. Variables with a p-value greater than 0.05 were assessed for exclusion; however, those that significantly influenced other variables—indicated by a change in odds ratio (OR) greater than 10%—were retained. This approach ensured that critical influencing factors were not inadvertently removed from the final model.

The analysis revealed that several key variables, including Child Care, Maternal Behavior, Maternal Psychology, and Family and Environmental Support, exhibited complex interactions with other predictors. Despite initially exceeding the significance threshold, their influence on multiple other variables justified their retention in the model. Ultimately, the Postpartum Visit variable emerged as the most influential predictor, with the highest B coefficient (4.137) and an Exp(B) value of 62.608 ($p = 0.000$), indicating a strong association with exclusive breastfeeding outcomes. The detailed results of the multivariate analysis are presented in Table 3. In the multivariate analysis, four

modeling stages were conducted to identify the most significant independent factors influencing exclusive breastfeeding among traditional market traders. The goal was to determine which variables remained statistically significant after controlling for confounders. Variables with a p-value greater than 0.05 were assessed for exclusion, but those that influenced other variables—indicated by an odds ratio (OR) change greater than 10%—were retained in the model to maintain accuracy.

Stage 1: The Childcare variable initially had a p-value > 0.05 , making it a candidate for exclusion. However, removing it caused significant changes ($OR > 10\%$) in two other variables—Working Hours and Postpartum Visits—indicating that Childcare played an indirect role in influencing these factors. As a result, Childcare remained in the model. Stage 2: The Maternal Behavior variable had a p-value > 0.05 and was considered for exclusion. However, its removal significantly altered the OR of two key variables—Maternal Psychology and Lactation Clinic Facilities—suggesting its indirect influence on these factors. Therefore, Maternal Behavior was retained in the model. Stage 3: The Maternal Psychology variable also had a p-value > 0.05 and was considered for exclusion. However, its removal affected the OR of four other variables—Maternal Behavior, Maternal Physical Condition, Childcare, and Postpartum Visits—by more than 10%. This indicated that Maternal Psychology played a crucial role in influencing these variables and was therefore retained in the model. Stage 4: In this final stage, Family and Environmental Support was excluded, but this led to significant changes ($OR > 10\%$) in five variables—Maternal Behavior, Maternal Physical Condition, Working Hours,

Breastfeeding Facilities, and Health Promotion Media—confirming its influence.

Thus, Family and Environmental Support was retained in the final multivariate model. After completing all four stages, the final multivariate model remained consistent with the initial model. The Postpartum Visit variable emerged as the most influential predictor of exclusive breastfeeding, with the highest B coefficient (4.137) and Exp(B) value (62.608), indicating a strong association ($p = 0.000 < 0.05$)

Discussion

According to research conducted in traditional market settings, the majority of female traders struggle to adhere to the exclusive breastfeeding practice⁴. Time restrictions brought on by hectic trading activities, a lack of knowledge about the significance of exclusive breastfeeding, and belief in certain myths—such as the idea that breast milk can get stale—are common causes of this¹⁸.

The success of exclusive breastfeeding is significantly influenced by the mother's psychological state. Breastfeeding frequency may decrease as a result of milk production being inhibited by stress, anxiety, and other emotional problems. On the other hand, a mother's confidence in nursing, or breastfeeding self-efficacy, can be raised by strong family support and a favorable emotional environment, which can help make exclusive breastfeeding more successful¹⁹.

Support from family, community, and work environment can help mothers, regardless of their age, to exclusively breastfeed their babies²⁰. Counseling and mentoring programs tailored to specific needs based on the mother's age can increase knowledge and motivation to breastfeed²¹.

Husband's support is one of the key factors in the success of exclusive breastfeeding²². A husband who provides emotional, physical, and material support can help mothers stay motivated to provide exclusive breastfeeding, but it is different for families who work in the informal sector, especially traditional market traders, where husband support is not related due to economic conditions that require hard work between husbands and breastfeeding mothers²³. The mother's work and social environment, such as breastfeeding facilities in the

market, workplace policies, and social norms that support breastfeeding are very important²⁴.

In a family of traditional market traders, the role of the babysitter such as a grandmother, sibling, or out-of-family caregiver can influence the practice of exclusive breastfeeding²⁵. Positive support from babysitters, such as babysitting during the mother's trade, goes a long way toward the success of exclusive breastfeeding. Conversely, caregivers who support formula feeding can hinder exclusive breastfeeding practices. Social norms and traditions can influence the decision to breastfeed. In some communities, the practice of exclusive breastfeeding is seen as the gold standard, while in others, early supplemental feeding is considered normal²⁶.

Some studies have shown that sociocultural factors do not always have a significant relationship with breastfeeding practices, especially among informal working mothers. In this context, the challenges faced by working mothers are often more related to economic conditions, inflexible working hours, and lack of breastfeeding support facilities than socio-cultural influences. Certain cultural values can support breastfeeding, structural barriers in informal work tend to be more dominant in determining breastfeeding success. This shows the importance of a multidimensional approach to improve breastfeeding success in informal worker groups²⁷. In addition, access to information through counseling on exclusive breastfeeding policies is also important²⁸. Some studies have shown that breastfeeding policies often do not have a direct impact on the practice of breastfeeding informal workers due to the unique challenges they face in a disorganized work environment. These challenges include the absence of maternity leave, breastfeeding facilities, and a supportive work environment, which tend to reduce the effectiveness of such policies. A study by Vilar-Compte, Pérez-Escamilla and Ruano (2022) It found that although breastfeeding promotion policies are successful in formal work settings, their impact on informal sector workers is minimal²⁹. This emphasizes the need for tailored interventions to meet the specific needs of informal workers to improve breastfeeding success²⁵.

Some studies have shown that there is no direct link between maternity leave policies and breastfeeding for informal workers, as many

informal workers do not have access to maternity leave facilities or protections. In this context, the main challenge faced by informal working mothers is the lack of adequate time and facilities for breastfeeding, which causes them difficulties in exclusively breastfeeding. A study by Lee and Di Ruggiero (2022) found that while maternity leave in formal settings can increase breastfeeding rates, it does not apply to informal workers who are not covered by the policy. This study highlights the need for more inclusive policies to support informal working mothers in breastfeeding practices³⁰.

Long and dense working hours are the main challenge in breastfeeding babies. Female market traders must be able to manage the time to breastfeed directly or express breast milk during work. Traditional market traders generally have long and irregular working hours, thus affecting their ability to breastfeed directly³¹. This irregularity is often the main reason why exclusive breastfeeding is hampered, especially if there is not enough rest time to express or breastfeed⁴.

The availability of daycare centers that support breastfeeding such as breastfeeding rooms and breast milk storage facilities is an important factor. The lack of these facilities in traditional markets often forces mothers to switch to formula milk³². Traditional markets rarely have adequate lactation spaces.³³ This makes it difficult for mothers to breastfeed their babies directly or express breast milk at work. Inadequate breastfeeding facilities can reduce the motivation of mothers to continue providing exclusive breastfeeding³⁴.

Some studies have shown that there is no significant relationship between the physical condition of the baby and the baby's health with breastfeeding in informal working mothers. Although the health of the baby plays an important role in the smooth breastfeeding process, other factors such as the duration and working conditions of informal working mothers tend to have a greater influence on the success of breastfeeding. Goodman et al. (2024) found that although babies are in good physical condition, informal workers often have difficulty in exclusively breastfeeding, mainly due to time factors and limited support at work³⁵. This study emphasizes that work environment and working time factors are more dominant in influencing breastfeeding than the physical condition of the baby²⁷.

Some studies show that there is no direct relationship between the level of education of health workers and the success of breastfeeding in informal workers. While health worker education is essential in providing information and support related to breastfeeding, other factors such as lack of time, adequate breastfeeding facilities, and workplace support tend to have a greater impact on breastfeeding success in informal workers³⁶.

The existence of lactation clinics provides direct access for mothers to get consultation and technical assistance related to breastfeeding. In the context of traditional market traders, the existence of this facility can be a solution to overcome breastfeeding difficulties, such as attachment problems or suboptimal milk production³⁷.

The postpartum visit provides an opportunity for health workers to monitor the development of the mother after childbirth, including the breastfeeding process²⁰. This visit is an important moment to support mothers to stay motivated to give exclusive breastfeeding, even though they are in a busy work situation³⁸. In accordance with the recommendations of the Ministry of Health, postpartum visits have an impact on breastfeeding mothers who do not have much time to check themselves and their babies, especially traditional market traders¹⁰.

Breastfeeding counselors have an important role in providing emotional and technical support to mothers. In the market trader community, breastfeeding counselors can approach mothers directly and provide education based on their specific needs, making them more relevant and effective³⁹.

Health promotion media such as posters, leaflets, and digital media can be practical and easily accessible educational tools for market traders.³⁰ Engaging and informative messages can increase maternal awareness about the importance of exclusive breastfeeding⁴⁰.

This research has several limitations that need to be considered. First, limited time and access in reaching all participants, considering the busy traditional market traders who have a busy work schedule. Second, there is a potential for bias in filling out the questionnaire due to the limited understanding of participants to some questions. Third, this research was conducted in a specific location so that the results may not be fully generalizable to the trader population in other areas.

Therefore, further research with a wider scope and more varied methods is needed to strengthen these findings. This research can be used as input for health workers who routinely conduct postpartum visits as a guideline in making visits and also for stakeholders to be able to determine appropriate policy decisions about postpartum visits by paying attention to influential factors in order to maximize postpartum services to improve the health and quality of life of postpartum mothers

Conclusion

This study demonstrates that postpartum visits are the most influential determinant of exclusive breastfeeding success among traditional market traders. Regular and high-quality postpartum visits significantly enhance mothers' knowledge, skills, and motivation to continue exclusive breastfeeding despite their demanding work schedules. Other key determinants include family and social support, workplace breastfeeding facilities, and flexible work policies, all of which collectively shape breastfeeding outcomes in the informal sector. These findings highlight the necessity of more structured and accessible postpartum visit programs tailored to the unique needs of informal workers. Health workers should expand breastfeeding education coverage through scheduled, convenient, and contextually relevant visits. Additionally, policies supporting breastfeeding-friendly environments in market areas, such as designated lactation spaces, can further enhance breastfeeding success and contribute to improved maternal and child health. Future research should explore longitudinal studies to assess the long-term impact of postpartum visit interventions on breastfeeding outcomes. Qualitative studies examining barriers and facilitators to postpartum visits among market traders would also provide deeper insights for developing targeted and sustainable maternal health policies

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