

Lactation Intervention Study at Workplace; A Narrative Review

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ABSTRACT: Every year, there is an increase in the number of female workers in Indonesia, most of whom are of productive age. There are quite a few women who breastfeed. With the role of being both a mother and a worker, quite a few problems arise, one of which is the problem of exclusive breastfeeding as a working mother. Method: The literature search for this article review assignment was carried out during November 2023 by searching on the Google Scholar site and obtaining seven journals from publication years 2014 to 2022. From several journals that have been reviewed, it was found that working mothers who breastfeed have several challenges in providing exclusive breastfeeding, including internal, external, knowledge, and education factors. In terms of internal factors, it can be the stress experienced or the feelings the mother faces—external factors include lack of attention from the external environment. In terms of knowledge, many working mothers still do not understand the importance of breastfeeding while working. Meanwhile, in terms of education, it also influences exclusive breastfeeding among working mothers. Several factors and challenges working mothers encounter in providing exclusive breastfeeding can be prevented and overcome in several ways. This can be done by educating working mothers before and while breastfeeding. Moreover, it can also be used by companies where the mothers work to provide space and time for breastfeeding mothers who want to express breast milk at work.

Keywords- Exclusive Breastfeeding, Breastfeeding, Working Mothers

INTRODUCTION

The Global Strategy for Infant and Young Child Feeding, established by the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF), outlines guidelines for the ideal feeding practices for infants aged from birth to two years. The aim is to enhance the health of infants and children by promoting the provision of breast milk. This involves initiating breastfeeding within the first hour of birth, exclusively breastfeeding infants from birth to six months, introducing complementary foods between 6 to 24 months while continuing breastfeeding, and

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sustaining breastfeeding until the child reaches 24 months or beyond. Breast milk is hailed as the ideal, practical, economical, and hygienic source of infant nutrition, directly sourced from the mother's breast. It is categorized into colostrum, transitional breast milk, and mature breast milk, all containing vital nutrients and immunity factors crucial for infant well-being. Infancy and toddlerhood are characterized by rapid growth, necessitating optimal nutrition provided through breastfeeding, a physiological process essential for optimal infant health, growth, and development.

Breastfeeding is crucial for a child's survival and serves as a preventive measure against inadequate nutrition during infancy. In instances where mothers cannot sustain exclusive breastfeeding for the recommended six months, they often resort to substituting it with formula milk. However, formula alternatives cannot replicate breast milk's unique advantages. Numerous studies indicate that infants receiving breast milk experience enhanced health outcomes, including a reduced risk of obesity, hypertension, and diabetes, lower instances of stunting, prevention of growth disorders, and improved cognitive development. The promotion of exclusive breastfeeding has the potential to significantly decrease infant mortality rates, with an estimated 1.3 million lives worldwide and a positive impact on Indonesia. UNICEF reports alarming statistics, citing 30,000 infant deaths in Indonesia and 10 million deaths of children under five globally annually. These fatalities could be prevented by adhering to the practice of exclusive breastfeeding for the initial six months, starting within the first hour after birth, without introducing additional food or beverages to the infant. Despite efforts to encourage exclusive breastfeeding, global statistics, as per UNICEF data from 2022, indicate that only approximately 44% of newborns receive exclusive breast milk for the first six months of life. This falls significantly short of UNICEF's target of 90%.

Furthermore, among this 44%, only 83.1% continue breastfeeding until one year, and 56.2% continue until the recommended two years. In the context of Indonesia, the health profile for 2021 reveals that only 52.5% of the 2.3 million infants are exclusively breastfed, reflecting a considerable decline of 64.5% since 2019. The national target set by the Ministry of Health of the Republic of Indonesia is 80%. These figures underscore the persistent gap between actual achievements in exclusive breastfeeding and the targeted goals globally and within Indonesia. Many factors influence a mother's decision to breastfeed or not, including breast problems, method of delivery, education level, support from husband and family, and employment status (Basrowi et al., 2018).

The success of implementing exclusive breastfeeding among working mothers is affected by several factors, including the attitudes of these mothers, financial support, the support of superiors, and the role of husbands. Working mothers engaged in commercial activities, such as office work, factory employment, or managing personal businesses for additional income, often opt for formula milk due to its perceived economic advantages. Additionally, advertising across various media platforms significantly shapes mothers' preferences for formula milk as a substitute for exclusive breastfeeding. Another determinant of mothers' attitudes toward exclusive breastfeeding is the duration of maternity leave, with

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shorter leaves often leading to a preference for formula feeding. Breastfeeding can take place either directly or indirectly, the latter involving the provision of expressed breast milk, either fresh or stored. Some companies have made efforts to facilitate breastfeeding by offering dedicated lactation rooms equipped with amenities such as refrigerators, aprons, warm water, and breastfeeding pillows. However, limitations in the availability of such facilities persist, preventing many female workers from exercising their right to provide breast milk while fulfilling their work responsibilities.

The significance of women in the workforce must be considered, and the trend from 2012 to 2014 indicates a consistent increase in the number of women actively participating in various professions. However, the prevalence of exclusive breastfeeding among working mothers remains notably low. According to RISKESDAS, in 2012, only 32% of working mothers were practicing exclusive breastfeeding. Recent data from the Central Statistics Agency reveals a rise in the participation rate of female workers, reaching 51.09%, compared to the previous year's figure of 48.90%. Presently, the number of female workers has reached 86.7 million. Despite the increasing presence of women in the workforce, exclusive breastfeeding faces challenges. The short duration of maternity leave, set at 12 weeks, with four weeks often taken before childbirth, poses a significant hurdle (Akbar et al., 2022).

Consequently, working mothers can only provide intensive care, including breastfeeding, for a limited two-month period. Subsequently, they are compelled to return to work, often leading to the premature cessation of breastfeeding. This situation contributes to the suboptimal success of the Exclusive Breastfeeding program. As a working mother, support from the workplace is necessary to support the success of exclusive breastfeeding. The availability of lactation facilities and support programs in the workplace increases lactation practices by three times and increased exclusive breastfeeding rates by six times (Basrowi et al., 2015).

To ensure the success of exclusive breastfeeding in Indonesia, the government has implemented policies, including Indonesia Ministry of Health Regulation No. 15 of 2013. This regulation emphasizes the provision of specialized facilities for breastfeeding and expressing breast milk, aiming to facilitate working mothers who must separate from their infants during work hours while enabling them to breastfeed exclusively. Another supportive policy for working mothers engaging in exclusive breastfeeding is Government Regulation 33 of 2012. This regulation is designed to safeguard, assist, and advance exclusive breastfeeding by coordinating support from the central government, regional government, healthcare facilities, health professionals, community empowerment initiatives, and the immediate family environment of the mothers involved.

Despite government support through policies, the rate of exclusive breastfeeding among working mothers remains notably low in Indonesia and has yet to reach its target. Various factors contribute to the decline in breastfeeding among Indonesian mothers, encompassing socio-cultural influences, insufficient maternal knowledge, a lack of supportive environments, and workplaces that do not offer suitable spaces and opportunities for breastfeeding mothers. Working mothers encounter multiple

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challenges in sustaining breastfeeding, with some finding it impractical due to work-related obligations. Limited maternity leave periods, high workloads, and the absence of breastfeeding facilities in the workplace contribute to an increased risk of breastfeeding failure among working women.

RESEARCH METHODS

This literature review was conducted by researching articles on the Google Scholar platform using keywords such as exclusive breastfeeding, breastfeeding, and working mothers. The literature search occurred in November 2023 as part of the article review assignment. The exploration of relevant literature spanned the years 2014 to 2022, and a total of seven journals were consulted during this process.

RESULTS AND DISCUSSION

Results

In the *Faletehan Health Journal*, a study conducted by (Marwiyah & Khaerawati, 2020) reveals that mothers with more than one child exhibit a higher tendency to engage in exclusive breastfeeding compared to those with only one child. The positive correlation between a mother's parity level and the practice of exclusive breastfeeding becomes evident—mothers with a higher parity level are more likely to opt for exclusive breastfeeding. The number of children a mother has influences her level of knowledge and past breastfeeding experiences, leading mothers with multiple children to favor exclusive breastfeeding. Previous experiences serve as a source of knowledge, allowing individuals to apply insights gained from solving past challenges to current situations. This circumstance results in multiparous mothers having a greater likelihood of practicing exclusive breastfeeding compared to primiparous mothers. The breastfeeding experiences in prior births significantly impact a person's decision to continue breastfeeding in subsequent pregnancies. Mothers who have experienced second and subsequent lactations tend to demonstrate improved breastfeeding practices compared to their initial experiences. The fact that a mother has already undergone a second lactation implies that she possesses prior experience in breastfeeding her child, a trend that continues with subsequent lactations. Conversely, in the first lactation, the mother lacks experience in breastfeeding, leading to a limited understanding of the correct breastfeeding practices for her infant.

The research findings indicate a higher prevalence of non-exclusive breastfeeding among mothers with lower educational levels in contrast to those with higher educational backgrounds. Lower levels of maternal education contribute to an increased need for knowledge in addressing challenges, particularly in the context of providing exclusive breastfeeding. This knowledge acquisition occurs through both formal and informal channels. Mothers with a higher level of education typically exhibit a greater openness to embracing changes or practices that contribute to maintaining their health. Additionally,

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education fosters curiosity and a proactive attitude, prompting individuals to seek experiences that transform received information into valuable knowledge.

The study findings revealed a higher prevalence of non-exclusive breastfeeding among mothers with poor knowledge (88%) compared to those with good knowledge (57.7%), with a P-value of 0.035. Hence, there is a correlation between exclusive breastfeeding and the level of knowledge. This connection arises because the pregnancy period is crucial when mothers decide whether to breastfeed their children exclusively. Numerous factors influence this decision-making process, including the mother's lack of physical and psychological readiness, insufficient information and knowledge regarding the benefits of breast milk, and challenges related to lactation management and breastfeeding practices. The association between a mother's knowledge level concerning exclusive breastfeeding and the actual practice of exclusive breastfeeding is evident. Therefore, there is a necessity for health education initiatives, particularly addressing methods for expressing breast milk while working, to enhance the success of working mothers in providing exclusive breast milk. A mother's understanding of how to express breast milk contributes to a more profound comprehension of the benefits associated with breastfeeding. This enhanced understanding is the foundation for mothers to adopt behaviors that involve providing expressed breast milk to their infants.

The study results showed a lower occurrence of non-exclusive breastfeeding in mothers who received limited family support (88.9%) compared to those who had family support (54.2%), with a P value of 0.014. Consequently, a correlation exists between exclusive breastfeeding and the level of family support. The role of family support is particularly noteworthy, potentially stemming from the heightened willingness of mothers to provide breast milk to their infants. Mothers who receive adequate or substantial support from their families are more inclined to engage in exclusive breastfeeding. This underscores that endeavors to promote exclusive breastfeeding are likely to yield positive results when accompanied by solid maternal determination. Family support holds significant sway over the exclusive breastfeeding process, especially for working mothers, given that the family constitutes the closest support network for the mother. It becomes crucial for families to acquire information about exclusive breastfeeding and how to support working mothers in this endeavor. This support serves to reassure the mother and mitigate any feelings of isolation, ultimately fostering a positive attitude toward breastfeeding. A supportive husband and family are pivotal in empowering the mother to navigate breastfeeding challenges confidently.

A study conducted by (Amalia & Rizki, 2018), published in *Mandala of Health: A Scientific Journal*, identified a correlation between maternal attitudes and exclusive breastfeeding, indicating a significance level of $p=0.021$. This connection arises from the consensus among respondents that breast milk is a nutrient-rich food source, contributing to optimal infant growth in accordance with age. The provision of breast milk is also perceived as a means to strengthen the emotional bond between mother and infant, and it is acknowledged as a cost-saving measure for families. This study's results further highlighted a

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substantial relationship between superior support and the success of exclusive breastfeeding, with a p-value of 0.042. As a social context, the work environment significantly influences the success of exclusive breastfeeding among working mothers. Support within the work environment can manifest through encouragement from colleagues and supervisors, the availability of spaces for breastfeeding or expressing breast milk, and comprehensive backing from company management or ownership. Leadership plays a pivotal role in the achievement of successful breastfeeding practices within the workplace (Basrowi, Ray Wagiu and Sastroasmoro, Sudigdo and Sulistomo, Astrid W and Bardosono, Saptawati and Hendarto, Aryono and Soemarko, Dewi S and Sungkar, Ali and Khoe, Levina Chandra and Vandenplas, 2018). Leaders possessing solid knowledge and a willingness to invest in employee recruitment and training costs are more likely to engage in negotiations with working mothers committed to breastfeeding. Conversely, leaders lacking experience or awareness of exclusive breastfeeding may overlook the needs and expectations of working mothers in their organization. The considerations of leaders are extensive, encompassing productivity and quality expectations of working mothers, as these factors directly impact the outcomes and production costs incurred by the company or institution.

Another study by (Basrowi et al., 2019) showed that of a total of 192 subjects, 73% of office workers had good knowledge of breastfeeding, while 55% of office workers had poor knowledge of breastfeeding ($P < 0.001$). Most subjects pumped breast milk during work hours, but 15% of white collar workers and 17% of blue collar workers never breastfed or pumped breast milk at work. Working status ($P = 0.005$) and knowledge ($P = 0.002$) are factors related to breastfeeding practices among workers. White collar workers have better knowledge, attitudes and practices towards breastfeeding. Increasing knowledge regarding the benefits and support of breastfeeding for working mothers is a top priority, but advocacy for employers, managers and supervisors in providing breastfeeding facilitation and program support is also important for successful breastfeeding practices among workers.

Based on the research results (Wardani, 2021), it was found that there was a significant relationship between financial support and the success of exclusive breastfeeding, with a value of $p=0.008$. The provision of supportive facilities and infrastructure for offering exclusive breastfeeding, particularly in the form of expressed breast milk for working mothers, significantly contributes to the achievement of exclusive breastfeeding goals. Despite these facilities, working mothers still tend to opt for formula milk due to its convenience in storage and administration. Notably, the presence of facilities like a lactation room emerges as a crucial factor in bolstering the success of exclusive breastfeeding. (Mochtar Kusumasastra Kebijakan dan Managemen Pelayanan Kesehatan et al., 2023) emphasized that the establishment of dedicated spaces such as mother and child rooms, along with lactation rooms, not only supports the success of exclusive breastfeeding but also serves as a motivation or incentive for mothers to persist in providing exclusive breastfeeding. The existence of lactation rooms aligns with government policies aiming to ensure the fulfillment of infants' rights to receive exclusive breast milk.

“The Importance Factors in Selecting Extensively Hydrolyzed Formulas for Cow’s Milk Allergy Management”

In contrast to findings in several previous studies, research conducted by (Agustia et al., 2019), titled "Factors Associated with Exclusive Breastfeeding for Working Mothers in Ogan Komering Ulu Regency," indicated that there were no significant relationships between knowledge ($p=0.245$), attitude ($p=0.423$), lactation facilities ($p=2.33$), husband's support ($p=0.958$), and support from work superiors ($p=0.641$) with exclusive breastfeeding for working mothers in Ogan Komering Ulu Regency. In all variables, p -values exceeded 0.05, signifying a lack of statistically significant relationships.

Most mothers exhibit low knowledge levels (77.2%) concerning exclusive breastfeeding. Among these, only (19.6%) are aware of the benefits of exclusive breastfeeding for mothers. Some misconceptions are prevalent, such as the belief that breastfeeding can lead to sagging breasts. Additionally, (27.2%) of mothers are knowledgeable about storing expressed breast milk, and (37%) are aware of the appropriate containers for storing expressed breast milk, although they effectively store expressed breast milk. Adequate storage ensures the preservation of breast milk composition for the infant's benefit. Notably, (17.4%) of respondents consider using a pacifier to administer expressed breast milk, although this practice is not recommended due to its potential to confuse infants regarding nipple use. Mothers returning to work after the conclusion of their leave period encounter challenges in sustaining breastfeeding. Potential obstacles for working mothers aiming to continue breastfeeding include the absence of breastfeeding facilities and insufficient breaks during work, making it challenging to balance work and breastfeeding responsibilities simultaneously.

Discussion

Working mothers encounter numerous challenges and hurdles in their pursuit of exclusive breastfeeding. Despite the limitations they face, these mothers must find ways to express breast milk, often with minimal facilities and under maximum pressure. Although regulations stipulate the provision of breastfeeding rooms in workplaces and emphasize the need for community support, the reality is that many workplaces still lack dedicated breastfeeding facilities. According to research findings (Hak & Asi, 2022), a predominant challenge reported by working mothers is the perception of insufficient breast milk (81%). The study establishes a significant relationship between this perception and the cessation of exclusive breastfeeding (p -value = 0.000). The mother's perception of inadequate breast milk production emerges as a hindrance to exclusive breastfeeding, with this perception being a key reason for mothers to discontinue breastfeeding. Despite actual cases demonstrating that infants receive ample breast milk, challenges arise due to the mother's perception that it is insufficient. Factors contributing to a mother feeling that breast milk is insufficient include the infant frequently crying or appearing dissatisfied during breastfeeding, frequent and deep suckling, and the perception of soft breasts. Some cases involve mothers who genuinely cannot express enough breast milk. However, instances have also been documented where infants receive insufficient breast milk, often resulting from diminished milk

“The Importance Factors in Selecting Extensively Hydrolyzed Formulas for Cow’s Milk Allergy Management”

production. The decrease in breast milk production is typically attributed to improper breastfeeding techniques or the mother's infrequent breastfeeding of the infant.

The study results showed a significant correlation between mothers experiencing sore nipples during breastfeeding and the discontinuation of exclusive breastfeeding (p-value = 0.018). This finding aligns with other research, indicating that 25% of mothers faced considerable difficulty in breastfeeding due to nipple pain caused by the infant's vigorous sucking. In interviews conducted in related studies, it was observed that 51% of mothers encountered challenges with their breasts and nipples, encompassing issues like swollen breasts, mastitis, flat or inverted nipples, and sore nipples. The physical well-being of the mother, including conditions such as sore nipples, swollen breasts, and general discomfort or fatigue, significantly impacts the success of exclusive breastfeeding.

The study results illustrate no significant relationship between infants refusing to breastfeed and cessation of exclusive breastfeeding (p-value = 0.754). Among the various challenges encountered by mothers during breastfeeding, the sudden refusal of infants to breastfeed, without an apparent reason, stands out as a serious and emotionally taxing problem for many mothers. Dealing with an infant's refusal to breastfeed is a crucial aspect of breastfeeding management, as it can lead to frustration and significant emotional distress for the mother. Infants exhibiting refusal to breastfeed often display behaviors such as crying, arching their backs, and turning away when presented with the breast. The common reasons mothers attribute to their infants' refusal to breastfeed include the recent introduction of formula milk and/or non-dairy-based foods, insufficient milk flow, the infant's illness, and teething. Physical challenges contributing to an infant's refusal may include sickness or mouth infections, pain from conditions like bruising after a traumatic birth or gastroesophageal reflux, and the potential impact of certain medications taken by the mother during and after childbirth on the infant's ability to coordinate mouth-to-breast nipple attachment. Additionally, infant breastfeeding difficulties may arise from the introduction of pacifiers, leading to nipple confusion, challenges in latching on, inadvertent pressure on the infant's head during the mother's breastfeeding position adjustments, or the mother shaking her breast just before offering it to the infant. Environmental factors affecting breastfeeding include changes in breastfeeding patterns (e.g., the mother returning to work), alterations in the home environment, different caregivers or an excess of individuals caring for the infant, and changes in the mother's body odor, possibly due to shifts in soap or perfume usage.

A significant challenge faced by working mothers striving to provide exclusive breastfeeding is the inadequacy of breastfeeding room facilities. According to research by (Rahadian, 2014) on the fulfillment of exclusive breastfeeding rights among working mothers, specifically examining breastfeeding facilities at workplaces, all interviewed informants expressed breast milk not within a dedicated breastfeeding room but in available spaces where expressing was feasible. Among the five informants, only one, referred to as C, had access to a designated breastfeeding room due to employment in a relatively large government office. Despite having a breastfeeding room, Informant C never utilized it, as

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the room was not actively used by breastfeeding mothers in that vicinity. There was no official information about the room, and knowledge about its existence was spread through informal channels.

Moreover, the facilities provided in the breastfeeding room differed from the stipulated requirements, with only the air conditioner functioning without controls, rendering it unusable. When a breastfeeding mother intends to use the room to express herself, she must first locate the key and identify the person responsible for managing the essential needs, a process that lacks clarity. While the breastfeeding room ostensibly complies with existing regulations, the limited facilities hinder its effective functionality as a dedicated space for breastfeeding mothers (Basrowi et al., 2023).

CONCLUSION

Facilitating exclusive breastfeeding for infants among working mothers presents numerous challenges influenced by various factors. These challenges encompass individual factors, environmental conditions, and education and knowledge levels. Individual factors can stem from within the individual, such as stress arising from the inability to breastfeed the child and the need to return to work within a short timeframe. A mother's emotional state, whether joyful or melancholic, can also impact breastfeeding success. Environmental factors involve external elements like insufficient support from less-involved close family members, a workplace lacking breastfeeding facilities or dedicated rooms, and limited time provided in the work environment for pumping or expressing breast milk. Factors like low educational attainment may also contribute to the decision not to provide exclusive breast milk. Many working mothers may lack awareness regarding the significance of exclusive breastfeeding, highlighting the need for educational interventions to actively promote continued breastfeeding until the recommended two-year duration. Providing guidance on practical knowledge, such as techniques for direct breastfeeding (DBF) to prevent issues like sore nipples and nipple confusion, as well as imparting knowledge on the benefits of breastfeeding, becomes crucial. Addressing these educational gaps is essential to encourage prospective breastfeeding mothers to persist in breastfeeding practices.

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“The Importance Factors in Selecting Extensively Hydrolyzed Formulas for Cow’s Milk Allergy Management”

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