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**Literature Review: Policy Analysis on Exclusive Breastfeeding for Working Mothers**

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Article Info	Abstract
<p><b>Keywords:</b> Exclusive breastfeeding education, lactation facilities, health institutions, work institutions, government</p>	<p>Exclusive breastfeeding is an important part of fulfilling infant nutrition to achieve optimal growth and development in early life and subsequent growth. Some mothers cannot provide exclusive breastfeeding, especially working mothers. The purpose of this study was to analyze health policies on providing exclusive breastfeeding to working mothers. This study is a systematic review conducted in 2024 which was taken from the search site "google scholar". The articles selected after going through the process of identification, screening and determining the inclusion criteria were 9 articles. Working mothers face major challenges in providing exclusive breastfeeding to their babies. This challenge arises because of the conflict between work and family demands, busy work schedules, lack of flexibility, and inadequate lactation facilities in the workplace are the main obstacles, lack of social support from the surrounding environment also exacerbates the situation, stress due to work and family demands can affect breast milk production and make mothers feel uncomfortable while breastfeeding. However, with strong support from various parties, such as companies, families, and communities, working mothers can overcome these challenges and continue to provide exclusive breastfeeding. Comprehensive solutions are needed to address this complex problem, such as providing adequate lactation facilities, company policies that support breastfeeding, and socialization about the importance of exclusive breastfeeding.</p>

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**Introduction**

Indonesia is one of the developing countries that is struggling to reduce infant and toddler mortality rates through the implementation of SDGs, namely ending preventable deaths in infants and toddlers by 2030. Various policies at the national and regional levels have been implemented to address these problems (Asmarasari & Astuti, 2019; Hasnah & Ramadhani, 2024). A number of regulations at the national level that encourage exclusive breastfeeding in Indonesia are outlined in Peraturan Pemerintah (PP) No. 33 of 2012 concerning Exclusive Breastfeeding and Regulation of the Minister of State for Women's Empowerment and Child Protection No. 03 of 2010 concerning the Implementation of 10 Steps Towards Successful Breastfeeding (Peraturan Pemerintah (PP) No. 33 Tentang Pemberian Air Susu Ibu Eksklusif, 2012). Exclusive breast milk (ASI) is an important part of fulfilling infant nutrition to achieve optimal growth and development in early life and subsequent growth periods (RI., 2014). Exclusive breastfeeding must

be given to every baby who has the right to receive exclusive breast milk (ASI) from birth for 6 (six) months, except for medical indications. During breastfeeding, the family, government, local government, and community must fully support the mother of the baby by providing special time and facilities. Provision of special facilities is held in the workplace and public facilities,<sup>5</sup> where the government is responsible for setting policies in order to guarantee the right of babies to receive exclusive breastfeeding (Iriani, 2017).

Health development is an investment to achieve a better economic level. Improving health is a global issue, especially maternal and child health. This issue is included in the Sustainable Development Goals (SDGs) target. In line with efforts to achieve the SDGs target, the government is trying to improve the health and nutritional status of Indonesian children. One of the programs that is the focus of the government in this regard is reducing the prevalence of stunting in Indonesia (Mitra, 2015).

Providing adequate breast milk (ASI) for toddlers (babies under two years old) is one of the government's programs to reduce the threat of stunting prevalence. However, based on data from the Central Statistics Agency (BPS), the number of toddlers who are still breastfed in Indonesia is decreasing. In line with this, the prevalence of stunting in toddlers in general has also decreased (Bachtiar, 2019).

Stunting is a growth and development disorder experienced by children due to poor nutrition, repeated infections, and inadequate psychosocial stimulation. This study is to explain how stunting prevention policies work. The effects of stunting can have an impact on intelligence levels, susceptibility to disease, and reduce productivity. The future impact is to inhibit economic growth and increase poverty and inequality (Purwanti et al., 2022).

As a commitment to accelerate the reduction of stunting, the Government has issued Presidential Regulation No. 72 of 2021 concerning the acceleration of stunting reduction (Perpes No. 72

Tahun 2021 Tentang Percepatan Penurunan Stunting, 2021). The legal umbrella as a national strategy/national strategy has been launched and implemented since 2018. This presidential regulation is to strengthen the intervention framework in the implementation of accelerating stunting reduction. The government is targeting a 14% reduction in stunting prevalence by 2024 and a sustainable development target by 2030. Based on the achievements in 2024. Based on the 5 pillars of stunting reduction acceleration, a national action plan will be prepared to encourage and strengthen convergence between programs through a family approach at risk of stunting. Based on this Perpes, a stunting reduction acceleration team consisting of directors and implementers has also been established (Purwanti et al., 2022).

One of the policies and implementations that can affect maternal and infant health is increasing the achievement of Exclusive Breastfeeding and breastfeeding until babies are 2 years

old (toddlers) in Indonesia. This policy encourages mothers to breastfeed their babies exclusively and continues until the baby is 2 years old. Although this policy has received a lot of support from various parties, there are several reasons why it needs to be reviewed.

In addition to providing benefits for babies, breastfeeding also has a positive impact on maternal health. The practice of breastfeeding can help the mother's recovery process after giving birth, reducing the mother's risk of breast and ovarian cancer. Not only does it have an impact on physical health, breastfeeding also has an economic impact on reducing the financial burden on families because breastfed babies have a lower risk of experiencing infections and diseases that require medical care and can reduce pressure on the health system as a whole (H. Khotimah & Subagio, 2021; K. Khotimah et al., 2024).

Some mothers are unable to exclusively breastfeed, especially working mothers. By returning to work earlier, shorter maternity leave, less time to rest and breastfeed, and

lack of pumping facilities, mothers who work outside the home often find it difficult to implement exclusive breastfeeding practices. Previous studies have shown that mothers who work outside the home have lower breastfeeding success rates compared to mothers who do not work (Ardiyansyah & Solida, 2020).

Worldwide, returning to work is one of the main reasons mothers stop breastfeeding. Mothers have less time to breastfeed if they return to work earlier (Ahmad RS, Sulaiman, Hazlina N, 2022). One of the studies conducted by Chen et al. in 2019 entitled "The association between work-related factors and breastfeeding practices among Chinese working mothers" in Shanghai showed that most mothers returned to the workplace within 12 months after giving birth, and about 40% of them stopped breastfeeding after returning (Chen, 2019). One way to support successful breastfeeding in the workplace is to provide support and encouragement for breastfeeding mothers. Providing a friendly work environment can

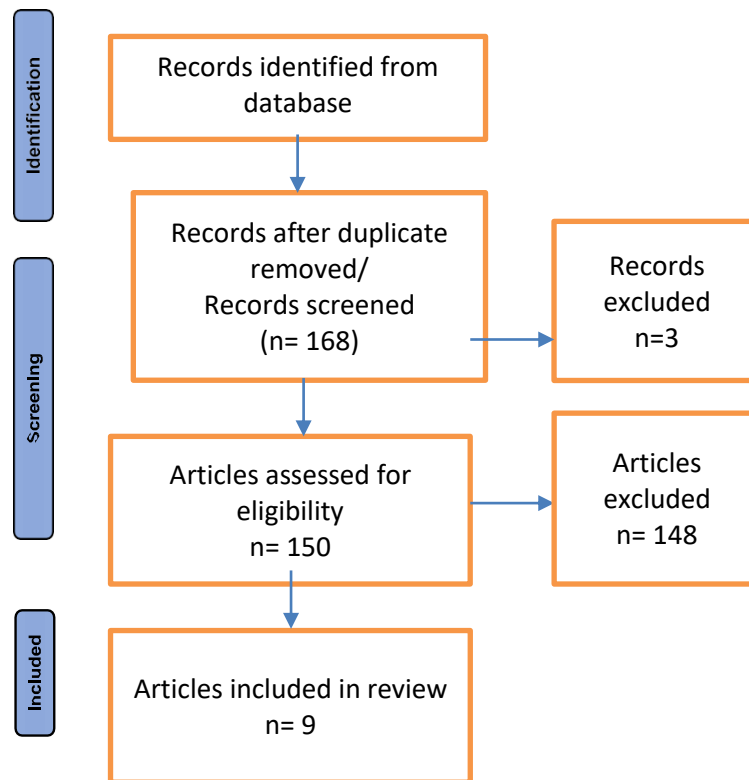
help increase the confidence of breastfeeding mothers. In addition, having a work environment that suits the mother's condition can increase job satisfaction and performance of breastfeeding mothers and workers simultaneously (Putri & Syafitasari, 2024). The purpose of this literature review is to analyze health policies on exclusive breastfeeding for working mothers.

## **Method**

The method used in this study is a literature review in Indonesian on the Google Scholar database. Articles are selected in stages using the appraisal tool preferred reporting items for systematic reviews and meta-analyses (PRISMA). The total search results for articles with a publication period of 2024 using the keywords "policy analysis", "exclusive breastfeeding", "working mothers" were found to be 171 articles. Then, screening was carried out based on the title and abstract

and then 150 articles were excluded with the exclusion criteria for articles only abstracts, full-text articles were not available, the publication type was not a scientific publication, and was not relevant to the analysis of exclusive breastfeeding policies for working mothers.

From the results of the article screening, 9 articles were obtained that met the inclusion criteria and feasibility studies. The article search process was determined by the following inclusion criteria: 1) Research articles in Indonesian, 2) Research focus on the analysis of exclusive breastfeeding policies for working mothers in Indonesia, 3) Research articles with open access, 4) Research articles have full text. Articles were searched and categorized then summarized for relevant articles. Articles were selected based on the clarity of the source and correlation of the selected topic.



**Figure 1.** Related article selection process

## Results and Discussion

According to KBBI, Policy is a series of concepts and principles that serve as guidelines and the basis for plans in implementing a leadership job and how to act. This term can be applied to government, organizations and groups and the private sector. Policy is a statement or writing that provides general instructions on determining the scope that provides limits and general direction for someone to move. Etymologically, policy is a

translation of the word policy. Policy can also be interpreted as a series of concepts and principles that become the line for implementing a job, leadership and how to act. Policy can be in the form of decisions that are thought out carefully and carefully by decision makers and not routine and programmed activities or related to Decision rules (Purwanti et al., 2022).

**Table 1.** Literature review on exclusive breastfeeding policies for working mothers

NO	NAME/ TITTLE/ YEARS	STUDY DESAIN	RESULT	POLICY RECOMMENDATIONS
1	<p>Analisis faktor pengaruh keberhasilan dan kegagalan praktik pemberian asi eksklusif di PMB Khotik Alim Baidah, sst.</p> <p>(Mayasari et al., 2024)</p>	quantitative using a cross-sectional research design with a retrospective approach, using a research sample of 60 respondents	<p>faktor pengaruh kegagalan antara lain ada pengaruh antara pengetahuan dengan pemberian ASI eksklusif dengan nilai p sebesar 0,031 (<math>p &lt; 0,05</math>), ada pengaruh antara sikap dengan pemberian ASI eksklusif dengan nilai p sebesar 0,046 (<math>p &lt; 0,05</math>), ada pengaruh antara psikologi dengan pemberian ASI eksklusif dengan nilai p sebesar 0,004 (<math>p &lt; 0,05</math>). Faktor pengaruh keberhasilan praktik pemberian ASI eksklusif di PMB Khotik Alim Baidah, SST dengan tingkat kepengaruhan tertinggi yaitu dukungan suami (nilai <math>p = 0,000</math>) dan faktor pengaruh kegagalan praktik pemberian ASI eksklusif di PMB Khotik Alim Baidah, SST dengan tingkat kepengaruhan tertinggi yaitu psikologis (nilai <math>p = 0,004</math>).</p>	<p>To increase the number of breastfeeding coverage, the Malang District Health Office in collaboration with the Indonesian Lactation Center trained health workers to become breastfeeding counselors, considering that these health workers interact more often with the community. The breastfeeding counselors in question are people who have attended breastfeeding counseling training with a 40-hour WHO/UNICEF standard training module.</p>
2	<p>Analisis Pemberian ASI Eksklusif pada Wanita Kerja/Karir di Wilayah Kota Depok Tahun 2021: Analysis of Exclusive Breastfeeding for Working/Career Women in the Depok City Area in 2021.</p>	Quantitative descriptive with 1018 respondents.	<p>exclusive breastfeeding coverage at the Cimanggis Depok Health Center in 2021 was 585 respondents (57.46%). This figure is lower than the proportion of exclusive breastfeeding coverage in Depok City, which is 63.4%.</p>	<p>Improvement efforts that can be made are by providing counseling about the importance of exclusive breastfeeding for babies and how to manage time for career mothers.</p>

	(Sari et al., 2024)			
3	<p>Konflik Peran Ganda Ibu Bekerja dan Sikap Pemberian ASI Eksklusif di Lembaga Pemerintah Desa Kutacane Tahun 2022.</p> <p>(Tanjung, 2024)</p>	quantitative descriptive with 65 respondents	<p>There is a negative relationship between the dual role conflict of working mothers and attitudes towards exclusive breastfeeding. This means that the higher the dual role conflict of working mothers, the more negative the attitude towards exclusive breastfeeding. Likewise, the lower the dual role conflict of working mothers, the more positive the attitude towards exclusive breastfeeding. This dual role conflict can influence the mother's actions in providing exclusive breastfeeding. Things that can influence are knowledge, experience, trust and confidence, feelings of pleasure and displeasure, the existence of a system of values and norms in society, and encouragement and behavioral actions. These things cause a response or change in actions in providing exclusive breastfeeding.</p>	<p>Mothers should be able to increase information about providing exclusive breastfeeding while working through the mass media or obtain complete and accurate information from medical personnel so that it is hoped that they will not abandon their duties either as a mother or as a worker.</p>



4	<p>Analisis Implementasi Program Pemberian Asi Eksklusif Di Dinas Kesehatan Kabupaten Labuhanbatu.</p> <p>(Rahmi &amp; Harahap, 2024)</p>	<p>sequential exploratory. Stage I (qualitative), 13 informants. Stage II (quantitative) using cross sectional with 80 samples of mothers who have babies aged 6-24 months.</p>	<p>in stage I seen from the variables proposed by Van Metter and Van Horn namely standards, objectives, and targets of the policy; Resources; characteristics of the implementing organization; communication between organizations; disposition or attitude of the implementer; and social, economic, and political conditions. In stage II, a significant relationship was found between employment status, maternal knowledge, husband and family support, and health cadre support with a P value &lt;0.05. The implementation of the exclusive breastfeeding policy in Labuhanbatu Regency is quite good.</p>	<p>It is necessary to improve the quality of human resources by conducting proper development and utilization, while financial resources need to be allocated specifically to support the success of exclusive breastfeeding initiatives. The need for the Labuhan Batu Health Office to form a special unit to oversee the exclusive breastfeeding program starting from data collection, intensive counseling related to exclusive breastfeeding, and conducting a comprehensive program evaluation in each sub-district/village in Labuhan Batu.</p>
5	<p>Determinan Kegagalan Pemberian ASI Eksklusif Pada Ibu Bekerja: A Literature Review.</p> <p>(Susanti et al., 2024)</p>	<p>critical review full text in Indonesian using PRISMA technique.</p>	<p>Based on 8 selected articles, it was found that the determinants of failure in providing exclusive breastfeeding in working mothers were education level, knowledge, and attitude. Enabling factors were working hours and insufficient breast milk production. Reinforcing factors were support from superiors, family, and health workers.</p>	<p>Factors that cause failure in providing exclusive breastfeeding to mothers working in factories include the limited supply of expressed breast milk and limited time to pump breast milk.</p>

6	<p>Studi Fenomenologi Hambatan Dan Dukungan Ibu Menyusui Yang Kembali Bekerja Di Kota Bengkulu.</p> <p>(Putri &amp; Syafitasari, 2024)</p>	<p>phenomenology using in-depth interviews with working mothers with 6 main informants and 3 triangulation informants.</p>	<p>2 themes, namely Barriers in the Breastfeeding Process and Support in Breastfeeding Practices for Working Mothers. Through this information, it can be used as a reference in providing counseling to working mothers from an early age and as a consideration for work institutions to conduct evaluations and considerations to provide support and breastfeeding facilities for working mothers.</p>	<p>Work institutions and health institutions can collaborate to provide a more conducive and supportive workplace atmosphere for breastfeeding mothers by providing environmental facilities, both physical and social, that are qualified in accordance with Permenkes No. 15 of 2013 to create a breastfeeding-friendly environment. The work environment can collaborate with health workers to assist in providing standard facilities to increase mothers' motivation to breastfeed.</p>
7	<p>Analisis faktor kegagalan promosi kesehatan dalam pemberian asi eksklusif oleh ibu bekerja</p> <p>(Ardiyansyah &amp; Solida, 2020)</p>	<p>quantitative with cross-sectional design, to 105 working mothers who have children aged 6-24 months.</p>	<p>There is a sociodemographic (Pvalue 0.003), psychosocial (Pvalue 0.001), and postnatal (Pvalue 0.000) influence on the provision of exclusive breastfeeding by working mothers in Jambi City. Psychosocial and postnatal factors have several dominant indicators that influence working mothers not to provide exclusive breastfeeding, including those related to work time allocation and provision of formula milk or MP-ASI for children aged &lt;6 months.</p>	<p>This study on exclusive breastfeeding is a means of information in decision-making or establishing Health Promotion policies for related stakeholders in Jambi City.</p>

8	<p>Analisis Kebijakan Inisiasi Menyusui Dini (IMD) dan ASI Eksklusif di Indonesia.</p> <p>(Hasnah &amp; Ramadhani, 2024)</p>	<p>Descriptive with document review method. Secondary data sources from research articles and policies related to IMD and Exclusive Breastfeeding policies. The approach used is the Policy Analysis Triangle.</p>	<p>Contextual aspects such as internal context (mother, husband and family knowledge about IMD and Exclusive Breastfeeding and motivation in the field that is not yet optimal) and external context (support in the workplace). Actor aspects regarding the clarity of health workers specifically have not been stated in KMK 450/2004 and PP 13/2012 only general health workers.</p>	<p>The success of the policy and implementation of IMD and Exclusive Breastfeeding is largely determined by the clarity of the content, the existence of control and other policies regarding the context. Optimal content and context begins with the process of formulating policies involving academics who will provide comprehensive considerations such as the involvement of Nutritionists, Public Health Experts, and other cross-sectors.</p>
9	<p>Policy Implementation Analysis on Exclusive Breastfeeding in Working Area of Cicalengka Community Health Center in Bandung Regency West Java</p> <p>(Mardhatillah &amp; Yaslis Ilyas, 2018)</p>	<p>qualitative analysis using in-depth interview methods, focus group discussions and literature studies</p>	<p>The implementation of the breastfeeding policy in the Health Center has not been optimal, as seen from the low coverage of exclusive breastfeeding. The socialization of the policy has not been carried out comprehensively, the division of time and tasks is not clear and there is no special budget and no standard operating procedures in implementing the policy. Communication is the most influential factor in the implementation of the policy. There is no support and commitment from all employees in the implementation of the exclusive breastfeeding policy.</p>	<p>Conducting consistent socialization to employees and the community, conducting supervision in efforts to secure policies, implementing Standard Operating Procedures (SOP), allocating activity budgets in 2018, creating memorandums of understanding with other agencies, and Self Assessment and program evaluation must absolutely be carried out continuously.</p>

Indonesia has several regulations that support the rights of breastfeeding mothers, especially those who work. The goal is to create a conducive environment for breastfeeding mothers and ensure that babies receive exclusive breastfeeding. Here are some relevant laws and regulations. Among them are

Law No. 13 of 2003 concerning Manpower, Article 8, which stipulates that female workers who are still breastfeeding their children must be given the proper opportunity to breastfeed their children if this must be done during working hours, and Article 153 paragraph (1) letter d, which prohibits employers from terminating employment on the grounds that female workers/laborers are breastfeeding their babies (Undang-Undang Nomor 13 Tahun 2003 Tentang Ketenagakerjaan, 2003).

Other policies are stated in Government Regulation No. 33 of 2012 concerning the Provision of Exclusive Breast Milk, Article 13, which states that Workplace Managers are required to provide working mothers with the opportunity to provide Exclusive Breast Milk to Babies or express breast milk during working hours at the Workplace, and Regulation of the Minister of Health No. 15 of 2013 concerning Minimum Service Standards in the Health Sector, Articles 30, 31, 32, which regulate the obligations of workplaces and public facilities to support breastfeeding programs by providing special facilities for breastfeeding and/or expressing breast milk (Peraturan Menteri Kesehatan Nomor 15, 2013). Although there are already quite strong regulations, there are still many challenges in their implementation, such as the lack of awareness from companies and the community in understanding the importance of supporting breastfeeding mothers, the lack of lactation facilities in the workplace or inadequate lactation facilities, and the negative social stigma related to breastfeeding in public places.

The rights of breastfeeding mothers that are guaranteed include: 1) the right to breastfeed, breastfeeding mothers have the right to breastfeed their children anytime and anywhere, including during working hours, 2) the right to express breast milk, breastfeeding mothers have the right to express breast milk at work and store it to give to their children, 3) the right to lactation facilities, companies are required to provide a clean, comfortable, and private lactation room for breastfeeding mothers, 4) the right to protection against discrimination, breastfeeding mothers must not be discriminated against in terms of employment or promotion for reasons of breastfeeding (Peraturan Pemerintah (PP) No. 33

Tentang Pemberian Air Susu Ibu Eksklusif, 2012; Undang-Undang Nomor 17 tentang kesehatan, 2023).

Based on the results of a literature review of 9 articles discussing exclusive breastfeeding policies, it can be concluded that several policy recommendations related to providing exclusive breastfeeding to working mothers can be seen in Table 2.

**Table 2.** Policy recommendations on exclusive breastfeeding for working mothers.

NO	POLICY RECOMMENDATIONS	ACTORS	IMPLICATION
1	Providing Education about Exclusive Breastfeeding to Working Mothers	1. Health workers 2. Health cadres 3. Health service facilities	1. Collaborate with the Indonesian Lactation Center to train health workers to become breastfeeding counselors 2. Participate in breastfeeding counseling training with a 40-hour WHO/UNICEF standard training module 3. Consistently conduct outreach to working breastfeeding mothers and the community
		1. Pregnant and breastfeeding mothers 2. Babies and toddlers 3. Families and communities	1. Attending counseling on the importance of exclusive breastfeeding for babies and how to manage time for working breastfeeding mothers. 2. Obtaining information about exclusive breastfeeding while working through online mass media or digital devices that can be accessed from anywhere without leaving their duties as a mother or as a worker. 3. Obtaining complete and accurate information from medical personnel regarding breastfeeding
2	Provision of breastfeeding facilities in the workplace in accordance with applicable standards and	1. Institutions working: Companies, schools, campuses, etc. 2. Health institutions	1. Work institutions and health agencies can collaborate to provide a more conducive workplace atmosphere, providing standard

	policies.		<p>facilities to increase mothers' motivation to breastfeed</p> <p>2. Work institutions provide environmental facilities, both physical and social environments that are qualified in accordance with Permenkes No. 15 of 2013 to create a breastfeeding-friendly environment, including providing sufficient time for working breastfeeding mothers to express breast milk and providing special rooms and places to store expressed breast milk temporarily while the mother is working.</p>
3	Making health policies on optimizing exclusive breastfeeding for working mothers	<p>1. Central government and local government</p> <p>2. Health institutions</p>	<p>1. Policy-making process involving academics who will provide comprehensive considerations such as the involvement of Nutritionists, Public Health Experts, and other cross-sectors.</p> <p>2. Conduct supervision in efforts to secure policies, implement Standard Operating Procedures (SOP)</p> <p>3. Need to improve the quality of human resources by developing and utilizing them appropriately</p> <p>4. Form a special unit that oversees the exclusive breastfeeding program starting from data collection, intensive counseling related to providing exclusive breastfeeding, and conducting a comprehensive program evaluation in each sub-district/village</p> <p>5. Financial resources need to be allocated specifically to support the success of the exclusive breastfeeding initiative</p> <p>6. Create a memorandum of understanding with other agencies, and Self Assessment and program evaluation must be carried out continuously</p>

Working mothers are women who work outside the home and receive compensation for their work. Working women need self-actualization, a comfortable social

environment, a sense of security, and psychological needs. Working mothers can have an impact on their families and jobs. Working mothers will experience loss of freedom,

more responsibilities, and changes in household relationships. Mothers who leave their children to work for a long time also experience pressure and inability to meet the demands of the workplace, which can lead to fatigue, unstable emotions, and reduced milk production (Susanti et al., 2024).

Working mothers have difficulty managing work hours, the amount, and quality of togetherness with their babies is reduced, because working mothers cannot breastfeed in the most effective way. Stress caused by workload also causes breastfeeding problems, which affects breast milk production. As a result, many mothers have to use complementary foods or other MP-ASI as a substitute for breast milk (Ardiyansyah & Solida, 2020). For working mothers, this is often the reason why mothers do not breastfeed their own babies. Although maternity leave is only three months, working is not a reason to stop exclusive breastfeeding. With the right knowledge about breastfeeding, breast milk pumping equipment, and

support from the work environment, a working mother can still provide exclusive breastfeeding (Tanjung, 2024).

The mother's social environment system includes the mother's workplace.

According to Government Regulation number 33 of 2012 concerning the provision of Exclusive Breastfeeding, article 30 stipulates that workplace managers must support the Exclusive Breastfeeding program, including providing special facilities for breastfeeding and/or expressing breast milk. In addition, article 34 stipulates that workplace managers are required to provide working mothers with the opportunity to provide Exclusive Breastfeeding during their working hours at the workplace. If the mother's workplace meets these requirements well, there will be social support in the workplace that will affect the mental health of working mothers. As a result, there is a balance of psychosocial factors that help mothers provide exclusive breastfeeding (Ardiyansyah &

Solida, 2020).

The lack of facilities and workplace regulations regarding breastfeeding are factors that hinder mothers from providing breast milk. Mothers who return to work can still express breast milk at work, but lactation facilities at work are still inadequate for expressing breast milk or even do not have a room, so mothers have to find an empty and free place. In addition, it is possible that the workplace facilities do not have a refrigerator that can be used together with breast milk or a refrigerator that can be used together with other items. As a result, there is a possibility that breast milk is contaminated (Putri & Syafitasari, 2024).

The existence of policies regarding adequate breastfeeding practices can improve the development of workplace policies in promoting, supporting and protecting breastfeeding practices in working mothers. Providing adequate rest hours and adjusting to the duration of pumping breast milk and the availability of a proper lactation room can increase the

duration of breastfeeding to be longer and increase the confidence of breastfeeding mothers to continue providing breast milk to their children (Mireya et al, 2021).



## **Conclusion**

Working mothers face a dilemma between career demands and obligations as mothers, especially in terms of exclusive breastfeeding. Some of the main challenges faced are that working mothers must balance the demands of work and family, which often clash and cause stress, busy work schedules and lack of flexibility make it difficult for mothers to arrange breastfeeding or expressing time, many workplaces still do not provide adequate, clean, and safe lactation facilities, thus preventing mothers from expressing breast milk, lack of support from the work environment, family, and community can reduce mothers' motivation to continue breastfeeding, stress due to work and family demands can affect breast milk production and cause mothers to feel uncomfortable or embarrassed when breastfeeding at work.

The challenges faced by working mothers in providing exclusive breastfeeding are complex and require comprehensive solutions. However, with strong support from various parties, working mothers can more easily provide exclusive breastfeeding to their babies and remain productive at work.

## **Policy Suggestions/Recommendations**

A supportive work environment is very important for the success of mothers

in providing exclusive breastfeeding. Several factors that can support this include:

1. **Supportive Company Policy:** Having a clear policy regarding breastfeeding, such as providing special breaks for breastfeeding and providing adequate lactation facilities.
2. **Support from Superiors and Coworkers:** Support from superiors and coworkers can create a positive atmosphere and motivate mothers to continue breastfeeding.
3. **Breastfeeding Counseling Program:** Having a breastfeeding counseling program in the workplace can help mothers overcome problems related to breastfeeding.
4. **Raising Awareness:** Increasing public awareness, especially employers, about the importance of exclusive breastfeeding and its benefits for mothers and babies.
5. **Strengthening Regulation:** Strengthening regulations that require companies to provide adequate lactation facilities and provide adequate rest time for breastfeeding mothers.
6. **Education and Training:** Providing education and training to working mothers about breastfeeding

techniques, how to express breast milk, and the importance of maintaining health while breastfeeding.

7. Community Support: Building a community of breastfeeding mothers who support each other and share information.

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