

Related Factors in Exclusive Breastfeeding of Plywood Workers of PT. X Kranggan District, Temanggung Regency

Maidira Kariyanti[✉], Irwan Budion, Chatila Maharani

Pascasarjana, Universitas Negeri Semarang, Indonesia

Article Info

Article History:

Recived

13 August 2024

Accepted

19 November 2024

Published

25 December 2024

Keywords:

Exclusive

Breastfeeding

Practices, Working

Mothers, Support

Groups

DOI:

<https://doi.org/10.15294/phpj.v8i2.16902>

Abstract

Exclusive breastfeeding is the best nutrition for babies, but its coverage in Indonesia remains low, including in Temanggung Regency. Working mothers, especially in large industries like PT. X, often face challenges due to facility constraints, company policies, and other factors. This study aims to identify factors related to exclusive breastfeeding among working mothers at PT. X, Kranggan District, Temanggung Regency. It is an observational quantitative study with a cross-sectional design conducted via direct interviews with 56 plywood worker respondents at PT. X using a validated questionnaire. The results showed a significant relationship between exclusive breastfeeding and educational attainment ($p=0.028$), parity ($p=0.042$), duration of work ($p=0.024$) and family support ($p=0.004$). However, no significant relationship was found with knowledge ($p=0.080$), maternal attitudes towards exclusive breastfeeding ($p=0.086$), maternal age ($p=0.367$), availability of breastfeeding facilities ($p=0.091$), distance traveled from home to work ($p=0.104$), travel time from home to workplace ($p=0.280$), husband support ($p=0.086$), co-worker support ($p=0.080$) and health worker support at work ($p=0.101$). The multivariate model revealed that education level ($p=0.019$), length of work ($p=0.035$), and occupational health workforce support ($p=0.050$) were the most influential factors. This study concludes that education, length of employment, and support of health workers in the workplace have a significant effect on exclusive breastfeeding at PT. X, Kranggan District, Temanggung Regency.

[✉]Correspondence Address:

Kampus Unnes Jl Kelud Utara III, Semarang, 50237, Indonesia

E-mail: mkariyanti19@students.unnes.ac.id

p-ISSN 2528-5998

e-ISSN 2540-7945

INTRODUCTION

Breast milk (Breast Milk) is the fluid produced by the mother's breast for the baby's nutrition. Exclusive breastfeeding for six months only provides breast milk without other foods or drinks, except for vitamins, minerals, and drugs (WHO, 2021). The 2022 UNICEF report noted that only 44% of global babies received exclusive breastfeeding for 6 months, far from the WHO target of 90%. Indonesia is ranked 10th in the Asia Pacific with 67.96% (UNICEF, 2022).

In Indonesia, exclusive breastfeeding coverage in 2022 is only 69.6%, still below the target of 90%, and Central Java is recorded at 65.7% (Central Java Health Profile, 2023). Temanggung Regency in 2021 reached 78.42%, but still below the national target (Central Java Statistics Agency, 2021). Temanggung Regency has a population of 1.02 million with 51.26% women, and the industrial sector, including plywood, supports economic growth of 5.2% in 2023.

PT. X in Kranggan District is the largest plywood company in the district, with a production capacity of 100,000 m³ per year and 1,021 employees, 297 of whom are women. The failure of working mothers to provide exclusive breastfeeding is due to the difficulty of breastfeeding, unsupportive company policies, rigid work schedules, and limited facilities. Only 30% of working mothers in Indonesia have adequate breastfeeding facilities, which can increase success by up to six times (Adugna B et al, 2017).

Research shows that working mothers are 10 times more at risk of failing to breastfeed exclusively due to work duration, fatigue, and home-to-work distance (Susilawati S et al, 2022). Flexibility of working hours and working less than 42 hours per week also increases success (Tangsukan P et al, 2020). Mother's knowledge, education, and family and husband support play an important role (Sabrina et al, 2022). Lack of support from family, co-workers, and health workers also affects success (Atamhe J B, 2016).

Although Law No. 36 of 2009 supports exclusive breastfeeding, its implementation is hampered by law enforcement and the lack of breastfeeding facilities in the workplace (Endriani

R et al, 2022). The purpose of this study is to find out the factors related to the provision of Exclusive Breastfeeding at PT. X in Kranggan District, Temanggung Regency.

METHODS

This study is an observational quantitative research with a cross-sectional study design. The population of this study is all plywood workers who have children aged 7-24 months at PT. X Kranggan District, Temanggung Regency. The sampling technique in this study uses a total sampling of 56 respondents. The patients involved in this study are (1) mothers who have children aged from 7 months to 24 months, (2) mothers who have worked at PT. X at least 6 months before giving birth, (3) able to read and write and (4) willing to be a respondent.

The independent variables studied in this study were knowledge, attitudes, individual characteristics (age, education level and parity), length of work, availability of breastfeeding facilities, distance from work to home (distance from work to home and travel time from work to home), husband support, coworker support, family support and support for health workers at work. The research was conducted in direct interviews using validated questionnaires. The data were analyzed by descriptive analysis of univariate, bivariate using chi-square and multivariate using logistic regression.

RESULTS AND DISCUSSION

PT. X is the largest company in the Temanggung timber industry, employing 2,000 people, mostly women. This company has a polyclinic with facilities for examination, registration, and type 2 lactation rooms that meet standards (Ministry of Health of the Republic of Indonesia, 2019). Poliklinik PT. X is served by 4 health workers (3 nurses and 1 midwife) who focus on workers' health issues. PT. X implements two work shifts of 9 hours each, with an overtime option of up to 12 hours.

The company provides 3 months of maternity leave in accordance with Law No. 13/2003, although it has not implemented Law No. 4/2024 which regulates 6 months of

Table 1. Frequency Distribution of Related Factors in Exclusive Breastfeeding to Plywood Workers at PT. X Kranggan District, Temanggung Regency

Variable	N (%)
Exclusive Breastfeeding	
Exclusive Breastfeeding	13 (23,3)
No Exclusive Breastfeeding	43 (76,8)
Knowledge	
Good	27 (44,6)
Enough	29 (55,4)
Attitude	
Support	31(55,4)
Not Supported	25 (44,6)
Age	
21 years to 35 years	22 (39,3)
over 36 years old	34 (60,7)
Education Level	
Elementary/MI and Junior High School	30 (53,6)
SMA	26 (46,4)
Parity	
Primipara	19 (33,9)
Multipara	37 (66,1)
Availability of Breastfeeding Facilities	
Support	34 (60,7)
Not Supported	22 (39,3)
Length of Service	
8 hours	9 (16,1)
9-14 hours	47 (83,9)
Distance from Work to Home	
Far	19 (33,9)
Near	37 (66,1)
Travel time from work to home	
Old	25 (44,6)
Brief	31(55,4)
Husband's Support	
Support	34 (60,7)
Not Supported	22 (39,3)
Family Support	
Support	31 (55,4)
Not Supported	25 (44,6)
Peer Support	
Support	30 (53,6)
Not Supported	26(46,4)
Healthcare Worker Support in the Workplace	
Support	35 (62,5)
Not Supported	21 (37,5)

maternity leave. Although there is a policy on the use of clinics, including lactation rooms, there is no written policy that supports exclusive breastfeeding, so the utilization of lactation rooms is still low.

Table 1 shows it was found that most respondents were less likely to breastfeed exclusively (76.8%), while only 23.3% breastfed exclusively. In terms of knowledge, respondents

tend to have sufficient knowledge (55.4%) compared to those who have good knowledge (44.6%). This shows that the majority of mothers do not have optimal knowledge regarding the importance of exclusive breastfeeding. In terms of attitudes, respondents tended to have attitudes that favored exclusive breastfeeding (55.4%), while 44.6% did not. Based on age, respondents tended to be in the age group above 36 years old

(60.7%) compared to the age group of 21–35 years old (39.3%). This age can affect the perception and readiness of mothers in providing exclusive breastfeeding. In terms of education level, respondents tend to have a primary and junior high education level (SD/MI and junior high school) of 53.6%, slightly higher than high school graduates (46.4%). Based on parity, respondents tended to be multipara mothers (66.1%) compared to primipara (33.9%), meaning most mothers had previous breastfeeding experience. Regarding the availability of breastfeeding facilities in the workplace, respondents tended to feel that these facilities were supportive (60.7%), while the rest felt that they were not supported (39.3%). In terms of length of working hours, most respondents tended to work 9–14 hours per day (83.9%), much higher than those who worked only 8 hours (16.1%). These long working hours have the potential to be an obstacle in exclusive breastfeeding.

Based on the distance between work and home, respondents tended to live a short distance (66.1%) compared to those who lived far away (33.9%). Similarly, in terms of travel time, respondents tend to have a short travel time (55.4%) compared to those who travel long distances (44.6%). In terms of support, the majority of respondents tend to get support from their husbands (60.7%), as well as family support (55.4%). Support from peers also tends to be quite high (53.6%). Meanwhile, support from health workers in the workplace is the highest among other sources of support, at 62.5%.

In Table 2, the results of the bivariate analysis show that several factors have varying relationships with exclusive breastfeeding practices. Based on the knowledge variable, mothers who had good knowledge gave more exclusive breastfeeding (88.9%) than mothers who only had enough knowledge (65.5%), with a value of $p = 0.080$ and $PR = 0.737$ (95% CI: 0.548–0.991). Although not statistically significant, these results show a tendency that the better the mother's knowledge, the higher the likelihood that they will give exclusive breastfeeding. Some studies support these findings, suggesting that mothers' level of

knowledge about the benefits of exclusive breastfeeding is related to the decision to give exclusive breastfeeding to their babies. Good knowledge of exclusive breastfeeding often encourages mothers to prioritize breastfeeding their babies (Wulandari et al, 2021).

Attitude also showed a positive influence although it was not statistically significant ($p = 0.086$). Supportive mothers gave exclusive breastfeeding more (87.1%) compared to non-supportive mothers (64%), with $PR = 0.735$ (95% CI: 0.532–1.016). Mothers who have a positive attitude or support breastfeeding tend to be more active in practicing exclusive breastfeeding. Conversely, negative attitudes towards breastfeeding can reduce the likelihood of mothers giving exclusive breastfeeding, even if they have sufficient knowledge (Sari et al., 2020; Fauzia & Hidayat, 2021).

In terms of age, mothers aged 36 years and older have a higher percentage of exclusive breastfeeding (82.4%) than mothers aged 21–35 years (68.2%). However, a p value of 0.367 suggests that this relationship is not statistically significant, with $PR = 1.208$ (95% CI: 0.873–1.672). Previous research has shown that a mother's age can influence the decision to breastfeed exclusively, although the results vary. Some studies have found that older mothers tend to have more experience caring for children, so they may be more likely to give exclusive breastfeeding (Nurhayati & Asri, 2020). However, other studies have shown that other factors, such as social support, knowledge, and employment status, are more influential than age in exclusive breastfeeding decisions (Kurniawati et al., 2019).

Maternal education level showed a significant association with exclusive breastfeeding practices ($p = 0.028$). Mothers with a high school education were more likely to breastfeed exclusively (61.5%) compared to low-educated mothers (90%), with $PR = 1,463$ (95% CI: 1,055–2,027), suggesting that the higher the education, the more likely the mother was to breastfeed exclusively. A study in India showed that the level of education of mothers is related to exclusive breastfeeding; mothers with higher education tend to give exclusive breastfeeding

Table 2. Bivariate Relationship of Related Factors in Exclusive Breastfeeding to Plywood Workers at PT. X Kraggan District, Temanggung Regency

Variable	Exclusive Breastfeeding						<i>p value</i>	PR (CI 95%)
	Given		Not given		Total			
	F	%	F	%	F	%		
Knowledge								
Good	19	65,5	10	35,4	29	100	0.080	0.737 (0.548-0.991)
Enough	24	88,9	3	11	27	100		
Attitude								
Support	16	64	4	36	25	100	0.086	0.735 (0.532-1.016)
Not Supported	27	87,1	13	12,9	31	100		
Age								
21 years to 35 years	28	82,4	6	17,6	34	100	0.367	1.208 (0.873 -1.672)
over 36 years old	15	68,2	7	31,8	22	100		
Education Level								
Elementary/MI and Junior High School	27	90	3	10	30	100	0.028	1.463 (1.055-2.027)
SMA	16	61,5	10	38,5	26	100		
Parity								
Primipara	25	67,6	12	32,4	37	100	0.042	0.713 (0.557-0.913)
Multipara	18	94,7	1	5,3	19	100		
Availability of Breastfeeding Facilities								
Support	20	90,9	2	9,1	22	100	0.091	1.344 (1.029-1.756)
Not Supported	23	26,1	11	7,9	34	100		
Length of Service								
8 hours	39	83	8	17	47	100	0.024	1.876 (0.889-3.920)
9-14 hours	4	44,4	5	55,6	9	100		
Distance from Work to Home								
Far	12	63,2	7	36,8	29	100	0.104	0.754 (0.520-1.093)
Near	31	83,8	6	16,2	37	100		
Travel time from work to home								
Old	17	68	8	32	25	100	0.280	0.811 (0.595-1.105)
Brief	26	83,9	5	7,2	31	100		
Husband's Support								
Support	16	64	9	36	25	100	0.086	0.735 (0.532-1.016)
Not Supported	27	87,1	4	12,9	31	100		
Family Support								
Support	12	54,6	10	45,5	22	100	0.004	0.598 (0.403-0.888)
Not Supported	31	91,2	3	8,8	34	100		
Peer Support								
Support	23	88,5	3	11,5	26	100	0.080	1.327 (0.994-1.771)
Not Supported	20	66,7	10	33,3	30	100		
Healthcare Worker Support in the Workplace								
Support	19	90,5	2	9,5	21	100	0.101	1.319 (1.014 - 1.718)
Not Supported	24	68,6	11	31,4	35	100		

because they have better access to information about its benefits and are more likely to receive support from families and communities (Valappil H C, 2023).

Parity also had a statistically significant

relationship ($p = 0.042$). Primipara mothers had a very high rate of exclusive breastfeeding (94.7%) compared to multipara (67.6%), with PR = 0.713 (95% CI: 0.557–0.913), suggesting that mothers with their first child tended to be more

consistent in exclusive breastfeeding. A study by Wulandari et al. (2019) showed that multipara mothers have a tendency not to give exclusive breastfeeding, even though they are more experienced in terms of breastfeeding. This is likely due to other factors such as less knowledge about the benefits of exclusive breastfeeding or the lower role of social support in providing exclusive breastfeeding.

The availability of breastfeeding facilities in the workplace showed a positive trend, although not significant ($p = 0.091$). Mothers who received breastfeeding facility support showed an exclusive breastfeeding rate of 26.1% compared to those who did not receive support of 90.9%, with $PR = 1,344$ (95% CI: 1,029–1,756). These results indicate that breastfeeding facility support is important for the success of exclusive breastfeeding. A study by Widodo et al. (2020) also revealed that in many workplaces, lack of breastfeeding facilities or unsupportive policies can be a major barrier to exclusive breastfeeding, even if mothers are well-informed and motivated.

Mother's working hours also had a significant effect ($p = 0.024$). Mothers who worked for 8 hours were more likely to breastfeed exclusively (44.4%) than mothers who worked 9–14 hours (83%), with $PR = 1.876$ (95% CI: 0.889–3.920), suggesting that shorter working hours support exclusive breastfeeding practices. This research is supported by research conducted by Tang K et al (2019), this study conducted a systematic review of 14 articles that examined the relationship between maternal work and breastfeeding practices. The results showed that 12 out of 14 articles found a relationship between work and duration of breastfeeding. Factors that affect this relationship include support from the employer such as time and space for breastfeeding. The study also noted that while some mothers do not consider work to be a barrier to breastfeeding, there is an increasing trend of quitting breastfeeding when mothers return to work. Supportive workplace policies strongly influence breastfeeding success among working mothers, suggesting that organizational support is essential to achieving successful breastfeeding goals.

The distance from home to work also showed a difference, with mothers who lived

close to the workplace giving more exclusive breastfeeding (83.8%) than those who lived far away (63.2%). However, this association was not statistically significant ($p = 0.104$) with $PR = 0.754$ (95% CI: 0.520–1.093). The farther the distance between home and work, the more time it will take to travel. This can reduce the time available for mothers to breastfeed in person, especially during working hours. Mothers who have shorter trips tend to be more successful in exclusive breastfeeding compared to those who have longer trips (El Farchia Y N et al, 2023).

Similarly, travel time showed that mothers with short travel time provided more exclusive breastfeeding (83.9%) than those with long travel time (68%), with $p = 0.280$ and $PR = 0.811$ (95% CI: 0.595–1.105), although these results were also not statistically significant. This study is in line with research conducted in Malaysia, this study shows that working mothers who have a better work-life balance tend to exclusively breastfeed for longer. Commuting time from work to home is negatively correlated with exclusive breastfeeding practices, which means that shorter commuting times increase the likelihood of Working Mothers remaining exclusively breastfeeding (Omar W M et al, 2021).

Husband-supported mothers showed a strong association with exclusive breastfeeding practices, where mothers who received husband-supported breastfeeding showed higher rates of exclusive breastfeeding (87.1%) than unsupported breastfeeding (64%), although the value of $p = 0.086$ still did not reach the significance limit, with $PR = 0.735$ (95% CI: 0.532–1.016). These findings are in line with research by Ghazal et al. (2020), which found that family support, may affect the success of exclusive breastfeeding, although other factors such as maternal knowledge and limited facilities still play an important role. Byers et al. (2021) also noted that while family support is important, there are other factors such as social and economic pressures that also influence the mother's decision to provide exclusive breastfeeding.

In contrast, family support showed statistically significant outcomes ($p = 0.004$). Mothers who received family support had an

exclusive breastfeeding rate of 91.2%, much higher than those who did not (54.6%), with PR = 0.598 (95% CI: 0.403–0.888). In line with research conducted by Asfaw M W et al (2015), it was found that family support was positively related to the level of exclusive breastfeeding. Mothers who receive emotional and practical support from their families are more likely to provide exclusive breastfeeding.

Support from office colleagues also showed a positive although insignificant effect ($p = 0.080$). Mothers who received support from colleagues provided exclusive breastfeeding at 66.7%, compared with those who were not supported by 88.5%, with PR = 1.327 (95% CI: 0.994–1.771). Studies by Byers et al.

(2021) and Brumley et al. (2018) revealed that a work environment that supports exclusive breastfeeding is essential for working mothers. Finally, support from health workers in the workplace showed a clinically significant tendency although not statistically ($p = 0.101$). Mothers supported by health workers showed exclusive breastfeeding practices of 68.6%, compared to those without support of 90.5%, with PR = 1,319 (95% CI: 1,014–1,718). Research by Dewi et al. (2020) and Wahyuni & Sari (2019) shows that the support provided by health workers, especially during antenatal and postpartum examinations, can increase the rate of exclusive breastfeeding.

Table 3. Logistic Regression of Related Factors in Exclusive Breastfeeding to Plywood Workers at PT. X Kranggan District, Temanggung Regency

Variables	B	Sig.	S.E.	df	Wald	OR	CI 95%
Education Level	1.898	0.019	0.809	1	5.500	6.669	1.366-32.568
Length of work	1.979	0.035	0.938	1	4.451	7.239	1.151-45.527
Healthcare Worker Support	1.689	0.050	0.913	1	3.423	5.415	0.905-32.418
Constant	-1.667	0.0963	0.189	1	3.003	0.189	

Table 3 shows the results of the multivariate logistic regression test were three variables that showed a tendency to affect exclusive breastfeeding practices, although not all of them were statistically significant. The education level variable had a value of $p = 0.080$ and a Prevalence Ratio (PR) of 0.737 (95% CI: 0.548–0.991). This suggests that mothers who have good knowledge of exclusive breastfeeding tend to be more likely to breastfeed exclusively than mothers who have less knowledge, although this relationship has not been statistically significant in multivariate tests.

Furthermore, the variable length of work had a value of $p = 0.104$ with a PR of 0.754 (95% CI: 0.520–1.093). This means that mothers who have a short distance from work to home tend to be more likely to provide exclusive breastfeeding than mothers who have a long distance. However, these results have not yet reached a level of statistical significance, but show the potential importance of geographical factors in the success of exclusive breastfeeding.

Meanwhile, the support variable from health workers in the workplace showed a value of $p = 0.101$ with PR = 1.319 (95% CI: 1.014–1.718). Although not statistically significant, the confidence interval value above 1 indicates a tendency that the support of health workers in the workplace can increase the likelihood of mothers giving exclusive breastfeeding. This shows the importance of the role of health workers, such as midwives or company nurses, in providing information, motivation, and facilitation that support the success of breastfeeding mothers, especially in the formal work environment.

CONCLUSION

Based on the results of research at PT. X Kranggan District, Temanggung Regency, most respondents (76.8%) do not exclusively breastfeed even though they have good or sufficient knowledge about breastfeeding. Although attitudes towards exclusive breastfeeding tend to be supportive (55.4%),

support from colleagues (53.6%) and health workers (62.5%) is still limited. Most mothers are 21-35 years old (39.3%) and have a high school education (46.4%). Breastfeeding facilities and support for husbands (60.7%) and families (55.4%) also play an important role. Factors that are significantly related to exclusive breastfeeding include knowledge, parity, duration of work and family support. However, no significant relationship was found between maternal knowledge, maternal readiness for exclusive breastfeeding, age, availability of breastfeeding facilities, distance from home to work, travel time from home to work, husband support, peer support and health worker support at work. The most influential factors were the level of education, length of work, and support of health workers with significance values of 0.024, 0.035, and 0.050, respectively.

REFERENCES

- Atameha, J. B. (2016). Support from families and health workers in exclusive breastfeeding at the Kanatang Health Center in 2016. *JKP (Journal of Primary Health)*, 1(2), 123-130.
<https://doi.org/10.5281/jkp.v1i2.75>
- Asfaw, M. W., Argaw, M. D., & Kefene, Z. K. (2015). Factors associated with exclusive breastfeeding practices in Debre Berhan District, Central Ethiopia: A cross sectional community based study. *International Breastfeeding Journal*, 10(1), 1–8. <https://doi.org/10.1186/s13006-015-0049-2>
- Brumley, J., Chavez, N., Yang, K., Wang, E., & Shah, R. (2018). Workplace support, breastfeeding duration, and exclusive breastfeeding among employed women. *Journal of Human Lactation*, 34(2), 287–294. <https://doi.org/10.1177/0890334417741431>
- Byers, L. A., Ghartey, F., Walker, D. S., & Rose, J. (2021). The influence of family and workplace support on exclusive breastfeeding: A qualitative study. *Maternal and Child Health Journal*, 25(3), 495–504.
<https://doi.org/10.1007/s10995-020-03023-z>
- Central Java Statistics Agency. (2021). *Health Statistics and Exclusive Breastfeeding in Temanggung Regency*.
<https://jateng.bps.go.id/id/statistics-table/2/MTQ4MyMy/persentase-penduduk-berumur-0-23-bulan--baduta--yang-pernah-diberi-asi-menurut-kabupaten-kota-dan-lama-pemberian-asi.html>
- Central Java Health Profile. (2023). *Report on Exclusive Breastfeeding Coverage in Central Java Province*. Central Java Provincial Health Office.
<https://dinkesjatengprov.go.id/v2018/storage/2020/03/Renstra-2018-2023-Fix.pdf>
- Dewi, F. S., Hadi, H., & Hakimi, M. (2020). Peran tenaga kesehatan dalam peningkatan keberhasilan ASI eksklusif di wilayah kerja Puskesmas. *Jurnal Kesehatan Masyarakat (Undip)*, 8(3), 125–132.
- El Farchia, Y. N., Putri, I. S., & Sari, D. M. (2023). Hubungan antara jarak tempat kerja dan pemberian ASI eksklusif pada ibu bekerja di Jakarta. *Jurnal Gizi dan Kesehatan Indonesia*, 15(1), 45–53.
- Fauzia, N. M., & Hidayat, A. A. (2021). Hubungan sikap ibu terhadap keberhasilan pemberian ASI eksklusif. *Jurnal Keperawatan Muhammadiyah*, 6(1), 35–41.
- Ghazal, A., Said, N. M., & El-Salamony, O. A. (2020). The impact of family support on breastfeeding practices among Egyptian mothers. *Journal of Pediatric Nursing*, 54, e51–e56.
<https://doi.org/10.1016/j.pedn.2020.06.010>
- Kavle, J. A., & Landry, M. (2019). Addressing barriers to maternal nutrition in low- and middle-income countries: A review of the evidence and programme implications. *Maternal & Child Nutrition*, 14(1), e12508.
<https://doi.org/10.1111/mcn.12508>
- Kurniawati, Y., Widyaningsih, V. W., & Handayani, L. (2019). Faktor yang mempengaruhi keberhasilan pemberian

- ASI eksklusif di wilayah kerja Puskesmas. *Jurnal Kesehatan Komunitas*, 5(1), 15–20.
- Li, J., Zhao, C., Wang, Y., Wang, Y. P., Chen, C. Y., Huang, Y. & Zhou, H. (2021). Factors associated with exclusive breastfeeding practice among mothers in nine community health centres in Nanning city, China: a cross-sectional study. *International Breastfeeding Journal*, 16, 1–14. <https://doi.org/10.1186/s13006-021-00416-x>.
- Nurhayati, E., & Asri, D. R. (2020). Hubungan umur ibu dengan keberhasilan pemberian ASI eksklusif. *Jurnal Kebidanan Malahayati*, 6(1), 34–40.
- Omar, W. M., Ahmad, M. S., & Rahman, N. A. (2021). Work-life balance and exclusive breastfeeding practices among working mothers in Malaysia. *Malaysian Journal of Public Health Medicine*, 21(1), 112–120.
- Susilawati, S., Anzani, M. P., & Arifin, R. F. (2022). Husband's Support and Mother's Motivation with Exclusive Breastfeeding in Babies Aged 0–6 Months in Tipar Village, Sukabumi City. *Risenology*, 7(1a), 49–55. <https://doi.org/10.47028/j.risenologi.2022.71a.332>
- Sari, D. R., Pratiwi, I., & Hasanah, U. (2020). Hubungan pengetahuan dan sikap ibu dengan praktik pemberian ASI eksklusif. *Jurnal Kebidanan dan Kesehatan Tradisional*, 5(2), 75–82.
- Scott, V. C., Taylor, Y. J., Basquin, C., & Venkitesubramanian, K. (2019). Impact of key workplace breastfeeding support characteristics on job satisfaction, breastfeeding duration, and exclusive breastfeeding among health care employees. *Breastfeeding Medicine*, 14(6), 416–423. <https://doi.org/10.1089/bfm.2018.0202>
- United Nations Children's Fund (UNICEF). (2022). *Global Breastfeeding Scorecard 2022: Tracking progress for breastfeeding policies and programs*. <https://www.globalbreastfeedingcollective.org/media/1921/file>
- World Health Organization (WHO). (2021). *Guidelines on breastfeeding*. https://www.who.int/health-topics/breastfeeding#tab=tab_1
- Wahyuni, D., & Sari, R. M. (2019). Peran petugas kesehatan dalam mendukung pemberian ASI eksklusif di Puskesmas. *Jurnal Ilmu Kesehatan*, 10(1), 55–61.
- Widodo, A., Nurlaela, S., & Wahyuni, E. (2020). Pengaruh fasilitas menyusui terhadap keberhasilan pemberian ASI eksklusif pada ibu bekerja. *Jurnal Gizi Indonesia*, 9(1), 17–23.
- Wulandari, D., Puspitasari, N., & Andayani, D. (2019). Faktor-faktor yang berhubungan dengan pemberian ASI eksklusif pada ibu primipara dan multipara. *Jurnal Kebidanan dan Keperawatan Aisyiyah*, 15(2), 89–96.
- Wulandari, R. D., Prasetyo, B., & Widyasih, H. (2021). Hubungan tingkat pengetahuan ibu dengan pemberian ASI eksklusif. *Jurnal Kesehatan Ibu dan Anak*, 11(1), 23–29.