



Evaluation of the Implementation of Exclusive Breastfeeding Policy at Work in the Private Sector

Resa Ana Dina^{1✉}, Eka Purna Yudha² Dina Rahayuning Pangestuti³, dan Erin Ratna Kustanti⁴

¹Department of Community Nutrition, IPB University

²Department of Socio-economics of Agriculture, Padjadjaran University

³Department of Public Health Nutrition Department, Diponegoro University

⁴Psychology, Diponegoro University

Article Info

Article History:

Submitted May 2020

Accepted November 2020

Published October 2021

Keywords:

Policy, Exclusive Breastfeeding, Workplace, Company, Worker Satisfaction.

DOI

<https://doi.org/10.15294/kemas.v17i2.24493>

Abstract

Giving exclusive breastfeeding in Indonesia, especially in the workplace is still not optimal. Data from Indonesia's Health Profile in 2016 shows that exclusive breastfeeding coverage for 6 months is 54%. Methods of this research used The Important Performance Analysis (IPA) analysis tool is used to determine the stakeholder satisfaction assessment of female worker respondents regarding the implementation of exclusive breastfeeding in the private sector. This research was conducted at selected private companies in the City and District of Semarang. Primary data were obtained from in-depth interviews with company management and filling in questionnaires by female workers. Based on the analysis of Important Performance Analysis (IPA), the assessment of workers' attitudes towards the performance of service corner in companies/private sectors is quite good (ordinary) with a value of 63 (out of a maximum value of 102). This research concludes that the workers want the location of the breastfeeding corner close to where they work and sufficient time to express milk. Women workers also want to prepare basic infrastructure such as pumping equipment, storage bottles and refrigerators to store milking milk.

Introduction

Breast milk is the first natural food for babies, providing all the energy and nutrients of a baby needs for the first month of life until the second year of life. Breastfeeding plays an important role in contributing to the child's immunological defense system and increasing disease resistance. Breastfeeding helps the baby's sensory and cognitive development and protects against infectious and chronic diseases. Exclusive breast feeding in early infancy reduces the risk of severe illness from diarrhea and suspected pneumonia (Hanieh, 2015). Breastfeeding contributes to reducing the high infant and under-five mortality rate (Walsh et al., 2019). Exclusive breastfeeding is one indicator of the sustainability of family food security (Wong et al., 2019). Prolonged

breastfeeding can also provide protection from ovarian cancer and breast cancer (Su et al., 2013 & Scoccianti et al., 2015).

The SDGs target explains that by 2030, all countries are trying to reduce Neonatal Mortality Rates by at least 12 per 1000 live births and Under-five Mortality Rates at least 25 per 1000. This policy includes one of the five targets, namely to increase the level of exclusive breastfeeding in the first six months to a minimum reach 70% coverage and the Ministry of Health is targeting exclusive breastfeeding coverage of 0-6 months in 2020 by 90%. Exclusive breastfeeding in Indonesia is currently still not optimal. The latest results from Riskesdas 2018 found that exclusive breastfeeding coverage for 6 months was 15.3%. Meanwhile, based on data from the

✉ Correspondence Address:
Department of Community Nutrition, IPB University, Indonesia.
Email: resaanadina@apps.ipb.ac.id

National Health Survey (Susenas) 2017, only 33.6% of infants in Indonesia are known to have exclusive breastfeeding. On the other hand, the Ministry of Health targets exclusive breastfeeding coverage for 0-6 months in 2020 by 90%. In Central Java Province itself the level of awareness of giving breast milk exclusively included in the low category or only 45.86% in 2011 then in 2012 amounted to 49.96% and in 2013 amounted to 57.67%, and 57.06% at the end year 2014.

In Semarang, the coverage of exclusive breastfeeding in 2007 was 38.44% and in 2008 it decreased to 15.33%. The coverage is still below the Semarang City Health Service (DKK) Minimum Service Standard (SPM) in 2007 which is 40% and still below the national standard which is 80% (Semarang City Health Profile, 2008). Reasons for the failure of exclusive breastfeeding practices vary, such as the culture of giving pralactal food, giving additional formula milk because breast milk does not come out, stopping breastfeeding because the baby or mother is sick, the mother has to work, and the mother wants to try formula milk.

Working women who have babies, have a dual role, in addition to work, they are also obliged to give breastfeeding as the right of the child. It is estimated that 50% of women workers in employment are a group of women of childbearing age and returning to work within one year of the birth of their baby. Only 22% of women workers who work full time give breastfeeding to their babies, while mothers who do not work 35.4% (Libbus and Bullock, 2002). The type of work and working hours also affect breastfeeding in infants. Women workers who work in professional fields will give breastfeeding to their babies longer than those who work in administration (Kurini et al., 1989). Working mothers face several challenges to breastfeeding such as lack of knowledge about breastfeeding practices, lack of time needed to breastfeed or express breastfeeding, short maternity leave, breastfeeding problems during the first 6 month period, lack of breastfeeding facilities and programs at work, and media impact on formula feeding (Basrowi et al., 2015; Marinelli et al., 2013; Whipps and Honoroff, 2019; Diez-Sampedro et al., 2019)

The implementation of exclusive breastfeeding enhancement policies in the workplace in Indonesia is under a strong and binding legal foundation namely Joint Decree of 3 ministers 48/Men.PP/XII/2008, Per.27/Men/XII/2008, & 1177/Menkes/PB/XII/2008 Regarding the Increased Provision of Breast Milk During Working Time at Workplace. This legal basis should be able to trigger an increase in the scope of exclusive breastfeeding in the workplace, especially in the private sector that has the most female employees or workers of productive age. The purpose of this study consists of three parts, namely: First, to analyze the evaluation of the implementation of exclusive breastfeeding in the private sector; Second, to analyze the response of the assessment of women workers to the exclusive breastfeeding program at the workplace agency; third, to compile appropriate recommendations in implementing exclusive breastfeeding

Methods

The locations of the research are Semarang City and Semarang Regency. The research subjects were selected for private companies as the main stakeholders in the process of implementing the exclusive Breastmilk policy. Research activities carried out in July-December 2016. The population of this study is divided into two, first is all companies in Semarang City and Semarang Regency who are eligible. Second, all female workers who work in private companies. Selected companies are companies that have female workers. Case inclusion criteria are company managers who have been in charge of female workers. Exclusion criteria are in company managers who have never been in charge of women workers.

Women workers are women workers who work in private companies. The inclusion criteria of these female workers are female workers who have had experience of breastfeeding in the workplace for the past three years (starting in early 2013). Exclusion criteria were female workers who had no experience of breastfeeding at work. This study uses two analyses. The first analysis uses the Important Performance Analysis (IPA) method which aims to determine the state of each variable from satisfaction factors in terms of importance and

performance. Furthermore, for the assessment of the performance of exclusive breastfeeding in the workplace on variables of satisfaction factors indicated by the letter X, while for the assessment of the factors of interest indicated by the letter Y. Second, content analysis is used to see the consistency of the implementation of the variables observed in this study, in this case the results of the implementation of the Exclusive Breastmilk policy in the private sector workplace which includes: planning in the company; facilities and infrastructure that have been provided; finance; guidance and supervision; and human resource.

Result and Discussion

Based on the assessment of workers' attitudes towards the overall performance of the breastfeeding corner service in companies/the private sector (Table 1) is quite good (ordinary) with a value of 63 (out of a maximum value of 102). Attributes of service standards at the Breastmilk corner of the company/private sector are quite good (normal). This can be seen from the results of the evaluation and the trust of respondents/workers towards those that are still below the average and rate normal or moderate.

The product attributes of breastfeeding corners service in companies/private sectors will be divided into four quadrants that reflect the conditions of interest and performance of

each of these attributes. The four quadrants consist of: First, quadrant I (top priority) with a high level of importance and low attribute performance. Second, quadrant II (maintain performance) with a high level of importance and performance attributes. Third, quadrant III (low priority) with a low level of importance and performance. Fourth, quadrant IV (excessive) with low importance but high performance.

In Figure 1 we can see the position of each attribute in the Cartesian diagram. The Cartesian diagram is divided into four quadrants with a dividing diameter based on the average total importance (Y) of 2.68 and the average total level of performance (X) of 1.89. The results of a summary of the IPA quadrant position matrix, there are eleven attributes that are the top priority, namely the availability of a special room with a minimum size of 3x4 m2 and/or adjusted to the number of women workers who are breastfeeding; a bag for carrying breast milk (cooler bag); breast milk bottle sterilizer; IEC media about breastfeeding and early breastfeeding initiation consisting of posters, photos, leaflets, booklets and breastfeeding counseling books); tool storage cabinets; air conditioning (AC/fan); increased maternal confidence; increased work productivity; pregnancy delay; advocacy, outreach, and technical guidance for increasing exclusive breastfeeding; and monitoring and evaluation.

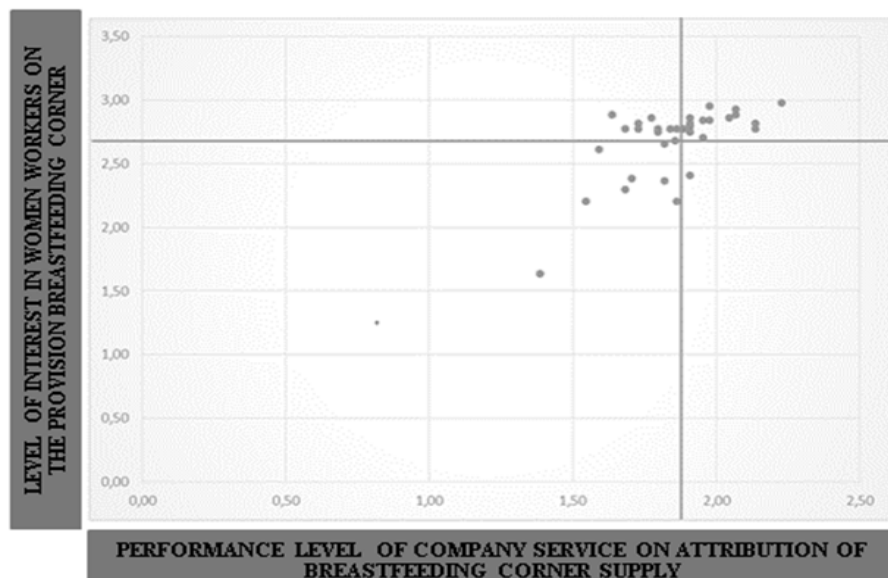


Figure 1 Matrix Position of IPA Quadrant for Breastfeeding Corner Services in Companies (Private Sector)

Table 1 Evaluation Analysis of Workers Attitude toward the Performance of Breastfeeding Corner Service in Companies (Private Sector)

No	Attribute	Average of Interest (Y)	Average of Performance (X)	Y-X	Quadrant
I	INFRASTRUCTURE				
A	Breastfeeding Corner Health requirements				
1	the availability of a special room with a minimum size of 3x4 m2 and/or adjusted to the number of female workers who are breastfeeding	2,89	1,64	1,25	I
2	There are doors that can be locked, which are easily opened/ closed	2,86	1,91	0,95	II
3	ceramic/cement/carpet flooring	2,82	2,14	0,68	II
4	have adequate ventilation and air circulation	2,95	1,98	0,98	II
5	free of potential hazards in the workplace including pollution free	2,93	2,07	0,86	II
6	quite calm environment away from noise	2,84	1,98	0,86	II
7	indoor lighting is sufficient and not dazzling	2,84	1,95	0,89	II
8	humidity ranges between 30-50%, maximum 60%	2,75	1,91	0,84	II
9	available sink with running water to wash hands and equipment	2,86	2,05	0,82	II
B	Equipment to store breast milk				
10	refrigerator to store breast milk	2,98	2,23	0,75	II
11	cooling gel (ice pack)	2,39	1,70	0,68	III
12	bag for carrying breastmilk (cooler bag)	2,77	1,73	1,05	I
13	Breastmilk bottle sterilizer	2,77	1,86	0,91	I
C	Supporting Equipment				
14	desk	2,70	1,95	0,75	II
15	chair with backrest for mother to express milk	2,89	2,07	0,82	II
16	breastfeeding counseling kit consisting of breast models, dolls, breastmilk drinking cups, 5cc syringes, 10 cc syringes, and 20 cc syringes	2,61	1,59	1,02	III
17	IEC media about breastfeeding and early breastfeeding initiation consisting of posters, photos, leaflets, booklets and breastfeeding counseling books	2,77	1,68	1,09	I
18	tool cabinet	2,77	1,84	0,93	I
19	cold and hot dispenser	2,20	1,55	0,66	III
20	bottle wash tool	2,66	1,82	0,84	III
21	trash can and cover	2,36	1,82	0,55	III
22	Air Conditioning (AC/Fan)	2,77	2,14	0,64	II
23	nursing apron/perimeter/use krey to express milk	2,20	1,86	0,34	III
24	washcloth to compress the breast	2,30	1,68	0,61	III
25	hand wipes	2,41	1,91	0,50	IV
26	a pillow to support while breastfeeding	1,64	1,39	0,25	III
II	MANPOWER				
	provide nursing counseling				
1	improving maternal and child health	2,82	1,91	0,91	II
2	increasing work productivity	2,77	1,89	0,89	I
3	increasing maternal confidence	2,77	1,80	0,98	I
4	economic and hygienic advantages	2,80	1,91	0,89	II
5	pregnancy delay	2,75	1,80	0,95	
III	COACHING & SUPERVISION				
1	advocacy, outreach, and technical guidance for increasing exclusive breastfeeding	2,86	1,77	1,09	I
2	monitoring and evaluation	2,82	1,73	1,09	I
		2,68	1,89		

Source: Analysis Results, 2016

There are thirteen attributes that need to be maintained or are in quadrant II, there are doors that can be locked, which are easily opened/closed; ceramic/cement/carpet flooring; have adequate ventilation and air circulation; free of potential hazards in the workplace including pollution free; quite calm environment away from noise; indoor lighting is sufficient and not dazzling; humidity ranges from 30-50%, maximum 60%; available sink with running water for hand washing and washing equipment; refrigerator for storing breast milk; desk; chair with backrest for mother

expressing milk; improving maternal and child health; economic and hygienic advantages.

Quadrant III or low priority consists of eight attributes such as cooling gel (ice pack); breastfeeding counseling kit consisting of breast models, dolls, breastmilk drinking cups, 5cc syringes, 10 cc syringes, and 20 cc syringes; cold and hot dispenser; bottle washer; trash can and cover; nursing apron/perimeter/use krey for blushing; washcloth to compress the breast; a pillow to support while breastfeeding. While there is one attribute that is included in quadrant IV, namely tissue/hand wipes.

Table 2 Summary of Matrix of the Position of the IPA Quadrant for Breastfeeding Corner Services in Companies (Private Sector)

<p style="text-align: center;">Quadrant I (Top Priority)</p> <ol style="list-style-type: none"> 1. the availability of a special room with a minimum size of 3x4 m2 and/or adjusted to the number of female workers who are breastfeeding 2. a bag for carrying breastmilk 3. sterilization of breast milk bottles 4. IEC media about breastfeeding and early breastfeeding initiation consisting of posters, photos, leaflets, booklets and breastfeeding counseling books 5. tool storage cabinets 6. air conditioning (AC/Fan) 7. Increase maternal confidence 8. Increased work productivity 9. postpone pregnancy 10. advocacy, outreach, and technical guidance for increasing exclusive breastfeeding assistance 11. monitoring and evaluation 	<p style="text-align: center;">Quadrant II (Maintain Performance)</p> <ol style="list-style-type: none"> 1. there is a door that can be locked, which is easily opened/closed 2. ceramic/cement/carpet floors 3. has sufficient ventilation and air circulation 4. free of potential hazards in the workplace including pollution free 5. quite calm environment away from noise 6. indoor lighting is sufficient and not dazzling 7. humidity ranges from 30-50%, maximum 60% 8. a sink with running water is available for hand washing and washing equipment 9. refrigerator for storing breast milk 10. desk 12. chair with backrest for mother expressing milk 13. improving maternal and child health 14. economic and hygienic advantages
<p style="text-align: center;">Quadrant III (Low Priority)</p> <ol style="list-style-type: none"> 1. cooling gel (ice pack) 2. breastfeeding counseling kit consisting of breast models, dolls, breast milk drinking cups, 5cc syringes, 10 cc syringes, and 20 cc syringes 3. cold and hot dispenser 4. bottle wash tool 5. trashcan and cover 6. nursing apron/dividing cloth/use krey to blush 7. washcloth to compress the breast 8. a pillow to support when breastfeeding 	<p style="text-align: center;">Quadrant IV (Excessive)</p> <ol style="list-style-type: none"> 1. hand wipes

Source: Analysis Results, 2016

Research shows that countries that have laws supporting breastfeeding correlate with higher rates of breastfeeding. Efforts to encourage breastfeeding in the workplace are divided into three types, including: employers' voluntary initiatives, support services offered by non-profit and other private entities, and government encouragement and requirements. The role of support at work for working mothers is a vital factor that can influence the frequency of breastfeeding working mothers. The legal basis for implementing exclusive breastfeeding at the provincial level related to increasing exclusive breastfeeding at work during work time is Central Java Governor Regulation No. 56 of 2011 concerning increasing breastfeeding in Central Java. The main objective of this regulation is to implement an accelerated increasing participation of the community, government, private sector, and nongovernment organizations in the Government Regulatory Program (Breastfeeding Regulatory) in Central Java Province. The Semarang City Government followed up on the Governor's regulation by preparing Semarang Mayor Regulation No. 7 of 2013 concerning Improvement in the Provision of Breast Milk in the City of Semarang. In this regulation it is explained that each workplace manager is obliged to provide opportunities for working mothers to give exclusive breastfeeding to infants or express milk during work time at work. Relevant agencies need to seek lactation space in all health service facilities, health education units, workplaces, public facilities, and activities in the community. The Semarang Regency Government followed up on this Governor's regulation by preparing Semarang Regency Regulation Number 5 of 2014 concerning Early Breastfeeding Initiation and Exclusive Breastfeeding. One of the objectives of this regulation is to increase the role and support of families, communities, the private sector and the Regional Government in the implementation of the Early Breastfeeding Initiation and the Exclusive Breastfeeding. Social support appears to increase efficacy and help women overcome the various barriers to breastfeeding in the workplace (Schindler-Ruwisch et al., 2019). In addition, community support for exclusive breastfeeding can provide maternal support and the continuation of

breastfeeding for children (Quinn, Gallagher and Vries, 2019).

Based on the results of in-depth interviews with eight companies that were respondents of the study, it was stated that 87% of companies had provided ASI corners in the company. Companies that have prepared breastfeeding corners are because they have been given socialization by the Health Office and the Social Service for Manpower and Transmigration, whereas companies that have not prepared ASI corners have not been given this socialization. The role of this socialization is highly important in the success of the Breastfeeding Regulatory program in Semarang City and Semarang Regency. Especially in Semarang Regency, there are local regulations and regent regulations that regulate it, so companies that have not yet prepared will be fined as an form of administrative fine. Lack of support for company management in decision-making and maintenance of breastfeeding is a factor in the cessation of exclusive breastfeeding (Williams et al., 2019). Mills (2009) explained that manager's knowledge about the benefits of breastfeeding is one of important factors in determining the role of companies in supporting breastfeeding.

Through intense socialization, more and more managers/directors of companies are aware of the importance of exclusive breastfeeding at work. By giving women workers the opportunity to pump breast milk for their babies, it can improve the health and productivity of their female workers in the future. In addition, if babies today can be given sufficient exclusive breastfeeding, the quality of the next young generation will be better. Lack of company internal regulations that support the breastfeeding program, causes some workplaces to not have facilities for mother to express breast milk provided by management (Nabulsi, 2011). In addition to socialization, there are other factors that have caused some of these companies to have prepared breastfeeding corners, one of which is the demand of buyers (large companies that order their products) which requires each company to prepare breastfeeding corners for women workers who are still actively breastfeeding. Women who work in civil service have a better chance to be

allowed by superiors to express breastfeeding than those who work in private companies (Marinelli et al., 2013).

In practice, companies that have provided breastfeeding corners provide opportunities for women workers to pump breast milk at rest with a variety of additional time, some 15 minutes, some up to 30 minutes. At least the time given by this company is very reasonable because the company is demanded by the results of production targets every day. So if there is only one worker who breaks for a few minutes, the impact will affect the amount of production each day. In addition, in large garment companies, the ASI (breastfeeding) corner is provided at a place relatively far from the production site, making it quite difficult for women workers who will pump breast milk. The company argues that if the breastfeeding corner is close to the production site, there will be a risk of exposure to pollution from the production site such as dust, smoke and other hazardous substances.

The problem of the distance of the location of the breastfeeding corner with the workplace ultimately affects the attitude of workers who are gradually reluctant to pump breast milk in the company because of the limited time to express and the distance to access the breastfeeding corner in the company that takes energy and time. As a result, many breastfeeding corners are not used by women workers. Working mothers face many challenges, such as the inconvenience of the lactation room, its remote location, and the lack of facilities that support mothers to express breast milk (Nabulsi, 2011). Some workers prefer not to express milk because their houses are close to the workplace, so they will choose to go home to breastfeed their children directly. One manager explained that “the difficulty of bringing employees to the breastfeeding corner, many are lazy to come blushing even though an ambulance has been provided to pick up but it is still difficult to come to the base of breastfeeding, they prefer to go home during recess.”

In some companies, awareness of female employees is a major obstacle, some workers find it difficult and troublesome to express milk in the company. Actually, the company

has permitted to express milk at the workplace, but there are also employees who are less responsible for children, and workers also fear that their work will increase if left to express milk. Support from coworkers is a driving factor in the operation of exclusive breastfeeding for working nursing mothers. Most respondents received support from colleagues who had previously breastfed. Support from colleagues is important for some mothers because, during work time, they always meet with them when releasing breast milk (Hirani and Karmaliani, 2013). Working mothers who continue to breastfeed after returning to work need support from company leaders, coworkers and others at work to ensure the provision of space and lactation facilities. Protecting and disseminating information, about the rights of working mothers, can encourage them to continue breastfeeding practice (Basrowi et al., 2015; Hirani & Karmaliani, 2013; Kolinsky, 2009)

Other barriers are company perceptions about the presence of infants at work that can reduce maternal productivity, regulations and other rules that prohibit the presence of children from work, and the lack of daycare centers close to the work environment (Raju, 2006). Likewise, Fein et al., (2008), In their study, compared to the strategy of women who continued breastfeeding while working and found that breastfeeding a baby directly during working hours was related to the long duration of breastfeeding while pumping breast milk during working hours was the second most successful strategy; but not breastfeeding or pumping during working hours is related to the short duration of breastfeeding for the baby. Some mothers report problems arranging their breaks for lunch, prayer and expressing milk. Some even reported that they had to add work hours to replace the break they used to express milk at work. Some mothers report going to work earlier than office hours for expressing milk (Amin, RM et al., 2011). Collaborating with the partner of the exclusive breastfeeding program can ensure continuity of support for breastfeeding mothers in the workplace (Roza et al., 2019).

Working mothers must return to work after they have spent three months on maternity

leave. More than half of respondents (51%) say they leave their children at home with their families during work and go breastfeeding their children when they are resting or family members regularly bring children to work to breastfeed their babies. Furthermore, 30.5% of respondents said they did not have enough time to breastfeed their children and 17.5% said there was no suitable place for them to breastfeed their children in their workplaces. Some mothers who did not have a lactation room in their office, they expressed breast milk in the room, meeting room, and other available space. Each workplace had different standards and facilities to support the practice of expressing breast milk for working mothers. Some workplaces offered complete facilities to support working mothers to express their breast milk but some provide less, so mothers feel less comfortable (Hirani and Karmaliani, 2013).

Some women workers complained about the location for expressing milk far from their workplaces, making it difficult for workers to access the Breastfeeding Corner in the company. This happened to most garment companies in the City and Regency of Semarang. This distance causes workers to need more extra time to be able to pump breast milk at work hour in the workplace. Women often wean early on their babies as a result of an unsupportive work environment. Women often face inflexibility in their work hours and locations and a lack of privacy for breastfeeding or expressing milk, have no place to store expressed breast milk, are unable to find child care facilities at or near the workplace, face fears over job insecurity, and have limited maternity leave benefits (Murtagh and Moulton, 2011). Rest time provisions breastfeeding mothers must breastfeed their babies or pump breast milk regularly to maintain an adequate supply of milk to continue breastfeeding. For female workers, pumping and breastfeeding during work are associated with a longer duration of breastfeeding (Fein et al., 2008). It should be noted that as they get older, women tend to choose to breastfeed exclusively for a long time (Jasny, Amor and Baali, 2019). Existing regulations must ensure that women have the time and freedom to pump or breastfeed at work.

Women workers also want to be prepared with basic infrastructure in the milking process. Such as pumping equipment, storage bottles, and refrigerators to store milking milk. Compared strategies women use to continue breastfeeding while working and found that breastfeeding an infant directly during working hours was associated with the longest duration, and pumping milk during working hours was the second most successful strategy; neither breastfeeding nor pumping during work hours was associated with the shortest duration (Fein et al., 2008). In some countries asking employers to provide such equipment for nursing employees (Murtagh and Moulton, 2011). A number of studies have reported that breastfeeding corner or space to maintain privacy during breastfeeding or expressing breast milk plays an important role in promoting breastfeeding practices in the workplace (Soomro et al., 2016). Public health programs increase mother's knowledge of the importance of exclusive breastfeeding (Littlea et al., 2019). The presence or absence of physical facilities, including breastfeeding corner or room to maintain privacy, can influence a mother's decision to continue or stop breastfeeding. Lack of support for women to maintain breastfeeding after returning to work, and maybe many women have to stop breastfeeding earlier than planned (Danso, 2014). Some of them stopped breastfeeding after returning to work because of heavy workloads and high stress levels. Many mothers say that high stress levels have a negative influence on breast milk secretion (Chen et al., 2019).

Conclusions

The Semarang City Manpower and Transmigration Office needs to facilitate the Health Office to enter the company so that it can disseminate communication materials, information and education about increasing breastfeeding. The obstacle for implementation in the private sector is because of the limited time for express breastmilk given by the company, while on the other hand work must continue. Although many buyers now require a room for breastfeeding in the company, it does not just stop there, but it also requires providing reasonable time opportunities for

women workers to express breastmilk at work hours in the workplace and also dispensation in the form of reducing employment targets for women workers who are still actively breastfeeding exclusive breastfeeding for their babies.

Early Breastfeeding Initiation and Exclusive Breastfeeding have no binding sanctions, so they have legal loopholes to be abused. Therefore, it is necessary to revise regional regulations at the provincial and district/ city levels that have strong sanctions and are binding on all stakeholders of Government Regulations related to Breastfeeding (ASI) in Central Java and Semarang Regency/City. Lack of lactation space is one of the most serious obstacles for working mothers to continue breastfeeding. In addition, the problem of heavy traffic in big cities is another obstacle to breastfeeding, making it difficult for mothers to return home during breastfeeding. Having a flexible work schedule and the closeness of the workplace to home seem to be beneficial for breastfeeding practices for mothers who return to their workplaces.

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