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BARRIERS AND SUPPORT SYSTEMS FOR EXCLUSIVE BREASTFEEDING AMONG WORKING MOTHERS IN INDONESIA: A SOCIO-CULTURAL AND POLICY PERSPECTIVE

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Abstract: Despite the well-documented health benefits of breastfeeding for both mothers and infants, reintegration into the workforce postpartum presents a significant challenge. WHO (2023) stated that only 20% of countries worldwide require employers to provide paid maternity leave and facilities for breastfeeding or expressing breast milk. A rapidly growing female labor force participation rate exceeding 38.98% in Indonesia makes fostering supportive workplace environments critical. This study investigates the role of workplace social support in promoting breastfeeding practices among working mothers in Indonesia. This qualitative literature review employed Scopus, Science Direct, ProQuest, Google Scholar, and Crossref to understand essential forms of workplace breastfeeding social support, through the keywords “social support" and “exclusive breastfeeding” and workplace and "working mothers" and Indonesia. A comprehensive search of relevant databases yielded 1145 articles. Through a rigorous selection process, 23 articles were identified, published between 2012 and May 2024, comprising 11 quantitative and 12 qualitative studies. The primary barriers to breastfeeding in the workplace are: 1) lack of lactation facilities, 2) insufficient workplace support, and 3) unsupportive workplace policies. The review identified three crucial categories of workplace social support: informational support (providing access to lactation consultants, educational materials, and current information), instrumental support (implementing formalized breastfeeding policies, dedicated lactation facilities, extended maternity leave, flexible work arrangements, workload adjustments, and childcare options near workplaces), and peer support (facilitating participation in breastfeeding support groups and fostering communication networks among mothers). By implementing comprehensive social support, workplaces can empower working mothers to provide breast milk for their infants. Workplaces should provide dedicated facilities and resources to support mothers in nursing or expressing breast milk, fostering an environment that promotes exclusive breastfeeding among working mothers. Limitation: this article is a secondary review that relies on the quality of existing studies, although the studies were conducted through a rigorous selection process.

Keywords: social support, exclusive breastfeeding, working mothers, workplace, socio-cultural barriers, policy implications

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Introduction

Every baby born has the right to receive breast milk. Various studies have found that breast milk has various benefits for babies. Breast milk has significant health benefits for babies (Lyons et al., 2020). Breast milk contains important nutrients and microbes that are beneficial for the baby's intestines and improves their immune system. Breast milk can prevent babies from experiencing poor health. Breast milk offers various advantages over formula milk, including optimal nutritional content, protection against infection, ability to modulate intestinal function, immune system development, and brain development (Murphy et al., 2023). Therefore, exclusive breastfeeding during the first 6 months of a baby's life is highly recommended to support optimal growth and development (Martin et al., 2016). WHO recommends exclusive breastfeeding for the first 6 months of a baby's life, followed by breastfeeding until the age of 2 years or more, accompanied by complementary breast milk foods that are nutritionally adequate, safe, and appropriate (WHO, 2011). In Indonesia, this recommendation is further supported by national policy. Government Regulation Number 33 of 2012 and Law (UU) No. 17 of 2023 state that every mother who gives birth must exclusively breastfeed the baby she gives birth to unless there are medical indications.

However, data show that less than half of babies in the world receive exclusive breast milk (WHO, 2023c), (Unicef, 2023). The prevalence of exclusive breastfeeding is highest in South Asia at 60% and lowest in North America at 26% (Unicef, 2023). Over half a billion working women lack basic maternity facilities, and many more lack breastfeeding support upon returning to work (WHO, 2023a). In Indonesia, based on the 2022 Directorate General of Public Health's Government Agency Performance Accountability Report, 67.96% of babies aged less than 6 months receive exclusive breastfeeding (Ministry of Health, 2023). While commendable, this achievement decreased from 69.7% in 2021 (WHO, 2023b), (Ministry of Health, 2022). This translates to approximately 32.04% of babies not receiving exclusive breast milk.

Several factors contribute to breastfeeding failure, including a lack of support from partners, family, and medical personnel, limited knowledge about breastfeeding benefits, and maternal or infant health problems. Inadequate breastfeeding support and promotion from the healthcare system and insufficient public funding for pregnancy and breastfeeding support services are among the key reasons babies don't receive exclusive breastfeeding (Baker et al., 2023). Mothers discontinue exclusive breastfeeding and switch to formula due to concerns about insufficient breast milk supply and time constraints (Choopani et al., 2022). Negative breastfeeding experiences, such as latching difficulties and nipple pain, as well as the challenge of working motherhood, can contribute to failure to exclusively breastfeed. However, not all working mothers are unable to provide exclusive breastfeeding (Yasuda et al., 2022).

Studies conducted in Karnataka, India, found that only 17.5% of working mothers practiced exclusive breastfeeding despite 75% having adequate knowledge (Chhetri et al., 2018). Studies in China reported that only 11.0% of working mothers were employed by public institutions (Yang et al., 2023). Several studies have identified significant barriers to exclusive breastfeeding among working mothers. A lack of maternal confidence, family and cultural influences, and inadequate workplace support were highlighted as major obstacles (Agustina et al., 2020). Barriers to exclusive breastfeeding in primary healthcare settings within the Al-Ahsa region of Saudi Arabia and identified early return to work, a lack

of breastfeeding support at work, insufficient breast milk production, and the absence of designated breaks, lactation spaces, and breast milk storage facilities as the main obstacles (Al-Katufi et al., 2020).

To improve breastfeeding rates among working mothers, exclusive breastfeeding programs in the workplace are a significant development. Several strategies have been implemented to help working mothers sustain exclusive breastfeeding. Despite these efforts, many working mothers still face challenges and are unable to exclusively (Ahmad et al., 2022).

Challenges associated with breastfeeding include a perceived lack of breast milk supply, perceptions about formula milk, difficulty with latching or breastfeeding techniques, and access to breastfeeding support. Sociocultural factors also influence breastfeeding practices. These factors can include beliefs in certain myths and traditions, such as giving food or drinks like honey or bananas to babies before 6 months old (Nidaa & Krianto, 2022), support from a spouse or family (mother-in-law in particular), healthcare professionals, and access to education and knowledge about breastfeeding. Employment status also plays a role. Negative cultural and traditional beliefs can lead working mothers to discontinue breastfeeding. Working mothers often rely on family members to help care for their babies. These caregivers may hold misconceptions about infant feeding. For example, a crying baby might be misinterpreted as solely hungry due to insufficient breast milk, leading to the introduction of supplemental food. Therefore, providing accurate information and ongoing breastfeeding support is crucial for working mothers (Agustina et al., 2020).

During World Breastfeeding Week (August 1-7, 2023), WHO emphasizes the importance of enabling mothers to breastfeed and work by advocating for workers' rights, including maternity leave of at least 18 weeks and supporting policies in the workplace after maternity leave (WHO, 2023c). Indonesian Government Regulation No. 33 of 2012 and Law (UU) No. 17 of 2023 stipulate that successful exclusive breastfeeding requires support from various parties, including family, community, health workers, government, workplace administrators, and public place administrators. Workplace administrators must provide special facilities for breastfeeding and/or expressing breast milk according to the Company's capabilities. Support for breastfeeding in the workplace is also contained in the International Labour Organization Convention No. 183 of 2000, which states that representatives of employers' and workers' organizations need to take appropriate steps to ensure that pregnant or breastfeeding women are not obliged to carry out work that has been determined by the authorities to be detrimental to the health of the mother or child, or if the assessment indicates a significant risk to the health of the mother or child. The involvement of these various parties is necessary to ensure that mothers can continue exclusive breastfeeding, even after returning to work.

Numerous studies demonstrate the significant positive impact of social support on breastfeeding. Providing support can help reduce the number of mothers who stop breastfeeding (Gavine et al., 2022). Breastfeeding support programs can help mothers extend the breastfeeding period and increase exclusive breastfeeding (van Dellen et al., 2019). This positive social support can improve a mother's physical and psychological well-being, which in turn, can contribute to a successful breastfeeding experience (Sarafino & Smith, 2011).

Despite growing awareness of the importance of social support for breastfeeding mothers, challenges persist in implementing effective social support in the workplace. Supportive policies often lack

flexibility for breastfeeding breaks, part-time work options, and dedicated lactation spaces. A study found a negative correlation between full-time work and breastfeeding duration (Ryan et al., 2006). Therefore, to maintain breastfeeding for working mothers, it is necessary to identify barriers to breastfeeding from socio-cultural aspects, breastfeeding policies in the workplace, as well as forms of strategic form of social support that need to be implemented so that it is easier to carry out interventions that can have an impact on increasing breastfeeding in working mothers.

While various studies have explored social support for working mothers who breastfeed, a comprehensive literature review is necessary to identify, analyze, and synthesize existing research findings. This literature review aims to identify socio-cultural barriers, workplace policies, and forms of social support for working mothers that impact increasing the practice of exclusive breastfeeding for working mothers in Indonesia.

Materials and Methods

This research employs a qualitative literature review methodology to map the evolution of research on social support for breastfeeding among working mothers and to identify socio-cultural barriers, workplace policies, and forms of support that can improve exclusive breastfeeding practices for working mothers in Indonesia. Data for this research were obtained from a variety of articles published in online databases including Scopus, Science Direct, ProQuest, Google Scholar, and Crossref. The search terms used were "social support," "exclusive breastfeeding," "workplace," "working mothers," and "Indonesia." Data collection occurred on May 10, 2024, and yielded a total of 1,145 articles, with no restrictions on publication date.

The inclusion criteria for this review were articles published in Indonesian or English, employing either quantitative or qualitative research methods. Following the initial search, a detailed screening process was conducted to identify relevant articles. This process involved extracting key information from each article, including study design, population, data collection methods, data analysis methods, key findings, research recommendations, and how the findings relate to the broader context of social support for working mothers and breastfeeding in Indonesia

Results and Discussion

This section encompasses several key areas pertinent to this study, including the Characteristics of Research Articles, Barriers to Breastfeeding, Support for Breastfeeding Working Mothers, and Forms of Social Support. A more in-depth exploration of each of these areas is provided below.

Characteristics of Research Articles

Following the initial search of 1,145 articles, 153 articles were selected for full-text examination. Of these, 48 articles underwent a full review process. After applying the inclusion criteria, 25 articles were excluded, resulting in a final selection of 23 articles for analysis (11 quantitative and 12 qualitative studies). The PRISMA flow diagram (Figure 1) illustrates the article selection process.

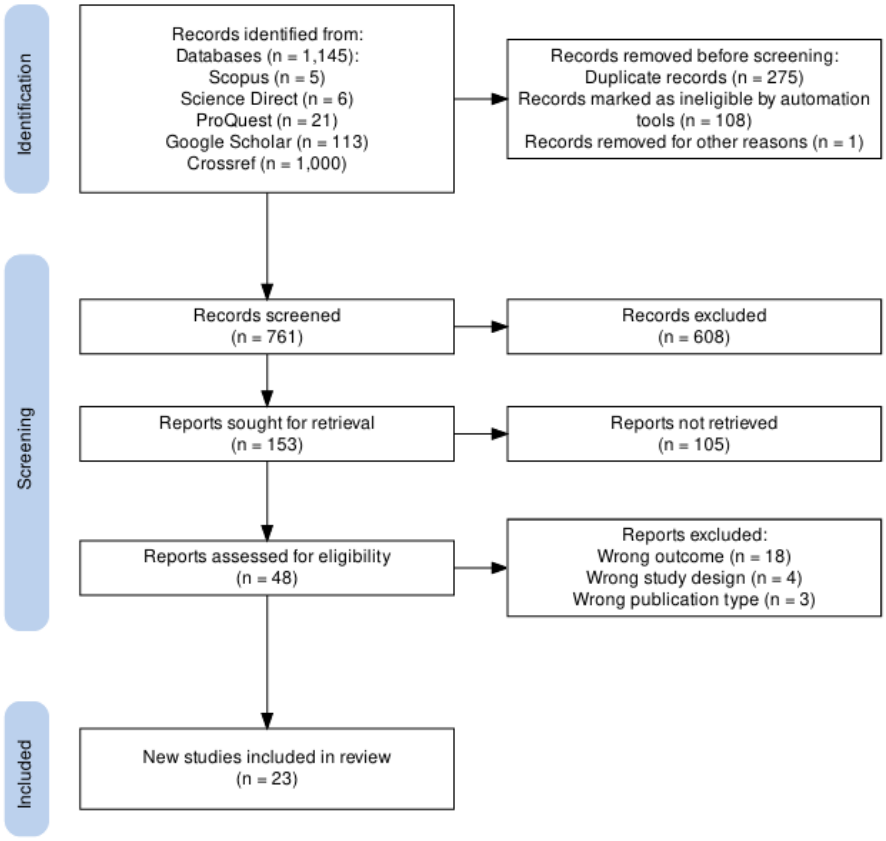

Figure 1. PRISMA Flow Chart (Haddaway et al., 2022)

The 23 studies included in this review encompassed a diverse range of geographical locations across Indonesia, including major cities such as Jakarta, Bogor, Depok, Tangerang, Bekasi (Jabodetabek), Bandung, Semarang, Cilegon, Surabaya, and other regions within East Java, as well as Bengkulu, Pekanbaru, Medan, Makassar, and Palu.

Furthermore, the studies encompassed a diverse range of occupational backgrounds among participants. These included both formal and informal sectors, encompassing domestic workers, factory workers, office workers (both government and private), self-employed individuals, white-collar professionals, and healthcare workers.

Barriers to breastfeeding for working mothers

A significant body of research has demonstrated a decline in breastfeeding rates among employed mothers following their return to work (n=12). Numerous studies have consistently shown that these challenges can be categorized as personal and workplace-related obstacles.

The analysis identified several personal obstacles to exclusive breastfeeding, including inadequate personal facilities or equipment for providing breast milk at work (n=1), limited knowledge and skills regarding breastfeeding techniques, perceived insufficient milk supply and lack of confidence in breastfeeding abilities (n=2), misconceptions about weight gain and changes in breast shape during lactation, fatigue, breast pain or discomfort (n=2), lack of sleep and fatigue (n=1), difficulty in

breastfeeding (n=1), inadequate childcare support at home, and limited knowledge among mothers and caregivers regarding the proper use of expressed breast milk (n=1). Furthermore, the analysis revealed that in preparation for returning to work, many mothers (n=4) prematurely introduced formula milk or other complementary foods to their infants. This trend may be influenced by the promotion of formula milk and weak supervision of formula milk marketing (n=2).

Structural barriers included inadequate workplace policies and support (n=5), lack of breastfeeding breaks (n=2), inadequate childcare facilities (n=1), heavy workload (n=2), inadequate breastfeeding facilities (n=1), being a full-time employee (n=2), inconsistent promotion of lactation and limited access to lactation counselors (n=1), and inflexible work hours (n=1). Additionally, short maternity leave (n=5) was identified as a significant barrier.

The financial strain experienced by many families often necessitates mothers to return to work shortly after childbirth, posing significant challenges to their ability to continue breastfeeding. Studies have highlighted that economic pressures (Luthuli et al., 2020) and the fear of missing production targets (Ickes et al., 2023) can significantly influence a mother's decision to return to work early. These factors can subsequently impede a mother's ability to maintain exclusive breastfeeding, impacting the overall health and well-being of the infant.

Several factors can hinder exclusive breastfeeding. These include workplace challenges such as inadequate facilities for expressing and storing breast milk (Jiravisitkul et al., 2022). Additionally, maternal knowledge and confidence play a crucial role. Limited breastfeeding knowledge, perceived insufficient milk supply, and lack of self-confidence can negatively impact breastfeeding practices (n=2). Furthermore, maternal concerns such as weight gain, breast shape changes, fatigue, breast pain, and lack of sleep can also present obstacles to successful breastfeeding (Nabulsi, 2011; Jiravisitkul et al., 2022).

Other challenges to breastfeeding include difficulties in breastfeeding itself (Ahmad et al., 2022), inadequate childcare support at home (n=1), and limited knowledge among mothers and caregivers about the use of expressed breast milk (Hasan et al., 2020). These factors, along with maternal fatigue, lack of sleep, and concerns about weight gain or changes in breast shape (Nabulsi, 2011; Jiravisitkul et al., 2022), can hinder breastfeeding success. Furthermore, the review found that in preparation for mothers to start working, the mother started giving formula milk and other foods to the baby (n=4). This trend is exacerbated by the incessant promotion of formula milk and weak supervision of the marketing of formula milk (Samaniego et al., 2022; Ahmad et al., 2022).

Geographic distance between the workplace and home can pose significant challenges for breastfeeding mothers. Long commutes limit available time for breastfeeding or expressing milk, especially when combined with inadequate breastfeeding breaks (n=2) and limited access to childcare (n=1). Furthermore, inflexible work hours, short maternity leave (n=5), and the demands of full-time employment (n=2), coupled with a lack of workplace support, can create significant barriers to successful breastfeeding.

Support for Breastfeeding Working Mothers

All the reviewed articles unanimously agree on the critical need for support systems for breastfeeding mothers, especially those returning to work after childbirth. This support is vital to ensure that mothers can continue exclusive breastfeeding practices. The research overwhelmingly highlights the crucial role of workplace support in enabling mothers to sustain breastfeeding. However, the importance extends beyond the workplace. Eleven studies additionally emphasize the significant influence of spousal and family support. A mother's decision to breastfeed is demonstrably impacted by the level of encouragement and assistance she receives from her family network.

Breast milk offers a multitude of benefits for babies, with exclusive breastfeeding recommended for the first six months (reference here). However, this practice often faces obstacles, particularly for working mothers returning to their jobs (Ahmad et al., 2022). Studies have shown that successfully maintaining exclusive breastfeeding after returning to work is challenging (Ernawati, 2014). Working mothers who achieve exclusive breastfeeding success share key characteristics: comprehensive knowledge about the practice, a strong commitment to it, and crucially, adequate social support from both family and workplace environments (Ernawati, 2014). This highlights the importance of social support, as a study suggests that providing such support can significantly reduce the number of mothers who discontinue breastfeeding (Gavine et al., 2022).

Forms of Social Support for Working Breastfeeding's Mothers

Workplaces can offer various forms of social support for breastfeeding mothers, categorized as information, instrumental, and peer support. Information support includes access to lactation counselors (n=4) and health promotion programs (n=4), along with educational materials like posters and booklets. Instrumental support encompasses supportive workplace policies (n=5), dedicated lactation spaces (n=15), flexible work arrangements (extended maternity leave (n=6), flexible hours/part-time options (n=4), designated breaks (n=7)), and even on-site or nearby childcare (n=2). Finally, peer support comes from colleagues (n=7), superiors (n=10), and peer support groups (n=3). This comprehensive approach, combining information, resources, and peer encouragement, can significantly benefit breastfeeding mothers by enabling them to continue their practice.

The reviewed research identified three key forms of social support offered by husbands and families: emotional, instrumental, and informational. Emotional support involves providing encouragement and advice (n=4), including reminders to breastfeed (n=1). Instrumental support focuses on practical assistance, such as helping with baby care (n=3), preparing the mother's needs for breastfeeding (nutritious food, vitamins, and breast milk storage equipment) (n=3), managing housework (n=1), transporting expressed breast milk to the workplace (n=1), or even picking the mother up from work (n=1). Informational support includes efforts to help the mother find information about breastfeeding (n=2).

The importance of support for breastfeeding mothers can help working mothers still be able to provide breast milk for their babies. From the studies conducted in the review, all studies stated that support from the workplace is very important for working mothers to be able to provide breast milk to their babies. The support that can be provided by the workplace is in the form of information support, instrumental support, and peer support.

Workplaces can provide information support for breastfeeding mothers through various methods, including access to lactation counselors and breastfeeding health promotion programs (Basrowi et al., 2024; Wahyuni et al., 2020). Additionally, informational materials like posters, leaflets, and booklets can further support this approach (Srirahayu Ningsih et al., 2021; Wahyuni et al., 2020). This comprehensive approach to information sharing can significantly improve mothers' knowledge about breastfeeding, ultimately leading to increased maternal self-efficacy and successful breastfeeding practices (Februhartanty et al., 2012).

Instrumental support for breastfeeding mothers can take the form of regulations or policies implemented by the workplace. Written regulations or policies that support breastfeeding are crucial for ensuring working mothers' rights to continue providing breast milk for their babies. Government Regulation No. 33 of 2012 concerning Exclusive Breastfeeding strengthens this point. Article 35 specifically states the obligation of workplace administrators and public facilities to establish internal regulations that support the success of exclusive breastfeeding programs. The critical role of workplaces in encouraging exclusive breastfeeding. Both studies highlight the importance of having a written policy on breastfeeding within the workplace (Herlina, 2020; Indrawanto et al., 2017).

The availability of dedicated facilities or spaces significantly impacts breastfeeding success for working mothers. Comfortable and adequate lactation rooms encourage mothers to express or breastfeed their babies, promoting continued breastfeeding practices. The absence of lactation rooms is a major barrier for working mothers (Anggraeni et al., 2020; Basrowi et al., 2019; Febrianingtyas et al., 2019; Syam et al., 2022). Despite these challenges, some mothers resort to expressing milk in unconventional spaces like personal rooms, prayer rooms, toilets, warehouses, or even under tables (Mitra, 2018; Prameswari & Kurnia, 2018; Wahyuni et al., 2020).

Several research results recommend various flexible work arrangements to support breastfeeding mothers (Dewi & Setyonaluri, 2019; Basrowi et al., 2024; Santi et al., 2020). These arrangements include extended leave, flexible working hours (later arrival, early departure, exemption from out-of-town assignments), part-time options, adjusted work schedules, and designated breaks for breastfeeding or pumping. This aims to give working mothers more time or opportunity to breastfeed their babies and prepare breast milk when the baby is left for work. Government Regulation No. 33 of 2012 further emphasizes the obligation of workplaces to provide opportunities for breastfeeding or expressing milk during work hours. Access to childcare near or at the workplace is another significant factor for breastfeeding mothers (Anggraeni et al., 2020; Indrawanto et al., 2017).

While all reviewed articles emphasized the importance of workplace support, several also highlighted the critical role of support from husbands and families for working mothers to continue breastfeeding. This support encompasses emotional support, such as providing encouragement and advice (Novianti et al., 2021; Prameswari & Kurnia, 2018; Sari & Adawiyah, 2021; Stang et al., 2022). Additionally, information support includes efforts to help mothers find information about breast milk (Mitra, 2018; Sari & Adawiyah, 2021). Instrumental support involves involvement in baby care (Mitra, 2018; Prameswari & Kurnia, 2018; Stang et al., 2022) and helping mothers prepare their needs, including nutritious food, vitamins, and equipment for expressing breast milk (Mitra, 2018; Novianti et al., 2021; Stang et al., 2022).

This review explores strategies for developing effective public health campaigns to promote breastfeeding in the workplace, drawing on insights from global initiatives.

Conclusion

The primary barriers to breastfeeding in the workplace are: 1) lack of lactation facilities, 2) insufficient workplace support, and 3) unsupportive workplace policies.

To effectively empower working mothers to continue providing breast milk for their babies, workplaces must implement comprehensive social support. This entails providing dedicated facilities and resources for mothers to breastfeed or express milk, while simultaneously fostering a supportive environment that encourages exclusive breastfeeding practices.

Research limitations

This article is a secondary review that relies on the quality of existing research, although research selection was carried out through a strict selection process.

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Declaration of Interest Statement

There is no conflict of interest.

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Table 1: Literature Review Socio-Cultural Barriers, Workplace Policies, and Forms of Social Support on Working Mothers in Indonesia

Author (Year), City	Method	Breastfeeding intervention	Result and conclusion
Anggraeni, et al. (2020) Semarang (1)	Design: cross-sectional Population: working MuslimSmothers (n=240), full-time working mothers multisite random sampling Analysis: path analysis	Workplace support	• There are no comfortable facilities to breastfeed, pump breast milk, store breast milk, or provide childcare in most workplaces, and there tends to be a lack of support from co-workers and supervisors. Furthermore, most mothers work out of town. • Healthcare providers should consider that breastfeeding knowledge, attitude toward breastfeeding, and intention for exclusive breastfeeding have high predictive values of exclusive breastfeeding duration among working mothers.
Basrowi et al. (2019), Jakarta (2)	Design: cross-sectional Population: women workers whose children were aged 6 to 24 months old and actively working in the factory and/or office (n=192) Analysis: logistic regression model	Breastfeeding Knowledge, Attitude, and Practice	• 15% of office workers and 17% of manual workers never breastfeed during working hours, due to three main reasons; feeling hesitant to take breaks during work, uncomfortable lactation spaces, and not being allowed by supervisors. • A workplace lactation counselor, lactation facilities, and colleague support can help working mothers continue breastfeeding and have a positive attitude toward breastfeeding.
Basrowi et al, (2024), Jakarta (3)	Design: qualitative Population: six experts Analysis: descriptive The results of this expert opinion are validated by referring to other relevant sources, such as scientific literature, clinical guidelines, or related studies.	Efforts strategically employed to promote successful breastfeeding practices within the workplace	Expert recommendations for company policies: • Maternity leave of more than three months • Having breastfeeding breaks every 3 hours • Option for part-time work or early leave for employees with children under 6 months old • Dedicated lactation rooms with additional facilities, such as refrigeration, chairs, sinks, and breast pumping stations. • Health promotion through company doctors for breastfeeding programs • Advocacy by employers and all stakeholders, including managers and supervisors, in facilitating support for breastfeeding programs. • Access to lactation counselors • Peer support groups to promote breastfeeding
Dewi and Setyonaluri (2018), Jabodetabek Region (4)	Design: cross-sectional Population: babies (n=680) in Jabodetabek (aged 6–23 months), whether exclusively breastfed or not, of mothers aged 15 to 49 years, who have attended school and conducted early initiation of breastfeeding	Education, working status, and parity (number of children) on exclusive breastfeeding	Social support for working mothers • Formal sector: providing lactation rooms in the workplace, special permission for breastfeeding at work (reasonable break times), guaranteed maternity leave, and payment of wages during maternity leave or working hours used for expressing breast milk at the workplace. • Informal sector and mothers with secondary school education or equivalent: promoting or providing breastfeeding counseling programs in the community (mothers working in the informal sector do not receive support and facilities like those in the formal sector), and stay-

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Author (Year), City	Method	Breastfeeding intervention	Result and conclusion
	Analysis: a logistic regression		at-home mothers with primary/secondary education would struggle to access information outside the home, so facilities and support are provided in the local environment.
Ningsih et al. (2021), Bogor Regency (5)	Design: cross-sectional Population: working mothers (n=42), total sampling. Analysis: Chi-Square	Workplace social support for exclusive breastfeeding	Workplace support: • Support from colleagues, supervisors, and full support from company leadership. • Creating lactation rooms and enhancing lactation room facilities to be comfortable for breastfeeding mothers. • Providing healthcare professionals with counseling for pregnant and breastfeeding mothers. • Health promotion by displaying posters about the importance of exclusive breastfeeding.
Febrianingtyas et al (2019), Jakarta (6)	Design: a qualitative, grounded theory approach Population: working mothers (n=18) with full-time work ing status (8–12 h/day)	Workplace support and exclusive breastfeeding practice	• Inadequate lactation rooms, distant lactation room locations, lack of facilities, limited time for expressing breast milk, and lack of formal support for expressing breast milk by management. • Support from colleagues and the workplace: motivation for breastfeeding mothers, a 6-month maternity leave allowing for exclusive breastfeeding.
Februhartanty et al. (2012), Depok (7)	Design: a mixed methods approach using a quantitative study (survey) and qualitative methods (in-depth interview) Population: working mothers (n=8) Analysis: descriptive	Survey in-depth interview	• Self-efficacy and confidence of breastfeeding mothers characterize the practice of exclusive breastfeeding. Good knowledge about exclusive breastfeeding practice that was acquired way before the mothers got pregnant suggests a predisposing factor to the current state of confidence. • Home support from the father enhances the decision to sustain breastfeeding. In addition, a certain level of knowledge on the solutions to potential problems faced during breastfeeding practice is important to equip mothers with options for breastfeeding success
Haryanto et al. (2021), Surabaya (8)	Design: qualitative Population: 50 people Analysis: descriptive	in-depth interview	• There were 7 themes and 24 categories: miss perception, benefits of breastmilk, support, obstacles, myth, current program, and expectation. • Good cooperation between family, government, and institutions where mothers work is needed to achieve exclusive breastfeeding. in addition, massive exclusive breastmilk education through social media and advertising is an urgent need
Herlina, M (2020), Bengkulu (9)	Design: mixed method (quantitative and qualitative) Population: women (n=35) and informants (n=10) Analysis: chi-square	The family (husbands and parents), government policies, and the workplace roles	• Socialization of mothers with their families (especially husbands and parents), government policies, and workplace regulations contribute to exclusive breastfeeding. • Recommendations: The involvement of family members (especially husbands and parents), government policies, and workplace regulations play significant roles in promoting exclusive breastfeeding. Governments must develop policies safeguarding the rights of children and women to reduce the infant mortality rate in Indonesia.

Author (Year), City	Method	Breastfeeding intervention	Result and conclusion
Indrawanto et al. (2017), Yogyakarta (10)	Design: qualitative design with a phenomenological approach Population: female workers in medium and large provided companies (n=51), purposive sampling. Analysis: descriptive	Breastfeeding Support and Facilities for Mothers in the Workplace	• Workers receive support from their supervisors; however, there is no written policy regarding breastfeeding in the workplace. • Lactation rooms are not available; maternity leave is considered inadequate. • There is no break time for breastfeeding. • There are no childcare facilities near the workplace.
Mitra (2018), Pekanbaru city (11)	Design: qualitative descriptive research with Rapid Assessment Procedure Population: breastfeeding mothers working informal sector such as government offices and private offices, purposive sampling. Analysis: descriptive	Family support on work-family	• There are no designated breastfeeding areas. Four informants exclusively breastfeed, while two use breast pumps at the office (in their workspace and the prayer room). • Support from supervisors: attention, permission for early leave, arranging more flexible working hours, and exemptions from out-of-town activities. • Support from colleagues: motivation, understanding from coworkers, and sharing experiences in breastfeeding practices. • Support from husbands and family: picking up breast milk from the mother's office, preparing and sterilizing bottles, finding breast pumps, seeking information, and buying additional milk and maternal vitamins to boost breast milk production, involvement in various caregiving activities.
Mursalini et al. (2022), Medan (12)	Design: cross-sectional Population: mothers (n=76), simple random Analysis: logistic regression	Factors Affecting Exclusive Breastfeeding in The Work Area	• The duration of work affects exclusive breastfeeding as it reduces the number of times babies are breastfed each day. This is because working mothers have fewer opportunities to breastfeed their young children. Although mothers should not use the need to work as a reason not to provide full breastfeeding. • Job demands require more resources than demands from other activities, such as maintaining a healthy economy and covering increasing living costs.
Novianti et al. (2021), Cilegon (13)	Design: qualitative research with a descriptive phenomenological approach Population: working women, purposive sampling (n=5) Analysis: Colaizzi's method	Women's experience with exclusive breastfeeding	• Not all workplaces provide positive support for breastfeeding mothers, such as lacking facilities for breastfeeding. • Strategies employed: scheduling breast pumping time before leaving home. • Support: providing or arranging something to meet needs, giving encouragement, motivation, and advice. • Factors influencing mothers in breastfeeding: internal and external factors (workplace and colleagues), maternal motivation, and support from parents and spouses. • Barriers encountered: time constraints, lack of breastfeeding facilities, and obstacles from children.
Prameswari dan Kurnia (2018), Semarang	Design: qualitative descriptive method, phenomenology approach	Exclusive breastfeeding	• Employed strategies that provide exclusive breastfeeding: meeting nutritional and fluid needs, breastfeeding before and after work, preparing a supply of milk in the refrigerator at work,

Author (Year), City	Method	Breastfeeding intervention	Result and conclusion
(14)	Population: working mothers who succeeded in exclusive breastfeeding (n=5), snowball sampling Analysis: descriptive, triangulation method	success among working mothers	expressing breast milk at the workplace, time management to handle workloads, completing tasks in the office, getting sufficient rest (sleep). • Support received: family support in the decision to provide exclusive breastfeeding, including baby care assistance, and workplace support (from supervisors and colleagues) even though some lack complete facilities for expressing breast milk, and no pressure in expressing breast milk, some supervisors reduce the workload of the mother, and do not disturb mothers while breastfeeding, community support (AIMI, discussion groups, lactation counselors or internet access): information about exclusive breastfeeding, discussion of breastfeeding practice issues.
Putriningrum et al (2016), Yogyakarta (15)	Design: qualitative study Population: mothers with breastfeeding and start working (n=12) and midwives (n=4) Analysis: Miles and Huberman	Exclusive breastfeeding management for working mothers	Lactation management socialization barriers still prevail lack of consciousness of mothers against the practice of lactation management because of lack of support from family, while the barriers experienced by mothers who started working in lactation management were the lack of opportunity and the unavailability of facilities in the workplace, as well as the existence of the syndrome of exclusive breastfeeding for less.
Ratnawati, M (2013), East Java (16)	Design: cross-sectional Population: working mothers who have 6-24 month children (n=56), simple random sampling Analysis: logistic regression	Workplace social support	Most working mothers receive maternity leave of less than 3 months and experience high work-family conflict, but they have the opportunity to express breast milk while working even though lactation corner facilities are incomplete. Working mothers do not receive support from their husbands, families, supervisors, and colleagues.
Rodianto dan Anshari (2022), Bandung (17)	Design: phenomenology approach Population: Breastfeeding mothers using lactation room (n=6), purposive sampling technique Analysis: Triangulation, Descriptive	Family and workplace support	• Mothers who successfully provide exclusive breastfeeding receive support from their husbands and colleagues, have high confidence, and can overcome obstacles (continuing to express breast milk even if there are no breastfeeding facilities at work). • Two out of three breastfeeding mothers who have not successfully provided exclusive breastfeeding do not receive support from their husbands or colleagues, and they will not express breast milk if there are no breastfeeding facilities at work.
Santi et al. (2020), Yogyakarta (18)	Design: cross-sectional Population: mothers working with toddlers aged >6-24 months, purposive sampling Analysis: Chi-square	Workplace support	Support needed by mothers: employers providing maternity leave and time for expressing breast milk at the workplace.
Sari dan Adawiyah (2021), Tangerang (19)	Design: phenomenology approach Population: people (n=8), purposive sampling Analysis: Colaizzi's method	Family and workplace support	Workplace support: lactation room, support from colleagues and supervisors, and flexible working hours. Family support from husbands, parents, and in-laws: providing information and encouragement to the mother during breastfeeding.

Author (Year), City	Method	Breastfeeding intervention	Result and conclusion
Stang et al. (2022), Makasar (20)	Design: mixed methods, an explanatory sequential design. Population: 25 working mothers who provided exclusive breastfeeding (cases) and 25 individuals who did not provide exclusive breastfeeding (control), purposive sampling. 11 informants (working mothers who breastfed exclusively, health workers, and healthcare cadres). Analysis: Chi-Square, logistic regression	Breastfeeding Social Support	• Husband's social support: emotional and instrumental support (accompanying his wife, providing nutritious meals, encouraging exercise, assisting with household chores, preparing for childbirth expenses, assisting during labor, reminding about exclusive breastfeeding, and providing moral support for the mother's needs, playing a role in childcare, especially during the exclusive breastfeeding period). • Workplace social support: instrumental support (providing adequate lactation rooms for breastfeeding or expressing breast milk and allowing time for expressing breast milk between shifts, Mothers who do not express breast milk are allowed to go home to breastfeed their baby during breaks because their place of residence is relatively close).
Syam et al. (2022), Palu (21)	Design: qualitative with a case study approach Population: informants (n=13), purposive sampling technique Analysis: descriptive	The behavior of working mothers in exclusive breast milk	• There is no breastfeeding room available at the workplace. One informant acknowledged that there is a health facility (a breastfeeding room) at the workplace, but it is only an empty room without equipment and materials to support the process of exclusive breastfeeding. Five other informants admitted that they did not receive adequate health facilities for the process of exclusive breastfeeding at the workplace. • Support or information from the family can be considered insufficient or not good, and the information provided is also limited.
Wahyuni et al. (2020), Surabaya (22)	Design: a qualitative, phenomenology approach Population: mothers working for 40 hours per week, attending lactation classes, with children aged seven months to two years (n=8)	Semi-structured interviews Data analysis followed the nine steps outlined by Collazi	• There are no dedicated breastfeeding rooms; common places used include toilets, rooms, warehouses, empty rooms, or under desks. • Limited time for expressing breast milk; mothers struggle to allocate time between prayer, lunch, and expressing breast milk. • Regular breastfeeding counseling for working mothers is necessary. • Availability of breastfeeding room facilities. • Government oversight for the availability of breastfeeding or breast pumping facilities in the workplace. • Routine programs to support breastfeeding success for working mothers: breastfeeding counselor, availability of leaflets or booklets, and the availability of breastfeeding support groups.
Basrowi et al. (2015), Jakarta (23)	Design: a cross-sectional	Benefits of a Dedicated Breastfeeding	• Exclusive breastfeeding prevalence in the last 6 months is 32.3%. Specifically designated breastfeeding facilities are available for 21.5% of mothers, but only 7.5% have contacted

Author (Year), City	Method	Breastfeeding intervention	Result and conclusion
	Population: female workers whose last child was between 6 and 36 months old (n=186) Analysis: Chi-square	Facility and Support Program	breastfeeding support programs. The presence of specifically designated breastfeeding facilities increases EBF practices almost threefold. Knowledge about breastfeeding support programs increases EBF practices almost sixfold. • The government should mandate employers to offer breastfeeding support programs and specifically designated breastfeeding facilities in the workplace to enhance EBF

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