Workplace Support For Breastfeeding Mothers In Indonesia : A Scooping Review

Hirza Rahmita¹, Nurhidaya Fitria², Rizka Mardiya³

1,2,3 Midwifery Depertement, STIKes Al Insyirah, Pekanbaru, Indonesia
*Corresponding author: hirzarahmita@gmail.com

ARTICLE INFO

AB ST R ACT

Article history:

Received: 12th January 2023 Revised: 20th June 2023 Accepted: 26th June 2023

Keywords: Exclusive Breastfeeding Scooping Review, Working Mothers, Workplace Support. The previous research mentioned that returning to work is one of the most common reasons mothers stop breastfeeding. Globally, about 51% of women are involved in the workforce, compared to 82% of men. Attempts to continue breastfeeding at work encounters several difficulties. Workplace support is an effort to increase the coverage of exclusive breastfeeding for working mothers. This scoping review used Arksey and O'Malley framerowk which consisted of 5 stages such as identifying research question, identifying relevant articles, selecting the articles, making data chart and arrange them, summarizing and reporting the research result. Using web covidence application for selecting 183 relevant articles until 11 articles left to be reviewed. This scooping review results mapped three themes such as dimension of workplace support, breastfeeding problems in workplace, and factors that influence the success of exclusive breastfeeding. Working mothers who continue to breastfeed after returning to work need the support of their workplace to ensure the provision of health facilities and the protection and dissemination the rights of breastfeeding working mothers.

ISSN: 2528-066X (Print), 2599-2880 (Online)

I. Introduction

In Indonesia, the coverage of infants receiving exclusive breastfeeding is 61.33% (Kemenkes RI, 2017). Mothers do not exclusively breastfeed and stop breastfeeding before 2 years because mothers believe that they do not have enough milk and have difficulty breastfeeding, and mothers who work outside the home do not know how to breastfeed while continuing their work (World Health Organization, 2016). Working mothers are one of the factors that cause not optimal exclusive breastfeeding (Haksari, Wandita, & Yustivani, 2010). The obstacles encountered by mothers when returning to work after giving birth lead to premature cessation of exclusive breastfeeding (Burns & Triandafilidis, 2019). Providing support for breastfeeding in the workplace is one of the efforts to overcome barriers to successful breastfeeding among working mothers (Wallenborn, Perera, Wheeler, Lu, & Masho, 2019).

Some of the failures in giving exclusive breastfeeding to working mothers are caused by regulations at work and attitudes of mothers on exclusive breastfeeding. The intensity of work that causes mothers to leave their babies for a long time is the cause of failure of exclusive breastfeeding (Abdullah & Ayubi, 2013). The participation rate of the female workforce has increased from year to year due to the drive to increase family income. For working mothers, during maternity or maternity leave, they have to return to work before the end of the exclusive breastfeeding period, this interferes with exclusive breastfeeding efforts.(International Labor Organization, 2013)

Working mothers have the right to continue breastfeeding their babies, this is supported by the government by enacting Regulation of the Minister of Health of the Republic of Indonesia (2013) number 15 concerning procedures for providing special facilities for breastfeeding and or expressing breast milk. In chapter 3 of this regulation said that it is stated that workplace managers must support the exclusive breastfeeding program through special provision for breastfeeding and expressing breast milk and providing opportunities for working mothers to give exclusive breastfeeding or express milk while working (Kemenkes RI, 2013).

DOI: https://doi.org/10.30994/jgrph.v8i1.420 Website : https://jgrph.org/ Email : journal.grph@gmail.com A workplace that supports breastfeeding plays an important role in the decision-making process to continue breastfeeding after returning to work. Working mothers need more supportive policies and an environment that protects and encourages breastfeeding (Tsai, 2013).

ISSN: 2528-066X (Print)

ISSN: 2599-2880 (Online)

II. Method

This scoping review used Arksey and O'Malley framework. Scoping review has requirement to identify all relevant lieratures apart from the research design used (Arksey H, 2005). The framework consists of five steps: 1) Identifying research questions, 2) identifying relevant articles, 3) study selection, 4) data charting, 5) summarizing and reporting the result.

Arksey and O'Malley propose a methodological framework for scoping reviews to enable replication and strengthen methodological rigour (Arksey H, 2005). Purpose of this scoping review is mapping the literature, explore research activities and investigate problems or gaps in the research area related to workplace support for breastfeeding mothers

2.1 Identifying research questions

Identification of questions aims as a reference in finding articles. It is important to consider aspects of the research question such as the intervention population and outcomes in order to obtain quality research (Arksey and O'Malley, 2005). formulation of research questions using the PICO framework (populations, interventions, comparisons, and outcomes).

To guide the search strategy, and ensure that a broad range of literature was captured, the research question: 'How is the workplace support that working mothers receive in giving exclusive breastfeeding in Indonesia?' was developed.

Table 1 PICO framework

| Table I I ICO Halliework | |
|--------------------------|-------------------------|
| Population | Working mothers |
| Intervention | Working support |
| Comparison | - |
| Outcome | Exclusive breastfeeding |

2 Identifying relevant articles

To balance the need for comprehensiveness with pragmatic cost and time limitations, we developed inclusion and exclusion criteria based on our review purpose

Table 2 Inclusion and exclusion criteria

| 1. Published in 2015-2022 1. Opinion paper | |
|---|----|
| 1. Published in 2015-2022 1. Opinion paper | |
| 2. Published in English or Bahasa 2. Brief report paper, short report paper | |
| 3. Discuss about workplace support for 3. Article discussing only about the | he |
| breastfeeding working mother success rate of exclusive breastfeeding | in |
| 4. Primary research or articles published in developing countries | |
| journals that had been through peer-reviewed 4. Article discussing the Prevalence | of |
| Exclusive Breastfeeding in Indonesia | |

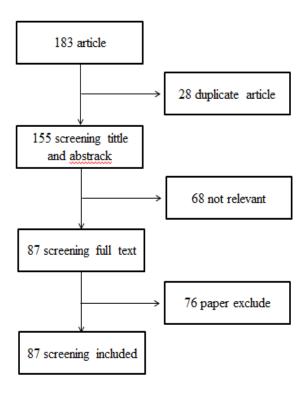
The developed terms were used to search google schoolar, health journal and midwifery journal in Indonesia.

ISSN: 2528-066X (Print) ISSN: 2599-2880 (Online)

Vol. 8, No 1, June 2023, pp.137-144

2.3 Study selection

In writing this scoping review, the researcher documented a literature search following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Then the data is filtered according to the criteria set by the researcher. The stages of data filtering are presented in picture 1



Picture 1 Prisma Flowcart

2.4 Data charting

The fourth stage aligned with Arksey and O'Malley's description of a charting approach. We developed summaries of each article and documented data related to author, year, study design, sample size and result (see table 3)

2.5 Summarizing and reporting the result

The results of this scooping review found several themes considered most relevant to the focus review charted in table 4.

| Table 4 theme | |
|---------------|--|
| eme | |

| Theme | Subtheme | |
|---|--|--|
| Dimension of workplace support | Break time flexibility (4,7) | |
| | Duration of maternity leave (1,3,4, 7) | |
| | Lactation facility (4, 5, 7) | |
| | Supervisor support (5, 7) | |
| | Workplace policy (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11) | |
| Breastfeeding problems in workplace | Menyesuaikan waktu kerja dan memerah ASI (1, | |
| Factors that influence the success of exclusive | Parity (3) | |
| breastfeeding of working mother | Education level (3, 9, 11) | |
| | Knowledge (3, 6, 9, 10, 11) | |
| | Family support (2, 3, 6, 7, 11) | |
| | Formula milk (1,6,7,11) | |
| | | |

Table 3. Data Charting

ISSN: 2528-066X (Print)

ISSN: 2599-2880 (Online)

| No | Authors/year | Study Design | Sample size | Result |
|----|--|---|---|--|
| 1. | Ulfatul Latifah, Seventina Nurul Hidayah, Meyliya Qudriani (Latifah, Hidayah, & Qudriani, 2018) | Qualitative research methods with a phenomenologi cal approach | 3 working breastfeeding mothers | There are 4 themes compiled in this study: 1) Mothers knowledge about the importance of exclusive breastfeeding, 2) Expressed breastfeeding, 3) The application of expressed breastfeeding and difficulties during the work of defense mechanism against the influence of milk formula and early complementary breastfeeding, 4) The successful implementation of exclusive breastfeeding |
| 2. | Rusmala Dewi, Fitri Nuriya Santy (Dewi & Santy, 2018) | Qualitative research methods with a phenomenologi cal approach | 5 working breastfeeding mothers in Gedong Meneng Bandar Lampung District | There are 4 themes compiled in this study: 1) Mother's knowledge about exclusive breastfeeding, 2) Expressed breastfeeding 3) Mother's motivation in giving exclusive breastfeeding 4) Efforts made by mothers in providing exclusive breastfeeding, family support and workplace support |
| 3. | Nila Marwiyah, Titi Khaerawati (Marwiyah & Khaerawati, 2020) | cross sectional | The population in this study were 778 working mothers have children > 6 months. The sample involved in the study was 51 working mothers in Cipare Village | The study show that almost respondents didnt give exclusive breastfeeding and almost respondents got support from their supervisor. There is a correlation between exclusive breastfeeding and parity status, education background, knowledge, family support, and supervisor support. |
| 4. | Christina Pernatun K, Eny Retna A, Endah Retno D (Pernatun, Retna, & Retno, 2014) | Cross sectional | Mother who worked at company in Bantul, Yogyakarta. | The results showed that company doesn't provide particular time for employer to breastfeed or milking in workplace, work time flexibility and furlough affect the success of exclusive breastfeeding as much as two-fold, provision of room and tools affects three times better in supporting exclusive breastfeeding. |
| 5. | Evi Zulfiana, Meyliya Qudriani (Zulfiana & Qudriani, 2018) | Cross Sectional. | 37 Working breastfeeding mothers in Margadana subdistrict Tegal City. | There is an influence between workplace support and exclusive breastfeeding behavior in Margadana sub-district, Tegal city |
| 6. | Faradila, Risma Aliviani Putri (Faradila & Putri, 2021) | qualitative research methods with a phenomenologi cal approach | 12 informants consists of 5 main informants and 7 triangulation informants. | The obstacle for working mothers in giving exclusive breastfeeding is the factor of working mothers, even though there is an ASI corner available at work and mothers do not maximize their milk expression due to time constraints. |
| 7. | Evi kristina, Iskandar syarif, Yuniar Lestari / 2019 | combination of quantitative and qualitative research methods (mixhed methods) | Quantitative sample was 50 mothers who had babies> 6-12 months and qualitative sample was 6 in-depth interviews with the heads of the Bungo District | Factors related to breastfeeding are birth attendants and caregiver /family support and the most dominant in exclusive breastfeeding for working mothers is the support of caregivers / family. Various efforts are needed to improve the achievement of coverage of exclusive breastfeeding, especially through supporting facilities to support exclusive breastfeeding and the optimization of the role of the Health Office. |
| 8. | Rakhmawati Agustina, Yayi Suryo Prabandari, Toto Sudargo / 2020 | Qualitative research equiry based on phenomenology design. | 12 informants were were interviewed consists of six working mothers and six triangulation informants. | Total twelve informants The result indicated that lack of confidence was related to provide exclusive breastfeeding. This caused by family influence, culture, health provider, and lack of awareness from working place. Support group was main factors that influence mother to overcome all abstacles. |

ISSN: 2599-2880 (Online) Vol. 8, No 1, June 2023, pp.137-144

| 9. | Entin Sutrini, Hilma Aini Aulia /2020 | This research uses analytical methods with a latitude - cut approach | 51 respondents who visits in polyclinics on the 2nd and 3rd floor of Budi Kemuliaan Hospital in May 2019 | The results of the analysis are statistically meaningful relationships (P0.04). Caring skills and communication skills from professionals healthcare as primary counsellors are required, so the mother is comfortable and baby's is healthy. |
|-----|---|--|---|--|
| 10. | Istikomah, Wahyu Widayati, Sumi Anggraeni / 2021 | Observational analytic method with a cross- sectional study design. | 93 working mothers in the Pringsewu District Health Agency | This study shows that the work environment, both leadership support and the availability of breastfeeding corners are significantly related to the success of exclusive breastfeeding in mothers working in the office |
| 11. | Ni Komang Arni Tria Erlani, Luh Seriani, Luh Putu Ariastuti / 2020 | Observational research design with a cross sectional descriptive approach | 97 respondents at Sanglah Central General Hospital in the period June - November 2018. | The results showed 61.9% of women health workers provided exclusive breastfeeding for their children where the highest results were shown on the characteristics of the age of 24-30 years (70.3%), bachelor education level (69%) and working as paramedic health workers (62.7%) with working hours of less than eight hours (62.3%) |

III. Results and Discussions

ISSN: 2528-066X (Print)

3.1 Dimension of workplace support

According to Green's behavioral theory, support is one of the reinforcing factors for behavior (Green & Kreuter, 2005). In terms of various aspects, workplace support can be divided into several dimensions, namely break time flexibility, duration of maternity leave, lactation facility and supervisor support.

Breaktime flexibility

Breaktime flexibility means frequency and duration of breaks time and flexibility to pump breast milk during working hours. Even though the workplace allows female workers to express breast milk at workplace, female workers still feel that they are not free to express breast milk because of limited rest time and the lack of flexibility in the time they have to balance doing work and expressing breast milk (Pernatun et al., 2014)(Kristina, Syarif, & Lestari, 2019).

Duration of maternity leave

The Indonesian government has regulations for providing maternity leave contained in law number 13 of 2003 concerning employment which states that "Women workers/laborers are entitled to rest for 1.5 (one and a half) months before the time to give birth to a child and 1.5 (one half) month after giving birth according to the calculation of the obstetrician or midwife" (Kemenkes RI, 2013). But there are still several workplaces that provide leave of less

Lactation facility

Access to the availability of facilities and infrastructure in the workplace is very important as a form of workplace support to increase exclusive breastfeeding (Gebrekidan, Fooladi, Plummer, & Hall, 2020). one of the most important forms of support that can be provided by the workplace to support exclusive breastfeeding is technical support by providing special facilities (Kemenkes RI, 2013)(Pernatun et al., 2014)(Zulfiana & Qudriani, 2018)(Kristina et al., 2019). In general, workplaces have provided facilities to support exclusive breastfeeding, but the facilities provided are still not optimal. Mostly, the special facilities for lactation provided are still lacking in privacy and far from the work space (Kristina et al., 2019)

Workplace policy

The existence of regulations and policies that support the success of exclusive breastfeeding in the workplace is very important for working mothers who breastfeed (Latifah et al., 2018)(Dewi & Santy, 2018)(Marwiyah & Khaerawati, 2020)(Pernatun et al., 2014)(Zulfiana & Qudriani, 2018)(Faradila & Putri, 2021)(Kristina et al., 2019)(Agustina, Prabandari, & Sudargo, 2020)(Sutrini & Aulia, 2020)(Istikomah, Widayati, & Anggraeni, 2021)(Erlani, Seriani, & Ariastuti, 2020).

According to WHO (2009) an important element to support breastfeeding in the workplace is the existence of legal provisions such as paid breastfeeding breaks at work that allow for the combination of work and breastfeeding (WHO, 2009). The amount of support from the respondent's workplace, made possible because the leadership of the workplace implements regulations and policies

Vol. 8, No 1, June 2023, pp.137-144

for female workers who are still breastfeeding to provide exclusive breastfeeding (Zulfiana & Qudriani, 2018)

ISSN: 2528-066X (Print)

ISSN: 2599-2880 (Online)

3.2 Breastfeeding problems in workplace

Identify problems with lactation support facilities that are not available, some of which are the unavailability of breast pumps, there is no adequate room to express breast milk, there are no refrigerators to store breast milk and there is not enough free time to express breast milk during working hours.(Kristina et al., 2019)

3.3 Factors that influence the success of exclusive breastfeeding of working mother Parity (3)

Parity is thought to have something to do with the direction of seeking information about the knowledge of postpartum/breastfeeding mothers in giving exclusive breastfeeding. This is related to the influence of one's own experience and that of others on knowledge that can influence current or future behavior. The higher the level of maternal parity, the positive effect on exclusive breastfeeding (Marwiyah & Khaerawati, 2020). Mothers who have had a positive experience when breastfeeding previously turned out to be a determining factor for continuation. A mother who feels confident in breastfeeding will be more likely to repeat her breastfeeding experience and prolong her lactation period. Primiparas in general often experience problems when breastfeeding and need a lot of support(Colombo et al., 2018)

Education level (3)

A high level of education is one of the factors in forming broad knowledge so that a person has broader insights and is easy to receive information. Mothers with higher education are also more exposed to information from health centers about the benefits of breastfeeding (Colombo et al., 2018) (Erlani et al., 2020). The level of education influences changes in attitudes and healthy living behavior. Mothers who have a higher level of education are generally open to changes or things to maintain their health. Education will also encourage someone to be curious and seek experience so that the information received becomes knowledge(Marwiyah & Khaerawati, 2020)

Knowledge (1, 3, 6)

Good knowledge will affect all attitudes of a person. the better the mother's knowledge about exclusive breastfeeding, the better the attitude and behavior of the mother in giving exclusive breastfeeding (Faradila & Putri, 2021). There is a statistically significant relationship between the level of knowledge of mothers and exclusive breastfeeding to working mothers (Sutrini & Aulia, 2020)(Kristina et al., 2019) (Marwiyah & Khaerawati, 2020) (Istikomah et al., 2021) (Erlani et al., 2020). The behavior of mothers to give exclusive breastfeeding is caused by factors that cause behavior, one of which is knowledge, where this factor becomes the basis or motivation for individuals in making decisions (Marwiyah & Khaerawati, 2020)

Family support

Family support is an important factor in the success of exclusive breastfeeding (Marwiyah & Khaerawati, 2020)(Kristina et al., 2019)(Istikomah et al., 2021)(Erlani et al., 2020). statistically it is proven that non-exclusive breastfeeding is less for mothers who receive less family support (Marwiyah & Khaerawati, 2020). Mothers who receive support from their families have a greater chance of success in exclusive breastfeeding, because without commitment and assistance from the family, exclusive breastfeeding will not be successful considering that working mothers spend a lot of time outside the home (Kristina et al., 2019).

Formula milk

Good knowledge and understanding of exclusive breastfeeding will reduce the chances of using formula milk because the meaning of exclusive breastfeeding is breastfeeding for 6 months without any other additional food, even if it is formula milk (Latifah et al., 2018). Many female workers think that their milk supply is insufficient, so they provide breast milk accompanied by formula milk. When the supply of breast milk runs out, it will use formula milk (Faradila & Putri, 2021)(Kristina et al., 2019)(Erlani et al., 2020). Several other reasons for working mothers giving formula milk are the limited breastfeeding time and the mother's assumption that giving formula milk is the same as the content in breast milk. Incessant advertising of formula milk, and the lack of good understanding about the content of formula milk which is equated with the content of breast milk are factors that influence working mothers to give formula milk to their babies.(Kristina et al., 2019)

ISSN: 2528-066X (Print) ISSN: 2599-2880 (Online)

Vol. 8, No 1, June 2023, pp.137-144

IV. Conclusion

There are still many workplaces that have not provided optimal support for women who are breastfeeding in accordance with applicable regulations, the expected form of workplace support is the availability of adequate lactation rooms, sufficient rest time until appropriate maternity leave. This support is one of the reasons for the low coverage of exclusive breastfeeding among working mothers

Gap literature that found in this scoping reviewis Research on workplace support for breastfeeding mothers has been carried out in recent years. this may be due to the increasing number of working women and the low coverage of exclusive breastfeeding among working mothers. Mixed method design is also rarely used to research about workplace support.

V. References

- Abdullah, G. I., & Ayubi, D. (2013). Determinan Perilaku Pemberian Air Susu Ibu Eksklusif pada Ibu Pekerja. *Kesmas: National Public Health Journal*, 7(7), 298. https://doi.org/10.21109/kesmas.v7i7.27
- Agustina, R., Prabandari, Y. S., & Sudargo, T. (2020). Hambatan pemberian ASI ekslusif pada ibu bekerja: teori ekologi sosial. *Jurnal Gizi Klinik Indonesia*, 17(2), 64. https://doi.org/10.22146/ijcn.50155
- Arksey H, O. M. L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32. https://doi.org/10.1017/S0922156508005621
- Burns, E., & Triandafilidis, Z. (2019). Taking the path of least resistance: A qualitative analysis of return to work or study while breastfeeding. *International Breastfeeding Journal*, *14*(1), 1–13. https://doi.org/10.1186/s13006-019-0209-x
- Colombo, L., Crippa, B. L., Consonni, D., Bettinelli, M. E., Agosti, V., Mangino, G., ... Mosca, F. (2018). Breastfeeding determinants in healthy term newborns. *Nutrients*, *10*(1), 5–8. https://doi.org/10.3390/nu10010048
- Dewi, R., & Santy, F. N. (2018). Pengalaman Ibu Bekerja Dalam Memberikan Asi Eksklusif. *Jurnal Kesehatan Panca Bhakti Lampung*, 6(2), 159. https://doi.org/10.47218/jkpbl.v6i2.51
- Erlani, N. K. A. T., Seriani, L., & Ariastuti, L. P. (2020). Perilaku Pemberian Asi Eksklusif pada Wanita Pekerja Tenaga Kesehatan Rumah Sakit Umum Pusat Sanglah. *Jurnal Medika Udayana*, *9*(6), 70–78. Retrieved from https://ojs.unud.ac.id/index.php/eum70
- Faradila, & Putri, risma aiviani. (2021). Keberhasilan Pemberian Asi Eksklusif pada Ibu Pekerja Pabrik. *Journal of Holistics and Health Sciences*, 3(2), 256–264.
- Gebrekidan, K., Fooladi, E., Plummer, V., & Hall, H. (2020). Enablers and barriers of exclusive breastfeeding among employed women in low and lower middle-income countries. *Sexual and Reproductive Healthcare*, 25(August 2019), 100514. https://doi.org/10.1016/j.srhc.2020.100514
- Green, L. W., & Kreuter, M. . (2005). *Health Program Planning: An Educational and Ecological Approach*.
- Haksari, E. L., Wandita, S., & Yustivani, Y. (2010). Risk factors for non-optimal breastfeeding practices in low birth weight infants. *Paediatrica Indonesiana*, 50(2), 86. https://doi.org/10.14238/pi50.2.2010.86-91
- International Labor Organization. (2013). Tren Ketenagakerjaan dan Sosial di Indonesia 2013. In *International Labor Organization* (Vol. 1).
- Istikomah, Widayati, W., & Anggraeni, S. (2021). Bagaimanakah Efek Dukungan Pimpinan dan Ketersediaan Pojok ASI dengan Keberhasilan ASI Eksklusif. *Jurnal Kesehatan Metro Sai Wawai*, *14*(1), 48–57.
- Kemenkes RI. Peraturan Menteri Kesehatan Republik Indonesia Nomor 15 Tahun 2013 Tata Cara

Penyediaan Fasilitas Khusus Menyusui dan/atau Memerah Air Susu Ibu., Peraturan Menteri Kesehatan § (2013).

ISSN: 2528-066X (Print)

ISSN: 2599-2880 (Online)

- Kemenkes RI. (2017). Profil Kesehatan Indonesia 2016. Jakarta.
- Kristina, E., Syarif, I., & Lestari, Y. (2019). Determinan pemberian Asi Eksklusif pada Ibu Bekerja di Instansi Pemerintah Kabupaten Bungo Provinsi Jambi. *Jurnal Ilmiah Universitas Batanghari Jambi*, 19(1), 71. https://doi.org/10.33087/jiubj.v19i1.568
- Latifah, U., Hidayah, S. N., & Qudriani, M. (2018). Pengalaman Menyusui Eksklusif Pada Ibu Bekerja Di Pesurungan Lor Kota Tegal. *Siklus: Journal Research Midwifery Politeknik Tegal*, 7(1), 278–283. https://doi.org/10.30591/siklus.v7i1.749
- Marwiyah, N., & Khaerawati, T. (2020). Faktor–Faktor Yang Berhubungan Dengan Pemberian ASI Eksklusif Pada Ibu Bekerja di Kelurahan Cipare Kota Serang. *Faletehan Health Journal*, 7(1), 18–29. https://doi.org/10.33746/fhj.v7i1.78
- Pernatun, C., Retna, E., & Retno, E. (2014). Dukungan Tempat Bekerja Terhadap Perilaku Pemberian ASI Eksklusif. *Jurnal Kebidanan Dan Keperawatan*, 10(1), 8–16.
- Sutrini, E., & Aulia, H. A. (2020). Hubungan Faktor-Faktor Pemberian Asi Ekslusif Pada Ibu Bekerja Di Rsu Budi Kemuliaan. *Jurnal Medikes (Media Informasi Kesehatan)*, 7(2), 385–394. https://doi.org/10.36743/medikes.v7i2.243
- Tsai, S. Y. (2013). Impact of a breastfeeding-friendly workplace on an employed mother's intention to continue breastfeeding after returning to work. *Breastfeeding Medicine*, 8(2), 210–216. https://doi.org/10.1089/bfm.2012.0119
- Wallenborn, J. T., Perera, R. A., Wheeler, D. C., Lu, J., & Masho, S. W. (2019). Workplace support and breastfeeding duration: The mediating effect of breastfeeding intention and self-efficacy. *Birth*, 46(1), 121–128. https://doi.org/10.1111/birt.12377
- WHO. (2009). Infant and young child feeding: Model Chapter for textbooks for medical students and allied health professionals. Retrieved from apps.who.int/iris/bitstream/10665/44117/1/9789241597494_eng.pdf?ua=1&ua=1
- World Health Organization. (2016). BREASTFEEDING COUNSELLING A TRAINING COURSE PARTICIPANTS 'MANUAL PART ONE Sessions 1-9. *Training Manual*, 1–171. Retrieved from https://www.who.int/maternal_child_adolescent/documents/pdfs/bc_participants_manual.pdf
- Zulfiana, E., & Qudriani, M. (2018). Penerapan Dukungan Tempat Kerja Pada Ibu Menyusuidenganperilaku Pemberian Asi Eksklusif Di Kecamatan Margadana. *Siklus : Journal Research Midwifery Politeknik Tegal*, 7(2), 324. https://doi.org/10.30591/siklus.v7i2.894