



(RESEARCH ARTICLE)



The influence of the workplace environment on the behavior of health workers who breastfeed in Kupang Regency

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Abstract

Exclusive breastfeeding coverage in Indonesia in 2022 was recorded at only 72.04%, while in East Nusa Tenggara Province it was 78.56%. In Kupang Regency in 2022, the achievement of exclusive breastfeeding will be 77.2%, which is still less than the national target indicator. Breastfeeding mothers who return to work are less likely to provide exclusive breastfeeding. How challenges can occur in efforts to provide exclusive breastfeeding, namely the environment and from the mother herself. This study aims to determine the influence of the workplace environment on the behavior of breastfeeding mothers who work as health workers. This research is quantitative research using a cross sectional approach. The sample from this research consisted of 84 respondents. In selecting samples using inclusion criteria, namely mothers who work as health workers who have babies aged 6 - 24 months in the Kupang Regency area. The research instrument used a questionnaire from January to March 2024. Data analysis used the chi square test. The results of the univariate analysis showed that the majority of workplace environments were categorized as Fair (53.6%). According to breastfeeding behavior, the majority of breastfeeding mothers chose to partially breastfeed (61.9%). According to the results of bivariate analysis, with a p value of 0.021. An unsupportive work atmosphere can influence the behavior of mothers who breastfeed exclusively. As a result, health institutions must help mothers more by providing appropriate social and physical facilities. In addition, written policies that regulate the rights of breastfeeding mothers must have clear technical instructions. All parties must be committed to creating a friendly environment for breastfeeding mothers. There is an influence of the work environment on breastfeeding behavior for health workers who breastfeed.

Keywords: Workplace environment; Breastfeeding behavior; Breastfeeding health workers; Exclusive breastfeeding

1. Introduction

Breast milk is the best nutrition for newborns, proven to reduce mortality and morbidity in infants and children ¹. Therefore, optimal breastfeeding, namely when children are 0 - 23 months old, is very important because it can save the lives of more than 820,000 children under 5 years of age every year ². The latest World Health Organization (WHO) study found that only 40% of children under 6 months of age were exclusively breastfed from a sample of 194 countries ³. Based on the results of Indonesian Basic Health Research (RISKESDAS) 2021, in 2021, 52.5% of babies aged less than six months received exclusive breast milk, or only half of the 2.3 million babies, a decrease of 12% from the figure in 2019.

Data from the Central Statistics Agency (2023) shows that in Indonesia babies aged less than 6 months who receive exclusive breastfeeding have increased from 71.58% (2021) to 72.04% (2022). East Nusa Tenggara Province experienced a decline in 2022, namely 2.62% from 2021 (NTT Provincial Health Service, 2022). In Kupang Regency,

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data obtained from the profile (Kupang District Health Service, 2022) shows that exclusive breastfeeding is 77.2%, which is still less than the national target indicator. Many factors cause breastfeeding coverage in Indonesia to be low and not yet in line with national targets. Breastfeeding mothers who return to work have a greater chance of not providing exclusive breastfeeding than mothers who do not return to work ⁴.

There are several reasons why working mothers are more likely not to exclusively breastfeed their babies, including long working hours, long maternity leave, embarrassment about breastfeeding or pumping at work, lack of support from breastfeeding facilities at work, lack of support from superiors, family, husbands, colleagues, and health workers ⁵. In one study findings also showed that many mothers wanted to breastfeed longer and around 60% of mothers in the US stopped breastfeeding earlier than they wanted ⁶. In Ghana, the practice of breastfeeding is universal among mothers and fifty-two (52%) percent of all babies aged 0-6 months are exclusively breastfed ⁷. Breast-feeding rates have increased gradually in recent decades, 80% of mothers in the Netherlands start breastfeeding, but only 39 percent of babies in the Netherlands are exclusively breastfed by 6 months of age ⁸. The social environment in the workplace influences the success of exclusive breastfeeding, the work environment can provide support such as colleagues, a place to breastfeed or express breast milk and full support from the leadership ⁹. As for obstacles that can arise in efforts to provide exclusive breastfeeding, namely from the environment or from the mother herself (mother's behavior), behavior is the second biggest factor after environmental factors that influence the health of individuals, groups or communities ¹⁰.

Working as a health worker is one of the jobs most often occupied by women. Based on data from the World Health Organization in 2019, women's involvement in the health and social sectors is increasing from year to year, and the number reached 70% in 104 countries ¹¹. In Indonesia, based on data from the Ministry of Health in 2019, the number of health workers reached 1,244,162 people, with the percentage of women being more than 70%. Based on the Kupang District Health Service Profile in 2022, the number of health workers in the entire Kupang Regency area is 1,762 people, with the percentage of female health workers being 84.06% (Kupang District Health Service, 2022).

Based on the results of a preliminary study on several breastfeeding mothers who worked as health workers in the Taebenu area health services, the results were a lack of support in facilities for breastfeeding mothers and support from superiors, but policy support and support from co-workers showed good values. Therefore, researchers want to know whether there is an influence of the workplace environment on the behavior of health workers who breastfeed in the Kupang Regency area.

2. Material and methods

This research is quantitative research with a correlational analysis design, using a cross sectional approach. This research was conducted in health services in the Kupang Regency area. The technique used for sampling is total sampling. In selecting the sample using inclusion criteria, there were 84 mothers who worked as health workers who had babies aged 6 - 24 months. The research instrument used a questionnaire. The analysis techniques in this research include univariate analysis and bivariate analysis. Univariate analysis aims to describe the research variables, namely workplace environment variables and breastfeeding behavior variables. Meanwhile, bivariate analysis aims to analyze the relationship between the two variables using the chi square test. This research was declared ethically appropriate by the Health Research Ethics Committee at the Faculty of Medicine, Airlangga University with Ethics Committee Letter Number 17/EC/KEPK/FKUA/2024 dated January 18, 2024.

3. Results and discussion

3.1. Respondent Characteristics

Based on table 1, the research results show that the majority of respondents were aged 20-35 years (90.5%). Children aged 13-24 months (60.7%), with an average of 2 to 3 children (50%). The respondents' education was mostly D3 graduates (68%), with an average number of working hours \leq 8 hours (48%). The distance from home to work is 57.1% of respondents who travel a distance of 0-10 km, work as midwives (66.7%) with work units in outpatient care (65.5%). The employment status of honorary employees or regional contracts (46.4%), there is no lactation corner (64.3), if any facilities available are incomplete.

The results of the research show that the main characteristics of the respondents are in the healthy reproductive age range, namely between 20 and 35 years, have 2-3 children aged more than 12 months, have education from Diploma 3 with a profession as a midwife, with regional contract employment status, work for approximately eight hours per day

in outpatient care, have a distance from home to work of 0-10 kilometers, and most do not have a lactation corner. The workplace environment is in the adequate category, most breastfeeding mothers provide partial breast milk. So factors in the workplace environment can influence a mother's decision to give breast milk to her baby.

Table 1 Respondent characteristics

No	Respondent characteristics	Frequency	Percentage
1	Maternal age		
	20 – 35 years old	76	90.5
	> 35 years old	8	9.5
2	Child's age		
	6 – 12 month	33	39.3
	> 12 month	51	60.7
3	Number of children		
	1 child	40	47.6
	2-3 children	42	50.0
	> 3 children	2	2.4
4	Maternal education		
	Diploma	68	81.0
	Bachelor	16	19.0
5	Long working hour		
	≤ 8 hours	48	57.1
	> 8 hours	36	42.9
6	Distance from home to workplace		
	0 – 10 kilometers	48	57.1
	11 - 20 kilometers	23	27.4
	> 20 kilometers	13	15.5
7	Employment		
	Midwife	56	66.7
	Nurse	11	13.1
	Dental nurse	1	1.2
	Nutritionists	3	3.6
	Laboratory analyst	3	3.6
	Pharmacist assistant	3	3.6
	Doctor	1	1.2
	Others	6	7.1
8	Unit of work		
	Inpatient unit	18	21.4
	Outpatient unit	55	65.5
	Nutrition unit	1	1.2

	Laboratory	3	3.6
	Pharmacy unit	2	2.4
	Others	5	6.0
9	Employment status		
	Government employees	33	39.3
	Provincial non-permanent employees	12	14.3
	Regional contract workers	39	46.4
10	Lactation corner		
	Available	30	35.7
	Not available	54	64.3

20 to 35 years old is the ideal age for having children and women. At this age they usually have better lactation abilities compared to young mothers and mothers over 35 years ¹². Every child and mother has a unique experience with breastfeeding,

Some children may breastfeed longer than others and some mothers may choose to breastfeed longer than others. Although many people know about the benefits of exclusive breastfeeding and the recommended timing of child feeding, the need for mothers to return to work after maternity leave presents many problems. Some of them are a lack of support and experience expressing breast milk, which makes mothers unable to provide breast milk ¹³.

There is a connection with the influence of personal experience or the experiences of other people which influence the mother's current behavior or the number of children which can influence the decision to breastfeed her child. Individual experiences have a big influence on mothers' breastfeeding practices, especially new mothers who are not used to breastfeeding ¹⁴. An increasing number of children will indeed increase a mother's experience in providing exclusive breastfeeding, but mothers who fail to provide exclusive breastfeeding to their first child are likely to fail also to subsequent children.

Before finally working as a health worker at their current workplace, the respondent had spent a long time learning about this at their place of education. Due to the wealth of information and exchange of experiences between colleagues and fellow health workers, working in the health field can also increase knowledge about these topics. In research by Winarsih and Army (2020) ¹⁵ it is stated that maternal education can also have a negative impact on maternal behavior, mothers with higher education tend to work, spend more time at work, so they do not have time to breastfeed their children. Because tiredness and tiredness make the body not fresh, which reduces breast milk production, so that breast milk comes out less and does not flow smoothly. Mothers who are worried about not being able to meet their baby's needs at night or believe that their breast milk is not enough to keep their baby full tend to give their baby formula milk or a mixture of both.

The research results of Iswara et al. (2022) ¹⁶ Working mothers who work ≤ 8 hours/day are approximately 8.6 times more likely to provide exclusive breastfeeding. This is the same as research by Ni Komang Arni Tria Erlani et al. (2020) ¹⁷ which shows that the length of time a mother works has an effect on exclusive breastfeeding, because the longer a mother works, the mother's limitations in breastfeeding cause concerns about not being able to meet the baby's needs, so mothers tend to add other types of food or add formula milk when they are not around. At home. Mothers who live and work long distances are unable to breastfeed because of the time it takes to return home and work. research by Haryani et al. ¹⁸ stated that exclusive breastfeeding is hampered by mothers and the reason why mothers give formula milk is that the distance from home to work requires a long travel time to return to work. With the distance from home, mothers can go home to breastfeed their babies.

Work as a paramedic focuses on care, so it is assumed that women who work as paramedics will apply this to care for their children well ¹⁷. However, it cannot be guaranteed that they are able to breastfeed their babies exclusively. According to research by Haryani et al ¹⁸ health workers who have a positive attitude towards breastfeeding are more likely to provide exclusive breastfeeding than health workers who have a negative attitude. This causes health workers who breastfeed to experience a large number of unstable emotions, although they are aware of the importance of breastfeeding, but due to work demands, they are unable to do so. Breastfeeding mothers must breastfeed their babies

or express milk regularly to maintain sufficient milk supply to continue breastfeeding, however, due to the long distance to travel home, they are tired on the journey so that milk production is reduced. Research by Chhetri et al. ¹⁹ who stated that insufficient breast milk secretion, poor baby weight gain despite breastfeeding, and long distance from home to work are additional reasons for partial breastfeeding. Policies regarding leave can vary between agencies and are not always clearly regulated in formal regulations. The time spent exclusively breastfeeding by working mothers is shorter because it is influenced by the length of leave time, the availability of facilities for expressing breast milk, job demands, and the support provided by the workplace²⁰. According to research by Chatterji ¹⁹ maternity leave of less than 3 months is associated with the possibility of failure to provide exclusive breastfeeding.

The availability or absence of a lactation corner is one of the obstacles in the practice of breastfeeding. However, those who have a breast milk corner do not use it optimally, in fact they never use it. They tend to prefer to continue breastfeeding in their own room or in an empty room, mainly due to the lack of equipment in the lactation corner. In research conducted by Ratnawati (2013), the place studied provided lactation corner facilities, but because their location was too far from the work room and the place was uncomfortable, most respondents preferred to use the room facilities.

3.2. Workplace environment

Tabel 2 Workplace environment

Workplace environment	Frequency	Percentage
Good	7	8.3
Enough	45	53.6
Not enough	32	38.1
Total	84	100

Based on table 2, most of the influences on the work environment fall into the Fair category, 53.6%, while the Good category is 8.3% and the Poor category is 38.1%. The work environment is greatly influenced by the support provided, starting from the facilities provided, support from superiors, policy support and support from co-workers.

Tabel 3 Workplace environmental support

No	Workplace environmental support	Frequency	Percentage
1	Facility		
	Good	0	0.0
	Enough	10	11.9
	Not enough	74	88.1
2	Leader		
	Good leader	69	82.1
	Quite good leader	13	15.5
	Not good leader	2	2.4
3	Policy		
	Good	41	48.8
	Enough	37	44.0
	Not enough	6	7.1
4	Workmate		
	Good	45	53.6
	Enough	18	21.4

	Not enough	21	25.0
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Based on table 3, it shows that facility support is in the poor category (88.1%). The majority of supervisor support was in the good category (82.1%). Regarding policy support, the majority are in the good category (48.8%). Meanwhile, support from co-workers is in the good category (53.6%).

This research found various types of support that had an impact on the work environment, where support from facilities was rated as the most lacking. Research results from Abekah-Nkrumah et al ⁷ in Ghana found two main factors that influence exclusive breastfeeding among working mothers, exclusive breastfeeding practices (knowledge and understanding about exclusive breastfeeding, as well as experience) and workplace factors (length of maternity leave, closing hours and absenteeism, maternity rules, lack of institutional support and family work-life balance). In the workplace, the main problems consist of obstacles that hinder breastfeeding, namely mothers do not have a special place to breastfeed so they have to breastfeed in the car or at the office (there is no special room for breastfeeding), mothers have to have a certain time to work and cannot work according to a suitable schedule so they have to seek support from other people, such as family or caregivers, or they have to work with the baby in tow because there is no place to breastfeed the baby ²¹. Almost all of the facilities studied did not have a special or private room for expressing breast milk or breastfeeding. Although health facilities are generally considered to be baby-friendly environments, there are some exceptions such as in wards or x-ray units, where the risk of injury or infection to mother and baby may be a reason not to provide a dedicated room. Additionally, there is substantial evidence to suggest that healthcare employees working in lower-level healthcare facilities may not be aware of the need for dedicated spaces for breastfeeding ²¹. In a study conducted in a large urban United States teaching hospital system, it was found that a lack of lactation space in the workplace was associated with increased odds of breastfeeding cessation²². This is the same as research by Amalia ⁹ which found that workplaces that do not provide lactation rooms make it more difficult for mothers to breastfeed their children, which means that breastfeeding practices may decrease. In addition, if the mother forgets to bring a breast pump, it may be difficult to express milk. Although mothers can borrow milk pumps from other people who are breastfeeding, the unavailability of milk pump sterilizers in the workplace is also a problem. Because milk pumping devices should not be shared by different mothers, using a device that is not properly sterilized may increase the risk.

In addition, a study in Iran also documented that the use of formula milk among working mothers who had babies aged 6-12 months was significantly lower in mothers who had access to a lactation room (28%) compared to mothers who do not have access (59.3%) ²³. According to Spatz et al., ²⁴in hospitals in Philadelphia, America that provide lactation programs for their employees, there was a significant increase in the prevalence of breastfeeding at the age of 6 - 12 months which included a lactation room, consultation services, and pump loans. In addition, in research Bai and Wunderlich ²⁵ found a positive correlation between exclusive breastfeeding and breastfeeding technical support at work (ie, access to pumps and refrigerators).

Having an adequate lactation room or area, protected from breastfeeding ventilation, or the introduction of a Friendly Breastfeeding Program (PASI) also plays an important role. When combined with flexible time for expressing breast milk or breastfeeding, the presence of a lactation room tends to be positively associated with breastfeeding duration. And organizational support from co-workers is indirectly related to the duration of breastfeeding for working mothers. This support can increase the desire to breastfeed before giving birth and increase confidence in breastfeeding.

In addition, a lack of supporting facilities, including a lack of lactation training for working mothers, is considered a problem. In this study, the majority of new mothers who had no previous experience in lactation faced challenges while breastfeeding while working. According to Septiani et al. ²⁶ mothers who work and have never received additional training on lactation are less likely to breastfeed exclusively. When there is an environment

3.3. Breastsfeeding behavior

Based on table 4, it shows that the breastfeeding behavior of most breastfeeding mothers is partial breastfeeding at 61.9%. Meanwhile, predominant breastfeeding was 20.2% and exclusive breastfeeding was 17.9%.

The most common breastfeeding behavior is partial breastfeeding. According to WHO, partial breastfeeding is defined as exclusive breastfeeding accompanied by artificial food, such as porridge, formula milk and other intake. Previous experience with the behavior in question may shape the belief, or indirect information about the behavior may also influence the belief. As a result, mothers usually give babies additional food or drinks such as formula milk, water, honey or coffee to make them full. Mothers also said that they had to go back to work and the baby did not want to breastfeed (Hamzah, 2018).

Table 4 Breastfeeding behavior

Breastfeeding behavior	Frequency	Percentage
Exclusive breastfeeding	15	17.9
Pre-dominant breastfeeding	17	20.2
Partial breastfeeding	52	61.9
Total	84	100

Based on research by Al-Ghannami et al.¹⁴ individual experience is very important in determining whether a mother can provide exclusive breastfeeding. It was revealed that mothers' perceptions of insufficient breast milk supply and individual experiences influence their decisions to exclusively breastfeed their babies for the first six months of life and introduce formula milk or complementary foods. In research stated that the majority of working mothers often have difficulty adjusting to taking care of their children, especially in providing exclusive breastfeeding. This is caused by busyness at work, which limits the time for pumping breast milk. Apart from that, stress at work and lack of supporting facilities and infrastructure can also cause a decrease in breast milk production. Mothers who cannot provide exclusive breast milk to their babies often have prelactal feeding and even give their babies PASI at an early age. In addition, they may think that their baby is not getting enough breast milk, so they immediately switch to formula milk.

3.4. Tabulation of the influence of the work environment on breastfeeding behavior

Table 5 The Influence of the Work Environment on Breastfeeding Behavior

Workplace Environment	Breastfeeding behavior						Total		Result
	Exclusive breastfeeding		Predominant Breastfeeding		Partial Breastfeeding				
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Good + enough	14	27	9	17	29	56	52	100	P value : 0,021
Not enough	1	3	8	25	23	72	32	100	r : 0,290
Total	15	18	17	20	52	62	84	100	

Based on the results of the Chi Square test, the p value = 0.021, which means that the p value is < 0.05, so it can be concluded that the work environment has an influence on breastfeeding behavior. The results of the Contingency Coefficient (Contingency Coefficient) in this study show a value of 0.290, namely that the relationship is weak.

According to research conducted by Al-Ghannami et al.¹⁴ mother's employment is the main obstacle in the environment that influences breastfeeding practices. These results suggest that worldwide, maternal employment plays an important role in mothers' decisions about initiating exclusive breastfeeding and continuing breastfeeding into the second year. Due to short maternity leave, lack of child care, and difficulty expressing breast milk at work, mothers often find it difficult to follow exclusive breastfeeding practices. Extending maternity leave, allowing more time for breastfeeding, and allowing more time for lactation can help working mothers breastfeed more and improve overall workforce performance.

According to Al-Ghannami et al.¹⁴ strengthening programs through individual and group counseling participation, support for breastfeeding immediately after birth and lactation management will require new efforts to increase the knowledge and skills of health professionals and community volunteers. In addition, more stringent monitoring will be needed to ensure the sustainability of current interventions to encourage breastfeeding. According to some studies, a combination of different interventions can lead to more comprehensive lactation support programs in the workplace. These interventions may include physical resources (such as a private room equipped with a pump and cooler or refrigerator to store milk), organizational resources (such as bedtime flexibility, work arrangement options, on-site child care), educational resources such as prenatal classes, counseling²⁷

4. Conclusion

There is a relationship between the workplace environment and breastfeeding behavior. The workplace environment is in the adequate category. Most breastfeeding mothers provide partial breast milk. Factors in the workplace environment can influence a mother's decision to breastfeed her baby.

Compliance with ethical standards

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Disclosure of conflict of interest

There is no conflict of interest in this study.

Statement of ethical approval

This study has received ethical clearance approval from the Ethics Committee of the Faculty of Medicine, Universitas Airlangga.

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