



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN
RISET, DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KESEHATAN MASYARAKAT

Jl. Perintis Kemerdekaan Km. 10 Makassar 90245, Telp. (0411) 585658,
E-mail : fkm.unhas@gmail.com, website: <https://fkm.unhas.ac.id/>

REKOMENDASI PERSETUJUAN ETIK

Nomor : 3884/UN4.14.1/TP.01.02/2020

Tanggal: 18 Januari 2020

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan dengan Protokol berikut ini telah mendapatkan Persetujuan Etik:

No. Protokol	3120105008	No. Sponsor Protokol	
Peneliti Utama	Prof. Dr. Stang, M.Kes	Sponsor	Pribadi
Judul Peneliti	<i>Model of Exclusive Breastfeeding Social Support on Indonesian Working Mothers</i>		
No. Versi Protokol	1	Tanggal Versi	3 Januari 2020
No. Versi PSP	1	Tanggal Versi	3 Januari 2020
Tempat Penelitian	Indonesia		
Judul Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard	Masa Berlaku 18 Januari 2020 Sampai 18 Januari 2021	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian	Nama: Prof.dr.Veni Hadju, M.Sc,Ph.D	Tanda tangan 	Tanggal 18 Januari 2020
Sekretaris komisi Etik Penelitian	Nama: Nur Arifah, SKM, MA	Tanda tangan 	Tanggal 18 Januari 2020

Kewajiban Peneliti Utama :

1. Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
2. Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Laporan SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
3. Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
4. Menyerahkan laporan akhir setelah Penelitian berakhir
5. Melaporakn penyimpangan dari protocol yang disetujui (protocol deviation/violation)
6. Mematuhi semua peraturan yang ditentukan

Model of Exclusive Breastfeeding Social Support on Indonesian Working Mothers

Stang Stang*¹, Fadlyah Mulia², Sumarni Marwang³, Nurqalbi Sampara⁴

^{1,2} Department of Biostatistics, Hasanuddin University, Makassar, Indonesia

^{3,4} Midwifery Study Program, Megarezky University, Makassar, Indonesia

DOI: 10.24252/al-sihah.v14i2.31685

Received: 3 September 2022 / In Reviewed: 1 October 2022 / Accepted: 8 November 2022 / Available online: 27 December 2022

©The Authors 2022. This is an open access article under the CC BY-NC-SA 4.0 license

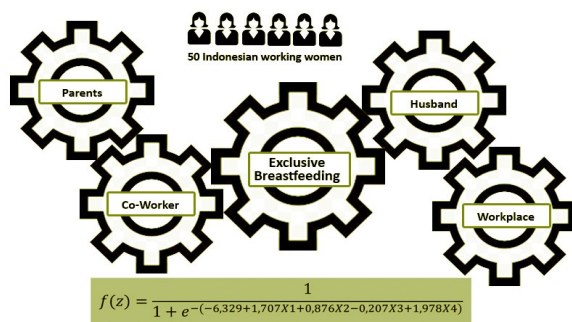
ABSTRACT

Working mothers' status is one of the factors that have influenced exclusive breastfeeding. The availability of social support for working mothers can affect whether exclusive breastfeeding is successful. This study's objective was to examine the different types of social support and design a social support model for working mothers in Indonesia. This study employed mixed methods and an explanatory sequential design. There were 400 working mothers with babies ranging in age from 6 to 24 months. The study included 25 working mothers who provided exclusive breastfeeding (cases) and 25 individuals who did not provide exclusive breastfeeding (control). The sampling method was purposive sampling. There were 11 informants, including working mothers who breastfed exclusively, health workers, and healthcare cadres. This study found a significant relationship between social support from the husband ($p=0.002$), co-workers ($p=0.010$), parents ($p=0.047$), and workplace ($p=0.002$) and exclusive breastfeeding for working mothers. Only the social support of the husband and the workplace determine the social support model in exclusive breastfeeding for working mothers. A husband's contribution is essential in providing social support through emotional and instrumental support.

ABSTRAK

Status ibu bekerja merupakan salah satu faktor yang berhubungan dengan pemberian ASI eksklusif. Keberhasilan pemberian ASI eksklusif dapat dipengaruhi dukungan sosial pada ibu bekerja. Tujuan dari penelitian ini adalah untuk mengamati bentuk dukungan sosial dan merancang model dukungan sosial pemberian ASI eksklusif pada ibu bekerja di Indonesia. Penelitian ini menerapkan metode campuran (mixed methods) dan desain sekuensial eksplanatori. Populasi dalam studi ini ialah semua ibu pekerja yang mempunyai bayi usia 6-24 bulan atau sebanyak 400 orang. Sampel studi ini merupakan ibu pekerja yang menyalurkan ASI eksklusif (kasus) yaitu 25 orang, serta yang tidak menyalurkan ASI eksklusif (kontrol) yaitu 25 orang. Cara penarikan sampel menggunakan metode purposive sampling. Informan sebanyak 11 orang yaitu ibu bekerja yang memberikan ASI eksklusif, tenaga kesehatan serta kader puskesmas. Penelitian ini menemukan bahwa terdapat pengaruh signifikan antara dukungan sosial suami ($p=0,002$), teman kerja ($p=0,010$), orang tua ($p=0,047$), dan tempat kerja ($p=0,002$) terhadap pemberian ASI eksklusif pada ibu bekerja. Model dukungan sosial dalam pemberian ASI eksklusif pada ibu bekerja hanya ditentukan oleh dan tempat kerja dan dukungan sosial suami. Kontribusi suami sangat penting dalam memberikan dukungan sosial melalui dukungan emosional dan instrumental.

GRAPHICAL ABSTRACT



Keyword

breastfeeding while working
husband emotional support
model of social support
working mother
workplace social support

* Correspondence

Perumahan Unhas Jl. Sastra 2 Blok A No 49, Makassar,
90234, South Sulawesi, Indonesia
Email: stangbios@gmail.com

INTRODUCTION

Breast milk is the best nutrition for babies because there has never been a food with as much content as breast milk (Andreas et al., 2015; Lönnerdal, 2016, Nasrabadi et al., 2019). Mothers' exclusive breastfeeding of their babies appears to play an essential role in increasing the baby's body resistance (Abekah-Nkrumah et al., 2020; Lestari et al., 2018). Breastfeeding exclusively can protect babies from various diseases that can endanger their health. The WHO initiated exclusive breastfeeding nearly 30 years ago with the Innocenti Declaration in 1990, but coverage remains far below the global target of around 41% (World Health Organization, 2019).

Exclusive breastfeeding coverage in Indonesia reached 37.3% in 2018 (Kementerian Kesehatan Republik Indonesia., 2019), while the percentage of babies exclusively breastfed in South Sulawesi Province in 2019 was 70.82%. Exclusive breastfeeding coverage in Makassar City increased in 2019 to 73.91%, up from 70.4% in 2018 (Dinas Kesehatan Provinsi Sulawesi Selatan, 2018, 2020). Exclusive breastfeeding success is one of our national and even global commitments. The South Sulawesi Provincial Government has demonstrated its commitment to ASI by ratifying Regional Regulation No. 6 of 2010. Many factors, including social support from various parties, influence the success of exclusive breastfeeding for working mothers (Francis et al., 2021; Mehta et al., 2020). Mothers who breastfeed exclusively tend to receive more social support from those closest to them, such as husbands, parents, and caregivers (Ayalew, 2020; Ong et al., 2022; Srisopa & Lucas, 2021). The success of exclusive breastfeeding for mothers who work in the formal sector is determined by strong knowledge and commitment, as well as adequate social support from family, the workplace, and co-workers (Ulfa et al., 2020). Mothers require social support to exclusively breastfeed their chil-

dren (Kronborg et al., 2015; Lau, 2017; Ratnasari et al., 2017). From a religious standpoint, the child's right is to be respected (Alnasser et al., 2018).

In essence, no mothers fail to breastfeed; instead, the support system (social support) has failed (Shobo et al., 2020; Wood et al., 2020). The presence of social support from close friends and family members, such as husbands, parents, co-workers, and workplaces, is the starting point that determines the next step of breastfeeding, particularly for working mothers who leave their babies at home (Thet et al., 2016; Quitadamo et al., 2021). The Indonesian government has pursued a variety of policies and regulations, including Ministry Decree number 450 of 2004 regarding exclusive breastfeeding, the Minister of Women's Empowerment and Child Protection concerning Ten Steps to Successful Breastfeeding (LMKM), Law number 36 of 2009 concerning health, and Joint Decrees (SKB) number 48/MenPP/XII/2008, number PER.27/MEN/XII/2008 and number 1177/Menkes/PB/XII/2008 concerning the protection and support of breastfeeding women workers during their working hours, but the achievement of exclusive breastfeeding has not yet reached the target of 80%. Based on this problem, researchers were drawn to the involvement of husbands, parents, co-workers, and workplaces in working mothers' success in exclusively breastfeeding based on four elements of social support as a model for research.

Several previous studies have suggested social support for breastfeeding in the workplace, such as research conducted by Chekol et al. (2017) in Northwest Ethiopia, Abekah-Nkrumah et al. (2020) in Ghana, Laugen et al. (2017) in Canada, and Gebrekidan et al. (2020) in poor and developing countries. However, this research only discusses the factors that influence social support for working women in a case-by-case way. This research would comple-

Table 1*Respondents' Distribution by Age, Education Level, Work Type*

Respondents' Distribution	Frequency	
	n	%
Age		
£35 years old	40	80.0
>35 years old	10	20.0
Education level		
Senior High School	4	8.0
Bachelor degree	33	66.0
Master degree	13	26.0
Work type		
Government employees	24	48.0
Employees	17	34.0
Entrepreneur	3	6.0
Others	6	12.0

ment previous research conducted in the workplace by producing a model of support in the workplace. The purpose of this study was to examine various forms of social support and make recommendations for social support models for exclusive breastfeeding for working mothers.

METHODS

The case-control study design was used in this analytical, observational study to investigate the impact of the independent variable on the dependent variable. Exclusive breastfeeding served as the dependent variable in this study, while the independent variable was social support from the husband, parents, co-workers, and workplace. The study was conducted in the working area of the Kassi-Kassi Healthcenter in Makassar City, Indonesia, with the understanding that exclusive breastfeeding coverage was still low.

The population referred to the entire subject under investigation. The 400 participants in this study were all working mothers with babies aged 6-24 months. The sample included 25 working mothers who breastfed exclusively (cases) and 25 who did not breastfeed exclusively (controls). Purposive sampling was used in this study, with inclusion criteria of 1) working mothers with babies aged 6-24

months, 2) mothers and babies with no medical history of exclusive breastfeeding, and 3) living in the Makassar City area at the time of the study, 4) Willingness to take part in the research. This study (*the hypothesis testing for two population proportions formula*), developed by Stanley Lemeshow, was used to determine the minimum sample size. SPSS was used to process the data, with statistical tests for bivariate analysis using Chi-Square and multivariate analysis using the logistic regression test. This study had obtained ethical permission approved by the Health Research Ethics Committee of Public Health Faculty, Hasanuddin University grant No: 3884/Un4.14.1/Tp.01.02/2020

RESULTS

According to [table 1](#), most respondents (56.0%) are between the ages of 31 and 35. Undergraduates (66.0%) and civil servants (48%) dominate respondents' education and occupation.

According to [table 2](#), respondents who received social support from their husbands had a higher percentage of exclusive breastfeeding, namely 70.4%. In comparison, those who did not receive support from their husbands had only 26.1%. The statistical tests yielded a p-value of 0.002, indicating a signifi-

Table 2
The Effect of Social Support on Exclusive Breastfeeding for Working Mothers

Social Support	Exclusive Breastfeeding				Total		Value p
	Yes		No		n	%	
	n	%	n	%			
Husband							
Support	19	70.4	8	29.6	27	100	0.002
Less Support	6	26.1	17	73.9	23	100	
Parents							
Support	15	65.2	8	34.8	23	100	0.047
Less Support	10	37.0	17	63.0	27	100	
Co-worker							
Support	15	71.4	6	28.6	21	100	0.010
Not Support	10	34.5	19	65.5	29	100	
Workplace							
Support	18	72.0	7	28.0	25	100	0.002
Less Support	7	28.0	18	72.0	25	100	

cant relationship between the husband's support and exclusive breastfeeding. Respondents who reported exclusive breastfeeding were higher than those who reported receiving social support from their parents, at 65.2%, compared to those who did not report receiving social support from their parents. Specifically, 65.2% received social support from their parents, compared to 37% who did not. Results of statistical tests obtained a p-value = 0.047, indicating a significant relationship between parental social support and exclusive breastfeeding.

Furthermore, respondents who gave exclusive breastfeeding received more social support from their co-workers, 71.4%, compared to 34.5% of those who did not receive social support from their co-workers. The statistical tests yielded a p-value of 0.010, indicating a significant relationship between co-worker support and exclusive breastfeeding. Table 2 also shows that respondents who provided exclusive breastfeeding were 72% more likely to receive workplace support than those who received only 28%. The statistical tests generated a p-value of 0.002, indicating a significant relationship between workplace support and exclusive breastfeeding.

Table 3 shows the results of multivariate analysis using the logistic regression test, as

well as the variables found to have a significant effect on exclusive breastfeeding, namely the husband's support variable (p = 0.025) and workplace support variable (p = 0.040). The formula model can be used to create a model of exclusive breastfeeding for working mothers based on the results of the logistic regression test in equation 1.

$$f(z) = \frac{1}{1 + e^{-(-6.329 + 1.707X_1 + 1.978X_4)}} \quad (1)$$

Note: X1 = Husband's support, X4 = Workplace's support

DISCUSSION

The Impact of a Husband's Social Support

According to the family concept, the husband is the closest person to the mother and is always expected to accompany her and provide practical assistance (Abie & Goshu, 2019; Kavle et al., 2019). The findings revealed that the husband's social support affected working mothers' exclusive breastfeeding. During exclusive breastfeeding, most mothers receive social support from their husbands in the form of emotional and instrumental support. Mother's acknowledgment that her husband is always involved in the form of taking his wife, providing nutritious food, encouraging exercise, assisting with household chores, preparing delivery costs,

Table 3
Results of Multivariate Analysis with Logistic Regression

Variable	B	Wald	Sig.	OR	95% CI	
					LL	UL
Husband's support	1.707	0.76	0.025	5.511	1.244	24.424
Parents' support	0.876	0.749	0.242	2.401	0.553	10.414
Workplace's support	-0.207	0.961	0.83	0.813	0.124	5.354
Workplace's support	1.978	0.964	0.04	7.228	1.093	47.793
Constant	-6.329	2.532	0.012			

assisting during childbirth, reminding exclusive breastfeeding, and providing moral support for the mother's requirements during this time breastfeeding demonstrates that husbands continue to play a role in child care, particularly during the exclusive breastfeeding period.

The findings of this study were consistent with the findings of a cross-sectional study conducted by Lok et al. (2017) that antenatal breastfeeding education that includes fathers and other significant family members may improve breastfeeding support for new mothers and promote exclusive breastfeeding. Meanwhile, Yanti (2021) conducted a cross-sectional study in Tanjung Gunung Village, Central Bangka Regency, and found no significant relationship exists between the husband's support (financial, physical, and emotional) provided during the antepartum, intrapartum, and postpartum period. Breastfeeding on the success of exclusive breastfeeding. However, if the husband provides support throughout the pregnancy and up to 6 months of breastfeeding without a missed period, this support becomes meaningful. This demonstrates the importance of the husband's support (financial, physical, and emotional) during the antepartum, intrapartum, and breastfeeding periods in determining the success of exclusive breastfeeding (Syam et al., 2019).

The Influence of Parental Social Support

According to the findings of this study, parental social support for working mothers

who provide exclusive breastfeeding took the form of instrumental support and assessment. These include assisting in delivering expressed breast milk to babies while their mothers are at work and nourishing food that is thought to stimulate breast milk production in mothers while at home.

The findings of this study were consistent with research conducted by (Oyay et al., 2020) in Kampung Sereh, Sentani Health Center in Papua, using a case-control study design, which found a link between biological mothers' support for breastfeeding mothers and the practice of exclusive breastfeeding. The study was carried out by (Supriyanto et al., 2021), and the research method used was qualitative. Secondary data obtained from previous research articles and journals or from appropriate internet sites were used in the study. According to the findings of this literature review, there was a link between family support and breastfeeding patterns in infants aged 0-6 months.

The Influence of Co-worker Social Support

The findings revealed that social support from co-workers affected exclusive breastfeeding. While at work, most mothers receive information and practical assistance from co-workers. When it comes time to express breast milk, having a co-worker who is also breastfeeding becomes a friend. If there are breastfeeding issues, work colleagues are often the best place to seek solutions. If a person is experiencing a minor or major problem, someone

will seek social support from those around to feel valued, cared for, and loved.

The findings of this study were consistent with the findings of a study conducted by [Badran et al. \(2022\)](#) with all 75 working mothers in Jordan who participated in a one-month face-to-face cross-sectional survey with verified questionnaires and found a positive relationship between co-workers and exclusive breastfeeding. This finding was strengthened by the research conducted by [Kim et al. \(2017\)](#) in first-time BF African American mothers with a descriptive coding and inductive thematic analysis design, which found a relationship between co-worker support from institutions (schools, workplaces, hospitals, and communities) and exclusive breastfeeding practice.

The Impact of Workplace Social Support

The findings revealed that social support at work affected exclusive breastfeeding. Most informants received instrumental workplace support, such as adequate lactation space for breastfeeding or expressing breast milk and time to express breast milk between work. Because the house was quite close, mothers who did not express breast milk were permitted to go home to breastfeed during breaks.

The findings of this study were consistent with research conducted by [Kozhimannil et al. \(2016\)](#) on The Affordable Care Act using two-way tabulation, logistic regression, and survival analysis, and the findings that there was a relationship between the workplace and exclusive breastfeeding. This study was supported by research conducted by [Riaz and Condon \(2016\)](#), the breastfeeding challenges faced by Pakistani mothers who work as hospital nurses were investigated in this study. Belief in a child's right to breastfeed, conflict with institutional authority, and the importance of family support in sustaining breastfeeding were all recognized as three key issues. When women returned to

work, they encountered rigid hospital policies and procedures, such as brief and non-negotiable maternity leave, rigid shift schedules, and a shortage of childcare facilities.

CONCLUSIONS

This study found that the social support model of exclusive breastfeeding for working mothers at the Kassi-Kassi Health Center in Makassar City was largely determined by the husband's and the workplace's social support. Husbands provide social support through emotional and instrumental assistance during exclusive breastfeeding. Mother's acknowledgement that her husband was always involved in taking his wife, providing nutritious food, encouraging exercise, assisting with household chores, preparing delivery costs, assisting during childbirth, reminding exclusive breastfeeding, and providing moral support for the mother's needs during this period. Breastfeeding demonstrated that husbands continue to play a role in child care, particularly during the new born period of exclusive breastfeeding.

Workplace social support was available in the form of instrumental support, such as providing adequate lactation space for breastfeeding or expressing breast milk and allowing time to express breast milk in between work shifts. Mothers who did not express breast milk were permitted to return home to breastfeed their babies during breaks because their residences were relatively nearby. Some of the limitations of this study include the fact that the informant was asked to recall his experience with exclusive breastfeeding when the baby was 0 to 6 months old, which can lead to information bias. Furthermore, data was gathered solely through interviews with working mothers, not husbands, parents, or co-workers. This was because the husband was also working at the time of the interview, the mother did not live with her parents, and several potential in-

formants were unwilling to be interviewed. The findings of this study make recommendations for every workplace or office agency to provide a lactation room and meet the minimum standards outlined in Minister of Health Regulation No. 15 of 2013.

ACKNOWLEDGEMENT

The authors would like to acknowledge the Dean of the Faculty of Public Health for providing support facilities for this research. Thank also to the heads of the Makassar City Health Office and the Kassi-Kassi Makassar Health Center, who granted permission and assisted in the research process.

FUNDING

Not applicable

AUTHORS' CONTRIBUTIONS

Stang Stang: Conceptualization, Software, Methodology, Writing – original draft. Fadlyah Mulia: Investigation, Supervision, Conceptualization. Sumarni Marwang: Validation, Resources, Writing – review & editing. Nurqalbi Sampara: Resources, Investigation.

AUTHORS' INFORMATION

Dr. Stang, SKM., M.Kes is a Full Professor in Department Biostatistic, Public Health Faculty, Hasanuddin University, Makassar Indonesia. Fadlyah Mulia SKM., M.Kes is a researcher in Public Health Faculty, Hasanuddin University, Makassar, Indonesia. Sumarni Mawang, S.ST., M.Keb is an Associate Professor in Midwifery Study Program, Megarezky University, Makassar, Indonesia. Nurqalbi Sampara, S.ST., M.Keb is an Assistant Professor in Midwifery Study Program, Megarezky University, Makassar, Indonesia.

COMPETING INTERESTS

The authors confirm that all of the text, figures, and tables in the submitted manuscript work are original work created by the authors and that there are no competing professional, financial, or personal interests from other parties.

REFERENCES

- Abekah-Nkrumah, G., Antwi, M. Y., Nkrumah, J., & Gbagbo, F. Y. (2020). Examining working mothers' experience of exclusive breastfeeding in Ghana. *International breastfeeding journal*, *15*(1), 1-10. <https://doi.org/10.1186/s13006-020-00300-0>
- Abie, B. M., & Goshu, Y. A. (2019). Early initiation of breastfeeding and colostrum feeding among mothers of children aged less than 24 months in Debre Tabor, northwest Ethiopia: a cross-sectional study. *BMC research notes*, *12*(1), 1-6. <https://doi.org/10.1186/s13104-019-4094-6>
- Alnasser, Y., Almasoud, N., Aljohani, D., Almsned, R., Alsuwaine, B., Alohal, R., Almutairi, O., & Alhezayen, R. (2018). Impact of attitude and knowledge on intention to breastfeed: Can mHealth based education influence decision to breastfeed exclusively?. *Annals of medicine and surgery*, *35*, 6-12. <https://doi.org/10.1016/j.amsu.2018.09.007>
- Andreas, N. J., Kampmann, B., & Le-Doare, K. M. (2015). Human breast milk: A review on its composition and bioactivity. *Early human development*, *91*(11), 629-635. <https://doi.org/10.1016/j.earlhumdev.2015.08.013>
- Ayalew, T. (2020). Exclusive breastfeeding practice and associated factors among first-time mothers in Bahir Dar city, North West Ethiopia: A community based cross sectional study. *Heliyon*, *6*(9), e04732. <https://doi.org/10.1016/j.heliyon.2020.e04732>
- Badran, E. F., Safadi, R., Al Qutob, R., Qutaishat, A. A., Masarweh, D. F., Bani-Hamad, Y. A., Khamees, A. B., Shabsoughf, A. R., & Khamees, B. (2022). What support is needed prior to the designation as baby-friendly hospital?. *Clinical Epidemiology and Global Health*, *17*, 101045. <https://doi.org/10.1016/j.cegh.2022.101045>
- Chekol, D. A., Biks, G. A., Gelaw, Y. A., & Melsew, Y. A. (2017). Exclusive breastfeeding and mothers' employment status in Gondar town, Northwest Ethiopia: a comparative cross-sectional study. *International breastfeeding journal*, *12*(1), 1-9. <https://doi.org/10.1186/s13006-017-0118-9>
- Dinas Kesehatan Provinsi Sulawesi Selatan. (2018). *Profil Kesehatan 2018*. <https://dinkes.sulselprov.go.id/document/Profil%20Kesehatan>
- Dinas Kesehatan Provinsi Sulawesi Selatan. (2020). *Profil Kesehatan 2019*. <https://dinkes.sulselprov.go.id/document/Profil%20Kesehatan>
- Francis, J., Mildon, A., Stewart, S., Underhill, B., Ismail, S., Ruggiero, E. Di, Tarasuk, V., Sellen, D. W., & Connor, D. L. O. (2021). Breastfeeding rates are high in a prenatal community support program targeting vulnerable women and offering enhanced postnatal lactation support: a prospective cohort study. *International journal for equity in health*, *20*(1), 1-13. <https://doi.org/10.1186/s12939-021-01386-6>
- 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 & Reproductive Healthcare*, *25*, 100514. <https://doi.org/10.1016/j.srhc.2020.100514>
- Kavle, J. A., Picolo, M., Buccini, G., Barros, I., Dillaway, C. H., & Pérez-Escamilla, R. (2019). Strengthening counseling on barriers to exclusive breastfeeding through use of job aids in Nampula, Mozambique. *PLoS One*, *14*(12), e0224939. <https://doi.org/10.1371/journal.pone.0224939>
- Kementerian Kesehatan Republik Indonesia. (2019). *Laporan Nasional Riskesdas 2018*. Badan Penelitian dan Pengembangan Kesehatan. <http://repository.bkpk.kemkes.go.id/3514/>
- Kim, J. H., Fiese, B. H., & Donovan, S. M. (2017). Breastfeeding is natural but not the cultural norm: A mixed-methods study of first-time breastfeeding, African American mothers participating in WIC. *Journal of Nutrition Education and Behavior*, *49*(7), S151-S161. <https://doi.org/10.1016/j.jneb.2017.04.003>
- Kozhimannil, K. B., Jou, J., Gjerdingen, D. K., & McGovern, P. M. (2016). Access to workplace accommodations to support breastfeeding after passage of the Affordable Care Act. *Women's Health Issues*, *26*(1), 6-13. <https://doi.org/10.1016/j.whi.2015.08.002>
- Kronborg, H., Harder, I., & Hall, E. O. (2015). First time mothers' experiences of breastfeeding their newborn. *Sexual & Reproductive Healthcare*, *6*(2), 82-87. <https://doi.org/10.1016/j.srhc.2014.08.004>

- Lau, Y., Pyai, T., Im, P., Su, S., Ho-lim, T., Chi, C., Tsai, C., Wen, K., & Klainin-yobas, P. (2017). Breastfeeding attitude, health-related quality of life and maternal obesity among multi-ethnic pregnant women: A multi-group structural equation approach. *International Journal of Nursing Studies*, *67*, 71-82. <https://doi.org/10.1016/j.ijnurstu.2016.12.004>
- Laugen, C. M., Islam, N., & Janssen, P. A. (2016). Social support and exclusive breast feeding among Canadian women. *Paediatric and perinatal epidemiology*, *30*(5), 430-438. <https://doi.org/10.1111/ppe.12303>
- Lestari, E. D., Hasanah, F., & Nugroho, N. A. (2018). Correlation between non-exclusive breastfeeding and low birth weight to stunting in children. *Paediatrica Indonesiana*, *58*(3), 123-7. <https://doi.org/10.14238/pi58.3.2018.123-7>
- Lok, K. Y. W., Bai, D. L., & Tarrant, M. (2017). Family members' infant feeding preferences, maternal breastfeeding exposures and exclusive breastfeeding intentions. *Midwifery*, *53*, 49-54. <https://doi.org/10.1016/j.midw.2017.07.003>
- Lönnerdal, B. (2016). Bioactive proteins in human milk: health, nutrition, and implications for infant formulas. *The Journal of pediatrics*, *173*, S4-S9. <https://doi.org/10.1016/j.jpeds.2016.02.070>
- Mehta, R. V., Sreenivasa, M. A., Mathew, M., Girard, A. W., Taneja, S., Ranjan, S., Ramakrishnan, U., Martorell, R., Ryan, P. B., & Young, M. F. (2020). A mixed-methods study of pesticide exposures in Breastmilk and Community & Lactating Women's perspectives from Haryana, India. *BMC Public Health*, *20*(1), 1-14. <https://doi.org/10.1186/s12889-020-09966-x>
- Nasrabadi, M., Vahedian-Shahroodi, M., Esmaily, H., Tehrani, H., & Gholian-Aval, M. (2019). Factors affecting Exclusive breastfeeding in the first six months of birth: An Exploratory-Descriptive Study. *Journal of Midwifery and Reproductive Health*, *7*(3), 1749-1764. <https://doi.org/10.22038/jmrh.2018.27330.1297>
- Ong, A. J., Kinshella, M. L. W., Salimu, S., Vidler, M., Elango, R., Banda, M., Dube, Q., Goldfarbe, D., Kawaza, K., & Nyondo-Mipando, A. L. (2022). Perceptions of expressed breast milk for preterm infants in Malawian hospitals: A qualitative study. *Journal of Neonatal Nursing*, *28*(2), 113-117. <https://doi.org/10.1016/j.jnn.2021.08.006>
- Oyay, A. F., Sartono, A., & Handarsari, E. (2020). Dukungan Ibu Kandung, Mertua dan Suami dengan Praktek Asi Eksklusif (0-6 Bulan) di Kampung Sereh Wilayah Puskesmas Sentani Papua. *Jurnal Gizi*, *9*(1), 159-166. <https://doi.org/10.26714/jg.9.1.2020.159-166>
- Quitadamo, P. A., Comegna, L., & Cristalli, P. (2021). Quitadamo, P. A., Comegna, L., & Cristalli, P. (2021). Anti-infective, anti-inflammatory, and immunomodulatory properties of breast milk factors for the protection of infants in the pandemic from COVID-19. *Frontiers in Public Health*, *8*, 1-29. <https://doi.org/10.3389/fpubh.2020.589736>
- Ratnasari, D., Paramashanti, B. A., Hadi, H., Yugistyowati, A., Astiti, D., & Nurhayati, E. (2017). Family support and exclusive breastfeeding among Yogyakarta mothers in employment. *Asia Pacific journal of clinical nutrition*, *26*(Supplement), 31-35. <https://doi.org/10.6133/apjcn.062017.s8>
- Riaz, S., & Condon, L. (2019). The experiences of breastfeeding mothers returning to work as hospital nurses in Pakistan: A qualitative study. *Women and Birth*, *32*(2), e252-e258. <https://doi.org/10.1016/j.wombi.2018.06.019>
- Shobo, O. G., Umar, N., Gana, A., Longtoe, P., Idogho, O., & Anyanti, J. (2020). Factors influencing the early initiation of breast feeding in public primary healthcare facilities in Northeast Nigeria: a mixed-method study. *BMJ open*, *10*(4), e032835. <https://doi.org/10.1136/bmjopen-2019-032835>
- Srisopa, P., & Lucas, R. (2021). Maternal perception of paternal breastfeeding support: A secondary qualitative analysis. *Midwifery*, *102*, 103067. <https://doi.org/10.1016/j.midw.2021.103067>
- Supriyanto, A. L. D., Kristianti, S., & Suwoyo, S. (2021). Hubungan Dukungan Keluarga Dengan Pola Pemberian ASI Pada Bayi Usia 0-6 Bulan. *Jurnal Pendidikan Kesehatan*, *10*(1), 85-100. <https://doi.org/10.31290/jpk.v10i1.2027>
- Syam, A., Iskandar, I., & Kadrianti, E. (2019). Breastfeeding Performance Among Potentially Depressed Nursing Mothers. *Global Journal of Health Science*, *11*(13), 1-59. <https://doi.org/10.5539/gjhs.v11n13p59>
- Thet, M. M., Khaing, E. E., Diamond-Smith, N., Sudhinaraset, M., Oo, S., & Aung, T. (2016). Barriers to exclusive breastfeeding in the Ayeyarwaddy Region in Myanmar: Qualitative findings from mothers, grandmothers, and husbands. *Appetite*, *96*, 62-69. <https://doi.org/10.1016/j.appet.2015.08.044>
- Ulfa, M., Tahir, A. M., Mallongi, A., & Rachmat, M. (2020). Effect of education media on improvement visual acetate acid inspection at Sudiang community health center. *Enfermeria clinica*, *30*, 439-443. <https://doi.org/10.1016/j.enfcli.2019.10.118>
- Wood, F. E., Gage, A. J., & Bidashimwa, D. (2020). Insights on exclusive breastfeeding norms in Kinshasa: findings from a qualitative study. *BMC pregnancy and childbirth*, *20*(1), 1-14. <https://doi.org/10.1186/s12884-020-03273-4>
- World Health Organization. (2019). *Global Breastfeeding Scorecard*. <https://apps.who.int/iris/handle/10665/326049>
- Yanti, E. S. (2021). Dukungan Ayah ASI terhadap Keberhasilan ASI Eksklusif. *Muhammadiyah Journal of Midwifery*, *1*(2), 67-74. <https://doi.org/10.24853/myjm.1.2.67-74>