



Associations Between Husband and Co-worker Support, and Availability of Lactation Room Facilities in the Workplace with Exclusive Breastfeeding Among Formal Sector Employed Mothers in Dairi Regency

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Abstract

Exclusive breastfeeding for the first 6 months of life is essential to ensure optimal infant growth, development, and health. Despite its benefits, there are still many regencies/cities in Indonesia that have not met the national target for exclusive breastfeeding, including Dairi Regency in North Sumatra Province, which only has an exclusive breastfeeding rate of 40.65%. The low rate of exclusive breastfeeding is influenced by various challenges, such as working mothers. This study aims to determine the association of husband and co-worker

support, and the availability of lactation room facilities in the workplace with exclusive breastfeeding among formal sector employed mothers in Dairi Regency. This cross-sectional study was conducted in five selected sub-districts in Dairi Regency on 187 samples of formal sector employed mothers with children aged 6-12 years who were taken through a multistage sampling process. Data were analyzed using the chi-square test. The results showed that the majority of working mothers in the formal sector in Dairi Regency did not provide exclusive breastfeeding to their babies (80.7%). Husband support ($p=0.001$), co-worker support ($p=0.001$), and the availability of lactation rooms in the workplace ($p=0.008$) showed a significant association with exclusive breastfeeding among formal sector employed mothers in Dairi Regency. Workplace management is expected to be supportive by providing sufficient lactation room facilities and creating a positive organizational culture to encourage mothers in exclusive breastfeeding. Husbands should also play an active role in motivating working mothers to continue providing exclusive breastfeeding.

Keywords: Co-worker support, Exclusive breastfeeding, Husband support, Lactation room, Working mothers

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Introduction

Exclusive breastfeeding is defined as the provision of breastmilk alone without any additional food or drink (even water), for the first 6 months of life, except for rehydration solutions (ORS) and medicinal solutions, and vitamins or minerals (drops or syrups) as prescribed by a doctor. WHO and UNICEF recommend exclusive breastfeeding for the first 6 months of life to achieve optimal growth, development, and health. Breast milk is the ideal food for infants because it is clean, safe, and contains a variety of macro and micronutrients that can provide all the energy and nutrients an infant need during their first months of life. Breast milk also contains antibodies that can help protect babies from many common childhood illnesses, such as diarrhea, pneumonia, ear infections, urinary tract infections, and many others. Not only that, breast milk can also provide long-term health benefits such as reducing the risk of obesity and chronic conditions such as diabetes, cardiovascular disease, and some cancers in the future (WHO, 2024).

Research has shown that infants who are not exclusively breastfed are 14 times more likely to die before one year old than those who are exclusively breastfed for 6 months (UNICEF, 2024). Children who are exclusively breastfed for the first 6 months of life are also reported to have higher IQs than those who are not (Peña-Ruiz et al., 2023). Exclusive breastfeeding is not only reported to save the lives of more than 820,000 children aged under five years every year, but also contributes to preventing up to an estimated 20,000 cases of breast cancer in women each year (UNICEF, 2024).

Despite the enormous benefits, there are still many infants who do not receive exclusive breastfeeding. Only 44% of infants aged 0–6 months worldwide were exclusively breastfed during 2015–2020 (WHO, 2023), with a modest increase to 48% by 2023 (UNICEF & WHO, 2023). In Indonesia, the percentage of exclusively breastfed infants in 2022 was 61.5% (Kemenkes RI, 2023a), which increased to 68.6% in 2023. North Sumatra is the province with the seventh lowest rate of exclusive breastfeeding nationally in 2023, at 61.8% (Kemenkes RI, 2023b). One of the regencies in North Sumatra Province with exclusive breastfeeding rates below the national target for 2020–2024 (69%) is Dairi Regency. The proportion of exclusively breastfed infants in Dairi



Regency was reported to be only 40.65%. Of the 15 sub-districts in this regency, only Siempat Nempu Sub-district (83.69%) exceeded the national target for exclusive breastfeeding, while the other 14 sub-districts were far below the national target with the lowest rate of 19.54% in Silahi Sabungan Sub-district and 20.96% in Sidikalang Sub-district (Dinas Kesehatan Provinsi Sumatera Utara, 2023).

The success of exclusive breastfeeding is influenced by several factors, including the mother's employment status. Data suggests that by 2021 in Indonesia, the proportion of infants exclusively breastfed by working mothers is only 51.9% (Syahri et al., 2024). Exclusive breastfeeding among working mothers remains a challenge as the number of women working in the formal sector increases every year. The percentage of female formal employees is 35.75% of the total workers in Indonesia in 2023 (BPS, 2024). Every formal sector employed mother is entitled to maternity leave for at least the first 3 months after giving birth (UU RI Nomor 4 Tahun 2024). After returning to work, mothers have to leave their babies for long periods of time (6–8 hours per day) (UU RI Nomor 13 Tahun 2003). Thus, many working mothers in the formal sector only breastfeed for 3 months according to the duration of their maternity leave, whereas the optimal exclusive breastfeeding is at least 6 months.

Some conditions that can hinder mothers to continue breastfeeding after maternity leave are the lack of husband's role in providing support or other assistance to mothers in order to continue exclusive breastfeeding for 6 months (Andriani & Dewi, 2021). Besides the role of the husband, the support of supervisors and co-workers in the workplace is also related to the success of exclusive breastfeeding in working mothers. Minimal rest time at work, and the absence of facilities or rooms for breastfeeding or storing breast milk at the workplace also contribute to the success of working mothers in providing exclusive breastfeeding for their babies (Marwiyah & Khaerawati, 2020).

The results of a preliminary survey conducted on 35 mothers working in the formal sector as educators or teachers (42.9%), health workers (34.2%), and technical workers (22.9%) in Sidikalang Sub-district, Dairi Regency, who had children aged 6–12 months, showed that only



31.42% of mothers exclusively breastfed their babies. The reasons why mothers did not provide exclusive breastfeeding included because after returning to work, the mother was tired and the husband did not help (39%), did not have time to return home during work breaks to breastfeed her baby (34.8%), reluctance towards co-workers (13.1%), and there was no convenient place at the workplace to pump breast milk (13.2%). Based on the issues above, researchers are interested in knowing whether there is an association between husband and co-worker support and the availability of lactation room facilities in the workplace with exclusive breastfeeding among formal sector employed mothers in Dairi Regency.

Methods

This research is a quantitative study with a cross-sectional design. The study was conducted during November 2024 in Dairi Regency, which is one of the regencies in North Sumatra Province with low exclusive breastfeeding rates. The sampling technique used was multistage sampling. First, researchers determined 30% of the total number of sub-districts in Dairi Regency, which is 5 out of 15 sub-districts. The five selected sub-districts were those with the highest number of formal sector employed mothers, including Sidikalang Sub-district, Sitinjo Sub-district, Sumbul Sub-district, Tigalingga Sub-district, and Pegagan Hilir Sub-district. Furthermore, according to the population size, which consists of all the formal sector employed mothers in Dairi Regency in 2024, which is 640 people, the sample size is determined using the Isaac and Michael table in Sugiyono (2019) with the selected error rate of 10% so that the number of samples to be used in this study is 187 people. The number of formal sector employed mothers taken in each selected sub-district was then calculated proportionally in order to represent each sub-district equally. The inclusion criteria for formal sector employed mothers were those who had babies aged 6–12 months and were willing to be sampled in this study.

Data were collected using a questionnaire to measure the independent variables of husband support, co-worker support, and availability of lactation room facilities in the workplace, and the dependent variable of exclusive breastfeeding practices. The questionnaire to be used has been



tested for validity and reliability by the researcher, which consists of 10 valid questions respectively on the husband support questionnaire (Cronbach's alpha = 0.757) and co-worker support (Cronbach's alpha = 0.683), and 5 valid questions for the lactation room facility questionnaire (Cronbach's alpha = 0.806). Positive questions on the husband support and co-worker support questionnaires were given a score of 1 for a “Yes” answer and a score of 0 for a “No” answer, while negative questions were given the opposite scoring. Husband support and co-worker support variables were further categorized into “Good” (if the total score ≥ 5) and “Poor” (if the total score < 5), respectively. Questions on the lactation room facility questionnaire were given a score of 1 for a “Yes” answer and a score of 0 for a “No” answer and categorized into “Sufficient” (if the total score ≥ 1) and “Insufficient” (if the total score = 0). Meanwhile, the exclusive breastfeeding variable was categorized into “Yes” and “No”.

The data that has been obtained will then be analyzed univariately and bivariate. Univariate analysis is used to describe the frequency distribution based on the characteristics of respondents and categories of research variables, while bivariate analysis aims to determine the association between each independent variable with the dependent variable using the Chi-square test with a confidence level of 95% or significantly associated if $p < 0.05$.

Results

Based on the data collection that has been conducted on 187 research samples, the following results are obtained.

Table 1. Frequency Distribution Based on Characteristics of Formal Sector Employed Mothers in Dairi Regency

Characteristics	n(=187)	% (=100)
Age		
20–35 years	128	68.4
>35 years	59	31.6
Type of employment		
Educator	28	15.0
Health worker	99	52.9



Technical worker	29	15.5
Others	31	16.6
Range of working hours		
<6 hours/day	8	4.3
6–8 hours/day	156	83.4
>8 hours/day	23	12.3
Length of employment		
<5 years	47	25.1
5–10 years	71	38.0
>10 years	69	36.9
Distance between home and workplace		
<1 km	36	19.3
1–2 km	38	20.3
3–5 km	37	19.8
>5 km	76	40.6
Husband's occupation		
Civil servants	65	34.8
Private employee	28	15.0
Entrepreneur	46	24.6
Farmer	24	12.8
Others	24	12.8
Length of maternity leave		
1 month	21	11.2
2 months	40	21.4
3 months	126	67.4

Based on the information in Table 1, it is known that the majority of mothers working in the formal sector in Dairi Regency are 20–35 years old (68.4%). Most mothers worked in the formal sector as health workers (52.9%) and worked for 6–8 hours/day (83.4%). The length of time mothers worked varied, but mainly more had worked in the formal sector for 5–10 years (38%), and even more than 10 years (36.9%). Most mothers who work in the formal sector have a workplace that is quite far from their home (40.6%). The majority of mothers have husbands who work as civil servants (34.8%) and entrepreneurs (24.6%). A total of 67.4% of formal sector employed mothers received 3 months of leave after giving birth.

Table 2. Frequency Distribution of Formal Sector Employed Mothers in Dairi Regency Based on
Dependent and Independent Variable Categories



Variable	n(=187)	%(=100)
Dependent variable		
Exclusive breastfeeding		
No	151	80.7
Yes	36	19.3
Independent variable		
Husband support		
Poor	24	12.8
Good	163	87.2
Co-worker support		
Poor	9	4.8
Good	178	95.2
Lactation room facilities in the workplace		
Insufficient	104	55.6
Sufficient	83	44.4

Information in Table 2 shows that the majority of formal sector employed mothers in Dairi Regency did not provide exclusive breastfeeding to their infants (80.7%). The results showed that only 12.8% of mothers had poor husband support and 4.8% of mothers had poor co-worker support. Meanwhile, most mothers reported that there were no sufficient lactation room facilities in their workplace (55.6%).

Table 3. Association Between Husband Support with Exclusive Breastfeeding Among Formal Sector Employed Mothers in Dairi Regency

Sector Employed Mothers in Dahi Regency							
Husband support	Exclusive breastfeeding				Total		p-value
	No		Yes		n(=187)	%	
	n	%	n	%			
Poor	13	54.2	11	45.8	24	100	0.001
Good	140	85.9	23	14.1	163	100	

Based on the results of the study as shown in Table 3 above, out of 24 working mothers with poor husband support, the majority (54.2%) did not provide exclusive breastfeeding to their babies, while out of a total of 163 working mothers who had good husband support, most also failed to fulfill exclusive breastfeeding for 6 months. The results of bivariate analysis with the chi-square test showed a p-value of 0.001 ($p < 0.05$) which means that husband's support is



significantly associated with exclusive breastfeeding among formal sector employed mothers in Dairi Regency.

Table 4. Association Between Co-worker Support with Exclusive Breastfeeding Among Formal Sector Employed Mothers in Dairi Regency

Sector: Employed Mothers in Durrugy							
Co-worker support	Exclusive breastfeeding				Total		p-value
	No		Yes				
	n	%	n	%	n(=187)	%	
Poor	2	22.2	7	77.8	9	100	0.001
Good	151	84.8	27	15.2	178	100	

Information in Table 4 shows that out of 9 working mothers with poor co-worker support, only 22.2% did not provide exclusive breastfeeding to their babies, while out of a total of 178 working mothers who had good co-worker support, mostly (84.8%) did not provide exclusive breastfeeding to their babies. The bivariate test results gave a p-value of 0.001 ($p < 0.05$) which means that there is a significant association between co-worker support with exclusive breastfeeding among formal sector employed mothers in Dairi Regency.

Table 5. Association Between Lactation Room Facilities in Workplace with Exclusive Breastfeeding Among Formal Sector Employed Mothers in Dairi Regency

Breastfeeding Among Formal Sector Employed Mothers in Dairi Regency							
Lactation room facilities	Exclusive breastfeeding				Total		p-value
	No		Yes				
	n	%	n	%	n(=187)	%	
Insufficient	92	88.5	12	11.5	104	100	0.008
Sufficient	61	73.5	22	26.5	83	100	

The results of this study as shown in Table 5 show that out of 104 mothers who did not have sufficient lactation room facilities in their workplace, the majority (88.5%) did not provide exclusive breastfeeding to their babies, while out of a total of 83 mothers who had sufficient lactation room facilities in their workplace, mostly also did not provide exclusive breastfeeding to their babies (73.5%). The results of bivariate analysis showed a p-value of 0.008 ($p < 0.05$) which means that the availability of lactation room facilities in the workplace is significantly associated with exclusive breastfeeding among formal sector employed mothers in Dairi Regency.



Discussion

Association Between Husband Support with Exclusive Breastfeeding Among Formal Sector Employed Mothers in Dairi Regency

The results showed that there was a significant association between husband support and exclusive breastfeeding among formal sector employed mothers in Dairi Regency (p -value= 0.001). This is consistent with research conducted by Fitriani Bancin et al. (2020) who found that husband support was the most significant factor influencing exclusive breastfeeding in working mothers (p -value<0.001). Research conducted by Kayode et al. (2023) showed that working mothers who were fully supported by their husbands were almost three times more likely to be able to provide optimal exclusive breastfeeding (for 6 months) compared to working mothers who were not supported by their husbands during the breastfeeding process (p -value<0.001). Andriani & Dewi (2021) in their research also suggested that husband support was significantly related to the success of working mothers in providing exclusive breastfeeding (p -value = 0.001). The support of the husband as the closest person is one of the reinforcing factors for mothers in giving exclusive breastfeeding to their babies even when they are working. The husband's involvement in providing emotional support and other practical assistance can affect the mother's emotions so that it helps the continuity of breastfeeding. Husbands who praise mothers with words or sentences will encourage them to continue breastfeeding their babies. Support from the husband by not criticizing changes in the mother's body shape or breast shape can eliminate the mother's worries during breastfeeding. Things like this will make mothers feel loved, supported, and cared for, leading to positive emotions that can increase the production of one of the hormones that contribute to breastmilk production, the hormone oxytocin.

Another study by Salamah & Prasetya (2019) also showed that unsupportive husbands were one of the factors causing failure in exclusive breastfeeding in working mothers (p -value<0.001). The role of husbands or fathers in supporting mothers to optimize exclusive breastfeeding for 6 months gave rise to the term breastfeeding father. This term is defined as the father's involvement in providing moral and material support for his wife during the breastfeeding process. The role of breastfeeding fathers includes seeking information about exclusive



breastfeeding, the benefits of breast milk, how to give breast milk, how to pump and store pumped breast milk, obstacles in breastfeeding and how to overcome them and more, providing support to mothers to carry out early breastfeeding initiation, providing positive support for breastfeeding mothers, participating in caring for and nurturing babies and helping with household chores, meeting the needs of mothers during the breastfeeding process, especially in terms of providing financial support and fulfilling the nutritional needs of mothers, being a supporter who always reminds mothers to breastfeed their babies, helping to overcome problems faced by mothers during the breastfeeding process, finding mothers a special room for breastfeeding or pumping breast milk when they are in public places, and accompanying mothers and babies to have health checks (Mufdlilah et al., 2019).

Association Between Co-worker Support with Exclusive Breastfeeding Among Formal Sector Employed Mothers in Dairi Regency

The results of this study showed that co-worker support was significantly associated with exclusive breastfeeding among formal sector employed mothers in Dairi Regency (p -value= 0.001). Handayani et al. (2024) in their study also found that there was a strong relationship between co-worker support and breastfeeding mothers' behavior (correlation coefficient (r)= 0.742; p -value<0.001). In other words, co-worker support plays a significant role as a factor that boosts the breastfeeding mother's behavior. Co-worker support includes emotional, instrumental, appraisal, and informational support. Positive co-worker support such as facilitating a time and place for mothers to breastfeed or pump breast milk, as well as an organizational culture that supports breastfeeding mothers have been shown to encourage mothers to continue providing exclusive breastfeeding to their babies after returning to work from maternity leave.

The results of this study are also aligned with research conducted by Amalia & Rizki (2018) which suggests that the support of co-workers including supervisors is significantly related to the success of exclusive breastfeeding in working mothers (p -value = 0.042). The success of working mothers to be able to breastfeed is influenced by the work environment as a social environment built by the workplace, including the supervisors. Social support, including from co-workers, is



one of the reinforcing factors that determine exclusive breastfeeding behavior in working mothers. Positive social support from the workplace and co-workers can increase the motivation and confidence of breastfeeding mothers (Santi et al., 2020). Lactation-friendly policies through the provision of facilities, rules that allow mothers to breastfeed or pump breast milk during break time or outside of break time under certain conditions, as well as tolerance and positive support from co-workers and superiors in such a way are some of the things that can increase the success of optimal exclusive breastfeeding for employed mothers (Rodianto & Anshari, 2022).

Association Between Availability of Lactation Room Facilities in Workplace with Exclusive Breastfeeding Among Formal Sector Employed Mothers in Dairi Regency

The provision of special facilities for breastfeeding and/or pumping breast milk is one part of the government's policy as a form of support for the exclusive breastfeeding program to increase the rate of exclusive breastfeeding including among working mothers. The procedure for providing these facilities is regulated in the Peraturan Menteri Kesehatan Republik Indonesia Nomor 15 Tahun 2013 which is used as a guide for all organizers of public facilities and workplace management in providing special facilities for breastfeeding and/or pumping breast milk in order to provide opportunities for working mothers to continue giving exclusive breast milk to babies or pumping breast milk at work during working time. The breastfeeding room at least includes a special room with a minimum size of 3×4 m² and/or adjusted to the number of female workers who are breastfeeding, has a lockable door that is easy to open/close, has ceramic/cement/carpet flooring, has adequate ventilation, lighting, and humidity, is free of potential hazards including pollution-free, quiet and away from noise, and has a sink with running water for washing hands and breastfeeding equipment. The equipment provided in the workplace breastfeeding room at least consists of facilities for storing breastmilk, including refrigerators, ice packs, cooler bags for carrying pumped breastmilk, and sterilized breastmilk bottles, and other supporting equipment, including desks, chairs with backrests for mothers to pump breastmilk, breastfeeding counseling kit, breastfeeding health promotion media, storage cabinet, cold and hot dispenser, bottle washing



equipment, closed trash can, air conditioner or fan, nursing apron for breast milk pumping, wash mitts for breast compress, tissue or hand wipe, and pillow for support during breastfeeding.

The results of this study showed that there was a significant association between the availability of lactation room facilities in the workplace with exclusive breastfeeding among formal sector employed mothers in Dairi Regency (p -value= 0.008). This is in line with research by Ayuningrum (2022) who found that the availability of lactation room facilities in the place where mothers work is associated with the success of exclusive breastfeeding (p -value= 0,003). Amalia & Rizki (2018) in their research also suggested that there was a significant relationship between support facilities in the workplace with the success of exclusive breastfeeding (p -value = 0,008). The availability of supporting facilities and infrastructure, especially lactation room facilities, is one of the most important supporting factors in promoting the success of exclusive breastfeeding for working mothers. Lactation room facilities in the workplace are a form of instrumental support from the work environment that helps mothers to continue to be able to breastfeed or pump breast milk comfortably during work time and thus is expected to increase the mother's motivation to continue exclusive breastfeeding to her baby for 6 months even while working (Fadhila, 2023).

Conclusion and Recommendation

The majority (80.7%) of formal sector employed mothers in Dairi Regency did not exclusively breastfeed their babies. The results showed that husband support, co-worker support, and lactation room facilities in the workplace were significantly associated with exclusive breastfeeding among formal sector employed mothers in Dairi Regency. The researcher suggests that breastfeeding mothers who work in the formal sector should always overcome various challenges that exist during work and continue to provide exclusive breastfeeding for their babies for at least 6 months.

The management or workplace organization is expected to be supportive by providing sufficient lactation room facilities in the workplace and helping to create a positive organizational culture to encourage the success of exclusive breastfeeding among working mothers. In addition,



the researchers recommend the creation of a paid leave policy for husbands who take leave to accompany their wives to give birth so that they can encourage their wives to initiate early breastfeeding while still earning an income. Husbands or fathers should also play an active role in providing support for breastfeeding mothers who are working so that they are motivated to continue exclusive breastfeeding optimally. Health workers are also expected to be able to educate mothers not only about the benefits and methods of breastfeeding but also provide education or counselling prior to the baby's birth regarding time management and preparation as working mothers so that they can continue to exclusively breastfeed after returning to work from maternity leave.





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