

Corelation between Mother's Workers, Family Support and Health Workers with Exclusive Breastfeeding

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Abstract: Exclusive breastfeeding is breast milk that is given to babies from birth for 6 months, without adding/replacing other intakes (except drugs, vitamins, minerals). Exclusive breastfeeding coverage at the Guntung Manggis Health Center in the last 3 years was 42.56% (2019), 62.88% (2020) and 35.29% (2021). There was a decrease of 27.59% in 2021. In addition, this figure has not reached the target at the Guntung Manggis Health Center, which is 65%. Objectives: To determine the relationship between mother's work, family support and health workers with exclusive breastfeeding for infants 6-12 months. Methods: Analytica observation with a cross sectional study design. Results: Exclusive breastfeeding was 33.3%. Mother works 55.6% and 44.4% does not work when the baby is 0-6 months old. Mothers with less family support are 64.4% and good are 35.6%. Mothers with less support from health workers are 64.4% and good are 35.6%. There is relationship between mother's work, family support and support from health workers with exclusive breastfeeding. Conclusions: There is a relationship between mother's work, family support and support from health workers with exclusive breastfeeding for infants aged 6-12 months in the working area of the Guntung Manggis Health Center.

Keywords: breastfeeding, mother's workers, family support

INTRODUCTION

Exclusive breastfeeding is influenced by several factors including the mother's work, support family and health support. Mothers who work, then part of the time is used for work so that this reduces the mother's time in caring for the baby, especially breastfeeding exclusive. Meanwhile, mothers who do not work or as housewives spend more time together babies, so the chance of exclusive breastfeeding is greater in mothers who do not work (Mahadewi, E.P et al, 2020). In addition, family support is needed by a mother in her success in providing Exclusive breastfeeding, support from the family will affect the mother's decision to breastfeed exclusively through emotional, instrumental, informational, and appraisal support. Support The family will affect the mother's psychology, it is known that the mother's psychology plays a very important role important for milk production (Septiani, H et

al, 2017). Another factor that is no less important for exclusive breastfeeding is the support of workers health. Efforts to increase knowledge of health workers (doctors/nurses, nutritionists, midwives, or cadresposyandu as accomplices of health workers) in monitoring exclusive breastfeeding, extracting information about breastfeeding problems that exist in the field, common perception on how to breastfeed properly and correctly, as well as continuous monitoring of exclusive breastfeeding important to do to achieve the success of exclusive breastfeeding (Sitohang, F.D et al, 2019).

METHODS

Respondents with purposive sampling technique, namely sampling is done based on The general purpose of this study was to study the relationship between mother's work, family support and health workers with exclusive

breastfeeding for infants 6-12 months. Special purpose including to identify exclusive breastfeeding, mother's occupation, family support and health workers, as well as analyzing the relationship between the variables studied. The population of this study is all mothers who have babies aged 6-12 months in the work. The primary data collection technique is through interviews using a questionnaire. Meanwhile, data secondary data comes from data obtained based on existing literature/references and reports in the field such as reports from the Puskesmas.

The type of research used is analytic observational with a cross sectional study design namely studying the correlation between exposure/risk factor (independent) and effect/effect (dependent), data collection is carried out simultaneously at one time (point time). approaches).

Univariate analysis to determine the distribution of each variable and presented in the form of narrative and frequency distribution table. Bivariate analysis using the Spearman correlation statistical test with a significance level of 5% ($\alpha = 0.05$).

RESULTS AND DISCUSSION

The results showed the frequency distribution of respondents' characteristics which included maternal age, mother's education, father's education, father's type of work, number of family members, age of the baby, and type of sex of the baby (Table 1).

Table 1. Characteristics of Respondents

Characteristics Respondents	Frequency	Percentage (%)
Mother's Age		
<20 years	0	0
20-35 years old	45	100
>35 years old	0	0
Total	45	100

Mother's Education	Frequency	Percentage (%)
No School	0	0
Elementary School/Equivalent	6	13,3
Middle School/Equivalent	5	11.1

Mother's Education	Frequency	Percentage (%)
High School/Equivalent	19	42,2
College	15	33,3
Total	45	100

Father's Education	Frequency	Percentage (%)
No School	0	0
Elementary School/Equivalent	1	2,2
Middle School/Equivalent	7	15.6
High School/Equivalent	21	46,7
College	16	35,6
Total	45	100

Father's Type of Work	Frequency	Percentage (%)
Government employees	14	31,1
Private sector employee	6	13,3
Self-employed	11	24,4
Trader	6	13,3
Laborer	5	11,1
Other	3	6.7
Total	45	100

Number of Family Members	Frequency	Percentage (%)
<3 people	0	0.0
3- 5 people	40	88.9
>5 people	5	11.1
Total	45	100

Baby Age	Frequency	Percentage (%)
6-8 months	20	44.4
9-12 months	25	55.6
Total	45	100

Baby Gender	Frequency	Percentage (%)
Woman	20	44.4
Man	25	55.6
Total	45	100

Univariate Analysis

The results showed the frequency distribution of exclusive breastfeeding through univariate analysis. Based on the data obtained, most babies are not exclusively breastfed, namely: by 66.7% (Table 2).

Table 2. Exclusive Breastfeeding

Exclusive Breastfeeding	Frequency	Percentage (%)
Exclusive breastfeeding	15	33.3
No exclusive breastfeeding	30	66.7
Total	45	100

The results showed the distribution of the frequency of mother's work when the baby was 0-6 months old. Based on the data obtained, most mothers work when the baby is 0-6 months old, namely by 55.6% (Table 3).

Table 3. Mother's Occupation

Mother's Occupation	Frequency	Percentage (%)
Exclusive breastfeeding	25	55.6
No exclusive breastfeeding	20	44.4
Total	45	100

The results showed the frequency distribution of family support through univariate analysis. Based on the data obtained, most of the respondents received family supportless that is equal to 64.4% (Table 4).

Table 4. Family Support

Family Support	Frequency	Percentage (%)
Fine	16	35.6
Less	29	64.4
Total	45	100

The results of the study show the frequency distribution of health personnel support through analysis univariate. Based on the data obtained, most of the respondents received support the shortage of health workers is 64.4% (Table 5).

Table 5. Support for Health Workers

Support for Health Workers	Frequency	Percentage (%)
Fine	16	35.6
Less	29	64.4

Support for Health Workers	Frequency	Percentage (%)
Total	45	100

Bivariate Analysis

1. Correlation between mother's work on exclusive breastfeeding

Correlation between mother's work on exclusive Breastfeeding (P-value 0.000) with correlation coefficient of 0.506 which indicates that the relationship is moderate

2. Correlation between family support for exclusive breastfeeding.

Correlation between mother's work on exclusive Family support for exclusive breastfeeding (P-value 0.000) with correlation coefficient of 0.952 which means that the relationship is very strong

3. Correlation between the support of health workers for exclusive breastfeeding

Correlation between the support of health workers for exclusive breastfeeding significant relationship means that the support of health workers for exclusive breastfeeding (P-value 0.000) with the correlation coefficient is 0.952, which means that the relationship is very strong

DISCUSSION

Univariate Analysis

1. Exclusive breastfeeding

Based on the results of the study, respondents who did not give exclusive breastfeeding to their babies as much as 66.7%. Exclusive breastfeeding is giving only breast milk to babies from the time they are born birth to 6 months of age (except drugs, vitamins and minerals) (President of the Republic of Indonesia, 2012). Most mothers choose not to exclusively breastfeed her baby for a number of reasons recognized by

Respondents include the mother's busyness in doing her job and the short time off giving birth to working mothers, lack of family support and labor supporthealth, and other reasons such as problems in breastfeeding are common expressed by

mothers who do not exclusively breastfeed their babies.

Based on the questionnaire interviews, some respondents stated that they did not provide Exclusive breastfeeding for the baby because the mother works and lacks skills in preparing Expressed breast milk for babies. Expressed breast milk tends to be scanty and insufficient for given to the baby, so in this case the mother chooses to provide additional Breast milk for babies is like formula milk. In addition, breastfeeding problems experienced, such as breast problems, mother is sick, breast milk does not / has not come out after giving birth so energy Health had time to give babies formula milk at the beginning of the baby's life.

Working mothers can breastfeed directly while on maternity leave, but after entering work direct breastfeeding cannot be carried out. Breastfeeding is not an easy thing easy because it takes dedication, effort and time. Working mothers are not free to breastfeed directly like for mothers whose daily lives are at home, but working mothers can continue to breastfeed in a different way It is different when working, namely by giving expressed breast milk to the baby (Handayani, N., 2020). There are some challenges mothers work in breastfeeding, including: is there support from the environment and place? work such as policy and lactation room, is there time to pump breast milk, is there a place storage of pumped breast milk, and so on. There are several things that cause problems in breastfeeding, such as the readiness of the mother to breastfeed her baby where mothers often feel confused if the baby cries especially for primiparous mothers (first time giving birth) and maternal nutritional intake that is less attention Since pregnancy, the nutritional needs of breastfeeding mothers have increased from the previous need to increase nutrition milk production (Kamariyah, N. et al 2014).

Some respondents also admitted that they did not give exclusive breastfeeding because breastfeeding not enough to give to the baby. The baby has been breastfed, but the baby still continues crying / fussy so the

mother chooses to provide additional intake other than breast milk such as milk formula, zam-zam water, even water so that the baby's intake is fulfilled and the baby is not fussy/crying anymore. Based on the various breastfeeding problems found, it resulted in many advice for mothers to provide additional intake other than breast milk to babies that can be said does not support the success of exclusive breastfeeding such as advice from husband/family, health workers, and friends.

The frequency of breastfeeding affects the amount of milk produced, the more often the mother breastfeeds or expel breast milk, then milk production will be more smoothly. Mother's psychological condition such as stress, feeling depressed, and feelings that are not comfortable for him are also very influential with breastfeeding and smooth milk production (Kamariyah, N, 2014). In addition, environmental, social and cultural is also something that can influence the mother to replace/add intake other than ASI, for example parties around the mother who do not support the mother's success toexclusively breastfeed their babies (Marliandiani, 2015).

2. Mother's Job

Based on the results of the study, mothers who worked when their babies were 0-6 months old were 55.6%. Mother's work means daily activities or activities carried out by mothers to earn moneyincome when the baby is 0-6 months old. It was found that most of the mothers worked in the region the work of the Guntung Manggis Health Center and the most work of mothers as civil servants. This matter This is appropriate because most of the mothers' education in the research location is high school/equivalent (42.2%) and college (33.3%). Mothers with higher education tend to have jobs and the higher the education of the mother, the more worthy the job is.

Based on the results of the questionnaire interviews, the average duration of working mothers is 7 hours. The maximum working hours per day is 7 hours for 6 working days and 8 hours for 5 working days

(President of the Republic of Indonesia, 2021). Mother Working is a mother who works outside the home to earn an income. Part Most working mothers are of reproductive age (15-45 years) with a double workload namely, the burden of doing household chores, taking care of children and being a worker productive in reality brings its own problems, especially in breastfeeding. The purpose of education is to produce people with character and have the skills and Skills. Skills and skills are used to have a job and don't close the possibility of providing employment for others.

In addition, the conditions at the research site tend to be residential areas and respondents admitted that they took housing for reasons of work such as employees The country assigned to the location is the Guntung Manggis Village and the Sub-Districtiron base. Civil servants as elements of the state apparatus are tasked with providing servicesto the community in an honest, fair and equitable manner. For the smooth implementation of the task, then government with limited capacity to facilitate housing for employees and theirfamily members to support the implementation of tasks with a record of official residence is not the right of the employees or obligations that must be provided by the State.

3. Family Support

Most of the research respondents received less family support, namely 64.4%. Family support in this study is all actions taken by the family (which living in the same house) who participate in supporting the success of breastfeeding during infancy aged 0-6 months according to the respondent's confession includes emotional, informational, instrumental, and appraisal.

The most dominant family support is husband support, because some respondents do not live permanently with parents/in-laws. Parents/in-laws tend to provide support only whentherespondent gave birth and only visited the house. Some respondents admitted thatthere is no in-depth communication with

parents/in-laws, especially regarding exclusive breastfeeding Based on the results of the questionnaire interviews, it was found that not a few families provide negative support such as because of breastfeeding problems experienced by mothers, the family instead chose a practical way by suggesting various formula milks in addition food for babies.support that can be provided such as emotional, informational, instrumental, and appraisal/assessment. Family support affects a person's psychological condition to increase self-confidence and motivation. Family support is included in the supporting factor (supporting factors) that can affect a person's behavior and lifestyle, so that withoutthe existence of family support or the support is negative, it can have an impact on the status ofhealth and quality of life.

4. Support for Health Workers

Based on the results of the study, most of the respondents received less support from health workers that is equal to 64.4%. The support of health workers in this study is any action that carried out by health workers, whether doctors, nurses, nutrition workers, midwives, or cadres as accomplices of health workers who participate in supporting the success of the breastfeeding process when infants aged 0-6 months according to the respondent's confession. Based on the results of the questionnaire interviews, it was found that health workers (doctors/nurses) did not perform Early Initiation of Breastfeeding (IMD) in mothers who gave birth by caesarean section. Respondents in this study tend to give birth during the COVID-19 pandemic, so there areinfants and mothers who are cared for separately after delivery. Because of this, health workers had time to provide food other than breast milk at the beginning of the baby's life (formula milk). Besides, communication limited due to the pandemic resulted in mothers receiving less education from the workforce health about breastfeeding and exclusive breastfeeding.

A health worker is anyone who devotes himself to the health sector, the role of Health is measured by the support and

information provided by the health worker themselves (President of the Republic of Indonesia, 2012). Mothers who gave birth by cesarean can carry out IMD as long as their condition is good and qualify. So in this case, if IMD is still not performed on the mother who gave birth, caesarean section, it means that the health workers who handle the delivery process are less supportive of success of exclusive breastfeeding.

A number of hospitals in Indonesia implement a mandatory caesarean section policy for childbirth the baby and separate the child from the mother after delivery in the hospital to prevent transmission of COVID-19. Meanwhile, WHO recommends continuing to do IMD immediately after birth and take care of mother and baby together (joint care in one room) after delivery on the time of the COVID-19 pandemic. WHO recommendations are quite clear that health workers should support continuity of breastfeeding for the health benefits of mothers and babies, including improving systems of newborn immunity.

Bivariate Analysis

1. Relationship between Mother's Work and Exclusive Breastfeeding

The results of this study stated that there was a significant relationship between mother's work and breastfeeding exclusive (P-value 0.000) with a correlation coefficient of 0.506. The results have a close relationship in the medium category which means the more busy the mother is in doing her work, the less opportunity for mothers to exclusively breastfeed their babies. Agree with the results of a study in Tanzania which showed that the majority of mothers who did not exclusively breastfeed their babies because the mother is busy working.

Working mothers do not give exclusive breastfeeding because most working mothers have time caring for fewer babies, while mothers who do not work are more likely to give breast milk exclusive because they have more time to care for the baby. In accordance with previous research which states that a mother who has an

obligation to work tends to have little time to breastfeed their babies due to busy work, this situation causes mothers to discontinue breastfeeding or choose to provide other supplements.

Research by Mahadewi and Ade (2020) agrees that there is a relationship between work and exclusive breastfeeding. In line with research by Timporok et al (2018), that some

Most of the respondents do not give exclusive breastfeeding to their babies while working, so there are relationships between maternal employment status and exclusive breastfeeding. In addition, Fitriani et al (2018) also agree and state that there is a relationship between mother's employment status and exclusive breastfeeding.

Based on the questionnaire interviews, it was found that mothers who work and do not breastfeed exclusively continue to give expressed breast milk using a pacifier bottle by pumping their breast milk for a moment before going to work, but expressed breast milk is often not enough for the baby, so the baby still crying / fussy. In addition, having a babysitter while the mother is working makes the mother feel safe and calm because someone is taking care of the baby, so the mother's efforts are less exclusively breastfeed their babies. From these problems, it resulted in the mother being added with the advice of the family made the decision to provide additional intake (formula milk) to the baby.

Failure in exclusive breastfeeding causes the cessation of the breastfeeding process and early recognition of the use of formula milk. Causes of breastfeeding failure Among them are delays in BMI, mothers feel that their milk is not sufficient, and breast milk does not come out. Insufficient breast milk is caused by various factors, such as insufficient milk production, small nipples leading to lack of suction.

Exclusive breastfeeding can still be done even though there is no direct contact with the baby when left to work, an alternative

way that can be taken is by giving expressed breast milk. However in this case, there is still a lack of knowledge of mothers about expressed breast milk, especially how to express and good and correct storage of expressed breast milk, so there is a need for education for breastfeeding mothers who work to be able to give expressed breast milk with the correct procedure.

2. Relationship between Family Support and Exclusive Breastfeeding

The results of the study stated that there was a significant relationship between family support and the provision of Exclusive breastfeeding (P-value 0.000) with a correlation coefficient of 0.952 which indicates that the closeness of the relationship is very strong means the greater the support given by the family to the success of exclusive breastfeeding, the greater the chances of the mother to be able to survive in exclusively breastfeed their babies. Family support is an external factor the biggest influence on the success of exclusive breastfeeding. Great family support the bigger a breastfeeding mother gets, the greater the mother's ability to continue to breastfeed. Decision making in the household often involves not only husband and wife, but it can also involve the opinions of each of the families of the husband and wife (parents/in-laws). A person who lives under the same roof with the mother (respondent) is a family who have influence in making various decisions about family matters are no exception in exclusive breastfeeding to infants.

Respondent's parents, in-laws, older siblings, or other relatives who are considered experienced in breastfeeding will be a reference in breastfeeding. Some mothers give food in addition to breastfeeding for infants aged 0-6 months because of following the advice of the family, this is because his family's experience was like that too. Information about exclusive breastfeeding isn't it? should be notified to nursing mothers only, but to the mother's family so that they can support mothers in providing exclusive breastfeeding to their babies.

The success of mothers in breastfeeding cannot be separated from the continuous support of their husbands. Mother's motivation to breastfeed will rise if she gains self-confidence and gets full support from husband. Agree with Kusumawati (2017) which shows that there is a relationship between family support and exclusive breastfeeding.

Family support is needed from pregnancy to breastfeeding. Families need information regarding exclusive breastfeeding in order to form good family support for mothers in success exclusively breastfeed their babies. Septiani et al (2017) also stated that family support is associated with exclusive breastfeeding. Mother who gets support from the family has a greater chance to give exclusive breastfeeding to the baby compared to mothers who did not receive support from the family.

3. Relationship between Health Worker Support and Exclusive Breastfeeding

The results of the study stated that there was a significant relationship between the support of health workers and exclusive breastfeeding (P-value 0.000) with a correlation coefficient of 0.952 which indicates that the closeness of the relationship is very strong means the greater the support of health workers for exclusive breastfeeding, the greater the chances of the mother being able to breastfeed effectively exclusive to the baby.

The role of health workers in providing nutritional intake to infants is measured by their support information provided by the health personnel themselves. The results of this study show that most respondents do not get support from health workers. Support Health workers are very important in the continuity of exclusive breastfeeding because they can increase the mother's self-confidence and act as a provider of the necessary information.

Health workers are the spearhead of the success of exclusive breastfeeding, this success starting from the Early Initiation of

Breastfeeding (IMD) after the mother gives birth to internal supervision exclusive breastfeeding for six months.

Health workers must be quick to motivate mothers to exclusively breastfeed. In accordance with the research of Ida and Irianto (2011), that mothers who are well supported by health workers have a greater chance of giving exclusive breastfeeding than mothers with the support of health workers less. This is in line with the expectation that the mother's ability to access health workers will improve support exclusive breastfeeding behavior. The existence of support from health workers will provide convenience if the mother has problems breastfeeding.

The role of health workers is the beginning of the mother's success or failure in breastfeeding exclusively. Supported by Sitohang et al (2019), that there is a relationship between power support health by exclusive breastfeeding (Sitohang, F.D. et al, 2019). Fitriani et al (2018) also agree and suggest to health workers to motivate mothers to do breastfeeding as nutrition important for the growth and development of children.

Consultation regarding breastfeeding problems is very important, especially for mothers should always be consulted if breastfeeding problems are found for him or her baby. Through this, it is likely that breastfeeding problems can be solved because: handled directly by health professionals. Various complaints of breastfeeding mothers often sound like sore breasts, sore nipples, milk coming out little, until the baby is fussy while feeding. This makes the mother worried that her baby's intake is not fulfilled. One thing that can be done is a lactation consultation. Lactation consultation stated effective in helping mothers to successfully breastfeed exclusively.

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breastfeeding for six months. Health workers must be quick to motivate mothers to exclusively breastfeed. In accordance with the research of Ida and Irianto (2011), that mothers who are well supported by health workers have a greater chance of giving exclusive breastfeeding than mothers with the support of health workers less. This is in line with the expectation that the mother's ability to access health workers will improve support exclusive breastfeeding behavior. The existence of support from health workers will provide convenience if the mother has problems breastfeeding.

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Consultation regarding breastfeeding problems is very important, especially for mother should always be consulted if breastfeeding problems are found for him or her baby. Through this, it is likely that breastfeeding problems can be solved because: handled directly by health professional. Various complaints of breastfeeding mothers often sound like afternoon breasts, afternoon nipples, milk coming out little, until the baby is fussy while feeding. This makes the mother worried that her baby's intake is not fulfilled. One thing that can be done is a lactation consultation. Lactation consultation stated effective in helping mothers to successfully breastfeed exclusively.

CONCLUSIONS

Exclusive breastfeeding was 33.3%. Mothers who worked 55.6% and did not work 44.4% as babies 0-6 months old. Mothers with less family support are 64.4% and good are 35.6%. mother with support for health workers is less 64.4% and good 35.6%. Based on the bivariate

test, there is a relationship mother's work, family support and support of health workers with exclusive breastfeeding.

Respondents should always consult with health workers regarding problems experienced breastfeeding and participate in counseling/training related to exclusive breastfeeding. For working mothers, should advocate in the workplace to provide lactation rooms for breastfeeding mothers to achieve the success of exclusive breastfeeding.

Elegant parties are expected to be able to organize counseling about strategies or tips for success exclusive breastfeeding, KADARZI counseling, lactation education since pregnancy, condition checks health, especially early detection of breast problems, as well as improving maternal nutrition since pregnancy. Besides Therefore, the need for training in breastfeeding counseling to health workers and the establishment of forums exclusive breastfeeding support.

This research can be used as a reference for further research because it was found that Various breastfeeding problems arise after giving birth such as breast milk does not come out, does not run smoothly or insufficient, and so on. Therefore, it is necessary to thoroughly study in-depth information about psychological factors, maternal workload, and maternal health conditions, such as fatigue or dehydration that affects the smooth production of breast milk in the mother.

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