Journal of Current Health Sciences. 2024, 4(2): 111-118
DOI:10.47679/jchs.2024105
ISSN 2809-3275 (print), ISSN 2809-2236 (online)

REVIEW ARTICLE

# The Role of Family and Workplace Support in Sustaining Exclusive Breastfeeding Among Working Mothers: A Scoping Review

Desiy Fitriani[1*)], Maya Sartika[1], Wahyu Nindi Sayekti[2]

Published online: 21 November 2024

## Abstract

The composition of breast milk is the best way to provide the nutrients a baby needs for healthy growth and development. Maternal employment also plays a role in the decline in breastfeeding rates. Providing breast milk or breastfeeding is a behavior that can be taught by the family to the mother by providing family support, especially husband support. Research objective: to review literature discussing family support for working mothers in providing exclusive breastfeeding. Method: Preparation of a scoping review using the framework from Arksey and O'Malley. Results: Based on 6 selected articles, 3 with cross-sectional design, 1 descriptive study, 1 quantitative and qualitative data, and 1 qualitative data. The results of the research obtained three themes, namely factors that influence the success of providing exclusive breastfeeding, forms of support and obstacles experienced in providing exclusive breastfeeding. Conclusion: Family support, including husband's support, is one of the factors associated with exclusive breastfeeding. It was found that lack of support from the workplace was an obstacle to breastfeeding.

Keywords: Family Support, Social Support, Husband, Exclusive Breastfeeding, Working Mother

**Abstrak:** Komposisi ASI merupakan cara terbaik untuk menyediakan nutrisi yang dibutuhkan bayi agar tumbuh kembangnya sehat. Pekerjaan ibu turut memberikan peran pada turunnya angka pemberian ASI . Memberikan ASI atau menyusui merupakan perilaku yang dapat diajarkan oleh keluarga kepada ibu dengan memberikan dukungan keluarga terumata dukungan suami. Tujuan Penelitian: mereview literature yang membahas tentang dukungan keluarga terhadap ibu bekerja dalam memberikan ASI eksklusif. Metode: Penyusunan scoping review menggunakan framework dari Arksey dan O'Malley. Hasil: Berdasarkan 6 artikel terseleksi 3 dengan desain cross-sectional, 1 Studi deskriptif, 1 Data kuantitatif dan kualitatif, dan 1 Data Kualitatif. Hasil penelitian mendapatkan tiga tema yaitu faktor yang mempengaruhi keberhasilan pemberian ASI Eksklusif, bentuk dukungan dan hambatan yang dialami dalam pemberian ASI Eksklusif. Simpulan: Dukungan keluarga termasuk dukungan suami adalah salah satu faktor yang terkait dengan pemberian ASI secara EKsklusif. Ditemukan bahwa kurangnya dukungan dari tempat kerja menjadi penghambat dalam pemberian ASI.

Kata kunci: ASI Eksklusif, Dukungan Keluarga, dukungan suami, Ibu Bekerja, Dukungan Sosial

[1*)] Sekolah Tinggi Ilmu Kesehatan Al-Maʼarif Baturaja
[2] Sekolah Tinggi Ilmu Kesehatan Bina Husada, Indonesia

*) corresponding author

Desiy Fitriani
Sekolah Tinggi Ilmu Kesehatan Al- Maʼarif Baturaja
Jl. Dr. Mohammad Hatta No.687-B/C, Sukaraya, Baturaja Timur, Sumatera Selatan, Indonesia, 32112. Telp: (0735) 3741903, 326072, 322300

Email: desiyfitriani123456@gmail.com

## INTRODUCTION

Breastfeeding is recognized as the optimal source of nutrition for infants, providing essential nutrients that support their growth and development (World Health Organization [WHO], 2023). Exclusive breastfeeding for the first six months is strongly recommended by WHO and the Indonesian Pediatrician Association (IDAI), with continued breastfeeding advised until the age of two years. However, despite these recommendations, the global rate of exclusive breastfeeding remains suboptimal, with only 43% of infants aged 0–6 months receiving exclusive breast milk (WHO,

2023). This highlights an urgent global public health concern, particularly as more women participate in the workforce and face barriers to breastfeeding (Ayton et al., 2024).

The transition into motherhood comes with increased responsibilities, including the challenge of balancing work commitments with the need to breastfeed. Research shows that maternal employment is one of the key factors affecting breastfeeding continuation, as many mothers struggle to maintain exclusive breastfeeding due to workplace constraints, short maternity leave, and lack of lactation facilities (Marwiyah & Khaerawati, 2020). In Indonesia, maternity leave policies typically allow only three months of paid leave, which is often insufficient to support optimal breastfeeding practices (Kristiyanti, 2020).

Globally, the issue of balancing work and breastfeeding is prevalent. More than 70% of Australian women are employed before childbirth, with many returning to work within six months postpartum (Ayton et al., 2024). Similarly, the female labor force participation rate in Indonesia increased from 48.9% to 51.09% in recent years, with an estimated 86.7 million women currently employed (Wahyuni, 2019). As more women enter the workforce, many are forced to introduce formula milk earlier than recommended due to workplace barriers such as limited breastfeeding breaks and inadequate lactation rooms (Ayton et al., 2024). The failure to address these barriers results in a significant decline in exclusive breastfeeding rates among working mothers.

Support from the family, particularly husbands, plays a crucial role in determining the success of exclusive breastfeeding among working mothers. Family support encompasses emotional, informational, and practical support, which can positively influence a mother's breastfeeding confidence and overall experience (Rahmawati, Murti, & Suryani, 2015). Studies indicate that women who receive strong family support are more likely to sustain exclusive breastfeeding for at least six months postpartum (Kristiyanti, 2020).

Husbands, as primary support figures, significantly influence breastfeeding decisions and duration. A supportive husband can provide emotional reassurance, assist with household responsibilities, and advocate for breastfeeding-friendly work policies. Research suggests that when fathers actively participate in infant care and support breastfeeding efforts, mothers feel more confident and are more likely to continue breastfeeding despite workplace challenges (Uluğ & Öztürk, 2020). Furthermore, social support from extended family members, including grandparents and siblings, can also play a role in facilitating breastfeeding by reducing maternal stress and workload (Thi et al., 2019).

The Social Support Theory, introduced by House (1981), provides a useful framework for understanding how family and social networks contribute to breastfeeding success. This theory categorizes social support into four types, each playing a crucial role in facilitating breastfeeding among mothers. Emotional support involves encouragement and reassurance from family members, particularly husbands, which boosts maternal confidence in breastfeeding. Informational support is provided by healthcare professionals and experienced mothers in the form of guidance and knowledge to help breastfeeding women navigate challenges. Instrumental support refers to tangible assistance, such as helping with household tasks, which allows mothers to focus on breastfeeding without additional stress. Lastly, appreciative support consists of recognition and affirmation from family and peers, reinforcing a mother's efforts and commitment to breastfeeding. Together, these types of social support create a positive and enabling environment that enhances a mother's ability to breastfeed successfully.

Several studies support the application of this theory to breastfeeding outcomes. For instance, research in Vietnam found that increased social support was positively associated with higher breastfeeding self-efficacy among postpartum mothers (Thi et al., 2019). Similarly, a study in Turkey demonstrated that women with strong partner support were more likely to successfully initiate and sustain exclusive breastfeeding (Uluğ & Öztürk, 2020). By applying the principles of Social Support Theory, interventions can be developed to enhance family involvement in breastfeeding support, ultimately improving breastfeeding rates among working mothers.

Despite extensive research on breastfeeding, there remains a gap in understanding the specific role of husbands and family support in enabling working mothers to sustain exclusive breastfeeding. While some studies have explored the influence of workplace policies, few have examined the intersection between familial support and employment-related breastfeeding barriers. This study aims to address this gap by systematically mapping existing literature on family and husband support for working mothers in providing breast milk.

The findings from this scoping review are expected to contribute to the development of improved midwifery service standards and breastfeeding support programs. By identifying key factors that influence breastfeeding success, this study seeks to provide evidence-based recommendations for enhancing family and community support for breastfeeding mothers, particularly those who are employed.

Therefore, the aim of carrying out this scoping review is to map systematically and answer the research question about "How is the support of the family, especially husbands, in providing breast milk to working mothers?" So it is hoped that this research can become initial data in developing appropriate midwifery service standards to be applied to communities in Indonesia. In this way, society can further increase support for working mothers who still breastfeed their babies, especially support from their husbands in the future.

## METHODS

### Scoping Review Framework

A scoping review is a systematic approach to identifying, mapping, and synthesizing existing literature across various research methods relevant to a specific topic (Arksey & O'Malley, 2005). This methodology enables researchers to explore the breadth and depth of a research area, identify knowledge gaps, and determine potential areas for further study. Referring to Arksey and O'Malley (2005), this study follows six key stages of a scoping review. The first stage involves identifying research questions and aligning them with the study objectives to ensure relevance and clarity. The second stage focuses on identifying relevant literature sources by searching various databases to gather comprehensive and high-quality references. The third stage entails selecting literature based on predefined inclusion and exclusion criteria, ensuring that only relevant and methodologically sound studies are incorporated. The fourth stage involves extracting and mapping key information from the selected literature, categorizing data into meaningful themes for analysis. The fifth stage consists of compiling and reporting the synthesis of findings,

presenting a structured summary of the existing body of knowledge. Finally, the sixth stage includes consulting experts or key stakeholders (when applicable) to validate findings and enhance the credibility of the review. By following these systematic steps, the study ensures a rigorous and transparent approach to synthesizing literature on the research topic.

### Identifying Scoping Review Questions

The first step is a scoping review by identifying research questions tailored to the objectives being studied. At this question stage, the researcher identifies questions that aim to serve as a reference in searching for articles. It is important to consider aspects of the research question, such as the intervention population and outcomes, in order to obtain quality research. This scoping review uses the population, exposure, outcome, and setting (PEOS) question format. From what has been explained, the question in this research is "How is family support in providing breast milk to working mothers?"

**Tabel 1**
**Framework PEOS**

| | |
|---|---|
| **Population** | Working and Breastfeeding Mothers |
| **Exposure** | Husband's Support, Family Support, Social Support |
| **Outcome** | ASI, Experience, Perception, Views |
| **Setting** | Working Mother |

### Identifying Relevant Literature Sources

A systematic search strategy was employed to identify relevant literature, ensuring a comprehensive collection of studies by utilizing three major databases: PubMed, which focuses on medical and health sciences; Google Scholar, which provides a broad range of interdisciplinary sources; and SpringerOpen, which includes open-access, peer-reviewed articles. To refine the search, Boolean operators (AND, OR) and truncation symbols (e.g., "breastfeeding*" and "support*") were applied to optimize the retrieval of relevant studies. The keywords used in the search included: ("breastfeeding support" OR "husband support" OR "family support") AND ("working mother" OR "employed mother") AND ("exclusive breastfeeding"). Additionally, specific filters were applied in each database to enhance the relevance of the selected studies. In PubMed, the search was limited to articles with "Free full text available" and a publication date range of 2014–2024. In Google Scholar, the first 100 results were reviewed, with a publication date filter set to since 2014. Similarly, in SpringerOpen, studies were filtered by the publication year 2014–2024. This systematic search strategy ensured that only peer-reviewed studies relevant to the research question were included, while excluding studies that did not focus on family support in breastfeeding.

### Inclusion and Exclusion Criteria

The selection process followed predefined inclusion and exclusion criteria to ensure the relevance and quality of the studies included in the scoping review. The selection of studies from 2014 to 2020 was based on the need to capture recent developments in breastfeeding support policies, maternal employment trends, and family involvement (WHO, 2023). Policies and workplace interventions related to breastfeeding have evolved significantly in the past decade, necessitating a focus on literature reflecting these changes.

**Tabel 2**
**Inclusion and Exclusion Criteria**

| Inclusion Criteria | Exclusion Criteria |
|---|---|
| Published between 2014–2020 | Reports/documents/draft policies from WHO or formal organizations |
| Articles in English or Indonesian | Articles discussing only breastfeeding prevalence |
| Articles identifying the main support system for working mothers in breastfeeding | Articles focusing on breastfeeding coverage data |
| Articles discussing factors influencing family support in breastfeeding | Studies analyzing only the success rate of breastfeeding |
| Empirical studies with qualitative or quantitative methodologies | Studies discussing contraindications to breastfeeding |

### Literature Selection Process

A systematic selection process was conducted following the PRISMA framework (Page et al., 2021). Literature sources were obtained through electronic databases and manually screened based on title, abstract, and full-text relevance.

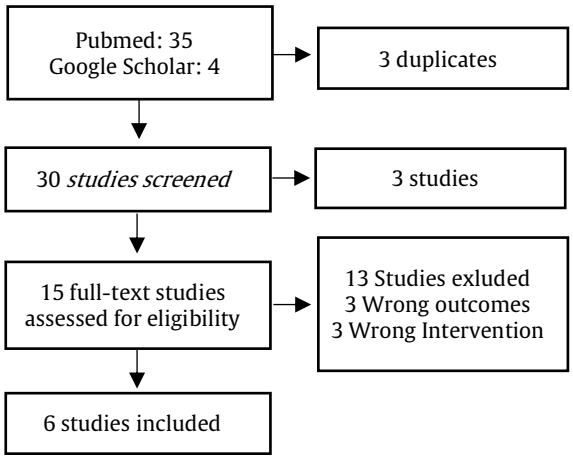


**Figure 1. Prisma Flowchart**

### Charting data

Based on the 6 articles that have been selected, the next step is charting the data to classify several articles: Author/year, Aim, Type of Research, Method, Result (table 3).

### Map Data

The results of this review found several themes that were considered most relevant to the focus of the review, mapped in table 4.

**Table 3**
**Data Charting**

| No | Author/ Year | Objective | Types of Research | Metode | Results |
|---|---|---|---|---|---|
| 1 | (Thi *et al.*, 2019), | The aim of this study was to explore factors associated with breastfeeding self-efficacy and its predictors among postpartum Vietnamese women | Cross-sectional | Among postpartum Vietnamese women. This research was conducted on 164 postpartum mothers at Tu Du Hospital in Vietnam from August to September 2017. This study used the Breastfeeding Self-Efficiency Scale (BSES), Multidimensional Scale of Perceived Social Support (MSPSS), and Edinburgh Postnatal Depression Scale (EPDS) to explore factors that influence breastfeeding self-efficacy. T-test, ANOVA, Pearson correlation coefficient, and hierarchical linear regression were used to determine the relationship between the independent and dependent variables. mothers who planned to breastfeed, give birth vaginally or have a cesarean section, were aged 18 years or over, were able to read and write Vietnamese, agreed to participate in the study, and delivered the baby at 37 weeks' gestation or more. | Strategies to foster breastfeeding independence should focus on reducing the incidence of postpartum depression and increasing social support for breastfeeding. Health care providers should screen for and watch for signs of postpartum depression. In addition, health care providers should offer adequate support tailored to the mother's needs and involve her social network in breastfeeding education. |
| 2 | (Uluğ dan Öztürk, 2020) | The aim of this research is that mothers experience intense physiological and psychological changes. Mothers try to adapt to the changes in this period and motherhood. Therefore, mothers need a lot of support in the first days postpartum | Descriptive Study | This was a descriptive study conducted in a family health care center in Türkiye. The research sample consisted of 350 mothers between August 2016 and February 2017, determined by data analysis. | The best thing about breastfeeding for mothers is positively related to their partner's level of emotional, social and physical support |
| 3 | (Ayton *et al.*, 2024) | The aim of this research is to explore the experiences of mothers and fathers who combine breastfeeding with returning to work after giving birth | Quantitative and qualitative data | Of 130 Tasmanian parents (who self-identified as male or female), one-third (31%) lived in the north or north-west of the state, and almost half (40%, or 52 participants) responded to free-text questions. Of these, 84% (109) reported that they were employed by TSS as permanent employees. A total of 42 participants agreed to be interviewed by telephone, four of whom were fathers. | The emotional and physical costs of breastfeeding are largely unrecognized by workplaces as an important element of return to work for both parents with the greatest impact felt by mothers. This gives rise to a form of breastfeeding conflict between work and family, which occurs when work interferes with breastfeeding and family life. Family-friendly breastfeeding policies based on equality principles are needed to address gender inequality and discrimination in the workplace. These policies must recognize breastfeeding as an integral part of parents' narratives for returning to work after giving birth. This recognition will allow parents to safely negotiate the |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | transition with their workplace, reducing conflict as a couple and as individuals. |
| 4 | (Rita Surianee Ahmad *et al.*, 2022) | This study aims to explore working mothers' breastfeeding experiences and challenges that may influence their practice | Kualitatif | Involving working mothers in Kota Bharu who met the inclusion criteria and agreed to participate in this research were recruited using purposive sampling. Sixteen participants aged 24 to 46 years were interviewed using semi-structured in-depth interviews in this study. All interviews were recorded in digital audio, transcribed verbatim, and analyzed using thematic analysis. | Maintaining breastfeeding after returning to work is a challenge for working mothers and most of them need support to continue breastfeeding practices. Support from partners and family influences working mothers' decisions to breastfeed. Employers play a role in providing support systems and workplace facilities for mothers to express and store breast milk. Internal and external support is very important for mothers to overcome challenges to achieve success in breastfeeding |
| 5 | (Kristiyanti, 2020) | The aim of this research is to determine the relationship between family support and company support with the performance of breastfeeding mothers who work in the Pekalongan Regency area | cross-sectional | The population of this study was all female employees who were breastfeeding at 4 textile companies in the Pekalongan Regency area, totaling 40 people. Sampling was carried out using total sampling, where all accessible populations that were included in the inclusion criteria were made research subjects. At the time of the research there were 9 people who were excluded because 5 people were on maternity leave and 4 people were not willing to be research subjects, so there were 31 research subjects. The data collection instrument in this research was to use a questionnaire which included questionnaires about respondent characteristics and family support | This shows that there is a significant relationship between company support and the performance of breastfeeding mothers with an odds ratio of 7.87, meaning that good company support can make the performance of breastfeeding mothers 8 times better. Suggestions for health workers, especially midwives, can provide motivation and information to mothers that even though working mothers can still breastfeed exclusively since pregnancy, company leaders can maintain and improve policies for employees, especially female employees, to make it easier to breastfeed their babies, and it is necessary to provide a lactation room that makes it easier for mothers to express breast milk between working hours. |
| 6 | (Fatmawati, Winarsih., 2020) | This study aims to determine the analysis of the relationship between family support and exclusive breastfeeding for working mothers in the working area of the Ngemplak Undaan Kudus Community Health Center. | cross-sectional | This research was conducted on mothers who have children aged 6-24 months, on 102 respondents in the working area of the Ngemplak Community Health Center, Undaan District, Kudus Regency in August – September 2020 using a purposive sampling technique | However, family support was not a factor that was significantly related to exclusive breastfeeding in this study |

**Table 4**
**Mapping data**

| Theme | Sub Theme |
|---|---|
| 1. Factors influencing success in breastfeeding | a. Internal Factors (1) (2)<br>b. External Factors (1)(2) (3)(4) (5)(6) |
| 2. Form support | a. Emotional (1)<br>b. Practical (1) (2) (4) (5)(6)<br>c. Informational (1) (2) |
| 3. Barriers experienced in breastfeeding | a. Lack of knowledge (1)<br>b. Lack of support at work (2)(4)(5)<br>c. Lack of family support (2)(5)(6) |

## RESULTS AND DISCUSSION

Based on the analysis of the seven selected articles, three main themes were identified: factors influencing breastfeeding success, forms of support, and barriers to exclusive breastfeeding among working mothers. These findings were analyzed in relation to existing policies, emerging trends, and theoretical perspectives, particularly the Social Support Theory (House, 1981), which highlights the role of emotional, informational, and instrumental support in shaping maternal behaviors.

### Influencing success in breastfeeding; Internal and Exsternal Factor

Internal factors affecting breastfeeding success include maternal knowledge, psychological factors, self-efficacy, and prior experience (Thi et al., 2019). Studies have shown that self-efficacy in breastfeeding is significantly higher among mothers with previous breastfeeding experience, as they have developed coping strategies to manage breastfeeding challenges (Uluğ & Öztürk, 2020). Additionally, postpartum depression, mode of delivery, and early skin-to-skin contact also play critical roles in breastfeeding continuity. For instance, Vietnamese mothers who delivered via Caesarean section exhibited a higher breastfeeding success rate compared to those who gave birth naturally, as some opted for this method due to fear of childbirth and the perception that Caesarean delivery is more controlled and safer (Thi et al., 2019).

Moreover, psychological readiness and emotional stability are closely linked to a mother's ability to continue breastfeeding while working. According to the Self-Efficacy Theory (Bandura, 1997), maternal confidence significantly influences breastfeeding duration, as higher self-efficacy leads to better adaptation to challenges. These findings suggest the need for interventions targeting maternal mental health and prenatal education programs to reinforce breastfeeding self-efficacy (Brockway et al., 2017).

External factors that influence breastfeeding success include family support, work status, and support from healthcare professionals. Social support has been found to significantly enhance breastfeeding self-efficacy, as it provides both emotional reassurance and practical assistance (Thi et al., 2019). In Vietnam, studies indicate that father involvement in infant care—both in healthcare settings and at home—positively impacts exclusive breastfeeding rates. When fathers actively participate in caregiving, mothers feel more encouraged and less burdened, allowing them to sustain breastfeeding for longer durations (Uluğ & Öztürk, 2020).

Additionally, the work environment is a crucial determinant of breastfeeding success. Long working hours and workplace fatigue significantly hinder exclusive breastfeeding practices. Inadequate maternity leave policies and limited breastfeeding facilities force many working mothers to introduce formula milk earlier than recommended (Ayton & Hansen, 2024). Research in Australia has shown that workplaces that implement breastfeeding-friendly policies, such as lactation breaks and designated breastfeeding rooms, experience higher breastfeeding retention rates among employees (World Health Organization [WHO], 2023).

The involvement of healthcare professionals, such as nurses and midwives, is also vital. Studies emphasize the role of prenatal and postnatal breastfeeding counseling, which not only provides essential knowledge but also strengthens a mother′s psychological resilience (Ahmad et al., 2022). Midwives and community health workers must integrate breastfeeding education into routine maternal care visits to enhance breastfeeding knowledge and confidence (Kristiyanti, 2020).

### Support for Breastfeeding Mothers; Emotional, Practical, and Informational

Support for breastfeeding mothers can be categorized into three main forms: emotional, practical, and informational support, aligning with the Social Support Theory (House, 1981). Emotional support includes encouragement and reassurance from family members, particularly husbands, which can increase maternal confidence and problem-solving abilities (Thi et al., 2019). Studies show that mothers who receive consistent emotional support from their partners experience fewer breastfeeding difficulties and higher breastfeeding satisfaction (Brockway et al., 2017).

Practical support refers to tangible assistance provided by family members, employers, and the healthcare system. Women's experiences in receiving support from their partners significantly impact their ability to sustain breastfeeding (Thi et al., 2019). For instance, partner involvement in household tasks and infant care reduces maternal fatigue, allowing mothers to focus on breastfeeding. Furthermore, workplace support programs, such as paid maternity leave, flexible work schedules, and private lactation spaces, are associated with an eightfold increase in breastfeeding performance among working mothers (Kristiyanti, 2020).

Informational support includes education and guidance provided by health professionals, breastfeeding counselors, and peer support groups. Research highlights the importance of antenatal breastfeeding education, as mothers who receive professional guidance are more likely to continue exclusive breastfeeding despite work constraints (Thi et al., 2019). In addition, some studies suggest that couples should receive guidance from family therapists to ensure both parents are well-prepared for breastfeeding challenges (Uluğ & Öztürk, 2020).

### Barriers to Exclusive Breastfeeding Among Working Mothers

Several barriers hinder the ability of working mothers to practice exclusive breastfeeding, including lack of workplace support, inadequate maternity leave policies, and limited breastfeeding facilities. Workload and long working hours contribute to maternal fatigue, which in turn affects milk production and breastfeeding continuity. The lack of breastfeeding-friendly policies in many workplaces forces mothers to stop breastfeeding earlier than intended, negatively impacting both maternal and child health outcomes (Ayton & Hansen, 2024).

Additionally, the role of fathers as secondary caregivers is often overlooked. Studies show that societal norms and workplace expectations place minimal emphasis on paternal involvement in breastfeeding support, despite evidence suggesting that partner engagement significantly enhances breastfeeding duration (Ahmad et al., 2022). Furthermore, limited awareness of breastfeeding benefits and inadequate lactation counseling from healthcare providers exacerbate breastfeeding difficulties for working mothers (Fatmawati & Winarsih, 2020).

Global best practices suggest that countries with strong breastfeeding support programs, such as Sweden and Norway, have significantly higher breastfeeding rates due to comprehensive parental leave policies and workplace lactation accommodations (WHO, 2023). Adopting similar

policies in Indonesia could improve breastfeeding outcomes among working mothers.

This study highlights the crucial role of family, workplace, and healthcare system support in enabling working mothers to sustain exclusive breastfeeding. The findings align with the Social Support Theory, reinforcing the importance of emotional, practical, and informational support. Countries with breastfeeding-friendly policies have successfully increased breastfeeding rates, suggesting the need for policy reforms in Indonesia to support working mothers. Future research should focus on interventions that promote paternal involvement and workplace lactation policies to enhance breastfeeding sustainability.

## CONCLUSIONS AND RECOMMENDATION

The composition of breast milk is the best way to provide the nutrients a baby needs for healthy growth and development. The composition of breast milk is the biological norm for baby nutrition. Breast milk is a nutrition that babies really need. Family support, especially husbands, for working mothers is very influential in providing breast milk for babies. Some of the obstacles experienced by working mothers occur in the workplace. The unavailability of a place for mothers to provide breast milk and social environmental support also have an influence. This causes mothers to fail to breastfeed and mothers turn to formula milk to provide nutrition to their babies. For this reason, providing adequate breastfeeding places in the workplace, environmental support and husband's support influence the success of working mothers in providing breast milk.

## DECLARATIONS

### Funding Statement

The authors did not receive support from any organization for the submitted work and No funding was received to assist with the preparation of this manuscript.

### Conflict of Interest Statement

This research has no significant conflict. All the authors listed in this article have no involvement with outside parties. All authors approve the research results for publication, and all sources of writing have been included in the references.

### Availability of data and materials

Data and materials from the research will be accessible to readers after contacting the author.

## REFERENCES

Ahmad, R. S., Sulaiman, Z., Nik Hussain, N. H., & Mohd Noor, N.. (2022). Working mothers' breastfeeding experience: a phenomenology qualitative approach. *BMC Pregnancy and Childbirth*, *22*(1). https://doi.org/10.1186/s12884-021-04304-4

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology, 8*(1), 19–32. https://doi.org/10.1080/1364557032000119616

Ayton, J., et al. (2024). Mothers' and fathers' experiences of breastfeeding and returning to paid work after birth: A mixed-method study. *Maternal & Child Nutrition, 20*(1), 1–10. https://doi.org/10.1111/mcn.13761

Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. Sage Publications.

Fatmawati, W. (2020). Analisis hubungan dukungan keluarga dengan pemberian ASI eksklusif pada ibu bekerja di wilayah kerja Puskesmas Ngemplak Undaan Kudus. *Jurnal Kebidanan, 7*(1), 18–29.

House, J. S. (1981). Work stress and social support. *Reading, MA: Addison-Wesley*.

Khayati, F.N. dan Ulfa, Z.D. (2019) "EXCLUSIVE BREASTFEEDING SUPPORT FOR WORKING," 5(2), hal. 11–17.

Kristiyanti, R. (2020). Dukungan keluarga dan dukungan perusahaan pada ibu menyusui yang bekerja di wilayah Kabupaten Pekalongan. *Jurnal Ilmu Kesehatan Masyarakat, 11*(1), 145–152.

Marwiyah, N., & Khaerawati, T. (2020). Faktor-faktor yang berhubungan dengan pemberian ASI eksklusif pada ibu bekerja di Kelurahan Cipare Kota Serang. *Jurnal Kesehatan Masyarakat, 7*(1), 18–29.

Page, M. J., Mckenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., Mcdonald, S., … Moher, D.. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*, n71. https://doi.org/10.1136/bmj.n71

Brockway, M., Benzies, K., & Hayden, K. A. (2017). Interventions to Improve Breastfeeding Self-Efficacy and Resultant Breastfeeding Rates: A Systematic Review and Meta-Analysis. *Journal of human lactation : official journal of International Lactation Consultant Association*, *33*(3), 486–499. https://doi.org/10.1177/0890334417707957

Munn, Z., Brandt, L., Kuijpers, T., Whittington, C., Wiles, L., Karge, T., & G-I-N Tech Working Group (2020). Are systematic review and guideline development tools useful? A Guidelines International Network survey of user preferences. *JBI evidence implementation*, *18*(3), 345–352. https://doi.org/10.1097/XEB.0000000000000226

Rahmawati, I., Murti, B., & Suryani, S. (2015). Hubungan dukungan sosial keluarga dengan prestasi belajar mahasiswa. *Jurnal Ilmu Kebidanan, 3*(2), 27–32. https://doi.org/10.36307/qdz9mh90

Thi, L., et al. (2019). Breastfeeding self-efficacy and related factors in postpartum Vietnamese women. *Midwifery, 70*, 84–91. https://doi.org/10.1016/j.midw.2018.12.014

Uluğ, E., & Öztürk, S. (2020). The effect of partner support on self-efficacy in breastfeeding in the early postpartum period. *The American Journal of Family Therapy, 0*(0), 1–9. https://doi.org/10.1080/01926187.2019.1697973

Wahyuni, E. (2019). Dukungan suami terhadap keberhasilan pemberian ASI ekslusif pada ibu bekerja. *JKM (Jurnal Kebidanan Malahayati), 5*(4), 299-308. doi:https://doi.org/10.33024/jkm.v5i4.2715

WHO. (2023). Infant and young child feeding: Global strategy and recommendations. https://www.who.int/publications/i/item/infant-and-young-child-feeding

*This page has been intentionally left blank*