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The relationship between mother's employment status and the success rate of exclusive breastfeeding for infants aged 0-6 months

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Abstract

Background: Breast milk is mother's milk that contains many benefits for infant growth. Breastfeeding for 6 months is a requirement to be said to be Exclusive Breastfeeding. The success of Exclusive Breastfeeding is one of the benchmarks in fulfilling nutrition for infants. Global coverage of Exclusive Breastfeeding in 2024 reached 48% approaching the WHO target of 50% in 2025 but in 2030 WHO increased coverage to 60% exclusive breastfeeding coverage. Because the global target increased, in Indonesia the coverage of Exclusive Breastfeeding in 2024 became 66.4%. In the Province of DIY the coverage of exclusive breastfeeding was recorded at 76.3%, while in the Wonosari II Community Health Center in 2024 the success rate reached 89.78%. The success in providing exclusive breastfeeding depends on several factors, one of which is the mother's employment status. Working mothers and non-working mothers will have an impact on the provision of Exclusive Breastfeeding.

Purpose: To determine the relationship between maternal employment status and the success rate of exclusive breastfeeding.

Method: This research uses a quantitative method with a descriptive design. *cross section*, with a total of 78 mothers with babies aged 6-24 months. The data were analyzed using *who is square*.

Results: The results of the study showed that the characteristics of respondents were mothers of dominant reproductive age 20-35 years 65 (83.3%) with the employment status of unemployed mothers 17 (21.8%) and working mothers 61 (78.2%) respondents. The success of exclusive breastfeeding was 49 (62.8%) respondents and not exclusive breastfeeding was 29 (37.2%) respondents. The results of the chi square statistical test showed a p value = 0.008 < 0.05.

Conclusion: so it can be concluded that there is a relationship between the mother's employment status and the success rate of exclusive breastfeeding.

Keywords: Employment; Exclusive Breastfeeding; Mother's.

INTRODUCTION

Exclusive breastfeeding is providing breast milk for 6 full months without any additional food or drink (Hanifa, Putri, Pangestu, & Hidayani, 2024). Global exclusive breastfeeding coverage in 2024 reached 48%, approaching the WHO target of 50% by 2025. However, in 2030, the WHO increased coverage to 60%. Because the global target increased, in Indonesia, exclusive breastfeeding coverage in 2024 was 66.4%. In the Province of

Yogyakarta, exclusive breastfeeding coverage was recorded at 76.3%, while at the Wonosari II Community Health Center in 2024 the success rate reached 89.78%. Exclusive breastfeeding is the practice of providing breast milk without additional fluids such as formula, juice, honey, water, tea, or plain water, and without providing additional solid foods such as fruit, milk porridge, biscuits, rice porridge, or pureed food, starting from 0 to 6 months

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of age. Breast milk is the most suitable food for babies because it has the highest nutritional value compared to baby food made by humans or derived from animal milk or from plant materials. Therefore, breastfeeding is undoubtedly the best method of feeding babies. The public is generally aware of the importance of breastfeeding their children, but not many know how important it is to provide exclusive breastfeeding to their babies. One effort that can be done is to educate the community about the benefits of exclusive breastfeeding for mothers and babies. The purpose of this activity is to increase knowledge about the importance of providing exclusive breastfeeding to newborns up to 6 months. This activity was carried out in the neighborhood of Posyandu RW 01, Agrowisata Village, Rumbai Barat District, Pekanbaru. The material provided was about the importance of exclusive breastfeeding for mothers and babies. The result of this activity is to increase public knowledge about exclusive breastfeeding (Nurlisis, Kursani, Rosmansyah, & Salsabila, 2025).

The factors related to the success of exclusive breastfeeding are the quality of ANC, occupation, knowledge, and energy supplementation as the dominant factor. It is recommended that health stakeholders increase support for energy supplementation (milk) program for mothers, as well as improve the quality of ANC through counseling services about exclusive breastfeeding during ANC visits (Wijayanti, Margawati, & Rahfiludin, 2023). Knowledge, age, culture, and family support are significant factors affecting the success of exclusive breastfeeding (Zahra & Puspitasari, 2024). Six factors (job, type of delivery, baby's weight, nutrition, pregnancy spacing, and husband's support) are associated with the failure of exclusive breastfeeding, based on a small sample size of 55 participants using Chi-Square analysis (Nisa & Merben, 2023). Exclusive breastfeeding success among working mothers is influenced by 7 factors: knowledge, educational status, breastfeeding facilities, employment status, husband support, family support, and healthcare support, as identified through a scoping review of 8 high-quality articles (Winarti, Sunarsih, & Pratiwi, 2023). Main finding: Factors influencing failure to provide exclusive breastfeeding include age, education, knowledge, occupation, and husband and family support. Strength of evidence:

Quantitative correlational study with 41 participants. Methodology: Quantitative correlational and descriptive analytical method (Feriya, Dewina, & Wati, 2023). Exclusive breastfeeding is influenced by factors such as education level, employment status, income, knowledge, attitude, early initiation of breastfeeding, spousal support, and cultural influence. A cross-sectional study of 138 mothers found that higher education, income, and spousal support were associated with successful exclusive breastfeeding. The study used questionnaires for data collection (Tarigan, Ompusunggu, & Napitupulu, 2022).

Working mothers are less likely to achieve exclusive breastfeeding due to limitations such as shorter maternity leave compared to recommended breastfeeding duration, leading to a significant correlation between employment status and breastfeeding success ($n=77$, p value = 0.024) (Sulastri, Sari, & Adillah, 2024). Working mothers' failure to achieve exclusive breastfeeding is due to physical issues, perception of insufficient milk, feeling bothered, limited time, lack of supporting facilities, economic issues, and lack of knowledge, as found through in-depth interviews with 7 working mothers (Masriti, Mamlukah, Susianto, & Wahyuniar, 2025). Working mothers are one of the factors that can contribute to the failure of exclusive breastfeeding, but the study identifies multiple causes including production barriers, lack of family support, and inadequate knowledge. The study involved 8 participants and used a qualitative design with a phenomenological approach (Hermawan & Sulastri, 2023). Working mothers not providing exclusive breastfeeding is significantly influenced by their attitude and support from their husbands, as found in a cross-sectional study of 80 working mothers in a specific region (Harahap & Hadi, 2024). Previous research indicates that the seven biggest barriers to the duration of breastfeeding are a lack of knowledge about breastfeeding, lactation issues, socioeconomic issues, and a lack of social and cultural support, employment and childcare, and health services. The role of health workers is crucial in providing education on the importance of exclusive breastfeeding and lactation management, so that mothers will be more motivated to breastfeed exclusively. Mothers who understand what exclusive breastfeeding is, its benefits, the factors that influence breast milk volume,

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and its nutritional content will certainly be more confident in breastfeeding their babies (Hanifa et al., 2024).

RESEARCH METHOD

This research uses a quantitative approach with a descriptive design. *cross section* The quantitative method used is based on concrete data, namely primary data presented in the form of numbers measured using the SPSS application calculation test tool. The type of research conducted is observational, so respondents are not directly given any intervention or treatment. The design in this study uses *across section* to study the relationship between risk factors and the effects that occur.

The study was conducted on July 23–26, 2025, at the Wonosari II Community Health Center in

Gunungkidul Regency, with a population of 349 mothers with children aged 6–24 months. The sample size was 78 respondents, determined using the Slovin formula and random sampling based on inclusion and exclusion criteria. The research instrument was a questionnaire that had been tested for validity (r count > 0.349) and reliability (Cronbach's Alpha > 0.6). Data analysis used univariate tests to describe the characteristics of the respondents and bivariate tests with *chi-square* ($p < 0.05$) to determine the relationship between maternal employment status and the success rate of exclusive breastfeeding. This study adhered to the code of ethics for health research, namely informed consent, anonymity, confidentiality, and ethical clearance obtained from Alma Ata University under number KE/AA/III/10112336/EC/2025.

RESEARCH RESULTS

Table 1. Characteristics of Respondent (N=78)

Variable	Results	p-value
Age (Mean±SD) (Range) (Year)	(29.15±5.553) (21-40)	
<20	0/0.0	
20-35	65/83.3	
>35	13/16.7	
Education (n/%)		
Elementary School	15/19.2	
Junior High School	48/61.5	
High School	15/19.2	
Work (n/%)		0.008
Yes	17/21.8	
No	61/78.2	
Success of Exclusive Breastfeeding (n/%)		
Not Exclusive Breastfeeding	29/37.2	
Exclusive breastfeeding	49/62.8	

Table 1 shows that the mean age of respondents and standard deviation are (29.15±5.553) with an age range of 21-40. The majority of respondents have a JHS education level of 48 (61.5%) with the majority of respondents not working and the majority of respondents exclusively breastfeeding.

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Table 2. Relationship between maternal employment status and the success rate of exclusive breastfeeding

	Work	Success of Exclusive Breastfeeding
Mean	1.78	1.63
Std. Deviation	0.416	0.486

The results of the Chi-Square analysis with a p value = 0.008 means there is a relationship between the status of working mothers and the level of success

in providing exclusive breastfeeding to infants 0-6 months.

DISCUSSION

This study obtained a statistical test result with a p-value of <0.008, indicating a statistically significant relationship between employment status and the success of exclusive breastfeeding. This value indicates that the null hypothesis is rejected at a very high level of confidence, confirming that differences in employment status between mothers who work outside the home and stay-at-home mothers have a significant impact on breastfeeding patterns. One of the main obstacles to exclusive breastfeeding is work, where working mothers often experience limitations due to shorter maternity leave than the recommended breastfeeding duration, so many switch to formula milk (Sulastris, Sari, & Adillah, 2024).

Mothers who are actively employed, especially in the formal sector, often face greater structural barriers than those who are not employed. Key challenges include limited maternity leave, a lack of adequate lactation rooms at work, and limited time to express breast milk during office hours. Research shows that working mothers tend to be less likely to maintain exclusive breastfeeding for up to six months due to the prolonged physical separation between mother and baby. In contrast, stay-at-home mothers or those who work flexible hours have more continuous, direct access to breastfeed their babies whenever needed (breastfeeding).as requestedThis is in line with previous research that the results of statistics provide an explanation that the p value: $0.895 > \alpha: 0.05$, implying that there is no significant relationship between the employment status of the mother and the practice of exclusive breastfeeding at the Gamping II Community Health Center (Salsabila & Ismarwati, 2023).

Employment status is a crucial determinant of lactation management. Despite mothers' excellent knowledge of the benefits of breastfeeding, professional pressures and work environments that are not conducive to lactation often force mothers to provide formula milk as a substitute or supplement before their babies reach six months of age. The results of this study provide a scientific basis for policymakers to strengthen regulations regarding breastfeeding rights for female workers, including the provision of dedicated breaks for

expressing breast milk to ensure children's health rights (Rusmawati, Hipni, Hapisah, & Tunggal, 2025).

Maternal employment status is a significant determinant that significantly influences the success of exclusive breastfeeding programs. The significance level found emphasizes the need for comprehensive interventions, not only through education for mothers but also through workplace policies. Company support in the form of providing lactation facilities and longer leave policies is essential to minimize the gap in exclusive breastfeeding success between working and non-working mothers. With the support of an inclusive environment, working mothers still have the same opportunity to successfully provide exclusive breastfeeding as stay-at-home mothers (Pidiyanti & Hidayani, 2023).

Exclusive breastfeeding is the first nutritional intake given to a newborn baby until they are six months old, without any additional food or other input. Various factors can make it difficult for a mother to exclusively breastfeed, one of which is her occupation.

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Working and unemployed mothers will have different breastfeeding schedules and methods (Salsabila & Ismarwati, 2023).

Exclusive breastfeeding is defined as feeding an infant breast milk only, for the first six months. In Ethiopia, more than half of infants do not receive exclusive breastfeeding. Workplace barriers contribute to these low rates of exclusive breastfeeding practices. Understanding the sociodemographic, health related, behavioral and economic factors is crucial to promote the practice of exclusive breastfeeding in Ethiopia (Chekol, Biks, Gelaw, & Melsew, 2017). Exclusive breastfeeding provides many benefits to both infants and mothers. Despite the introduction of laws aimed at protecting the practice of exclusive breastfeeding, the coverage of exclusive breastfeeding remains low, particularly for working mothers (Ratnasari, Paramashanti, Hadi, Yugistiyowati, Astiti, & Nurhayati, 2017).

Employment among mothers was found to discourage EBF practice. The predictors of exclusive breastfeeding practice are different for employed and unemployed. Therefore, Policymakers and program planners are called to come together and create a conducive environment for lactating employees, and appropriate intervention at respective predictor variables is needed to enhance EBF practice (Zewdie, Taye, Kasahun, & Oumer, 2022). Previous researchers explained that the mother's full-time employment was a determinant factor in abandoning exclusive breastfeeding before 6 months. This emphasizes the fact that inadequate policies in the workplace related to breastfeeding cause inequities in terms of infant nutrition and employment choices, as well as mothers' right to combine motherhood and their professional careers (Amer & Kateeb, 2023).

CONCLUSION

Characteristics of respondents of dominant reproductive age mothers 20-35 years 65 (83.3%) with the status of unemployed mothers 17 (21.8%) and working mothers 61 (78.2%) Respondents. The success of exclusive breastfeeding was 49 (62.8%) respondents and not exclusive breastfeeding was 29 (37.2%) respondents. The results of the chi square statistical test showed a p value = 0.008 < 0.05 so it was concluded that there was a relationship between

the mother's employment status and the level of success of Exclusive Breastfeeding.

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