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Implementation Strategies for Supporting Exclusive Breastfeeding Policies Among Working Mothers in the Workplace

Ratna Utami Wijayanti[1*], Woro Nurul Seftianingtyas[2], Yasinta Dewi Kristianti[3], Aulia Hervi Anggraini[4], Marta Rodriguez[5]

[1]Department of Public Health, Bhakti Pertiwi University of Indonesia, Indonesia
[2]Department of Midwifery Profession, Bhakti Pertiwi University of Indonesia, Indonesia
[3,4]Department of Midwifery, Bhakti Pertiwi University of Indonesia, Indonesia
[5]Eduaward Incorporation, United Kingdom
[1]ratna.utami88@gmail.com, [2]seftianingtyas@gmail.com, [3]yasintadewikristianti@gmail.com, [4]auliahervianggraini@gmail.com
[5]m.rodriguezz@eduaward.co.uk
***Corresponding Author**

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ABSTRACT

The rights of working women to breastfeed in the workplace are supported by the government through the formulation of various policies concerning exclusive breastfeeding. This study is a descriptive analytical research that delineates policies on exclusive breastfeeding for working mothers, its implementation in the workplace, and digital innovations potential as a support strategy. **Data collection was conducted through a literature review** of relevant research topics. **The results** indicate that various policies at the national, provincial, and regional levels have been established to support breastfeeding, including in the workplace environment. Consequently, it is mandatory for workplaces to provide lactation rooms for expressing breast milk during working hours. In practice, several factors influence a working mother's ability to maintain exclusive breastfeeding. **Enabling factors** include time flexibility for expressing breast milk, availability of breastfeeding facilities, and internal company policies. Conversely, inhibiting factors include working mother's anxiety, the absence of Standard Operating Procedures (SOPs) regarding breastfeeding, low awareness due to limited knowledge, and a production-oriented workplace culture. **Opportunities for digitalization** can bolster policy implementation by establishing digital support groups for working mothers, guided by breastfeeding counsellor. Furthermore, digital health communication facilitates easy access to accurate information regarding breast milk management. Ultimately, government involvement is crucial in assisting workplaces with the implementation of these breastfeeding policies.

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1. INTRODUCTION

Breastfeeding is essential for child survival and malnutrition prevention. Data from the 2023 Indonesian Health Survey (SKI) show that exclusive breastfeeding coverage among infants aged 0–5 months reached 68.6% [1, 2], but declined progressively with age, from 69.6% at 3 months to 67.4% at 4 months and 59.8%

at 5 months. This downward trend is strongly associated with maternal employment. Evidence from the 2012 Basic Health Research reported exclusive breastfeeding coverage of only 32% among working mothers, largely due to inadequate workplace support and limited opportunities to breastfeed or express milk during working hours [3, 4].

In line with the Sustainable Development Goals (SDG 2: Zero Hunger), Indonesia targets a stunting prevalence of 18.8% by 2025 and 14% by 2029 [5, 6]. Breastfeeding is a key intervention for stunting reduction during the first 1,000 days of life and supports both SDG 2 and SDG 3 by improving nutrition, health, and maternal well-being [7, 8]. Breastfeeding provides optimal early nutrition for infants while offering health benefits for mothers and is a protected right for working women [9, 10]. Article 4 of Law No. 4 of 2024 on Maternal and Child Welfare guarantees access to healthcare, nutrition, and parenting education, and legally supports exclusive breastfeeding for the first six months, with continued breastfeeding up to two years alongside complementary feeding [11–13].

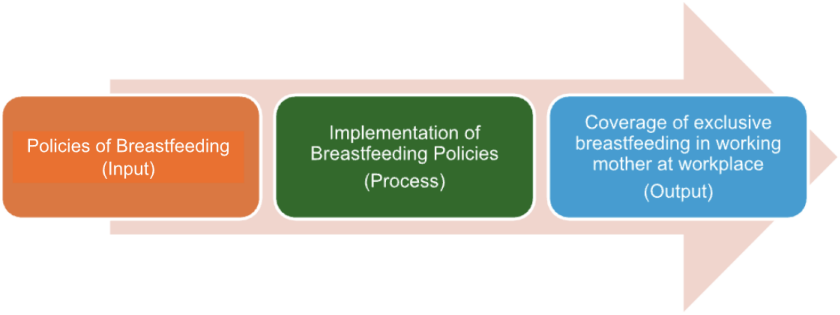

Figure 1. Breastfeeding policy framework for working mothers.

The right of working women to breastfeed in the workplace is supported by Government Regulation No. 33 of 2012, which aims to ensure infants' right to exclusive breastfeeding for the first six months and to protect breastfeeding mothers through multisectoral support. As illustrated in Figure 1, the breastfeeding policy framework for working mothers emphasizes regulatory support, workplace facilities, time allowances, and cross-sector collaboration to enable exclusive breastfeeding. Nevertheless, maternal employment particularly in non-agricultural sectors remains significantly associated with non exclusive breastfeeding (OR=1.52, $p<0.001$).

Analysis of the 2012 and 2017 Indonesian Demographic and Health Surveys (IDHS) shows that 45.77% of infants did not receive early initiation of breastfeeding, 50.43% received prelacteal feeds, and 55.32% were not exclusively breastfed [14, 15]. Although Article 30 of the regulation mandates workplace lactation facilities, time allowances, and internal policies, implementation remains suboptimal. Evidence from Bandung Regency indicates a 74.6% failure rate of exclusive breastfeeding among industrial workers, driven mainly by work demands and the end of maternity leave, with success significantly influenced by maternal intention ($p=0.021$) and lactation management skills ($p=0.012$), as well as support from healthcare providers, supervisors, and spouses [16, 17].

Studies in Indonesia consistently show lower exclusive breastfeeding coverage among working mothers. In Depok City, coverage in 2021 was 57.46%, below the city average of 63.4%, influenced by maternal age, education, occupation, place of delivery, and early initiation of breastfeeding. Workplace related barriers included fatigue, inadequate lactation rooms and storage facilities, and limited managerial and peer support [18–20]. Similarly, in Purbalingga Regency, private-sector workplaces failed to meet regulatory standards, with the absence of internal breastfeeding policies, unqualified lactation room supervisors, and funding restricted to physical facilities [21]. To address these challenges, Indonesia has enacted comprehensive breastfeeding-related regulations. Article 83 of Law No. 13 of 2003 mandates opportunities for breastfeeding during working hours, while Law No. 17 of 2023 and its implementing regulation, Government Regulation No. 28 of 2024, require workplaces and public facilities to provide time, facilities, and internal policies supporting exclusive breastfeeding in line with employment and labor agreements [22–25].

At the local government level, policy formulation refers to national legislation and policies. In practice, policies regarding lactation support for female workers vary significantly [26]. For instance, the Yogyakarta City Government regulates exclusive breastfeeding through Regional Regulation No. 1 of 2014. Arti-

cles 16 and 17 mandate that workplace managers and public facility operators support exclusive breastfeeding programs by providing lactation rooms [27–29]. Furthermore, these facilities are prohibited from receiving sponsorship or funding from manufacturers or distributors of infant formula and other baby products [30–32]. Article 17 further stipulates that exclusive breastfeeding programs must be incorporated into company regulations either through agreements between employers and employees or via collective labor agreements with labor unions [33, 34]. Additionally, workplace operators are required to establish regulations supporting breastfeeding success and must provide dedicated time and specialized facilities for breastfeeding or expressing milk [35–37].

In Mojokerto City, Regional Regulation No. 4 of 2018 on Exclusive Breastfeeding mandates the establishment of internal workplace regulations supporting breastfeeding, including time allowances, dedicated facilities, and trained personnel, applicable to both public and private sectors [38–40]. Such public health and workplace policies constitute the primary foundation for increasing exclusive breastfeeding coverage among working mothers [41–43]. Breastfeeding coverage reflects the effectiveness of policy implementation and serves as an indicator of how well formal lactation regulations are executed [44–46]. Concurrently, the healthcare sector is shifting toward proactive and preventive digital models, with digitalization becoming a core infrastructure for service efficiency and quality. Evidence from a WhatsApp based digital health service at the lambangsari community health center in Bekasi reported high patient satisfaction (85.2%), particularly in ease of access and staff responsiveness ($p<0.05$) [47, 48]. In addition, digital health interventions in low and middle income countries including mobile applications, text messaging, and telehealth follow ups have been shown to support breastfeeding initiation and continuation by providing timely information, reminders, and support [49].

2. METHOD

This study utilizes a descriptive-analytical research design. The descriptive aspect illustrates the landscape of policies supporting exclusive breastfeeding practices among working mothers, spanning national, provincial, and regional/city levels, as well as internal workplace policies [50, 51]. Subsequently, the analytical component evaluates the relationship between the implementation of breastfeeding support policies and the success of exclusive breastfeeding among working mothers. This includes exploring opportunities for digital innovation to optimize the implementation of exclusive breastfeeding behavior within the workplace.

Figure 2. Research workflow

Data were obtained from government policies supporting breastfeeding at the national, provincial, and regional levels. As shown in Figure 2, the research workflow began with the identification and collection of relevant policy documents, followed by the selection of study locations based on the presence of industrial sectors in each region.

The subjects of this study were breastfeeding mothers employed in either the public or private sectors. Data collection was conducted through several stages. The first stage involved identifying the research topic and formulating the research problem. The second stage consisted of a comprehensive literature search on exclusive breastfeeding behaviors among working mothers in the workplace, particularly in relation to existing regional regulations [41, 52].

Table 1. Selected Study Locations Based on Industrial Sector Presence

No	Province	Regency/City
1	DKI Jakarta	DKI Jakarta
2	West Java	Bekasi City
		Bekasi Regency
3	Central Java	Semarang City
		Kendal Regency
		Kudus Regency
4	DI Yogyakarta	Yogyakarta City
		Sleman Regency
5	East Java	Surabaya City
		Mojokerto City
6	Banten	Tangerang Regency

As presented in Table 1, the selected districts and cities were determined based on the presence of industrial sectors within each region. The final stage involved the analysis and interpretation of the identified literature. All retrieved databases were systematically reviewed to identify key challenges and strategic approaches relevant to the scope of this study.

3. RESULT AND DISCUSSION

The results of this study are presented in a matrix outlining government policies that support exclusive breastfeeding at both the central and regional levels. The matrix is designed to provide a structured comparison of regulatory frameworks, policy objectives, implementation mechanisms, and monitoring provisions across different administrative levels. Through this approach, the study systematically maps how national mandates are translated into regional regulations and operational practices.

As shown in Table 2, the matrix also summarizes the list of selected districts and cities included in this study. These regions were chosen based on predefined criteria, particularly the presence of industrial sectors and a significant number of working mothers, which makes the implementation of workplace lactation policies especially relevant. The inclusion of these districts and cities allows for a contextual analysis of how breastfeeding policies are implemented in areas with varying socio-economic characteristics and employment structures.

Table 2. National Policy for the Support of Exclusive Breastfeeding in Indonesia from 2003–2024

No	Kebijakan Nasional
1	Law No. 13 of 2003 concerning Manpower
2	Government Regulation No. 33 of 2012 concerning Exclusive Breastfeeding
3	Regulation of the Minister of State for Women's Empowerment and Child Protection of the Republic of Indonesia Number 03 of 2010 concerning the Implementation of Ten Steps to Successful Breastfeeding
4	Regulation of the Minister of Health of the Republic of Indonesia Number 15 of 2013 concerning Procedures for Providing Special Facilities for Breastfeeding and/or Expressing Breast Milk
5	Law No. 17 of 2023 concerning Health
6	Government Regulation No. 24 of 2024 concerning Implementing Regulations of Law No. 17 of 2023 concerning Health

Existing policies at both the central and regional levels play a crucial role in shaping how breastfeeding support programs are implemented in practice. The alignment between national regulations and regional bylaws determines not only the availability of lactation facilities in workplaces but also the enforcement mechanisms, monitoring systems, and institutional accountability.

Table 3. Regional Policies for the Support of Exclusive Breastfeeding in Regencies/Cities on Java Island, Indonesia

No.	Province/City/Regency	Regional Policies	Content
1	DKI Jakarta	Instruction of the Governor of DKI Jakarta Province Number 90 of 2017 Concerning the Provision of Lactation/Breastfeeding Rooms in Government Buildings of the Special Capital Region of Jakarta Province	Breastfeeding room requirements, essential equipment for breastfeeding and breast milk storage in the workplace
2	Bekasi City	Bekasi Mayor Regulation Number 55 of 2017 Concerning the Provision of Breastfeeding Rooms in Government/Private Workplaces and Other Public Facilities	Support for exclusive breastfeeding through rooms, facilities, and trained personnel.
3	Bekasi Regency	Bekasi Regent Regulation No. 44 of 2021 concerning the Provision of Exclusive Breast Milk (ASI) and the Provision of Breastfeeding Rooms within the Bekasi Regency Government/Private Institutions	Mandatory provision of breastfeeding rooms, including standards, facilities, and trained personnel in workplaces and public facilities
4	Semarang Regency	Semarang Regency Regional Regulation Number 5 of 2014 concerning Exclusive Breastfeeding	Workplace and public facility management must support exclusive breastfeeding by providing facilities, opportunities during working hours, and internal regulations to ensure program implementation.
5	Kendal Regency	Kendal Regency Regional Regulation Number 3 of 2019 Concerning Increasing the Provision of Exclusive Breastfeeding	Workplace support for exclusive breastfeeding through facilities, time allowances, and program implementation.
6	Yogyakarta City	Yogyakarta City Regional Regulation Number 1 of 2014 concerning Exclusive Breastfeeding	Mandatory written workplace policy and provision of facilities for breastfeeding and/or expressing breast milk.
7	Sleman Regency	Sleman Regent Regulation Number 38 of 2015 concerning Early Breastfeeding Initiation and Exclusive Breastfeeding	Article 13: Provision of workplace lactation rooms and supporting facilities for breastfeeding and milk expression.
8	Surabaya City	There is no regulation yet that governs exclusive breastfeeding in the workplace	–
9	Mojokerto City	Mojokerto City Regional Regulation Number 4 of 2018 concerning the Provision of Exclusive Breast Milk (ASI)	Mandatory workplace support for exclusive breastfeeding through facilities, time allowances, internal regulations, and trained ASI counselors.
10	Tangerang Regency	Tangerang Regent Regulation Number 95 of 2014 concerning the Provision of Exclusive Breast Milk	Mandatory provision of lactation rooms and supporting facilities in health services, public places, and government/private institutions.

Based on Table 3, the existence of formal regulations should ensure the provision of lactation rooms, adequate break time for breastfeeding or milk expression, internal workplace policies, and monitoring mechanisms [53, 54]. However, the translation of policy into practice is often shaped by contextual factors such as political commitment, budget allocation, institutional capacity, employer compliance, and cross-sectoral coordination. As a result, disparities in implementation are evident across regions, particularly in areas with a high concentration of industrial employment.

Table 4. Description of Implementation of Breastfeeding Policies in Regencies/Cities on Java Island

No.	Regency/City	Overview of Implementation
1	Yogyakarta City	Implementation of Yogyakarta City Regulation No. 1/2014 covers maternity leave, lactation rooms, flexible breaks, and education; 57.9% of employees report positive perceptions, while main barriers include workload, limited facilities during official travel, and mental stress.
2	Sleman Regency	A significant relationship exists between workplace support and exclusive breastfeeding among working mothers ($p = 0.011$), with support provided through flexible schedules, facilities, and supportive policies.
3	Semarang Regency	Implementation of the exclusive breastfeeding policy at PT APAC remains weak due to the absence of written internal regulations and SOPs, limited utilization of lactation rooms, distance from work areas, and insufficient policy socialization.
4	Kudus Regency	Implementation of Kudus Regency Regulation No. 16/2016 on lactation rooms and milk expression is influenced by policy standards, resources, organizational characteristics, inter-organizational communication, implementer attitudes, and the social, economic, and political context.
5	Kendal Regency	Although PT Sari Tembakau Harum has complied normatively through a Director's Decree and lactation rooms, implementation remains weak due to low awareness, production-oriented culture, and limited time flexibility, highlighting the need for managerial commitment and cultural change [19].

Based on a review Table 4 of research articles concerning the implementation of exclusive breastfeeding policies for working mothers across several regions, various supporting factors (facilitators) and inhibiting factors (barriers) have been identified that influence a mother's ability to continue breastfeeding or expressing milk while at the workplace. As shown in Table 4, the description of breastfeeding policy implementation in selected regencies and cities on Java Island illustrates how these facilitating and inhibiting factors manifest in different regional contexts. The table summarizes regulatory instruments, implementation strategies, workplace practices, and the main challenges identified in each region, providing a comparative overview of policy translation from regulation to practice.

Table 5. Enabling and Inhibiting Factors in Breastfeeding Policy Implementation

Enabling Factors	Inhibitor Factors
Work schedule flexibility for breast milk expression.	Suboptimal utilization of lactation rooms by working mothers.
Provision of adequate facilities.	Absence of Standard Operating Procedures (SOPs) regarding exclusive breastfeeding for working mothers.
Internal regulations supporting exclusive breastfeeding.	Anxiety among female workers regarding expressing breast milk in the workplace.
	Limited knowledge among female workers regarding breastfeeding management.
	Low corporate commitment regarding internal policies on exclusive breastfeeding.
	Production-target-oriented work culture.

As presented in Table 5, national policies supporting exclusive breastfeeding in Indonesia from 2003 until 2024 demonstrate the progressive and cumulative development of regulatory frameworks aimed at protecting infants' rights and supporting working mothers. The evolution of these policies reflects an increasing

recognition of breastfeeding as both a public health priority and a human rights issue. Over the past two decades, the government has introduced and refined a series of legal instruments designed to strengthen maternal and child health protection, particularly in relation to exclusive breastfeeding during the first six months of life. The table outlines key laws, government regulations, and ministerial decrees that collectively form the legal foundation for exclusive breastfeeding promotion, the establishment of workplace lactation facilities, maternity protection, and multisectoral collaboration. Furthermore, the regulatory trajectory illustrates a shift from general health promotion policies toward more specific and operational provisions addressing workplace accommodation and institutional accountability.

For more than a decade, the issue of exclusive breastfeeding has remained a prominent topic in public and policy discourse at both national and global levels. It has evolved from being viewed primarily as a maternal health practice to being recognized as a strategic development priority. Sustained attention from policymakers, employers, healthcare providers, academics, and civil society actors is essential, as exclusive breastfeeding is closely linked to broader development outcomes. It serves as a crucial indicator for achieving the Sustainable Development Goals (SDGs), particularly those related to maternal and child health, nutrition, poverty reduction, and overall well-being.

From a public health perspective, breastfeeding is fundamental for child survival and optimal growth. It provides complete and balanced nutrition during the first six months of life, strengthens the infant's immune system, reduces the risk of infectious diseases, and contributes to improved cognitive development. Long-term benefits include lower risks of stunting, obesity, and non-communicable diseases later in life. For mothers, breastfeeding is associated with reduced risks of postpartum hemorrhage, breast and ovarian cancers, and improved birth spacing. Thus, the benefits extend beyond immediate child nutrition to encompass broader intergenerational health outcomes. According to the 2023 Indonesian Health Survey (IHS), the coverage of exclusive breastfeeding in Indonesia stands at 68.6%. A closer examination of the proportion of exclusive breastfeeding reveals a declining trend as infants age coverage drops to 69.6% at three months and further decreases to 59.8% by the age of five months. Various factors contribute to this decline, particularly among working mothers. Employment becomes a barrier due to insufficient maternity leave, long working hours, and physical fatigue. With maternity leave typically lasting only 2–3 months, many mothers are compelled to introduce formula feeding once they return to the workforce.

In Indonesia, a diverse range of policies at the central and regional levels addresses exclusive breastfeeding, including provisions for working mothers. Article 28B, Paragraph 2 of the 1945 Constitution states that every child has the right to survival, growth, and development, as well as protection from violence and discrimination. Exclusive breastfeeding is considered a child's right immediately following birth. Breast milk provides the appropriate composition of nutrition for infants and toddlers up to two years of age. Crucially, the right to exclusive breastfeeding applies regardless of the mother's employment status. Working mothers frequently face a dilemma regarding exclusive breastfeeding. Failure to maintain exclusive breastfeeding in the workplace is often attributed to the lack of supportive internal company policies, inadequate lactation facilities, limited work schedule flexibility, and insufficient support from supervisors or colleagues. Nationally, several regulations govern this issue. Article 83 of Law No. 13 of 2003 concerning Labor mandates that female workers whose children are still breastfeeding must be granted "proper opportunities" to breastfeed if it must be done during working hours.

Furthermore, the government bears the responsibility for guiding, supervising, and evaluating the implementation of exclusive breastfeeding programs, including within workplaces. This is stipulated in Article 3 of Government Regulation No. 33 of 2012 concerning Exclusive Breastfeeding. Beyond the national level, supervision and evaluation are also conducted at the provincial and district/city levels. Other relevant national policies include Law No. 17 of 2023 concerning Health (replacing Law No. 36 of 2009) and Government Regulation No. 28 of 2024 concerning the Implementing Regulations of Law No. 17 of 2023 on Health. At the provincial, regency, or city levels, breastfeeding policies function as derivatives of central government regulations. As social policies, they adhere to Indonesia's concept of decentralization and regional autonomy. Law No. 23 of 2014 concerning Regional Government embodies a spirit oriented toward accelerating public welfare through improved service delivery, empowerment, and community participation. This is achieved by enhancing regional competitiveness while adhering to principles of democracy, equity, justice, and the unique characteristics of each region within the Unitary State of the Republic of Indonesia.

Despite these regulations, several factors hinder success. The suboptimal utilization of lactation rooms, minimal socialization of workplace policies regarding exclusive breastfeeding, and the absence of Stan-

dard Operating Procedures (SOPs) contribute to female workers' anxiety regarding expressing milk at work. The success of exclusive breastfeeding is strongly influenced by determinants such as the availability of adequate lactation facilities, the duration of maternity leave, time flexibility for milk expression, social support from supervisors and colleagues, and the effectiveness of comprehensive intervention support. Weak policy implementation persists even when regulations are available.

Currently, the era of digitalization allows the public to access vast information and interact with health data. One digital-based strategy to enhance awareness among working mothers is the formation of digital breastfeeding communities. Working mothers face distinct challenges, such as busy work schedules, lack of flexibility, and inadequate breastfeeding facilities in the workplace. These barriers can cause discomfort and negatively impact milk production. Communities serve as a form of support that strengthens working mothers' resolve to continue breastfeeding. Providing support that is responsive to parents' needs is essential, and digital platforms allow mothers to meet online, exchange information, and share empathy and experiences. These support groups help members make informed decisions regarding breastfeeding, fostering a sense of belonging and shared experience.

Digital health interventions can significantly improve access to health promotion and the utilization of health services. One effective intervention is the establishment of professional-led virtual communities. In this model, a breastfeeding counsellor facilitates a digital space to guide working mothers, thereby enhancing their self-efficacy. While digital health promotion has the potential to reach minority groups, it requires cross-sector collaboration for effective implementation. Digital communication tools have demonstrated significant potential to improve health literacy, which ultimately leads to better health outcomes. These tools facilitate patient education, self-management, and empowerment. Furthermore, digital technology optimizes the potential for improved clinical decision-making, treatment options, and communication among providers. Ultimately, digital communication tools are key to optimizing engagement and enhancing health literacy to transform healthcare delivery and drive better outcomes for all.

4. MANAGERIAL IMPLICATIONS

The research emphasize that workplace leaders and human resource managers must move beyond merely providing lactation rooms as a form of regulatory compliance and instead adopt a comprehensive, system-based approach to supporting exclusive breastfeeding among working mothers. Effective implementation requires the integration of clear internal policies and Standard Operating Procedures (SOPs), flexible break arrangements, reasonable workload adjustments, and formal inclusion of breastfeeding support within company regulations or collective labor agreements to ensure consistency and institutional commitment. Leadership support is crucial in shaping a breastfeeding-friendly organizational culture, reducing stigma or anxiety among female employees, and allocating adequate resources not only for physical facilities but also for education, supervision, and monitoring mechanisms. Organizations are also encouraged to utilize digital platforms to establish professional led virtual support groups and provide accessible, evidence based information on breast milk management, which can strengthen maternal confidence and self efficacy. Furthermore, systematic monitoring and evaluation using measurable indicators such as facility utilization, employee satisfaction, and breastfeeding continuation rates can help organizations assess policy effectiveness and drive continuous improvement. By aligning breastfeeding support initiatives with corporate sustainability and employee well being strategies, companies can enhance retention, productivity, and long term organizational performance while contributing to broader public health and development goals.

5. CONCLUSION

Based on the analysis of policies and their implementation concerning breastfeeding for working mothers, it can be concluded that Indonesia has established a relatively comprehensive regulatory framework at the national, provincial, and district/city levels to support exclusive breastfeeding. However, the majority of these policies predominantly emphasize structural and physical components, particularly the provision of lactation rooms and supporting facilities in workplaces and public institutions. While such infrastructure is essential, it does not automatically guarantee successful breastfeeding practices among working mothers. There remains a significant gap in addressing more substantive and operational determinants, including workload management, flexibility of working hours, adequacy and duration of maternity or breastfeeding leave, organizational culture, and the presence of clear Standard Operating Procedures (SOPs). These non-physical factors

play a decisive role in determining whether women are realistically able to continue exclusive breastfeeding after returning to work.

In addition, although central government regulations function as the principal legal foundation for regional and local governments in formulating derivative policies, the translation of these policies into workplace-level practice remains inconsistent. Variations in political commitment, resource allocation, managerial awareness, and monitoring mechanisms contribute to disparities in implementation across regions and sectors. In many workplaces, compliance tends to be administrative or symbolic rather than substantive, resulting in underutilized lactation facilities, limited socialization of policies, and persistent anxiety among working mothers. This indicates that regulatory existence alone is insufficient without strong institutional commitment, supervision, and evaluation systems to ensure effective enforcement.

The findings also highlight that successful exclusive breastfeeding among working mothers requires a multidimensional approach that integrates regulatory support, organizational culture transformation, managerial engagement, and individual empowerment. Workplace environments must evolve from production-oriented systems toward more family-friendly and gender-responsive settings that recognize breastfeeding as both a reproductive right and a public health investment. Strengthening cross-sector collaboration between government agencies, employers, healthcare providers, and community organizations is therefore essential to ensure policy coherence and sustainability. Furthermore, digitalization presents a strategic and scalable opportunity to bridge gaps in support, particularly for working mothers who face time constraints and limited access to in-person counseling services. Digital health communication, mobile-based platforms, and professionally facilitated online breastfeeding support groups offer accessible, cost-effective, and flexible solutions. Online communities led by trained breastfeeding counsellors can provide evidence-based information, emotional reinforcement, peer interaction, and practical guidance on breast milk management. Such platforms not only enhance maternal self-efficacy and health literacy but also create a sense of belonging and shared experience that can reduce stress and improve breastfeeding persistence.

6. DECLARATIONS

6.1. About Authors

Ratna Utami Wijayanti (RU) -

Woro Nurul Seftianingtyas (WN) -

Yasinta Dewi Kristianti (YD) -

Aulia Hervi Anggraini (AH) -

Marta Rodriguez (MR) https://orcid.org/0009-0000-1367-0511

6.2. Author Contributions

Conceptualization: RU; Methodology: WN; Software: YD; Validation: AH and MR; Formal Analysis: WN and YD; Investigation: AH; Resources: MR; Data Curation: YD; Writing Original Draft Preparation: WN and AH; Writing Review and Editing: RU and WN; Visualization: YD; All authors, RU, WN, YD, AH, and MR, have read and agreed to the published version of the manuscript.

6.3. Data Availability Statement

The data presented in this study are available on request from the corresponding author.

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6.5. Declaration of Conflicting Interest

The authors declare that they have no conflicts of interest, known competing financial interests, or personal relationships that could have influenced the work reported in this paper.

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