



Family Support And Exclusive Breastfeeding Among Working Mothers At The Hospital

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ABSTRACT

Exclusive breastfeeding in developing countries is still low, especially among working mothers. This study aims to determine the relationship between family support and exclusive breastfeeding for working mothers in hospitals in the Lamongan district. The method in this study used a cross-sectional analytical research design, the sample was working mothers in the Lamongan district hospital who had babies aged 6-24 months and met the inclusion criteria, totaling 120 people using purposive sampling. Data collection was carried out in August–September 2022 using questionnaires, analyzed univariately, bivariate (chi-square), and multivariate (logistic regression). The results showed that family support was significantly related to exclusive breastfeeding (p 0.000; OR 13.8; 95% CI: 4.819-39.381). Maternal characteristics that were significantly associated with exclusive breastfeeding were parity (p 0.034; OR 2.999; 95% CI: 1.086-8.038) and employment (p 0.003; OR 3.76; 95% CI 1.513-9.357). Family support is the most dominant factor related to exclusive breastfeeding for working mothers in hospitals. Mothers who receive good family support have a 13.8 times chance of providing exclusive breastfeeding compared to working mothers who receive less family support. It is recommended for health workers to provide IEC to families to provide optimal support for working breastfeeding mothers.

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

ABSTRAK

Pemberian ASI eksklusif di negara berkembang masih rendah terutama di kalangan ibu yang bekerja. Penelitian ini bertujuan untuk mengetahui hubungan dukungan keluarga dengan pemberian ASI Eksklusif pada ibu bekerja di rumah sakit wilayah kabupaten Lamongan. Metode dalam penelitian ini menggunakan rancangan penelitian analitik cross-sectional, sampel adalah ibu bekerja di rumah sakit wilayah kabupaten Lamongan yang memiliki bayi usia 6-24 bulan dan memenuhi kriteria inklusi berjumlah 120 orang secara purposive sampling. Pengumpulan data dilakukan pada bulan Agustus–September 2022 menggunakan kuesioner, dianalisis secara univariat, bivariat (chi-square), dan multivariat (regresi logistik). Hasil penelitian menunjukkan bahwa dukungan keluarga berhubungan signifikan dengan pemberian ASI Eksklusif (p 0,000; OR 13,8; CI 95%:4.819-39.381). Karakteristik ibu yang berhubungan signifikan dengan pemberian ASI Eksklusif adalah paritas (p 0,034; OR 2,999; CI 95%: 1,086-8,038), dan pekerjaan (p 0,003; OR 3,76; CI 95% 1,513-9,357). Dukungan keluarga merupakan faktor yang paling dominan berhubungan dengan pemberian ASI Eksklusif pada ibu bekerja di rumah sakit. Ibu yang mendapat dukungan keluarga baik memiliki peluang 13,8 kali untuk memberikan ASI Eksklusif dibandingkan ibu bekerja yang kurang mendapat dukungan keluarga. Disarankan bagi petugas kesehatan untuk memberikan KIE kepada keluarga agar memberikan dukungan yang optimal bagi Ibu menyusui yang bekerja.

Kata kunci: Dukungan Keluarga, Dukungan Suami, ASI Eksklusif, Ibu Bekerja

INTRODUCTION

Exclusive breastfeeding has been proven to have a positive impact on the health of mothers and babies because it contains complex nutrients according to the baby's nutritional needs and immune substances that protect babies from various diseases such as respiratory tract infections (pneumonia) and digestive tract infections (diarrhea). Children who receive breast milk show better results on intelligence tests and have a lower risk of being overweight and obese, as well as diabetes in adulthood. Breastfeeding also has a good psychological effect on children (Purwanti, 2014; WHO, 2017). Babies who do not receive exclusive breast milk are more likely to experience illnesses such as fever, flu, pneumonia, measles, and diarrhea, as well as other infectious diseases, not illnesses caused by congenital disabilities and accidents (Fitri & Shofiya, 2020) so that indirectly not providing exclusive breastfeeding will have an impact on increasing the mortality rate of newborns (Kemenkes RI, 2021).

The World Health Organization (WHO) recommends exclusive breastfeeding for six months and continuing until the child is 24 months old. However, the level of exclusive breastfeeding still needs

to be higher in developing countries, especially among working mothers (Gebrekidan *et al.*, 2020). The global exclusive breastfeeding coverage rate in 2020 was around 44% (Kemenkes RI, 2021; WHO, 2021); in East Java, it was 61%, a decrease from 2019 of 68.2% (Dinkes *et al.*, 2021). Exclusive breastfeeding coverage in 2020 in the Lamongan district exceeds the average coverage in East Java, but the distribution for each sub-district is different, ranging from 40%-95% (Dinkes Lamongan, 2020). The prevalence of exclusive breastfeeding in working mothers is lower (24.8%) than in non-working mothers (82.9%) ((Tadesse *et al.*, 2019). Research in Ghana found that only 10.3% of working mothers breastfed exclusively for 6 months (Dun-Dery & Laar, 2016); in Indonesia, it was 32.3% (Bahrawi *et al.*, 2015).

The success of providing exclusive breastfeeding to working mothers is strongly supported by the workplace, husband, and family, and information about exclusive breastfeeding from service providers to husbands and families who will achieve success in providing exclusive breastfeeding (Chen *et al.*, 2019). A study in China stated that there are at least four key work-related factors that influence breastfeeding practices, namely workplace environment, travel time, labor intensity (tight work schedule), and job benefits (Chen *et al.*, 2019). Mothers who experience difficulties in one or more of the above will choose to reduce the frequency of breastfeeding or stop breastfeeding. University of Edinburgh, University of Edinburgh, United Kingdom & Nwaodu (2021) (Ahmadi & Moosavi, 2013; Riaz & Condon, 2019; Sulaiman *et al.*, 2018) in a study stated that one of the key factors that hinders exclusive breastfeeding among working mothers in the country What is developing is poor breastfeeding support in the workplace, such as inadequate breastfeeding breaks, lack of breastfeeding space, short maternity leave, as well as poor support from husbands and society. Mothers who had a shorter duration of maternity leave were less likely to practice exclusive breastfeeding (AOR 0.09; 95 % CI 0.02, 0.45). Returning to work early (Al Katufi *et al.*, 2020) or returning to work at three months of age is considered a major obstacle to continuing exclusive breastfeeding (Wolde *et al.*, 2021).

Working in hospital institutions generally takes a full-time job of around 7-8 hours per day, so a lot of time is taken up giving breast milk to the baby; mothers can also experience fatigue after a long day of work. This affects an unstable psychological condition, which will affect the mechanism of breast milk production. Therefore, family support is really needed for mothers to be able to continue providing exclusive breast milk to their babies. Even though breastfeeding is the mother's decision, breastfeeding will be better if the mother has the support of those closest to her. The support of husbands and other family members really determines the success or failure of breastfeeding for working mothers. Family support has a significant relationship with exclusive breastfeeding (Rambu, 2019). Mothers who receive good physical support from the family have an 18.2 times greater chance of exclusive breastfeeding (Wahyuni, 2019). The greater the support you receive to continue breastfeeding, the greater your ability to continue providing exclusive breastfeeding. Family support, which includes informative support, emotional support, instrumental support, and assessment support (Rahayu & Wuryaningsih, 2019), will create a conducive environment for mothers to breastfeed or provide breast milk to their babies.

Although there has been a lot of research on the influence of family support on breastfeeding among working mothers, similar research with research subjects working mothers in hospitals still needs to be completed. The results of the initial survey on October 20, 2021, through interviews with eight working mothers at the Lamongan district hospital, showed that 3 people (37.5%) were not exclusively breastfeeding or partially breastfeeding; that is, they were given breast milk and formula milk. This study aims to determine the relationship between family support and exclusive breastfeeding for working mothers in hospitals in the Lamongan district.

METHOD

Cross-sectional analytical research design. The variables measured are Family Support (independent variable) and Exclusive Breastfeeding (dependent variable). The research was carried out at four non-government hospitals in Lamongan district. Data collection was carried out from August 27, 2022, to September 20, 2022. The sample of mothers working at Muhammadiyah Babat Hospital, Muhammadiyah Babat General Hospital, Fatimah Lamongan General Hospital, and Nashrul Ummah Lamongan Islamic Hospital who had babies aged 6-24 months in September 2022 used homogeneous purposive sampling. The initial sample consisted of 122 people; 2 respondents needed to fill out the questionnaire completely, so they were excluded. The final sample size was 120 people.

The sample criteria include working mothers who have babies aged 6-24 months, have permanent employee status, have worked for at least 1 year, and are willing to be researched. Mothers who have contraindications for breastfeeding, mothers or babies who have serious illnesses within the first 6 months after giving birth so they have to be hospitalized, such as confirmed COVID-19 with severe symptoms, eclampsia, and decreased consciousness, babies with severe asphyxia, congenital abnormalities weight that does not allow the baby to breastfeed were excluded, including respondents who did not fill out the questionnaire completely.

The independent variable is Family Support, and the dependent variable is Exclusive Breastfeeding. The confounding variables (Confounding) are the mother's characteristics, including Education, Parity, Type of Work, and Income. Multivariate analysis was carried out for confounding variables to determine their relationship with exclusive breastfeeding. The research instrument uses a questionnaire whose validity and reliability have been measured. Exclusive breastfeeding questionnaire (Cronbach's alpha value=0.808), family support includes emotional support=0.734, informational support=0.798, instrumental support=0.746, and assessment support=0.779) (Kinasih *et al.*, 2017). Primary research data source, using questionnaires distributed offline. Data were analyzed using the IBM SPSS (Statistical Package for the Social Sciences) computer program for Windows version 22, consisting of Univariate Analysis, Bivariate Analysis (chi-square test) with a significance level of 95% ($\alpha=0.05$), and Multivariate Analysis (regression logistics). This research prioritizes the principles of research ethics and has received an ethical certificate No.1552/KEP-UNISA/1X/2022 from the Health Research Ethics Committee.

RESULTS AND DISCUSSION

Univariate Analysis

The results of the univariate analysis in Table 1 show that half (50%) of mothers work in hospitals that provide exclusive breastfeeding, and more than half receive good family support (56.7%). Distribution based on the characteristics of working mothers in hospitals who have babies aged 6-24 months, almost all (98.3%) are at low-risk age, more than half are primiparas (55%), have a diploma education level (53.3%), the majority (75%) work as health workers. Based on income, more than half (60%) have low incomes below the minimum wage.

Table 1
Univariate Analysis Results

| Variable | n | % |
|--------------------------------|----------|----------|
| Exclusive breastfeeding | | |
| Exclusive breastfeeding | 60 | 50 |
| No | 60 | 50 |
| Family support | | |
| Good | 68 | 56,7 |
| Not good | 52 | 43,3 |
| Mother's Age | | |
| Young age | 0 | 0 |
| Adult Age | 118 | 98,3 |
| Old Age | 2 | 1,7 |
| Parity | | |
| Primipara | 66 | 55,0 |
| Multiparous | 54 | 45,0 |
| Grande multiparous | 0 | 0 |
| Education | | |
| Middle Education | 14 | 11,7 |
| Diploma Education | 64 | 53,3 |
| Undergraduate Education | 42 | 35,0 |
| Type of work | | |
| Health workers | 90 | 75,0 |
| Non-Health Personnel | 30 | 25,0 |
| Income | | |
| Tall | 48 | 40,0 |
| Low | 72 | 60,0 |

Bivariate Analysis

Bivariate analysis uses chi-square, to see the relationship between family support and exclusive breastfeeding, as well as to find out confounding variables in relation to exclusive breastfeeding. Based on the results of the bivariate analysis in Table 2, it is known that the family support variable has a significant relationship with giving exclusive breastfeeding to working mothers in hospitals ($p < 0.01$). This confounding variable is significantly related to giving exclusive breastfeeding to working mothers in hospitals ($p < 0.01$). $p < 0.05$ are education and type of work, while parity and income do not have a significant relationship ($p > 0.05$). Next, the variables that will be included in the multivariate analysis are family support, workplace support, maternal age, parity, maternal education, and type of work ($p < 0.25$). The income variable was not included in the multivariate analysis ($p > 0.25$).

Table 2.
Bivariate Analysis Results

| Variable | Exclusive breastfeeding | | | | Amount | OR | CI 95% | p-value |
|------------------------------------|-------------------------|------|-----------------------------|------|--------|--------|--------------|---------|
| | Exclusive breastfeeding | | Not exclusive breastfeeding | | | | | |
| | n | % | n | % | | | | |
| Family support | | | | | | | | |
| Good | 50 | 73,5 | 18 | 26,5 | 68 | 11,667 | 4,863-27,991 | 0,000* |
| Not good | 10 | 19,2 | 42 | 80,8 | 52 | | | |
| Parity | | | | | | | | |
| Primipara | 28 | 42,4 | 38 | 57,6 | 66 | 1,974 | 0,951-4,096 | 0,066 |
| Multiparous | 32 | 59,3 | 22 | 40,7 | 54 | | | |
| Education | | | | | | | | |
| Education (high school/equivalent) | 4 | 28,6 | 10 | 71,4 | 14 | | | |
| Education Diploma | 40 | 62,5 | 24 | 37,5 | 64 | 4,167 | 1,176-14,765 | 0,011* |
| Education Bachelor | 16 | 38,1 | 26 | 61,9 | 42 | 1,538 | 0,413-5,737 | |
| Type of work | | | | | | | | |
| Health workers | 52 | 57,8 | 38 | 42,2 | 90 | 3,763 | 1,513-9,357 | 0,003* |
| Non-Energy Health | 8 | 26,7 | 22 | 73,3 | 30 | | | |
| Income | | | | | | | | |
| Tall | 24 | 50 | 24 | 50 | 48 | 1,000 | 0,482-2,076 | 1,000 |
| Low | 36 | 50 | 36 | 50 | 72 | | | |

Multivariate Analysis

Multivariate analysis using a multiple logistic regression test was used to see the relationship between family support and exclusive breastfeeding, taking into account external variables. The variables included in this multivariate analysis are external variables, which in bivariable analysis have a p-value <0.25, as well as variables, which, based on theory, have a relationship with the dependent variable. The income variable was not included in the multivariate analysis because the p-value was >0.25. Based on Table 3, it can be seen that the variables that are significantly related to exclusive breastfeeding (p<0.05) are family support and parity. It can also be seen that variables with a p-value>0.05 are education and employment. The largest sequence is employment and education, so in subsequent modeling, the employment variable is removed from the model. If there is a change in the OR value of >10% after the job variable is removed, then the job variable is reintroduced into the model, likewise with the Education variable.

Table 3
Results of Logistic Regression Analysis

| Variable | Sig. | Exp(B) | 95% C.I for Exp(B) | |
|----------------|--------|--------|--------------------|--------|
| | | | Lower | Upper |
| Family support | 0,000* | 13,707 | 4,766 | 39,420 |
| Parity | 0,042* | 2,921 | 1,039 | 8,213 |

| | | | | |
|----------------------------------|-------|-------|-------|--------|
| High school education/equivalent | 0,465 | | | |
| Diploma Education | 0,248 | 4,276 | 0,363 | 50,384 |
| Undergraduate Education | 0,220 | 3,932 | 0,442 | 35,009 |
| Type of work | 0,931 | 1,082 | 0,181 | 6,455 |

The final model produced after re-entering the confounding variables is as follows:

Table 4
Final Multivariate Analysis Model

| Variable | Sig. | Exp(B) | 95,0% C.I.for EXP(B) | |
|----------------------------------|--------|--------|----------------------|--------|
| | | | Lower | Upper |
| Family support | 0,000* | 13,776 | 4,819 | 39,381 |
| Parity | 0,034* | 2,955 | 1,086 | 8,038 |
| High school education/equivalent | 0,210 | | | |
| Diploma Education | 0,081 | 4,623 | 0,829 | 25,794 |
| Undergraduate Education | 0,115 | 4,160 | 0,706 | 24,527 |

From Table 4, it is known that the most dominant variable influencing exclusive breastfeeding among working mothers in hospitals in the Lamongan district is family support ($p < 0.01$; OR 13.776, CI 4.819-39.381). The confounding variable for family support with exclusive breastfeeding is education.

Relationship between family support and exclusive breastfeeding

The results of this study showed that family support was significantly related to exclusive breastfeeding for working mothers in hospitals. Mothers who receive good family support are almost 14 times more likely to provide exclusive breastfeeding than mothers who receive low-income family support after controlling for other variables.

Work is often a reason for mothers not to provide exclusive breastfeeding because working mothers tend to have less time to care for and provide breast milk to their babies. Therefore, family support is a very important and much-needed factor for working mothers to be able to provide Exclusive breastfeeding, especially when maternity leave is over and you have to go back to work. Working in hospitals is generally a full-time job with a working time of around 7-8 hours per day, so the role of the husband and family is very large. Apart from the time it takes to give breast milk to the baby while the mother is working, the mother can also experience fatigue after a long day of work. So, the family must help ease household work, create a comfortable atmosphere for the mother, and encourage when the mother feels anxious so that the mother remains motivated to breastfeed exclusively.

Social support from the husband, family, and childcare are important factors that can positively influence exclusive breastfeeding (Gebrekidan *et al.*, 2020). The greater the support a mother gets to continue breastfeeding, the greater her ability to continue providing exclusive breastfeeding. The support provided by the family to breastfeeding mothers will create a conducive environment. If there is a problem of imbalance between work and family support, it will hamper the ability of working mothers to breastfeed their babies exclusively (Abekah-Nkrumah *et al.*, 2020).

According to (Rahayu and Wuryaningsih, 2019), family support that needs to be given to breastfeeding mothers includes informative support, emotional support, instrumental support, and assessment/reward support. Informative support means that the family provides information or

attempts to provide access to information about exclusive breastfeeding so that the mother's knowledge about exclusive breastfeeding increases. Instrumental support with technical assistance such as taking control to a doctor or midwife, providing nutritious food, providing a comfortable place to breastfeed, helping care for the baby, and helping reduce the mother's fatigue when breastfeeding and taking care of her baby, as well as providing tools and a place to express and store breast milk. The availability of facilities owned by mothers, such as breast milk pumping equipment and storage for expressed breast milk, is important for breastfeeding mothers who work outside the home.

Emotional support and assessment support or appreciation support in the form of giving praise when the mother breastfeeds the baby, the family's attitude in reminding the mother to provide exclusive breastfeeding, positive attention, and supporting the mother's decision to provide exclusive breastfeeding. Emotional support and appreciative support from the husband/family can influence the mother's attitude in providing exclusive breastfeeding to her baby. A husband who shows positive attention and supports the mother in providing exclusive breastfeeding, the mother will have a positive attitude toward providing exclusive breastfeeding. The husband or family can strengthen the mother's motivation to maintain her commitment to breast milk and not be easily tempted by formula milk or other foods. Husband/family support, provided in any form, can improve a person's adjustment to events in life and influence the mother's emotional condition, which has an impact on breast milk production and expenditure.

The results of this research are relevant to research (Rambu, 2019), which states that there is a relationship between family support and exclusive breastfeeding. Adequate family support and increasing the practice of exclusive breastfeeding for working mothers almost 3 times (Ratnasari *et al.*, 2017).

Emotional support, physical support, information support, and assessment support provided by husbands are significantly related to the success of exclusive breastfeeding for working mothers ($p = 0.000$); the most influential support is physical support. Mothers who receive good physical support from the family have 18.2 times greater odds of exclusive breastfeeding after controlling for other support (OR 18.2; CI95%=3.1-108, $p=0.001$) (Wahyuni, 2019). However, there is another study (Eka Fernanda *et al.*, 2021) that reports that family support does not affect exclusive breastfeeding (p -value = 0.339). Fahrudin *et al.* (2020) also stated that there was no relationship between the husband's support for exclusive breastfeeding ($p= 0.244$).

The Relationship between Maternal Education and Exclusive Breastfeeding

The results of this research showed that from cross-tabulation results, it was found that the percentage of exclusive breastfeeding was highest in mothers with a diploma education (62.5%) compared to secondary or high school/equivalent education (28.6%). Bivariate test results showed that there was a relationship between maternal education level and exclusive breastfeeding ($p0.011$; OR 4.167; 95% CI 1.176-14.765).

The results of research related to exclusive breastfeeding during the first 6 months of a baby's life and maternal education explain that higher education is usually associated with more modern thinking in developing countries, thereby possibly discouraging lifestyle practices that are considered traditional, including breastfeeding. Research observing positive associations offers a possible reason that more educated mothers are more likely to realize the health benefits of breastfeeding (Alzaheb, 2017). Formal education will shape a person's values, especially in accepting new things. Mothers who have a higher level of education are generally open to accepting changes or things that are useful for maintaining health, which will also encourage someone to be curious and seek experience so that the information they receive will become knowledge. Good

knowledge will influence changes in attitudes and healthy living behavior, including exclusive breastfeeding behavior.

Research (Mekebo *et al.*, 2022) in their study shows that the mother's education level is significantly related to breastfeeding practices. In developed countries, women with higher education have a higher probability of initiating breastfeeding and breastfeeding longer than their less educated counterparts, whereas in developing countries, the opposite is true (Dashti *et al.*, 2014). The reason is that mothers with a higher level of education can know more about the benefits of exclusive breastfeeding, namely by reading written messages from various sources and easily understand what they are counseling than mothers who have no or less education.

In contrast to research results (Alzaheb, 2017; Demirtaş *et al.*, 2017; Hashim, 2020) which state that there is no relationship between maternal education and exclusive breastfeeding practices. According to Hastuti (2015), knowledge about breastfeeding is not only obtained from formal education. However, it can also be obtained by mothers from various sources or informal education such as information provided at posyandu, health education, and brochures as well as from social media, as well as from previous experiences of breastfeeding mothers. Thus, mothers who have low education but receive much correct information will increase their knowledge and will apply it so that the level of maternal education may not be significantly related if other factors support the practice of exclusive breastfeeding. This is in accordance with research (Gebretsadik *et al.*, 2022) that mothers who receive breastfeeding information have a 73% higher chance of exclusive breastfeeding (AOR 1.73; 95% CI 1.17, 2.56). The COVID-19 pandemic has also influenced attitudes, choices, and feeding of babies because information regarding the safety of breastfeeding is still lacking, and messages are often mixed (Brown & Shenker, 2021). If the mother does not get information from the correct source or gets the wrong information, this will result in stopping breastfeeding and switching to formula milk.

The Relationship between Parity and Exclusive Breastfeeding

The results of this study found that there was a tendency for exclusive breastfeeding to occur more frequently among working mothers with multiparous status (59.3%) than primiparous (42.3%), although the bivariate test results showed there was no significant relationship (p-value 0.066; OR 1.974; 95% CI: 0.951-4.096).

Theoretically, parity is thought to be related to the direction of seeking information about the knowledge of postpartum/breastfeeding mothers in providing exclusive breastfeeding. This is related to the influence of one's own and other people's experiences on knowledge, which can influence current or future behavior in terms of providing exclusive breastfeeding (Marwiyah & Khaerawati, 2020).

A woman who has given birth to a fetus more than once or is multiparous, and a woman who has given birth to a fetus more than five times or is grande multipara has a chance of providing exclusive breastfeeding 4.60 times compared to a primiparous mother. Mothers with more than one child will be more confident and able to overcome obstacles that occur during the breastfeeding process (for example, how to deal with breast milk not coming out) so that multiparous or grande multiparous mothers have more opportunities to breastfeed exclusively (Polwandari & Wulandari, 2021).

The results of this study are supported by previous research, which states that parity is related to exclusive breastfeeding (Mabud *et al.*, 2014). Multiparous mothers have a greater likelihood of exclusive breastfeeding compared to primiparous mothers (Marwiyah & Khaerawati, 2020), as well as a longer duration of breastfeeding (Dashti *et al.*, 2014). On the other hand, primiparous mothers have a tendency not to provide exclusive breastfeeding. This is relevant to research (Utami *et al.*,

2019). Respondents whose parity status is primiparous have a 6.889 times chance of not providing exclusive breastfeeding compared to respondents whose parity status is multiparous.

The number of children or parity influences the mother's level of knowledge regarding breastfeeding. Apart from that, parity is related to the mother's experience when breastfeeding, where experience as a source of knowledge is a way to obtain the truth of knowledge by repeating the knowledge gained. The experience of breastfeeding in previous births influences a person to continue breastfeeding in subsequent births. Mothers who previously had a successful experience with exclusive breastfeeding will practice it again at the birth of their next child so that previous breastfeeding experience is significantly related to the practice of exclusive breastfeeding (Hastuti, 2015).

Relationship between type of work and exclusive breastfeeding

The results of the bivariate analysis showed that there was a significant relationship between type of work and exclusive breastfeeding for mothers who worked in hospitals (p-value $0.003 < 0.05$; OR 3.76; 95% CI 1.513-9.357). Mothers who work as health workers have a 3.76 times chance of providing exclusive breastfeeding compared to mothers who work as non-health workers.

Type of work is an enabling factor for changes in a person's behavior, in this case, exclusive breastfeeding. Behavior changes that are based on good knowledge will be more lasting. Mothers who work in hospitals generally have quite good knowledge about exclusive breastfeeding, which makes mothers try to allocate time between work breaks to be able to breastfeed or pump breast milk for their babies (Rangkuti, 2020). Health workers have overall good knowledge about breastfeeding at 51.8%. The majority (80.0%) have good knowledge about the benefits of breast milk, and 76.8% have good knowledge about exclusive breastfeeding and breastfeeding time (Green, 2022). Research (Chale et al., 2016) found that health workers who worked in hospitals had better knowledge than those who worked in pharmacies (OR 2.1; 95% CI 1.1-4.0, $p = 0.032$).

The results of research (Erlani *et al.*, 2020) also found that exclusive breastfeeding was more common among health workers in hospitals, namely 61.9%, compared to behavior that did not provide exclusive breastfeeding. According to Erlani, this is associated with the mother's high level of education, where it is assumed that health workers with higher education have a high level of knowledge about exclusive breastfeeding.

With the correct knowledge about breastfeeding, completeness for pumping breast milk, and a supportive work environment, even a working mother can breastfeed exclusively (Rangkuti, 2020).

CONCLUSIONS AND SUGGESTIONS

Family support is significantly related to exclusive breastfeeding for working mothers in Lamongan district hospitals and is the most dominant factor after controlling for other variables. Maternal characteristics that are significantly related to exclusive breastfeeding among working mothers in hospitals in the Lamongan district are education and type of work. Looking at the results of the research and discussion above, it is recommended that the hospital health promotion unit be more active in implementing health promotion related to exclusive breastfeeding for female employees by involving the family (husband/partner or other family members who will be involved in breastfeeding practices) in order to provide support. Good breastfeeding. Apart from that, hospitals should provide special breastfeeding rooms that are equipped with breast pumps and breast milk storage, provide written breastfeeding policy support for employees and socialize it to all employees, provide sufficient rest time for breastfeeding and add maternity leave or allow it for employees who want to increase his leave by six months.

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