

Relationship between Work Shifts, Breastfeeding Facilities, and Family Support with Exclusive Breastfeeding Success among Working Mothers in Surabaya

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Abstract

Introduction: Exclusive breastfeeding among working mothers remains a public health challenge in urban areas such as Surabaya, where work demands, shift patterns, limited breastfeeding facilities, and family support may hinder optimal breastfeeding practices. **Objective:** This study aimed to analyze the relationship between work shifts, availability of breastfeeding facilities, and family support with exclusive breastfeeding success among working mothers in the working area of Tenggilis Public Health Center, Surabaya City. **Method:** An analytic observational study with a cross-sectional design was conducted among working mothers with infants aged 7–12 months. Total sampling was applied, yielding 99 respondents. Data were collected using structured questionnaires and analyzed using Chi-square tests and multivariate logistic regression. **Result and Discussion:** Most mothers did not work in shift systems (56.6%), worked in facilities providing breastfeeding support (57.6%), and received family support (63.7%). Exclusive breastfeeding was practiced by 62.6% of respondents. All variables were significantly associated with exclusive breastfeeding ($p < 0.05$), with family support as the dominant factor ($OR = 27.483$; $p < 0.001$; 95% CI: 8.135–92.85). **Conclusions:** Work shifts, breastfeeding facilities, and family support were significantly associated with exclusive breastfeeding success among working mothers, with family support identified as the most influential factor.

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Introduction

Infant Mortality Rate (IMR) is a key indicator of population health. Indonesia's IMR was recorded at 16.85 deaths per 1,000 live births based on the 2020 Population Census, and is targeted to decline to fewer than 12 deaths per 1,000 live births by 2030 in line with the Sustainable Development Goals (Badan Pusat Statistik (BPS, 2022; Bappenas, 2023). One effective strategy to support this target is improving nutritional status during the first 1,000 days of life through exclusive breastfeeding (Fitriana et al., 2021).

The World Health Organization (WHO) recommend early initiation of breastfeeding, exclusive breastfeeding for the first six months, and continued breastfeeding up to two years with appropriate complementary feeding (WHO, 2023). In Indonesia, these recommendations are reinforced through national regulations, including Government Regulation No. 33 of 2012 and Law No. 17 of 2023.

Despite its proven benefits for infant survival and maternal health, exclusive breastfeeding coverage remains suboptimal. In Indonesia, coverage declined from 69.7% in 2021 to 67.96% in 2022 and has not yet reached the national target of 80% (Kemenkes RI, 2022). This condition is influenced by various factors, including the increasing proportion of working mothers. Female labor force participation reached 55.41% nationally in 2024 and 57.61% in Surabaya City (BPS, 2024).

Previous studies indicate that working mothers are less likely to practice exclusive breastfeeding, particularly those exposed to unfavorable work conditions (Nurhidayati & Hanum, 2021). Shift work has been reported to disrupt breastfeeding practices, with non-shift workers showing higher exclusive breastfeeding rates compared to shift workers (Puspita et al., 2019). In addition, the availability of breastfeeding facilities at the workplace has been shown to support exclusive breastfeeding among employed mothers (Khasanah, 2019).

Beyond occupational factors, family support plays an important role in breastfeeding success. Several studies report a positive association between family support and exclusive breastfeeding, although inconsistent findings remain (Fatmawati & Winarsih, 2020; Astuti et al., 2024).

At the regional level, exclusive breastfeeding coverage in East Java increased to 72.68% in 2023 but remained below the national target. In Surabaya City, overall coverage was relatively high; however, substantial disparities persist. Tenggilis District recorded one of the lowest exclusive breastfeeding coverages at 39.79% (Dinkes, 2024). Based on this context, this study aimed to analyze the relationship between work shifts, availability of breastfeeding facilities, and family support with the success of exclusive breastfeeding among working mothers in the working area of Tenggilis Public Health Center, Surabaya City.

Method

This study employed an analytic observational cross-sectional design conducted in the working area of Tenggilis Public Health Center, Surabaya City. The study population consisted of working mothers with infants aged 7–12 months who lived with their families (husbands and/or other family members) and consented to participate. Exclusion criteria included single mothers and infants with medical indications contraindicating exclusive breastfeeding. The independent variables were work shift, availability of

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breastfeeding facilities, and family support, while the dependent variable was the success of exclusive breastfeeding.

A total sampling technique was applied, resulting in 99 respondents. Data were collected using a structured questionnaire that included information on respondent characteristics, work shift patterns (shift and non-shift), availability of breastfeeding facilities at the workplace (available and unavailable), family support (supportive and less supportive), and exclusive breastfeeding status.

Data analysis consisted of univariate analysis to describe respondent characteristics, bivariate analysis using Chi-square tests to examine the association between independent variables and exclusive breastfeeding success, and multivariate analysis using logistic regression to identify the most dominant factor influencing exclusive breastfeeding success. Results with $p < 0.05$ were regarded as statistically significant.

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Result and Discussion

1. Result

Univariate Analysis

Table 1

Characteristics of Respondents in the Working Area of Tenggilis Public Health Center, Surabaya City (n = 99)

Variable	Category	n	%
Age (years)	< 20	2	2.0
	20–35	77	77.8
	> 35	20	20.2
Education Level	Junior High School	10	10.1
	Senior High School/ Vocational	43	43.4
	Higher Education	46	46.5
Occupation	Private Employee	69	69.7
	Entrepreneur/Trader	15	15.2
	Daily worker	7	7.1
	Teacher	4	4.0
	Laborer	3	3.0
	Civil Servant	1	1.0
Family Income (IDR/month)	< 2.000.000	13	13.1
	2.000.000–4.000.000	43	43.4
	4.000.000–6.000.000	25	25.3
	> 6.000.000	18	18.2
Number of Children	1	42	42.4
	2	39	39.4
	≥ 3	18	18.2
Age of Youngest Child	7 months	18	18.2
	8 months	9	9.1
	9 months	9	9.1
	10 months	7	7.1
	11 months	13	13.1
	12 months	43	43.4
Household Composition	Husband only	38	38.4
	Husband and extended family	48	48.5
	Extended family only	13	13.1

The univariate analysis showed that the majority of respondents were aged 20–35 years (77.8%), had higher education (46.5%), and worked as private employees (69.7%). Most respondents had a monthly family income of IDR 2,000,000–4,000,000 (43.4%), had one child (42.4%), and had their youngest child aged 12 months (43.4%). In terms of household composition, most respondents lived with their husband and extended family (48.5%).

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Table 2

Frequency Distribution of Study Variables in the Working Area of Tenggilis Community Health Center, Surabaya City (N = 99)

Variable	Category	n	%
Work Shift	Non-shift	56	56.6
	Rotating shift	43	43.4
Breastfeeding Facilities	Not available	42	42.4
	Available	57	57.6
Family Support	Not supportive	36	36.4
	Supportive	63	63.6
Exclusive Breastfeeding	No	37	37.4
	Yes	62	62.6

The univariate analysis showed that most respondents did not work in shifts (56.6%). More than half of the respondents worked in places where breastfeeding facilities were available (57.6%). The majority of respondents reported receiving family support for breastfeeding (63.6%). In addition, most respondents were successful in providing exclusive breastfeeding to their infants (62.6%).

Bivariate Analysis (Chi-Square Test)

Table 3
Relationships Between Variables

Variable	Category	Exclusive Breastfeeding		P-Value
		Yes n (%)	No n (%)	
Work Shift	Non-shift	46 (74.2)	10 (27.0)	< 0.001
	Rotating shift	16 (25.8)	27 (73.0)	
Breastfeeding Facilities	Not available	11 (17.7)	31 (83.8)	< 0.001
	Available	51 (82.3)	6 (21.3)	
Family Support	Not supportive	6 (9.7)	30 (81.1)	< 0.001
	Supportive	56 (90.3)	7 (18.9)	

Bivariate analysis showed that work shift, availability of breastfeeding facilities, and family support were significantly associated with the success of exclusive breastfeeding ($p < 0.05$). Mothers who did not work in shifts had a higher proportion of successful exclusive breastfeeding compared to those with rotating shifts. Similarly, the success of exclusive breastfeeding was higher among mothers who worked in workplaces with available breastfeeding facilities than those without such facilities. In addition, mothers who received family support were significantly more likely to successfully practice exclusive breastfeeding compared to those who did not receive family support.

Multivariate Analysis (Logistic Regression)

Table 4

Multivariate Analysis of Factors Associated with Exclusive Breastfeeding Success

Variable	Adjusted OR	95% CI	P-Value
Work shift	0.327	0.098–1.097	0.070
Breastfeeding facilities	2.793	0.546–14.281	0.217
Family support	27.483	8.135–92.850	< 0.001

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Multivariate logistic regression analysis revealed that family support was the only factor significantly associated with exclusive breastfeeding success ($p < 0.001$). Mothers who received family support were 27.483 times more likely to successfully practice exclusive breastfeeding compared to those without support. Work shift and availability of breastfeeding facilities were not statistically significant in the multivariate model.

2. Discussion

Relationship Between Work Shift and Exclusive Breastfeeding Success

This study found a significant association between work shift patterns and the success of exclusive breastfeeding among working mothers in the working area of Tenggilis Public Health Center, Surabaya City ($p < 0.001$). Mothers who did not work in a shift system were more likely to successfully provide exclusive breastfeeding compared to those working in rotating shifts. This finding indicates that non-shift work schedules offer more supportive conditions for maintaining exclusive breastfeeding.

The results are consistent with previous studies showing that shift work negatively affects breastfeeding practices. Tsai (2022) reported that non-shift working mothers in Taiwan had significantly higher exclusive breastfeeding rates than those working shifts. Similarly, studies in Indonesia have shown that rotating and night shifts reduce breastfeeding motivation due to fatigue, limited rest, and time constraints (Puspita Sari & Adawiyah, 2023; Raden et al., 2023).

From a physiological perspective, shift work disrupts circadian rhythms, which can interfere with hormonal regulation related to lactation. Disruption of prolactin, oxytocin, and melatonin secretion may reduce milk production and breastfeeding continuity (Booker et al., 2024). In addition, shift-working mothers often face limited opportunities to breastfeed or express milk at work, further decreasing exclusive breastfeeding success.

In this study, exclusive breastfeeding was achieved by 74.2% of mothers with non-shift schedules, compared to 25.8% among shift-working mothers. These findings highlight shift work as a significant occupational barrier to exclusive breastfeeding. Strengthening workplace support and providing targeted lactation counseling for shift working mothers are essential to improve exclusive breastfeeding outcomes.

Relationship Between Availability of Breastfeeding Facilities and Exclusive Breastfeeding Success

This study found a significant association between the availability of breastfeeding facilities and exclusive breastfeeding success among working mothers in the working area of Tenggilis Public Health Center, Surabaya City ($p < 0.001$). Mothers who worked in environments providing breastfeeding facilities were more likely to successfully practice exclusive breastfeeding than those without such facilities.

These findings align with previous studies demonstrating the importance of workplace lactation support. Tsai (2022) reported that lactation rooms, breastfeeding breaks, and managerial support significantly increased exclusive breastfeeding continuation among working mothers. Similarly, Puspita Sari and Adawiyah (2023) showed that mothers with adequate breastfeeding facilities had three times higher odds of exclusive breastfeeding. A local study by Khasanah (2019) also reported significantly higher exclusive breastfeeding rates among mothers with access to workplace lactation facilities ($p = 0.007$).

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International evidence supports these results. Chatterjee et al. (2021) found that workplace lactation rooms combined with flexible working hours prolonged breastfeeding duration, while Rodríguez Vega et al. (2020) reported that mothers with access to lactation facilities were more likely to breastfeed beyond six months ($p = 0.001$).

Breastfeeding facilities, including lactation rooms, milk storage equipment, and designated breaks, enable mothers to express breast milk regularly during working hours (Permenkes RI, 2013). The absence of such facilities may delay milk expression, reduce hormonal stimulation, and hinder exclusive breastfeeding continuity (WHO, 2023). Adequate facilities may also mitigate the negative impact of irregular work schedules by supporting consistent milk expression and hormonal regulation (Booker et al., 2024).

In this study, exclusive breastfeeding success reached 82.3% among mothers with access to breastfeeding facilities, compared to 17.7% among those without access. These findings highlight the importance of institutional policies ensuring workplace lactation facilities to support exclusive breastfeeding among working mothers.

Relationship Between Family Support and Exclusive Breastfeeding Success

The statistical analysis revealed a significant association between family support and exclusive breastfeeding success among working mothers in the working area of Tenggilis Public Health Center, Surabaya City ($p < 0.001$). Mothers who received family support were more likely to successfully practice exclusive breastfeeding compared to those without support.

This result is consistent with previous studies demonstrating that family support plays a crucial role in exclusive breastfeeding success, particularly among working mothers. Adequate emotional, informational, and instrumental support from family members especially husbands has been shown to increase maternal motivation, reduce stress, and enhance breastfeeding continuity (Kusrahmadani et al., 2023; Astuti et al., 2024). Supportive family environments also contribute to hormonal stability by promoting optimal secretion of prolactin and oxytocin, which are essential for milk production and milk ejection (Friedman, 2020; Kusumawati et al., 2021).

In this study, family support acted as a form of social reinforcement that strengthened mothers' intention to continue exclusive breastfeeding despite occupational challenges, including fatigue related to shift work. This is reflected in the findings, where 63.6% of working mothers reported receiving family support, indicating that most mothers had supportive resources to sustain breastfeeding, while 36.4% lacked such support, representing a vulnerable group at risk of breastfeeding discontinuation. Overall, these findings reinforce evidence that family support is a key determinant of exclusive breastfeeding success among working mothers.

Exclusive Breastfeeding Success among Working Mothers

The analysis showed that most working mothers in the working area of Tenggilis Public Health Center successfully practiced exclusive breastfeeding. Of the 99 respondents, 62 mothers (62.6%) provided exclusive breastfeeding, while 37 mothers (37.4%) did not. This finding indicates that a substantial proportion of working mothers were able to maintain exclusive breastfeeding during the first six months of life despite work-related demands.

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In this study, exclusive breastfeeding success among working mothers was supported by effective breastfeeding management, availability of breastfeeding facilities at the workplace, and family support. Previous studies have shown that exclusive breastfeeding contributes to optimal infant growth and development and is strongly influenced by environmental and social support factors (Khasanah, 2019; Fitriani et al., 2022; Susanti et al., 2023). Nevertheless, the proportion of mothers who failed to provide exclusive breastfeeding highlights the need for continuous education and lactation support to strengthen breastfeeding practices among working mothers.

Factors Influencing Exclusive Breastfeeding Success among Working Mothers

Multivariate logistic regression analysis revealed that family support was the only variable significantly associated with exclusive breastfeeding success among working mothers (Adjusted OR = 27.48; 95% CI: 8.14–92.85; $p < 0.001$). The large odds ratio indicates a very strong association between family support and exclusive breastfeeding success.

The magnitude of the odds ratio can be interpreted positively as reflecting the central role of family support in the context of working mothers. With a valid sample size of 99 respondents, this finding suggests that mothers who receive family support are substantially more likely to sustain exclusive breastfeeding compared to those without support. Family support, particularly from husbands and close family members, encompasses emotional encouragement, instrumental assistance, and the redistribution of domestic responsibilities, enabling mothers to maintain breastfeeding practices despite work-related demands. This finding reinforces existing evidence that psychosocial factors exert a stronger influence than structural factors on exclusive breastfeeding success among working mothers (Ummah et al., 2023; Ulya & Nuraini, 2023).

Although the confidence interval for family support is relatively wide, this condition is acceptable in observational studies with moderate sample sizes and does not diminish the clinical relevance of the finding. A wide confidence interval reflects variability in individual responses, while the direction and strength of the association remain consistent and statistically significant.

Work shift patterns were not significantly associated with exclusive breastfeeding success in the multivariate model (Adjusted OR = 0.327; $p = 0.070$). This lack of significance may be explained by a compensatory effect of family support. Mothers who receive strong family support are better able to manage breastfeeding schedules, express breast milk, and share domestic responsibilities, thereby attenuating the negative impact of shift work on exclusive breastfeeding practices. This finding aligns with previous studies suggesting that the effect of work schedules on breastfeeding outcomes may be diminished in the presence of strong family support (Yulidasari, 2021).

Similarly, the availability of breastfeeding facilities in the workplace was not statistically significant in the multivariate analysis (Adjusted OR = 2.793; $p = 0.217$). This finding suggests that the mere presence of breastfeeding facilities does not guarantee exclusive breastfeeding success without adequate social and familial support. Prior studies have indicated that even when facilities are available, working mothers may still encounter barriers such as time constraints, workload pressure, and fatigue, making family support a more decisive factor than physical facilities alone (Booker et al., 2024).

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Conclusion

This study demonstrates that work shift patterns, availability of breastfeeding facilities, and family support are significantly associated with exclusive breastfeeding success among working mothers in the working area of Tenggilis Public Health Center, Surabaya City. Multivariate analysis identified family support as the most dominant factor influencing exclusive breastfeeding success. These findings highlight the importance of strengthening family involvement alongside breastfeeding-friendly workplace policies to support working mothers in maintaining exclusive breastfeeding. Integrated efforts involving healthcare providers, families, and workplaces are essential to improve exclusive breastfeeding coverage among working mothers.

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