



Exclusive Breastfeeding Support and Barriers for Working Mothers in Sukoharjo, Indonesia Judging from Planned Behavior and Social Cognitive Theory

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Article Info	Abstract
<p>Article history: Received 15 February 2024 Revised 24 June 2024 Accepted 25 June 2024 Available online 23 August 2024</p> <p>Keywords: TPB; SCT; exclusive breastfeeding; working mothers</p> <p>Correspondence: bi268@ums.ac.id</p> <p>How to cite this article: Burhannudin Ichsan, Anika Candrasari, Faiz Maulana, Zahra Hafizha Fitria Anam. Exclusive breastfeeding support and barriers for working mothers in Sukoharjo, Indonesia Judging from Theory of Planned Behavior and Social Cognitive Theory. MAGNA MEDIKA Berk Ilm Kedokt dan Kesehat. 2024; 11(2):214-226</p>	<p>Background: The World Health Organization (WHO) recommends exclusive breastfeeding for six months. Many intervention programs to increase the coverage of exclusive breastfeeding have been carried out, but the coverage of exclusive breastfeeding has not increased significantly. A systematic review analyzed several factors that influence exclusive breastfeeding in developing countries. Mother's occupation was found to be the most frequently mentioned obstacle.</p> <p>Objective: These studies show that the mother's working status greatly influences the success of exclusive breastfeeding.</p> <p>Methods: This research is a qualitative phenomenological study to see the support and barriers to exclusive breastfeeding for mothers who work in Sukoharjo.</p> <p>Results: The theme found in this study is the support and inhibition of exclusive breastfeeding for working mothers, as seen from the Theory of Planned Behavior and Social Cognitive Theory. The obstacles are 1) incorrect knowledge about exclusive breastfeeding, 2) barriers from some health workers/institutions, 3) families do not support exclusive breastfeeding, 4) there is no regulation on exclusive breastfeeding in the workplace, 5) the workplace does not yet have a special place for pumping and storing breast milk, 6) does not have a role model, 7) breast milk is reduced by working, 8) already has the intention to mix with formula milk, 9) low self-efficacy, and 10) barriers from the baby's internal factors. The supports are 1) support from health workers/institutions, 2) the workplace provides a particular room for pumping and/or storing breast milk, 3) there is an opportunity for pumping breast milk in the workplace, 4) peer support, 5) there is a high expectation of health. Good, 6) intention to exclusively breastfeed, 7) good self-efficacy, 8) family support, 9) leave from work and light workload, 10) skills in breastfeeding, 11) no obstacles from the leadership, and 12) smooth mother's milk.</p> <p>Conclusion: This shows that SCT and TPB can be used as a theory to see the variables that influence the practice of exclusive breastfeeding. There is one finding that cannot be directly included in the SCT and/or TPB constructs, namely: skills in providing breast milk.</p>

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INTRODUCTION

Exclusive breastfeeding is an effort to implement balanced nutrition in Indonesia¹. WHO-UNICEF has stated since 2002 that exclusive breastfeeding for six months is the best food for babies². The World Health Organization (WHO) recommends exclusive breastfeeding for six months³. Exclusive breastfeeding can prevent the leading causes of neonatal death, such as sepsis, acute respiratory infections, meningitis, and diarrhea⁴. There have been many intervention programs to increase the coverage of exclusive breastfeeding, but the coverage of exclusive breastfeeding has not increased significantly.

According to UNICEF⁵, only two of five babies are exclusively breastfed. According to the Ministry of Health of the Republic of Indonesia⁶, the coverage of exclusive breastfeeding in Indonesia is 66.1%. The Sukoharjo District Health Office⁷ reports that the coverage of exclusive breastfeeding in Sukoharjo is 75.3%. Global, national, and Sukoharjo district coverage is still under the WHO recommendation. According to Nkala & Msuya⁸, the WHO recommendation is 90% coverage of exclusive breastfeeding. Studies show that the factors determining breast milk achievement are different.

A systematic review found several factors that influence exclusive breastfeeding in developing countries. The mother's occupation is the most frequently mentioned obstacle in exclusive breastfeeding⁹. Gebrekidan et al.¹⁰ also reported that returning to work was the main reason mothers stopped exclusive breastfeeding.

These studies show that the mother's working status greatly influences the success of exclusive breastfeeding. According to Diji et al.¹¹, efforts to promote exclusive breastfeeding have not yielded the desired results. This study intends to conduct a qualitative phenomenological study to examine the support and barriers to exclusive breastfeeding of mothers who work in Sukoharjo.

METHODS

Qualitative research is a research approach that covers certain social situations by describing reality correctly. Researchers took the research location in the Sukoharjo region, Indonesia, considering that the coverage of exclusive breastfeeding in Sukoharjo was still below the WHO target and the number of working mothers. The type of research data was narrative.

Researchers are a crucial instrument in obtaining data. The four researchers directly conducted interviews with respondents. Due to the pandemic, the researchers conducted interviews by telephone. Researchers work closely with health cadres to get research respondents. This study obtained an ethical clearance permit from the Health Research Ethics Commission of the Faculty of Medicine, Universitas Muhammadiyah Surakarta, with number 3548/B.2/KEPK-FKUMS/IV/2021.

The technique used to obtain informants was purposive sampling. Data were collected with in-depth interviews. The duration of the in-depth interview was between 30-45 minutes. The sample size rule in qualitative research is until the data is saturated. The sample size in this study was 20 informants. To obtain valid

and reliable data, this research used triangulation of sources. Informants consisted of various social statuses: 1) teachers with civil servant status, 2) non-teachers with civil servant status, 3) private factory workers, and 4) non-factory private workers.

Researchers used content analysis. Content analysis is done by analyzing the verbatim transcript to determine meaning units, condensed meaning units, code, and category. A theme is found, which is a summary of the categories found.

RESULTS

Respondent Characteristic

Table 1 shows that the respondents consist of various statuses: civil servant teachers/lecturers, non-teaching civil servants, factory private employees, and non-factory private employees. The number of respondents from private factory employees is at most 10 (50%), which shows that many factory workers are in the community, so they are expected to represent respondents. Variations in job status are expected to capture various types of work.

Respondents' education is dominated by high status, namely high school and above (80%). The age of the respondents was dominated by the age of under 35 years, namely 80%. The respondent's exclusive breast milk status was dominated by non-exclusive breast milk (70%).

Table 1. Respondent characteristic

Respondent characteristic	Total	Percentage
Position		
Educator civil servant	2	10
Non-educator civil servant	2	10
Factory private employee	10	50
Non-factory private employee	6	30
Education		
Elementary school	1	5
Junior high school	3	15
Senior high school	8	40
Diploma 3	4	20
Bachelor	3	15
Magister	1	5
Doctoral	0	0
Age		
< 35 years	16	80
≥ 35 years	4	20
Status		
Exclusive breastfeeding	6	30
Non-exclusive breastfeeding	14	70

Theme and categories

The theme found in this study is the support and barriers of exclusive breastfeeding for working mothers, as seen from the Social Cognitive Theory and the Theory of Planned Behavior. The theme reflects the categories and sub-categories that will be discussed below.

Barriers to exclusive breastfeeding for working mothers

False knowledge about exclusive breastfeeding

One of the findings of this study is that there is still incorrect knowledge about exclusive breastfeeding. Some respondents apparently still have the wrong understanding. These interview excerpts show their misunderstanding. "Exclusive mother's milk is giving breast milk from zero to two years old" (the baby's mother, 29 y.o). "Exclusive mother's milk is breast milk for two years" (the baby's mother, 26 y.o).

Barriers from some health workers/institutions

There are still health workers who have not adequately supported exclusive breastfeeding. This is indicated by the advice of health workers to the baby's mother to give formula milk. "On the second day after birth, I came to the midwife to control my baby. At that time, I was advised that if the mother's milk has not come out, the baby should be given formula milk" (the baby's mother, 29 y.o).

There are still hospitals that also do not support exclusive breastfeeding properly. The following narration of a baby's mother shows

this. "I gave birth in the hospital. After birth, my baby was immediately given formula milk because the mother's milk had not yet come out" (the baby's mother, 29 y.o).

Families do not support exclusive breastfeeding.

Family support is essential, but not all families support exclusive breastfeeding. An example of this is said by the baby's mother below. "The one who ordered to give formula milk was my husband" (the baby's mother, 31 y.o). Another baby's mother stated the following. "The baby's grandmother said that after she came home from work, she should not immediately give breast milk to the child. She was afraid that the mother's milk would not be good" (the baby's mother, 29 y.o).

There is no regulation regarding exclusive breastfeeding in the workplace.

One of the obstacles found is that there is no regulation on exclusive breastfeeding in the workplace. Here are some statements that show this. "In the factory where I work, there are no regulations regarding exclusive breastfeeding" (baby's mother, 23 y.o). "There are no special rules regarding exclusive breastfeeding in my office" (the baby's mother, 36 years old).

The workplace has no particular place to pump and store breast milk.

Some workplaces do not have a special place for pumping and/or a place to store breast milk. A baby's mother (29 y.o) stated, "My office does not provide a refrigerator for storing breast milk." Another mother (29 y.o) said, "There is no special room for pumping in my workplace. I think that is one of the obstacles".

Don't have a role model.

A role model is essential for the success of a behavior. The absence of a role model is one of the things that can hinder the success of health behavior. The following quotes are evidence of the absence of a role model of exclusive breastfeeding among working mothers. "I don't have an idol or role model who inspires the practice of exclusive breastfeeding. For example, she works but can still practice exclusive breastfeeding" (baby mother, 31 y.o). "I don't have a co-worker who is successful with exclusive breastfeeding" (baby's mother, 40 y.o).

Mother's milk decreases with work.

One of the things that can happen to working mothers is reduced breast milk production. Here are some sample quotes that demonstrate this. "When I work, my mother's milk decreases over time" (the baby's mother, 29 y.o). "I work. Over time, the mother's milk decreases so that when she is about to give breast milk to the baby, the mother's milk does not come out" (the baby's mother, 27 y.o).

Already have the intention to mix with formula milk

The intention to mix with formula milk is one of the obstacles to the successful practice of exclusive breastfeeding. The following is a quote that demonstrates this. "I have plans to mix with formula milk" (baby's mother, 34 y.o).

Low self-efficacy

Self-efficacy is a person's belief that he can do something regardless of the obstacles that will be faced. One of the findings in this study is

the low self-efficacy of working mothers related to the practice of exclusive breastfeeding. The following quote shows this. "Before giving birth, I was not sure that I could practice exclusive breastfeeding because I was constrained by work" (baby's mother, 23 y.o).

Barriers from the baby's internal factors

The meaning of the baby's internal factor is a fussy baby. The following quotes show this. "Until I was two months old, I was still giving breast milk, then I mixed it with formula milk because the baby was crying all the time" (the baby's mother, 31 y.o). "After 8 hours from birth, babies begin to be trained to suckle breast milk. Until that night, the mother's milk had not come out much, while the baby was crying, then my baby was given formula milk" (the baby's mother, 34 y.o).

Support to exclusive breastfeeding for working mothers

Health officer/institution support

One of the findings in this study is the support from health officers/institutions. The following are excerpts that show this. "One day after giving birth in the hospital, I was forbidden to give anything to the baby except breast milk" (the baby's mother, 23 y.o). "The first day after I gave birth at the hospital, my baby was given breast milk. The hospital does not provide formula milk" (the baby's mother, 31 y.o).

The workplace provides room for pumping and/or storing breast milk.

One of the supports for the baby's mother is several workplaces providing a particular room for pumping and storing breast milk. Here are some sample quotes that demonstrate this.

"There is a special room for expressing breast milk in my office" (the baby's mother, 29 y.o). "The factory where I work has a special room for expressing breast milk" (the baby's mother, 34 y.o). "The factory where I work provides a refrigerator to store breast milk" (the baby's mother, 26 y.o).

There is an opportunity to pump breast milk at work.

One of the supports for the baby's mother is the opportunity to pump breast milk at work. A mother of a baby (29 y.o) said, "In my workplace, breastfeeding mothers are provided with a place to express breast milk, and every hour they can express breast milk." Another mother of the baby (23 y.o) said, "Mothers who want to express breast milk are allowed during their break time."

Peer support

One of the findings in this study is the support from peer support. Here are some excerpts that show this. "I often chat with work colleagues who are also breastfeeding. We sometimes express breast milk together. She is also successful in exclusive breastfeeding" (the baby's mother, 36 y.o). "Many of my friends at work are also pumping at work" (baby's mother, 34 y.o).

There is hope for good health.

The hope for good health for breastfeeding mothers is one form of support found in this study. A mother (29 y.o) said, "What the baby needs is already in breast milk." Another mother (36 y.o) said, "I hope that if I can give exclusive breast milk to my child, the development will be good and the immune system will be strong."

Intention for exclusive mother's milk

The existence of an intention from the heart to practice exclusive breastfeeding is one of the supports in this study. The following are examples of excerpts that demonstrate this. "Since I was pregnant, I have planned to give exclusive breastfeeding" (the baby's mother, 29 y.o). "Yes, I intend to provide exclusive breast milk for my child" (baby's mother, 34 y.o).

Good self-efficacy

The power of belief to perform a behavior is one of the findings in this study. Here are some quotes that prove this. "I am very confident that I can practice exclusive breastfeeding even though I will work later because I have experience giving breast milk to my first and second child for more than six months" (baby's mother, 36 years). "In my opinion, the factors that influence the success of my exclusive breastfeeding practice are that I have to believe that I can exclusively breastfeed, then family support" (baby's mother, 34 y.o).

Family support

Family support for the practice of exclusive breastfeeding mainly comes from the husband and the baby's grandmother. A baby's mother (34 y.o) said, "My mother's form of support related to exclusive breastfeeding is asking me to eat lots of vegetables." Another mother (29 y.o) said, "My husband is very supportive of me. I had mastitis. When I was sick, he helped me to take care of my child. My husband was carrying my child at the time."

Leave from work and light workload.

Another support is the existence of work leave and a light workload. A baby's mother (34 y.o)

said, "Until six months after the birth, I was still on leave from work, so there was still a lot of time for the children. Another mother (36 y.o) said, "My job is not too heavy. If you work in the private sector, the work is more difficult. Civil servants' work is lighter, so they are not too tired."

Skills for giving breast milk

The skill of using assistive devices to express breast milk is also essential to support. The following are examples of quotes that demonstrate this. "I'm sure I can exclusively breastfeed even though I'm working because now the era is modern. Now there is a tool for pumping breast milk. After pumping breast milk, it can be stored" (baby mother, 34 y.o). "Before the leave ended, I started pumping breast milk and put it in the freezer. After work, I bring a pumping tool. After pumping, I put my mother's milk in the office refrigerator. When I got home, I brought breast milk in a cooler bag. Every day I am like that" (baby's mother, 36 y.o).

There are no obstacles from the leadership.

The absence of resistance from the leadership is also the support found. The following is an example of an excerpt that demonstrates this. "The workplace leadership supports exclusive breastfeeding. The form of support is that if we express breast milk, it is permissible, but at rest" (baby's mother, 27 y.o). "The leader where I work gives us freedom" (baby's mother, 29 y.o).

Smooth mother's milk

Smooth breast milk is also a found support. The following is an example of an excerpt that demonstrates this. "What makes it easier for

me to get exclusive breastfeeding is the smooth production of my mother's milk" (baby's mother, 36 y.o). "One day after birth, my mother's milk came out" (baby's mother, 34 y.o).

DISCUSSION

The results of this study indicate that there are obstacles and support for the practice of exclusive breastfeeding for mothers who work in Sukoharjo, Indonesia. The obstacles are 1) incorrect knowledge about exclusive breastfeeding, 2) barriers from some health workers/institutions, 3) families do not support exclusive breastfeeding, 4) there is no regulation on exclusive breastfeeding in the workplace, 5) the workplace does not yet have a special place for pumping and storing breast milk, 6) does not have a role model, 7) breast milk is reduced by working, 8) already has the intention to mix with formula milk, 9) low self-efficacy, and 10) barriers from the baby's internal factors. The supports are 1) support from health workers/institutions, 2) the workplace provides a particular room for pumping and/or storing breast milk, 3) there is an opportunity for pumping breast milk in the workplace, 4) peer support, and 5) there is hope, good health, 6) intention to exclusively breastfeed, 7) good self-efficacy, 8) family support, 9) leave from work and light workload, 10) skills in breastfeeding, 11) no obstacles from the leadership, and 12) smooth mother's milk. The following are some research findings related to the results of this study.

Sharma & Khadka¹² reports on a study conducted in Kathmandu, Nepal. The study analyzed the knowledge and practice of breastfeeding among mothers working in factories. The approach used is cross-sectional. The research

sample is mothers working in textile factories with at least one child under two years old. The study concluded that these mothers' knowledge and practice of breast milk was low. Most of these mothers are illiterate and do not have much knowledge regarding the benefits of exclusive breastfeeding. The results also show a significant relationship between the level of expertise and the availability of facilities for breastfeeding in the factory. The availability of breastfeeding facilities in the factory positively affects the knowledge level about breast milk.

Abekah-Nkrumah et al.¹³ report a qualitative study analyzing the experiences of working mothers with exclusive breastfeeding in Ghana. The research sample is 20 mothers working in various fields, such as doctors, nurses, chefs, managers, porters, etc. The analysis used is content analysis. The study found that factors could facilitate or complicate the practice of exclusive breastfeeding. Factors that can make it easier are adequate maternity leave and being allowed to go home before it's time to go home. Things that can hinder it are the absence of sufficient leave regulations, lack of institutional support, and the difficulty of balancing work and family burdens.

These barriers and supports can be explained from the health behavior change theory perspective. The theory of health-behavior-change explains why people do or do not do a behavior to maintain and improve their health and the health of their families, organizations, and communities¹⁴.

The practice of exclusive breastfeeding is one of the health behaviors that breastfeeding mothers should carry out. According to Stevenson¹⁴, the main focus of health promotion is to limit unhealthy behaviors and, in

many cases, replace them with healthy behaviors.

Giving formula milk or other substances without particular indications to babies under six months of age is unhealthy behavior. According to Stevenson¹⁴, health promotion professionals have long understood that limiting unhealthy behavior is not enough just to identify harmful behavior. Human behavior is much more complex than just identifying unhealthy behavior, and the behavior automatically stops. Therefore, theories and models that can explain and consider the complexities of human behavior are often used as the basis for health promotion programs.

So far, several theories and models related to health behavior change have been developed. The following four theories of health behavior change are the dominant theories that emerged based on their frequency of citation in the health promotion research literature. These theories are 1) the Social Cognitive Theory, 2) the transtheoretical model of behavioral change, 3) the health belief model, and 4) the theory of planned behavior¹⁴.

The practice of exclusive breastfeeding can be seen from two of the four theories: 1) the Social Cognitive Theory and 2) the Theory of Planned Behavior. According to Ajzen¹⁵, the theory of planned behavior (TPB) has been successfully used to explain and predict many behaviors. According to Lee et al.¹⁶, one theory that has received widespread attention in explaining and predicting health behavior is the Social Cognitive Theory (SCT).

SCT explains learning and behavior with the following constructs: 1) knowledge, 2) perceived self-efficacy, 3) outcome expectations,

4) personal health goals, 5) perceived facilitators, and 6) perceived impediments. The purpose of knowledge is knowledge of the health benefits and risks of a particular behavior. Perceived self-efficacy is the perception of one's ability to organize and execute the things needed to realize a behavior. What is meant by outcome expectations is the expectation of physical, material, or social results if he performs or leaves a particular behavior. Personal health goals are individual health goals. Perceived facilitators are things that facilitate or support. Perceived impediments are obstacles¹⁴.

TPB was developed from the Theory of Reason Action (TRA), which, in principle, explains that behavior is the result of intention. A person's intention is a function of 1) attitude toward the behavior and 2) subjective norm. Ajzen and colleagues added to the construct of perceived control and, in turn, expanded TRA into TPB. TPB has three primary constructs, namely: 1) personal attitude, 2) subjective norm, and 3) perceived control (14). Thus, TPB has constructs: 1) intention, 2) personal attitude, 3) subjective norm, and 4) perceived control.

Personal attitude is the belief and evaluation of an individual towards a behavior. Subjective norm is the belief that people considered necessary by individuals agree on a behavior. Perceived control is the individual's perception of his ability to perform a behavior. Perceived control is related to the individual's belief in the existence of things that facilitate or hinder. Perceived control is related to individual faith in the potential of things that facilitate or hinder¹⁴.

The categories of the findings of this study can be summarized with the theme of support and inhibition of exclusive breastfeeding for working mothers in terms of Social Cognitive Theory and Theory of planned behavior. The results of this study can be divided into two, namely support and obstacles. Judging from the SCT, support and obstacles are constructs of perceived facilitators and perceived impediments. Judging from the TPB, support, and obstacles can be seen as part of perceived control.

Barriers in the form of incorrect knowledge are part of the knowledge construct at SCT and predisposition to attitude at TPB. Incorrect knowledge will undoubtedly hinder the realization of exclusive breastfeeding behavior.

Barriers from health workers/institutions and families are part of the subjective norm construct of TPB and perceived impediments of SCT. Lack of consent from families, people around mothers of babies, and health workers will reduce the opportunities for exclusive breastfeeding practices for mothers of babies.

The absence of regulations regarding exclusive breastfeeding in the workplace and the workplace not yet having a special place for pumping and storing breast milk can reflect the constructs of perceived impediments from SCT and perceived control from TPB. These two things can be some of the obstacles the mothers of babies feel. These two things are also beyond the individual's ability because they are the authority of the head of the office/factory or another workplace.

The absence of a role model reflects the subjective norm construct of the TPB. The absence of a role model can also be seen in

SCT theory because SCT theory comes from social learning theory. Social learning theory explains that people can learn or behave by looking at others.

Decreased breast milk with work can be seen as a reflection of the perceived control construct of TPB. The perceived control construct describes the factors influencing behavior beyond the individual's control. Decreased breast milk due to work can occur because of the workload that causes stress. Stress in the mother can cause reduced milk production.

Already having the intention to mix with formula milk reflects the construct of intention (intention) of TPB. The intention to mix with formula milk since pregnancy will undoubtedly thwart the practice of exclusive breastfeeding. Conceptually, TPB explains that behavior comes from intention. If the intention has been directed not to breastfeed exclusively, then the possibility of failure of exclusive breastfeeding is undoubtedly huge.

The low self-efficacy reflects the SCT constructs in the form of perceived self-efficacy. The low confidence of the baby's mother to be able to practice exclusive breastfeeding because of the shadows of the existing obstacles indeed leads to the failure of the practice of exclusive breastfeeding.

Barriers from the baby's internal factors can be seen as a reflection of the perceived control construct of TPB. The perceived control construct describes the factors influencing behavior beyond the individual's control.

The support of health workers/institutions, family support, and the absence of obstacles

from the leadership are reflections of the subjective norm construct of the TPB. The consent of key persons is an essential factor for the success of the practice of exclusive breastfeeding.

The workplace provides a particular room for pumping and/or storing breast milk, and there are opportunities for pumping breast milk at work, leave from work, and light workloads. There are no obstacles from the leadership, and smooth breast milk reflects the perceived construct facilitator from SCT and perceived control from TPB. These things facilitate the success of exclusive breastfeeding. These things are also things that are beyond the control of the individual.

Peer support can be seen as a reflection of the subjective norm construct of TPB. Approval from the people around the individual influences the success of health behavior.

The existence of good health expectations is a reflection of the outcome expectations construct of SCT. The hope of good health for their children is a success factor in exclusive breastfeeding.

The presence of an intention for exclusive breastfeeding is a reflection of the construct of intention (intention) of TPB. The intention of the baby's mother to be able to give exclusive breast milk to her baby has a crucial role in the success of the practice of exclusive breastfeeding.

Good self-efficacy is a reflection of the perceived self-efficacy construct of SCT. The mother's firm belief that she will succeed in exclusive breastfeeding gives the baby's mother strength when facing various obstacles.

The skill of giving breast milk supports exclusive breast milk outside the constructs that exist in SCT and TPB. Even so, the skill of exclusive breastfeeding is a factor that facilitates the success of the practice of exclusive breastfeeding.

Almost all of the supports and barriers found here are part of the SCT and/or TPB constructs. This shows that SCT and TPB can be used as a theory to see the variables that influence the success or failure of exclusive breastfeeding. There is one finding that cannot be directly included in the category of SCT and/or TPB constructs: breastfeeding skills. The skill of giving breast milk is, of course, also crucial for the success or failure of exclusive breastfeeding.

Health program makers, especially programs to increase coverage of exclusive breastfeeding, can use the Theory of SCT and TPB as a basis for designing their programs. Researchers can prove this quantitatively and add it to breastfeeding skills.

CONCLUSION

The results of this study indicate that there are obstacles and support for the practice of exclusive breastfeeding for mothers who work in Sukoharjo. These supports and barriers can be explained by using the Social Cognitive Theory and the Theory of Planned Behavior. The obstacles are 1) incorrect knowledge about exclusive breastfeeding, 2) barriers from some health workers/institutions, 3) families do not support exclusive breastfeeding, 4) there is no regulation on exclusive breastfeeding in the workplace, 5) the workplace does not yet have a special place for pumping and storing breast

milk, 6) does not have a role model, 7) breast milk is reduced by working, 8) already has the intention to mix with formula milk, 9) low self-efficacy, and 10) barriers from the baby's internal factors. The supports are 1) support from health workers/institutions, 2) the workplace provides a special room for pumping and/or storing breast milk, 3) there is an opportunity for pumping breast milk in the workplace, 4) peer support, and 5) there is hope, good health, 6) intention to exclusively breastfeed, 7) good self-efficacy, 8) family support, 9) leave from work and light workload, 10) skills in breastfeeding, 11) no obstacles from the leadership, and 12) smooth mother's milk.

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