

# PROVISION OF LACTATION CLINIC IN COMPANIES IN SEMARANG CITY: A REVIEW OF POLICY IMPLEMENTATION

## *Penyediaan Klinik Laktasi pada Perusahaan di Kota Semarang: Tinjauan Implementasi Kebijakan*

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### Abstract

**Background:** As of 2022, Semarang City has 4,083 companies. However, according to the Labor Office of Semarang City, only 109 out of 529 companies provide lactation clinics. In addition, based on previous research in Pedurungan, Semarang City, most of the women (83,3%) who work do not practice exclusive breastfeeding (EBF), one reason being the lack of lactation clinics in companies.

**Aims:** This study examines the implementation of lactation clinic policies in companies in Semarang City.

**Methods:** This study used a qualitative method with a descriptive approach. The research variables included effectiveness, consistency, relevance, organizational structure, resources, sociocultural environment, economic environment, organizational culture, geographic environment, knowledge and skills, communication, and political support. Informants were selected based on purposive criteria, involving eight key informants and 18 supporting informants from eight companies in Semarang City.

**Results:** Lactation clinic policies were ineffective because companies were unaware of their contents and perceived them as recommendations only. On the contrary, working mothers who breastfed recognized the benefits of the policies and considered them relevant. Three out of eight companies provided lactation clinics. The people in charge had yet to be appointed due to the different capacities of the companies. Due to a lack of support from the sociocultural environment, working mothers needed more awareness of the importance of breastfeeding. In addition, most companies do not provide lactation clinics or recommend formula milk.

**Conclusion:** The current policies have not adequately supported the provision of lactation clinics in companies in Semarang City. To address this issue, lactation clinics should be classified according to the companies' capacities. It is also necessary to develop a leading sector that is transparent and responsible for supervising the provision of lactation clinics.

**Keywords:** exclusive breastfeeding in workplace, lactation clinic, policy implementation

### Abstrak

**Latar Belakang:** Terdapat 4.048 perusahaan di Kota Semarang pada tahun 2022. Akan tetapi, Dinas Tenaga Kerja Kota Semarang mencatat hanya 109 perusahaan yang menyediakan klinik laktasi. Sementara itu, ada 83% ibu bekerja yang tidak memberikan ASI eksklusif, salah satu penyebabnya karena tidak ada klinik laktasi di tempat kerja.

**Tujuan:** Penelitian ini menganalisis implementasi kebijakan penyediaan klinik laktasi pada perusahaan di Kota Semarang.

**Metode:** Penelitian ini menggunakan metode kualitatif dengan pendekatan deskriptif. Variabel penelitian meliputi efektivitas, konsistensi, relevansi, struktur organisasi, sumber daya, lingkungan sosial budaya, lingkungan ekonomi, budaya organisasi, lingkungan geografis, pengetahuan dan keterampilan, komunikasi, dan dukungan politik. Informan ditentukan berdasarkan kriteria tertentu, dengan delapan informan utama dan 18 informan pendukung dari delapan perusahaan di Kota Semarang.

**Hasil:** Kebijakan penyediaan klinik laktasi belum efektif karena perusahaan menganggap kebijakan tersebut sebagai himbauan. Akan tetapi, kebijakan tersebut masih dianggap relevan karena ibu bekerja yang sedang menyusui dapat merasakan manfaatnya. Hanya tiga dari delapan perusahaan yang menyediakan klinik laktasi. Struktur organisasi dan sumber daya perusahaan kurang optimal karena kemampuan perusahaan yang berbeda. Lingkungan sosial budaya juga belum optimal karena ibu tidak terbiasa dengan budaya menyusui. Sebagai tambahan, perusahaan tidak menyediakan klinik laktasi dan justru menyarankan susu formula.

**Kesimpulan:** Kebijakan di Kota Semarang saat ini belum dapat mengakomodasi penyediaan klinik laktasi pada perusahaan. Sarana prasarana klinik laktasi perlu digolongkan berdasarkan kemampuan perusahaan. Selain itu, leading sector yang jelas dan bertanggung jawab terhadap pengawasan penyediaan klinik laktasi perlu dilahirkan.

**Kata kunci:** ASI eksklusif di tempat kerja, klinik laktasi, implementasi kebijakan



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## Introduction

The average proportion of female employees in Indonesia between 2020 and 2022 was projected at 35.47% out of 71,570,465 women of childbearing age. (BPS-Statistics Indonesia, 2022). Women of childbearing age may experience pregnancy, childbirth, postpartum, and breastfeeding during employment. One factor that influences the lack of exclusive breastfeeding (EBF) is the type of maternal employment (Rahmawati, 2014).

Mothers employed at companies or other industries often have limited breaks and demanding schedules, which can significantly impact their ability and motivation to breastfeed exclusively due to fatigue. Despite the implementation of workplace policies regarding breastfeeding practices, these challenges persist (Faradila, 2021). Companies can provide lactation clinics to increase the productivity of female employees. Breastfeeding can strengthen children's immune systems, reducing the likelihood of illness. Meanwhile, formula milk can be expensive and affect the well-being of working mothers.

The Government of Indonesia has implemented regulations to support exclusive breastfeeding and provide lactation clinics. These regulations are outlined in the Law of the Republic of Indonesia Number 33 of 2012 on Exclusive Breastfeeding and the Regulation of the Ministry of Health Number 15 of 2013 on the Procedures for Providing Special Breastfeeding Facilities and Expressing Milk. These regulations require all workplaces and public spaces to provide lactation clinics that meet established standards. These facilities should enable working mothers to breastfeed and express milk during working hours.

Semarang City has also implemented regulations to support exclusive breastfeeding and provide lactation clinics at workplaces, such as the Regional Regulation Number 2 of 2015 on Maternal and Child Safety and the Regulation of the Mayor of Semarang City Number 7 of 2013 on Increasing the Provision of Breast Milk.

A study conducted in Semarang City showed that most working mothers did not practice exclusive breastfeeding. The study also found that the employment status of mothers was associated with exclusive breastfeeding (Dahlan, Mubin and Mustika, 2013).

According to the government website of Semarang City, the number of companies in Semarang City increased from 4,072 in 2021 to 4,083 in 2022. However, only 20% of the 529 registered companies in the Labor Office of Semarang City provide lactation clinics. According to a preliminary qualitative study, the Health Office of Semarang City lacks standard operating procedures (SOPs) for providing lactation clinics despite the Regulation of the Mayor of Semarang City Number 7 of 2013. In addition, the coordination between the Health Office and the Labor Office of Semarang City has not been established.

Furthermore, there are no clear technical guidelines for providing lactation clinics, and no verbal or written administrative sanctions are imposed on companies that fail to provide them as stipulated in the Regulation of the Mayor of Semarang City Number 7 of 2013.

Based on interviews with three working mothers who breastfed from different companies, only one of the three mothers had access to a lactation clinic at her workplace. However, the condition of the lactation clinic did not meet her needs as the door could not be locked, there were no sink, tables, or chairs, and other employees often used the lactation clinic to rest and sleep. The two remaining mothers expressed breast milk in a prayer room or an unoccupied room separated by a cupboard. None of the three companies provided counseling on breastfeeding or expressing breast milk.

Based on the background above, this study aims to examine the implementation of the lactation clinic policies to meet the needs of working mothers who breastfed in companies in Semarang City.

## Methods

This study used a qualitative method with a descriptive approach through in-

depth interviews. It was conducted in Semarang City between July and December 2023. Eight companies were included, with criteria for large and small companies in the mountain and coastal areas that have and don't have lactation clinics.

These companies were selected based on the number of workers and accessibility based on geographic condition consideration. Informants were selected based on purposive criteria with consideration of being directly or indirectly involved and knowing information about providing lactation clinics in Semarang City companies.

The eight main informants handled the implementation of the policy of providing lactation clinics in each company, which consists of the person responsible for managing the lactation clinic or HRD (Human Resource Development) in the company. Meanwhile, the triangulation informants were 18 with criteria of company leaders and working mothers who breastfed in the eight companies, the Health Office of Semarang City, and the Labor Office of Semarang City.

Weimer and Vinning's theory on policy implementation was used to analyze the data, which analyzed policy effectiveness, consistency, relevancy, the organizational structure of companies and institutions, resources of companies and institutions, the social environment of companies, the organizational culture of companies, and communication and political support from companies' perspectives.

## Result and Discussion

### Policy Implementation

Semarang City has implemented policies regarding the provision of lactation clinics. These policies are outlined in the Regulation of the Ministry of Health Number 15 of 2013 on the Procedures for Providing Special Breastfeeding Facilities and Expressing Breast Milk and the Regulation of the Mayor of Semarang City Number 7 of 2013 on Increasing the Provision of Exclusive Breast Milk.

These policies support the exclusive breastfeeding program, which ensures that

newborns have the right to receive breast milk and that mothers have the obligation to breastfeed. However, many large and small companies have not yet fully implemented these policies due to a lack of awareness of the policies regarding the provision of lactation clinics in companies. Often, these policies are perceived as recommendations only, as opposed to mandatory policies.

According to Table 1, not all large companies have lactation clinics; most workers use laboratories or prayer rooms to express breast milk. All companies have no internal regulations related to lactation clinic implementation, although some of them offer breastfeeding opportunities. This condition will make working mothers doubtful and confused about expressing breast milk without clear regulations.

The availability of lactation clinics, infrastructure, equipment, and transparent company policies are the main factors supporting working mothers in expressing breastmilk. This support is needed so that working mothers can express breast milk in peace and obtain legal or policy protection (Suciati, 2020). This support is needed so that working mothers can freely express breast milk and obtain legal or policy protection.

The gender of workers at the company does not affect the provision of lactation clinics. This can be seen in the fact that there are still companies that do not have lactation clinics, even though almost 80% of their workers are women.

### Policy Effectiveness

Based on the study of eight companies, the Regulation of the Minister of Health Number 15 of 2013 and the Regulation of the Mayor of Semarang City Number 7 of 2013 have not been implemented effectively. This condition can be affected by content, actor, and context. In the research, only three of eight companies provided lactation clinics, none established internal regulations, and only one hired a breastfeeding counselor. In general, the companies were unaware of their obligation to provide lactation clinics and were unfamiliar with the policies stipulating the provision of lactation clinics.

Table 1. Overview of the Policy Implementation of the Provision of Lactation Clinic in Companies in Semarang City

Company/ Sector	Category	Staff	Lactation Clinic	Facilities	Breastfeeding Opportunities	Internal Regulations	Breastfeeding Counseling Staff	Funding
<b>A</b> (Food and Beverage)	Large	Male: 427 Female: 300 Total: 727	Since 2013. Utilized by five working mothers. x	Insufficient and do not meet minimum requirements Prayer room/toilet	Provided and flexible	x	x	✓
<b>B</b> (Furniture)	Large	Male: 63 Female: 546 Total: 609	x	Prayer room/toilet	Provided, but adjusted to workload	x	x	x
<b>C</b> (Garment)	Large	Male: 277 Female: 602 Total: 879	Since 2015. Utilized by two working mothers.	Insufficient and do not meet minimum requirements due to past overloads	Provided and flexible	x	✓	✓
<b>D</b> (Communication Services)	Large	Male: 62 Female: 63 Total: 125	Since 2018. Utilized by 20 working mothers. x	Insufficient and do not meet minimum requirements Laboratory/office	Provided, but adjusted to workload	x	x	✓
<b>E</b> (Low-Pressure Gas Regulator)	Large	Male: 38 Female: 37 Total: 75	x	Laboratory/office	Provided, but mothers are unaware.	x	x	x
<b>F</b> (Manpower Supply)	Small	Male: 42 Female: 12 Total: 54	x	Prayer room/desk	Provided and flexible	x	x	x
<b>G</b> (Design and Production of Photo Albums)	Small	Male: 14 Female: 7 Total: 21	x	Meeting room/desk	Provided, but adjusted to workload	x	x	x
<b>H</b> (Coating and Chemical)	Small	Male: 68 Female: 53 Total: 121	x	Storage warehouse/desk	Provided, but adjusted to workload	x	x	x

*“We have not looked into those two policies yet.” (Person in Charge of Lactation Clinic at Company A)*

*“...I had no idea about those two policies until this interview.” (Leader at Company H)*

The provision of lactation clinics can be adjusted to the conditions and capabilities of the company. However, no regulations specify the facilities of lactation clinics based on the classification of large and small companies. The three companies with lactation clinics did not meet the minimum requirements outlined in the regulations due to a lack of familiarity with the contents, a small number of female employees, and limited company budgets. These issues are not unique to Semarang City. A study conducted in South Kalimantan Province showed that most institutions or companies did not provide lactation clinics. In addition, none of the companies received any guidance or supervision (Henderawaty *et al.*, 2014).

However, the regulations clearly state that guidance and supervision should be provided through advocacy, dissemination, technical guidance, monitoring, and evaluation by relevant agencies. In addition, the Mayor of Semarang City's Regulation stipulates that companies that do not provide lactation clinics should be subject to verbal or written administrative sanctions. Nevertheless, the five companies without lactation clinics claimed that they were never sanctioned.

Workplace managers are the policy actors responsible for providing lactation clinics in companies. Meanwhile, the Health Office serves as the implementation coordinator. Unfortunately, companies were unaware of the implementation coordinator of these policies and never received any form of dissemination regarding lactation clinic policies from any institution. This is due to a lack of a leading sector related to these policies in Semarang City.

Furthermore, the Labor Office of Semarang City only monitors the availability of lactation clinics and not the provision of facilities within them. According

to the Health Office and the Labor Office of Semarang City, the coordinators of the implementation of these regulations are the Minister of Women Empowerment and Child Protection, the Minister of Manpower and Transmigration, and the Minister of Health as outlined in the Joint Ministerial Decree or the Joint Regulation of the three Ministers. A similar case was found in South Kalimantan Province, where the Women Empowerment and Child Protection Agency, the Office of Manpower and Transmigration, and the Health Office of South Kalimantan Province were unaware of the division of tasks and responsibilities among the offices. This resulted in a lack of communication, leading to no dissemination and monitoring of companies (Henderawaty *et al.*, 2014).

Several environmental factors influence policies and their implementation (O'Brien *et al.*, 2020). For instance, companies without lactation clinics are often influenced by employees who are not accustomed to expressing breast milk at work and company leaders who do not provide adequate support in terms of facilities, flexible pumping time, and internal regulations. In addition, working mothers face challenges in maintaining their breastfeeding productivity due to limited opportunities to express breast milk.

A study in Surakarta City found that psychological factors significantly impact breast milk production. Mothers who experience prolonged stress, sadness, lack of confidence, and various emotional distress were more likely to have reduced or no breast milk production (Satino and Setyorini, 2014). Another study showed that the lack of dedicated spaces for expressing breast milk and unsupportive company leadership regarding breastfeeding often lead to stress for working mothers. Additionally, the cleanliness of alternative lactation rooms cannot be guaranteed, which can lead to breast milk contamination (Thepha *et al.*, 2018).

### Policy Consistency

Companies did not provide lactation clinics based on their classification, although they had different capacities.



Some companies believed that the provision of lactation clinics conflicted with the ability of working mothers to express breast milk, which overlaps with the Labor Law regulating a seven-hour workday. The lack of consistency is evident due to the lack of a transparent leading sector and conflicting policies.

Policy actors and stakeholders must have clearly defined and synchronized roles in overseeing, nurturing, supervising, monitoring, and evaluating the implementation to address this issue. Additionally, policy actors should conduct intensive and consistent dissemination to avoid multiple interpretations of different policies. Both policy actors and stakeholders must work together and share a common understanding. Moreover, the effective enforcement of policies requires firmness in implementing applicable sanctions (Lobubun, Raharusun and Anwar, 2022). However, the main obstacle to implementing policies is the lack of enforcement of applicable sanctions (Setiyowati and Ispriyarso, 2019). To ensure policy consistency, it is necessary to establish a shared understanding among policy stakeholders, the leading sector, and policymakers. This can be achieved through specific policies related to exclusive breastfeeding.

### Policy Relevancy

The policies regarding the provision of lactation clinics remain relevant in promoting exclusive breastfeeding. Three companies reported benefits for mothers who breastfed, felt comfortable, respected their privacy, and maintained hygiene while expressing breast milk. In other words, the provision of lactation clinics in companies can enhance the success of exclusive breastfeeding for employees and serve as a profitable investment for companies by potentially increasing the productivity of female workers (Basrowi *et al.*, 2015).

However, there might be a discrepancy between the company's position and that of working mothers. For instance, due to the small number of mothers who breastfed, the company suggested using alternative facilities, such as prayer rooms, instead of providing a

lactation clinic. Nevertheless, working mothers expressed concerns about a lack of privacy and compromised hygiene when using other spaces to express breast milk.

In another company, lactation clinic policies were considered irrelevant because most working mothers provided formula milk and expressed breast milk using their equipment. However, the availability of lactation clinics is crucial because the equipment that mothers bring to express breast milk requires support from a lactation clinic to ensure hygiene (Sari and Prameswari, 2019).

### Organizational Structure of Companies and Institutions

This study found only one company that hired a designated staff member, a qualified nurse responsible for the lactation clinic. The company considered the management of the lactation clinic crucial to providing and maintaining facilities, especially since most of the employees were women, and the company prioritized their health. The company also emphasized that a certified breastfeeding counselor should oversee the management of the lactation clinic. This could ensure that the lactation clinic meets the needs of breastfeeding mothers.

However, other companies did not have a specific position for this role due to employee efficiency and budget constraints. Instead, they delegated responsibilities to the human resources department (HRD). In some newly established companies, employees had dual roles, leading to work-related stress and reduced productivity. Therefore, a collaboration between the Health Office of Semarang City and public health centers near these companies is necessary to train the HRD personnel to understand the management protocols for lactation clinics, procedures for breastfeeding at work, and the necessary facilities, thereby meeting the needs of working mothers who breastfeed.

### Resources of Companies and Institutions

Resources are crucial to program implementation, serving as a driving force

and policy implementer. However, this study found that lack of space continued to be a barrier for some companies with lactation clinics. Limited space in a company is the primary reason for the absence of lactation clinics. Interestingly, among working mothers in companies equipped with lactation clinics, 75% practiced exclusive breastfeeding, citing the comfort and convenience provided by these facilities (Subratha, 2019)

However, many companies did not prioritize the provision of lactation clinics due to budget constraints for facilities, infrastructure, and breastfeeding counselors. The lack of lactation support facilities is often attributed to its perceived high cost, making it infeasible to set up lactation support facilities (Kusumaningrum *et al.*, 2017).

This study found that only one company was willing to hire a designated lactation clinic supervisor certified as both a nurse and a breastfeeding counselor. Research shows that training more breastfeeding counselors can effectively increase exclusive breastfeeding rates in a region (Sari and Prameswari, 2019). Therefore, to address the shortage of breastfeeding counselors, one potential solution involves leveraging support from the work environment, such as colleagues acting as breastfeeding facilitators in the workplace or introducing breastfeeding support groups (Ickes *et al.*, 2023).

### **Sociocultural Environment of Companies**

Many working mothers hesitated to express breast milk if no lactation clinic was available. As a result, they often left their children with their grandmothers, who provided them with formula milk.

Furthermore, some individuals in particular companies in Semarang City paid less attention to their health, particularly regarding exclusive breastfeeding. This is primarily influenced by a workforce dominated by millennials and Gen Z individuals who were unmarried and, therefore, did not breastfeed. Company culture and colleagues also play a significant role. The demands of production quality control could cause

working mothers to rush to express breast milk, resulting in less milk production and supplementation with formula milk. In addition, formula milk promotions diverted their attention from breastfeeding to providing their children with formula milk.

Extensive formula milk promotions can create the perception that it contains essential nutrients for infants, is necessary as an alternative to breast milk, and is a practical and efficient choice. However, long-term formula milk feeding can increase health risks in infants, including diarrhea, asthma, ear infections, allergies, obesity, sudden infant death syndrome (SIDS), diabetes, and impaired cognitive development (Kera *et al.*, 2023).

Furthermore, some mothers lacked knowledge of proper breast milk expression techniques and lactation terminology. In addition, some mothers were unfamiliar with breastfeeding equipment, such as cooler bags, and discarded expressing breast milk before receiving counseling. In some companies, working mothers were found to introduce formula milk to their children before returning to work after maternity leave. Some other working mothers faced challenges in providing exclusive breastfeeding due to nipple confusion experienced by their infants.

Counseling or education can be delivered through technology, such as creating WhatsApp groups and sending daily broadcasts. Workplace breastfeeding counselors should also be available 24/7 to answer questions and help motivate female employees who are currently breastfeeding. This emphasizes the importance of interventions aimed at motivating working mothers to breastfeed (Basrowi *et al.*, 2015).

### **Organizational Culture of Companies**

Companies that provide lactation clinics suggest that their organizational culture highly prioritizes the health and hygiene of their employees, predominantly female employees. This was evident in the food and beverages, garment, and telecommunications industries, where more than 300 females were employed. Health programs, such as regular check-

ups, milk provisions, and nutritious meals, were provided to all employees.

However, the five companies that did not provide lactation clinics showed less concern for the health and hygiene of their employees. These companies operated in the furniture manufacturing, gas regulation, outsourcing, photo album design, and coating and chemical sectors, where fewer than 100 females were employed. Support from the workplace in creating a favorable work environment or organizational culture can enhance breastfeeding success for working mothers and alleviate pressures experienced by working mothers that affect breast milk production.

The Health Office and the Labor Office should conduct regular and ongoing dissemination with companies and labor unions to increase their understanding and establish an organizational culture that supports working mothers in providing lactation facilities at work (Melissa, Jati and Suparwati, 2015).

### **Communication and Political Support from Companies and Institutions**

This study found that the companies informed working mothers about the breastfeeding policies at work. However, there is still room for improvement, as some mothers were unaware of their right to express breast milk in the workplace. In addition, miscommunication between company executives, HRD, and working mothers who breastfed was apparent.

Communication barriers were often caused by hierarchical and bureaucratic structures that impeded the flow of information from management to employees. Inconsistent information delivery regarding the benefits of lactation clinics and the mechanism of expressing breast milk while working also contributed to these barriers. To address this issue, a written policy supporting exclusive breastfeeding in the workplace is recommended. This policy should provide sufficient time for breastfeeding or expressing breast milk and clearly define the actors responsible for implementing exclusive breastfeeding. This will facilitate coordination (Melissa, Jati and Suparwati, 2015).

This study also found that communication between companies and the Labor and Health Offices was not established due to a lack of specific monitoring and coordination among sectors regarding lactation clinics. Misunderstandings or miscommunications often arise due to numerous bureaucratic levels involved in the communication process, leading to distortion of intended messages (Pratiwi, 2016).

Furthermore, the political support from company leaders significantly influenced the provision of lactation clinic facilities. However, there were still instances where company leaders did not support the provision of lactation clinics and suggested using formula milk. Company/institution leaders with experience or knowledge of exclusive breastfeeding need to consider the needs and expectations of working mothers in their companies. The productivity and quality of working mothers significantly impacted the company's outcomes and production costs. Therefore, leaders need to consider their needs and expectations (Setiyowati and Ispriyarso, 2019).

In addition, company leaders perceived inefficiencies in budget and human resources due to the small number of working mothers who breastfed. This led to discomfort among working mothers who expressed breast milk in a room without privacy. They often felt rushed while expressing milk, especially in customer service and fieldwork roles where production targets must be met.

The Health and Labor Offices of Semarang City can provide support through dissemination by inviting company representatives to discuss the provision of lactation clinic facilities and the importance of exclusive breastfeeding. Companies can also increase the use of lactation clinics by implementing programs such as employee training and counseling, distributing badges for breastfeeding mothers, and providing pocket-sized books on breastfeeding and daily monitoring (Melissa, Jati and Suparwati, 2015). Providing breastfeeding reminders, such as pocket-size books, can motivate mothers to breastfeed their babies more often (Hasanah *et al.*, 2020).



In carrying out this research, researchers faced several limitations, including that the company leadership could not be interviewed due to busy schedules, so they were replaced with the Human Resources Manager. Some companies have had new Human Resources Managers for one year, so they don't know about the company clinic. So, researchers interviewed HRD staff previously to get more in-depth information. In many companies, triangulation informants for working mothers who are breastfeeding are difficult to find at the company because the mothers no longer give exclusive breast milk and continue with formula milk.

## Conclusion

Of the eight companies in Semarang City, only three provided lactation clinics. However, the lactation clinics failed to meet the minimum requirements regarding facilities and equipment. While all companies allowed working mothers to express breast milk, there were restrictions in terms of timing. None of the companies had internal policies that specifically addressed lactation clinics. Only one company hired a lactation counselor; most companies lacked funding to provide lactation clinics.

Policymakers must differentiate between policies related to implementation guidelines and technical aspects of setting up lactation clinics in companies, categorized according to the capabilities of both large and small enterprises. A transparent and responsible leading sector is necessary to oversee the provision of lactation clinics in companies and enforce sanctions for companies failing to implement the policy. Additionally, aligning perceptions among policymakers, leading sectors, and policy stakeholders is essential to implementing the provision of lactation clinics. This involves developing technical guidelines and conducting dissemination and monitoring activities for companies.

Finally, the GP2SP (*Gerakan Pekerja Perempuan Sehat Produktif*/ Healthy and

Productive Female Workers Movement) team from the Health Office of Semarang City needs to collaborate with local community health centers to organize prenatal classes for employees, provide counseling on exclusive breastfeeding in the workplace, and motivate working mothers to breastfeed exclusively. Meanwhile, the Labor Office of Semarang City needs to conduct awareness campaigns among labor unions regarding the importance of exclusive breastfeeding and the provision of lactation clinic facilities.

## Abbreviations

WHO: World Health Organization; GP2SP: *Gerakan Pekerja Perempuan Sehat Produktif* (Healthy and Productive Female Workers Movement); EBF: exclusive breastfeeding; SKB: *Surat Keputusan Bersama* (Joint Ministerial Decree); BPPPA: *Badan Pemberdayaan dan Perlindungan Anak* (Women Empowerment and Child Protection Agency); Disnakertrans: *Dinas Tenaga Kerja dan Transmigrasi* (Office of Manpower and Transmigration); HRD: human resources department; Puskesmas: *pusat kesehatan masyarakat* (community health center); SIDS: sudden infant death syndrome; PKB: *perjanjian kerja bersama* (Collective Work Agreement); BPJS: *Badan Penyelenggara Jaminan Sosial* (Social Security Agency).

## Declarations

### Ethics Approval and Participants' Consent

This study follows the 2011 WHO ethical principles and received ethical approval from the Ethics Committee of Health Research of the Faculty of Public Health, Universitas Diponegoro on June 26, 2023 with a certificate number 335/EA/KEPK-FKM/2023.

### Conflict of Interest

The authors declare no conflicts of interest.

### Availability of Data and Materials

Data and materials are available upon request.

**Authors' Contribution**

JNQK and AS conceptualized the study and developed the methodology; JNQK, AS, and RTB wrote, reviewed, and edited the manuscript; JNQK and RTB wrote the original draft.

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