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Workplace Policy and Associated Factors of Minimum Acceptable Diet Practices: An Online Survey Among Working Mothers in Indonesia

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Abstract

Working mothers in Indonesia may influence complementary feeding practices, particularly their ability to ensure that their infants properly meet the minimum acceptable diet (MAD). In this cross-sectional study, an online survey was distributed through various online platforms where participants were recruited using convenience sampling. The questionnaire covered sociodemographic factors, workplace policies, and infant and young child feeding (IYCF) practices. Descriptive and logistic regression analyses were conducted. A total of 394 working mothers participated, of which over 90% of the respondents reported meeting minimum dietary diversity, minimum milk frequency, minimum milk feeding frequency, and MAD indicators as assessed with a standardized questionnaire based on the WHO's IYCF assessment. Multivariate analysis identified two workplace policy variables significantly associated with meeting MAD requirements: physical facility support (AOR: 2.99; 95% CI [1.03, 8.70]; p-value <0.05) and workplace flexibility scores (AOR: 0.18; 95% CI [0.05, 0.65]; p-value <0.05). These findings highlighted the importance of having supportive workplace environments that enable working mothers to ensure that their infants meet MAD requirements. Additionally, the negative association between workplace flexibility and meeting MAD requirements may have been due to the homogeneity of this study's subjects' characteristics.

Keywords: infant nutrition, maternal employment, minimum acceptable diet, workplace policy

Introduction

In 2021, the Institute for Health Metrics and Evaluation estimated that 4.7 million children under the age of five died due to various factors. Among these deaths, 2.4 million were caused by child and maternal malnutrition.[1] As a preventive measure, the World Health Organization (WHO) introduced infant and young child feeding (IYCF) guidelines. Appropriate IYCF practices prevent up to 6% of child deaths in developing countries, such as those in Africa and South-Central Asia. Proper IYCF practices among caregivers and children aged 6–24 months are essential to enhancing the children's overall health and maximizing their chances of survival.[2,3] Complementary feeding, an IYCF indicator, is measured in terms of minimum acceptable diet (MAD) fulfillment—a composite indicator consisting of minimum dietary diversity (MDD), minimum meal frequency (MMF), and minimum milk feeding frequency (MMFF).[3] A survey across 80 countries revealed that only 10.1% met the criterion for proper MAD practices (defined as ≥50%).[4] In Indonesia, MAD fulfillment prevalence is only 40%.[3] Children who do not meet MAD requirements are at greater risk of undernutrition, which can lead to stunted growth, micronutrient deficiencies, and increased morbidity and mortality.[5]

Optimal MAD practices in children aged 6–23 months are influenced by several factors, including maternal sociodemographic characteristics such as age, education level, wealth index, geographical location, and employment status, as well as their occupational environment.[6,7] In February 2021, there were 52,473,117 women workers in Indonesia, 71% of whom were employed in the semi-skilled category. Working mothers often lack adequate childcare support from their employers, which can lead to poor nutrition and care for their children.[8] The health issues facing

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Indonesian working mothers and their children stem from cultural expectations regarding women's roles, financial pressures, and the high demand for productivity in the workplace.[9] Studies have shown that children of working mothers are more likely to be stunted than children of non-working mothers.[10–12] A systematic review also reported that the informal employment of mothers had a negative effect and was significantly associated with higher risks of their children being underweight and stunted.[13]

Although several studies have shown that implementing proper MAD practices has a positive impact on children's overall quality of life, research on its association with mothers' workplace environments remains scarce. A scoping review revealed that few studies have explored workplace policies that support working mothers' IYCF practices, with only one study available globally.[14] As primary caregivers, working mothers must balance the demands of motherhood with workplace productivity.

This study is the first to evaluate potential associations between several socioeconomic factors, including available workplace policies related to working mothers in each workplace of Indonesia and other factors, and MAD, an indicator of complementary feeding practices in infants. This study aimed to identify factors influencing MAD practices among working mothers in Indonesia and raise awareness about the importance of developing and implementing workplace policies that protect and support mothers, enabling them to practice proper complementary feeding with their children while maintaining productivity in the workplace. The findings in this study can serve as a starting point for further research exploring this matter and developing a framework for Indonesia and other neighboring countries with similar characteristics.

Methods

This study utilized a cross-sectional design, with data collected via an online survey created in REDCap. As a secure and widely used platform for clinical research, REDCap played a crucial role in the data management process. It provided a secure environment with detailed record-keeping of data changes, simplified data management through its user-friendly interface, and allowed for automated data transfer to statistical software, ensuring the integrity and quality of our dataset.[15] The online survey was distributed to working mothers through online communities of mothers, nutrition influencers, social media, and other online platforms. The survey was made available online through a secure REDCap link; it was accessible throughout Indonesia from December 2023 to January 2024. Working mothers with children aged 6–25 months were eligible to participate in the study. The inclusion criteria were being a woman of reproductive age, working at a company or institution in Indonesia, being a citizen of Indonesia, and being able to operate a device such as a phone, tablet, or laptop. Mothers who had worked in the same workplace for less than a year, as well as entrepreneurs and self-employed mothers, were excluded from the study. Convenience sampling was used to allow participants to decide whether or not to participate in the survey on their own.[16]

The outcome examined in this study was the appropriateness of MAD practices among working mothers in Indonesia. The MAD questionnaire was adapted from the 2017 Indonesia Demographic and Health Survey (IDHS), which was conducted by the National Population and Family Planning Board, Statistics Indonesia, and the Indonesian Ministry of Health. The MAD was categorized as having proper and improper practices. To meet a proper practice, breastfed children must meet the MDD and MMF criteria. Non-breastfed children must meet the MMFF criteria in addition to the MDD and MMF criteria. To meet the MDD criteria, breastfed children must consume food from at least 5 of 8 food groups; meanwhile, non-breastfed children must consume foods from at least 4 of 7 food groups, excluding breast milk.

These food groups include: breast milk, grains and tubers, legumes and beans, dairy products, meat foods (such as beef, fish, poultry, and liver/organ), eggs, fruits and vegetables rich in vitamin A, and other fruits and vegetables. The MMF is a measure of how often a child consumes solid, semi-solid, or soft foods on the previous day.[3] To meet the MMF criteria, breastfed children aged 6–8 months must eat at least 2–3 times per day, and breastfed children aged 9–23 months must eat at least 3–4 times per day. Non-breastfed children must eat at least 4 times per day.[3] The criteria of MAD, MDD, MMF, and MMFF are explained in Figure 1.[3]

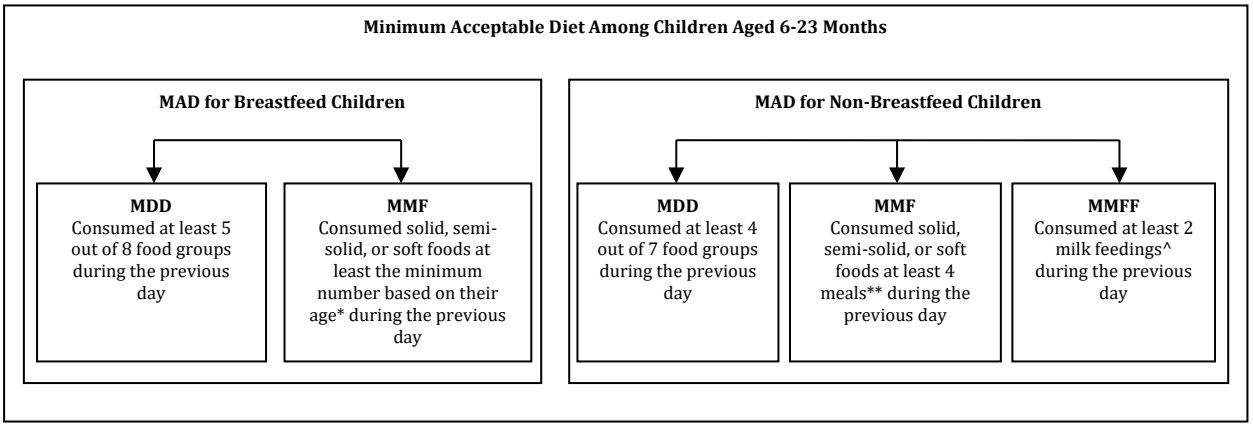

Figure 1. Minimum Acceptable Diet Definition Diagram[3]

Notes: MAD = Minimum Acceptable Diet, MDD = Minimum Dietary Diversity, MMF = Minimum Meal Frequency, MMFF = Minimum Milk Feeding Frequency
*Children aged 6-8 months: minimum 2 feedings. Children aged 9-23 months: minimum 3 feedings. Feedings = solid, semi-solid, or soft foods.
**Children aged 6-23 months consume a minimum of 4 feedings where at least 1 of the 4 feeds must be a solid, semi-solid or soft food.
^Milk feeding: any milk that the infants consume (baby formula, cow milk, goat milk, evaporated milk, powdered milk, yogurt, and other drinkable derivatives of animal milk), excluding breast milk.

To evaluate the factors associated with the study's outcome, sixteen independent variables were selected. These variables included three specific scores for workplace policy implementation. Maternal attributes were also considered, such as age, educational level (categorized as junior high, senior high, diploma/bachelor's, or master's degree), household income (based on data from Statistics Indonesia), family type (nuclear or extended), number of children, and primary caregiver status. This study also accounted for child-specific characteristics, such as age in months (categorized into 6–8, 9–12, and 13–25 months) and sex. Additionally, geographical location was recorded. Workplace factors included the number of working hours per week, shift status, and occupational skill level. The latter was categorized according to the International Labour Organization's guidelines into low-skilled, semi-skilled, and skilled labor.[17]

Workplace policy survey questions were based on guidelines from the International Labour Organization, the United Nations Children's Fund (UNICEF), several Indonesian Laws, and theories from journal articles related to workplace policy and complementary feeding practices among mothers.[18–25] All the survey questions were reviewed by an occupational health expert and a community nutrition expert. The questionnaire was tested for validity and reliability. Cronbach's alpha analysis was conducted and yielded values of 0.746 for the working flexibility domain (highly reliable), 0.431 for the physical facility domain, 0.778 for the service and support domain (sufficiently reliable), and 0.816 for the overall domain (robust).[26] The workplace policy survey consisted of three domains: workplace flexibility (4 items), physical facilities (4 items), and services and support (5 items). The survey questions were converted into a scoring system, with "yes" answers receiving 1 point and "no" answers receiving 0 points. Domain scores were summed, with higher totals reflecting stronger workplace policy support for working mothers. Median values were used as cut-off points: a score of 2 or greater indicated "fair" implementation within individual domains, while a total score of 6 or greater represented a "fair" overall policy environment.

The data were imported into IBM SPSS Statistics for Windows (Version 23) and processed (double-checking and cleaning).[27] Data cleaning procedures were carried out throughout data collection, including checking for missing data, duplication, plausibility, and extreme values. Subsequently, univariate, bivariate, and multivariate analyses were conducted. Bivariate logistic regression was first conducted to obtain Crude Odds Ratios (COR), followed by multivariate logistic regression to obtain Adjusted Odds Ratios (AOR); both are presented in Table 3. The independent variables for logistic regression modeling were chosen in two steps. First, variables with significant bivariate associations were identified. Second, all sociodemographic and policy variables were included in the multivariate analysis, excluding the aggregate workplace policy score to prevent multicollinearity.

Results

From an initial sample of 905 online survey responses, a rigorous data cleaning process was performed to ensure data quality. Responses were evaluated against a set of predetermined inclusion and exclusion criteria, resulting in a final analytical sample of 394 participants. The systematic process of participant selection and exclusion is visually represented in Figure 2, where solid lines denote responses that were retained and dashed lines indicate those that were removed from the study.

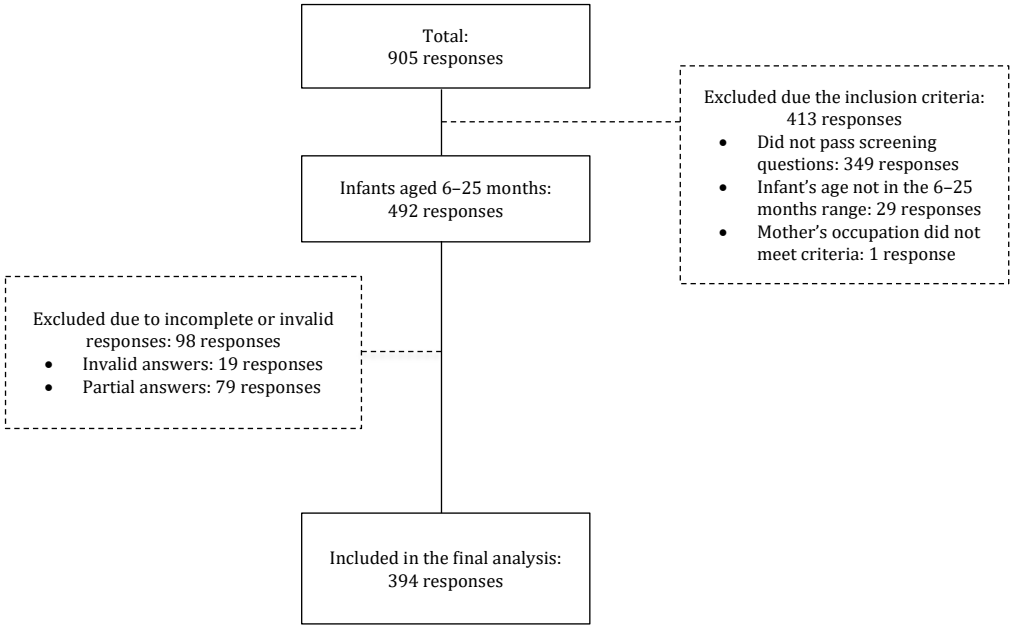

Figure 2. Diagram of Subjects Included in the Study

The respondents were aged between 22 and 50 years. Most respondents in this study had a diploma or bachelor's degree (67.5%). Nearly 35% of the mothers were the primary caregivers, and a roughly equal proportion of the grandparents provided primary care for the children (34.3%). The respondents were mainly from Java (59%). Regarding complementary feeding practices, over 90% of the respondents met MDD, MMF, MMFF, and MAD requirements.

Table 1. Respondents' Sociodemographic Characteristics and Infant and Young Child Feeding Practices (N = 394)

Characteristics	n (%)
Mother's age (year)[a]	30 (22.0–50.0)
Mother's last education	
Junior high school	1 (0.3)
Senior high school	94 (23.9)
Diploma or bachelor's degree	266 (67.3)
Master's degree	33 (8.3)
Household income	
≤USD 111	13 (3.3)
>USD 111–185	120 (30.6)
>USD 185–297	68 (17.2)
>USD 297–445	77 (19.5)
>USD 445	116 (29.4)
Type of family	
Nuclear family	287 (72.8)
Extended family	107 (27.2)
Number of children	
≤2	331 (84.0)
>2	63 (16.0)
Primary caregiver	
Mother (wife)	136 (34.5)
Father (husband)	10 (2.5)
Grandparent(s)	135 (34.2)
Other family members[b]	36 (9.1)
Nonfamily member (e.g., nanny)	77 (19.5)
Marital status	
Married	392 (99.5)
Single parent[c]	2 (0.5)
Geographical location	
Sumatra	34 (9.2)
Java	234 (59.5)
Kalimantan	68 (17.3)
Sulawesi	24 (6.1)
Papua	17 (4.3)
Other[d]	17 (3.6)
Children's age (months)	14 (6–25)
6–8	75 (19.0)
9–12	93 (23.6)
13–25	226 (57.4)
Children's sex	
Female	195 (49.5)
Male	199 (50.5)
Work shifts	
Yes	142 (36.0)
No	252 (64.0)
Working hours	
≤40 hours/ week	287 (72.8)
>40 hours/ week	107 (27.2)
Occupational skill level[e]	
Basic-skilled labor	148 (37.6)
Semi-skilled labor	98 (24.8)
Skilled labor	148 (37.6)
Minimum dietary diversity practices	
Improper	12 (3.0)
Proper	283 (97.0)
Minimum meal frequency practices	
Improper	14 (3.6)
Proper	380 (96.4)
Minimum milk feeding frequency practices	
Improper	4 (5.1)
Proper	75 (94.9)
Minimum acceptable diet practices	
Improper	26 (6.6)
Proper	368 (93.4)

Notes: 1 USD = approximately IDR 16,216

[a]Median (min–max)

[b]Uncle, aunt, niece, nephew, or in-law

[c]Widowed or unmarried

[d]For example, Bali, Bangka Belitung Islands, Riau Islands, West Nusa Tenggara, and Maluku

[e]Occupational skill level was determined using the guide from the International Standard Classification of Occupations by the International Labor Organization based on the workload, academic requirement, skill levels, and certification needs.

Table 2 shows the score proportions for the workplace policy survey. The highest proportion of "fair" scores was achieved in the physical facility domain (68.3%). The lowest proportion of "fair" scores was achieved in all domains (46.4%).

Table 2. Workplace Policy Score Distribution (N = 394)

Workplace policy score	n (%)
Working flexibility domain	
Poor (score <2)	161 (40.9)
Fair (score ≥2)	233 (59.1)
Physical facility domain	
Poor (score <2)	135 (31.7)
Fair (score ≥2)	269 (68.3)
Service and support domain	
Poor (score <2)	149 (37.8)
Fair (score ≥2)	245 (62.2)
All domains	
Poor (score <2)	211 (53.6)
Fair (score ≥6)	183 (46.4)

Table 3. Association Between Respondent Characteristics and Domains of Workplace Policy with Minimum Acceptable Diet Practices (N = 394)

Variable	COR [95% CI]^	AOR [95% CI]#	p-value
Mother's age			
22–30 years	1.154 [0.515, 2.583]	0.74 [0.28, 1.98]	0.553
31–50 years			
Mother's last education[a]	1.360 [0.498, 3.710]	1.00 [0.23, 4.40]	0.996
Secondary education			
Tertiary/higher education			
Household income	1.044 [0.471, 2.314]	1.32 [0.51, 3.42]	0.569
≤US$297			
>US$297			
Type of family	0.987 [0.403, 2.420]	0.82 [0.31, 2.18]	0.692
Nuclear family			
Extended family			
Number of children	0.952 [0.317, 2.864]	1.56 [0.42, 5.84]	0.506
≤2			
>2			
Marital status	0.934 [0.909, 0.959]	-	0.999
Married			
Single			
Children's age (months)			
6–8	Reference	Reference	0.308
9–12	1.731 [0.573, 5.229]	1.93 [0.58, 6.36]	
13–25	2.129 [0.835, 5.428]	2.20 [0.79, 6.11]	
Children's sex	0.830 [0.374, 1.842]	1.36 [0.57, 3.21]	0.490
Female			
Male			
Geographical location	1.078 [0.482, 2.412]	0.89 [0.34, 2.34]	0.815
Java			
Other[b]			
Working hours/week	1.208 [0.509, 2.866]	0.83 [0.32, 2.18]	0.704
≤40			
>40			
Working shift status	0.828 [0.349, 1.965]	0.89 [0.32, 2.44]	0.817
Yes			
No			
Occupational skill level[c]			
Low-skilled labor	Reference	2.19 [0.50, 9.72]	0.385
Semi-skilled labor	2.393 [0.824, 6.952]	0.79 [0.28, 2.20]	
Skilled labor	1.900 [0.684, 5.280]	Reference	
Workplace flexibility[d]	0.244 [0.083, 0.723]	0.18 [0.05, 0.65]	0.008*
Poor			
Fair			
Physical facilities[d]	1.150 [0.498, 2.657]	2.99 [1.03, 8.70]	0.044*
Poor			
Fair			
Services and support[d]	0.586 [0.240, 1.430]	0.69 [0.25, 1.86]	0.457
Poor			
Fair			

*Significance level set at p-value <0.005

^Chi-squared test

#Logistic regression

[a]Secondary education: junior high school or senior high school; tertiary/higher education: diploma, bachelor's degree or master's degree

[b]For example, Sumatra, Kalimantan, Sulawesi, Papua, West Nusa Tenggara, Maluku, and Bali

[c]Occupational skill level was determined using the International Labor Organization's International Standard Classification of Occupations guidelines based on workload, academic requirement, skill levels, and certification needs.

[d]Scores were based on the outcome of the median distribution. Poor indicates a score of 0–1, and fair indicates a score of ≥2. The higher the score, the more workplace policies implemented at the mother's workplace.

The multivariate modeling results are shown in Table 3. For regression analysis, continuous variables, such as the mother's age, were categorized into groups for logistic regression modeling. Physical facility scores were positively associated with MAD practices (AOR: 2.99; 95% CI [1.03, 8.70]; p-value = 0.044), which indicated that respondents with lower physical facility scores were significantly more likely to engage in proper MAD practices. Workplace flexibility scores were negatively associated with MAD practices (AOR: 0.18; 95% CI [0.05, 0.65]; p-value = 0.008), which indicated that respondents with lower workplace flexibility scores were significantly more likely to engage in proper MAD practices (after adjusting for other variables).

Discussion

This study examined the impacts of workplace policies on complementary feeding practices among the children of working mothers in Indonesia. Physical facility policies were significantly associated with MAD practices, while workplace flexibility showed an inverse association, with lower flexibility scores linked to more appropriate MAD practices. Most respondents reported meeting MDD, MMF, MMFF, and MAD standards, suggesting relatively high adherence in this sample.

The positive association between physical facilities and MAD practices underscores the importance of supportive workplace environments. According to Wulandari *et al.* and Chen *et al.*, access to lactation rooms and other facilities can reduce barriers to breastfeeding and complementary feeding.[28,29] Although Indonesian law mandates the provision of lactation rooms, their implementation remains inconsistent.[21,25] The unexpected finding regarding workplace flexibility may reflect the dual nature of informal work: while it allows mothers to spend more time with their children, it is often associated with job insecurity, longer unpaid workloads, and limited childcare support. This aligns with studies showing that informal employment may facilitate exclusive breastfeeding in South Asia, while formal employment is often linked to reduced breastfeeding opportunities.[30–32] This gap between regulation and practice highlights a structural challenge: policies without enforcement mechanisms risk remaining symbolic rather than functional. Whereas Article 30, section (4) of Indonesian Law no. 24 of 2024 clearly states that working mothers are entitled to be given a compromise regarding workload, working hours, and/or place of work within the working conditions and targets.[33]

A previous study has consistently highlighted employment as a barrier to exclusive breastfeeding and complementary feeding, especially in formal work settings with limited childcare options.[30] Evidences from low- and middle-income countries suggest that stronger workplace support systems, including lactation breaks, cold storage facilities, maternity leave, and peer or community support networks, are crucial for extending breastfeeding duration and ensuring adequate complementary feeding.[30] Previous studies have shown that employment status and workplace support directly affect feeding practices, emphasizing the importance of maternal support at multiple levels.[31,34–36] One possible explanation is that structured and formalized workplaces, typically associated with less flexibility, may also be more likely to comply with labor regulations, provide lactation facilities, and ensure stable income.

This study had several limitations. First, mothers with higher education and likely middle-to-upper socioeconomic backgrounds were overrepresented in the sample, reflecting the limitations of the online survey method. Second, most respondents resided in Java, which limits the generalizability of the findings to other regions in Indonesia. Third, data on workplace policies were self-reported and may have been subject to recall or reporting bias. Finally, while complementary feeding practices were assessed using standardized WHO indicators, the workplace policy instrument, though validated, may not have captured the nuance of policy implementation in diverse work settings.

Despite these limitations, the findings provided valuable insights for policymakers and employers. Strengthening the provision and enforcement of workplace facilities, such as lactation rooms, alongside flexible but secure working arrangements, may support working mothers in achieving optimal feeding practices for their children. Beyond workplace interventions, broader social support, including parental leave, educational programs, and community support networks, is essential to address the dual burden of paid work and childcare. These measures are critical for promoting child nutrition and advancing gender equality in the workplace. The findings also highlighted how flexibility was not inherently beneficial; its impact depends on how it intersects with job security, income stability, and institutional support.

Conclusion

This study underscores the impacts of both physical facility policy and workplace flexibility policy on MAD practices among working mothers and their children in Indonesia. The findings suggest the need for comprehensive policies and interventions to support working mothers and promote child health and development through workplace settings. Future research should investigate the specific challenges faced by working mothers across various sectors and socioeconomic groups to inform targeted interventions and enhance their well-being and that of their children.

Abbreviations

WHO: World Health Organization; IYCF: infant and young child feeding; MAD: minimum acceptable diet; MDD: minimum dietary diversity; MMF: minimum meal frequency; MMFF: minimum milk feeding frequency.

Ethics Approval and Consent to Participate

This study abided by ethical protocols and was approved on December 11, 2023 by the Ethics Committee of the Faculty of Medicine, Universitas Indonesia – Cipto Mangunkusumo General Hospital (No: KET-1771/UN2.F1/ETIK/PPM.00.02/2023/).

Competing Interests

No conflicts of interest were reported in this study.

Availability of Data and Materials

Data are not available due to the ethical restrictions of the research. Participants in this study did not consent to having their data shared publicly.

Authors' Contributions

All authors conceptualized and designed the study. All authors prepared the questionnaire. FID collected and analyzed the data and prepared the manuscript. JF and MM were involved in data interpretation and reviewed the first draft of the manuscript. All authors read and approved the final manuscript.

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