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Employment Status as a Predictor of Breastfeeding Self-Efficacy

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ABSTRACT

Background: In Indonesia, the percentage was 71.58% in 2021, and in the Province of Bengkulu in 2022, 67.85% of babies aged 0-5 months received exclusive breast milk. Around 32.15% of babies are still not breastfed. Breastfeeding with high self-confidence to successfully breastfeed their babies (breastfeeding self-efficacy) will influence the success of exclusive breastfeeding. The mother's belief that her breast milk production is inadequate or little, which leads to worries that it won't be sufficient to satisfy the baby's demands, is the issue with not providing exclusive breastfeeding. This study aimed to identify factors that predict breastfeeding self-efficacy. **Methods**: The research design uses a cross-sectional analytical survey. The study population comprised 556 respondents, selected from a 100-person sample using the inclusion and exclusion criteria. The research period is from May to November 2024. Data collection uses a questionnaire with the BSES-SF. Data analysis uses discriminant analysis. **Results**:.The research results on the variables age (0.442), education (0.406), parity (0.575), ANC visits (0.165), and breastfeeding status (0.455), so there is no different in average age, education, parity, ANC visits, and breastfeeding status between self-efficacy in low and high breastfeeding mothers, while the working status variable has a p-value of 0.025, so there is a difference in the average working status between low and high self-efficacy. **Conclusion**: Mothers' working status as a predictor of breastfeeding self-efficacy.

INTRODUCTION

Breastfeeding provides health benefits for babies and mothers and is a national priority in many countries. The World Health Organization (WHO) and the United Nations International Children's Emergency Fund recommend early initiation of breastfeeding within one hour after birth, exclusive breastfeeding for the first 6 months of life, and the introduction of nutritious and safe complementary foods at 6 months of age with breastfeeding until age 2 years or more. Even though support for exclusive breastfeeding is increasing, the prevalence of exclusive breastfeeding at the age of 6 months is still low, and only around 40% of babies aged 0-6 months are exclusively breastfed (Okbay Güneş et al., 2023).

Breastfeeding self-efficacy is a mother's belief in her ability to breastfeed her baby and is important for improving breastfeeding outcomes. Research conducted by Shiraishi et al (2020)

on postpartum in Japan obtained an average Breastfeeding Self-Efficacy (BSE) score of 45.8, and there was a relationship between BSE and exclusive breastfeeding (p-value < 0.001) (Shiraishi et al., 2020). The duration of breastfeeding and the success of exclusive breastfeeding are influenced by mothers with high levels of breastfeeding self-efficacy (Awaliyah et al., 2019). Skin-to-skin contact between the mother and the infant, as well as exclusive breastfeeding for the first hour after birth, are crucial elements in initiating breastfeeding (Wijaya, 2019).

One changeable aspect that affects the start and continuation of breastfeeding is the mother's confidence in her ability to breastfeed (Ahmad et al., 2020). Experience in the social system, including marital relationships, parenting styles, social standing, family or professional responsibilities, and assisting partners with child-rearing, can all affect one's sense of self-efficacy. In addition to performance, the mother's mental health (stress, anxiety, and depression) and social support also have an impact on breastfeeding self-efficacy (Li et al., 2022).

Factors that influence breastfeeding self-efficacy are age, education, parity, employment status, antenatal care visits, and breastfeeding status. Mothers of mature age or reproductive age, combined with high education, will influence knowledge, especially regarding the regularity of antenatal care visits and habits to achieve maximum health during pregnancy, childbirth, and the postpartum period. Breastfeeding self-efficacy can help identify mothers at higher risk of premature breastfeeding cessation due to employment status, education, and knowledge. Mothers may require additional intervention from health services to ensure successful breastfeeding (Gonzales, 2020).

The percentage of babies aged less than 6 months who receive exclusive breastfeeding according to the National Social and Economic Survey, BPS, Indonesia, has a percentage of 66.69% in 2019, 69.62% in 2020, and 71.58% in 2021. In 2022, in Bengkulu Province, 67.85% of babies aged 0-5 months received exclusive breast milk. Around 32.15% of babies are still not breastfed. Meanwhile, the national exclusive breastfeeding coverage target is 100%. Interestingly, far more babies receive exclusive breastfeeding in rural areas compared to urban areas. In 2022, the percentage of babies aged 0-5 months who are exclusively breastfed in rural areas will reach 71.95%, while in urban areas it will only be 56.25%. Early Initiation of Breastfeeding (EIBF) related to the success of exclusive breastfeeding in Bengkulu Province is 74.92%, and in Bengkulu City is 67.70% (Statistik, 2022).

The problem that is often found related to failure to provide exclusive breastfeeding is that there is a mother's perception that breast milk production is small or lacking, giving rise to concerns about not being able to meet the baby's needs (Oktafia et al., 2022; R. M. K. Pratama et al., 2023). The aim of this research is to identify factors that predict breastfeeding self-efficacy. The factors studied were age, highest level of education, parity, employment status, antenatal care visits, and breastfeeding status.

METHODS

The research design used was an analytical survey with a cross-sectional approach. This research was conducted in the Working Area of the Telaga Dewa Community Health Center, Bengkulu City, the community health center with the largest number of pregnant women, with 556 respondents. The research was conducted over 6 months, from May to November 2024. Data were collected through an online questionnaire completed by the respondents, consisting of their biodata and the variables studied. To measure breastfeeding self-efficacy, use the Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF), which has been validated in Indonesia. The BSES-SF consists of 14 statement items where all items begin with the sentence "I can always do it" and are given a 5-point scale where 1 point is not confident and 5 points is always confident, with a Cronbach's alpha coefficient of 0.89 (Gonzales, 2020). The study population comprised 556 respondents, with a sample of 100 selected according to the inclusion and exclusion criteria. Data analysis uses discriminant analysis. Ethical Clearance was obtained from the Ethics Committee of the Faculty of Medicine and Health Sciences, Jambi University with number 1308/UN21.8/PT.01.04/2024.

RESULTS

Breastfeeding self-efficacy is a breastfeeding mother's confidence in her ability to successfully carry out her role as a mother and breastfeed well. Breastfeeding self-efficacy is one way of identifying breastfeeding mothers who need more support during the postnatal period (Awaliyah et al., 2019). Breastfeeding mothers with good knowledge are more confident in initiating and extending breastfeeding and have a positive relationship with exclusive breastfeeding. High self-efficacy can also prevent post-partum depression because the pregnancy period is a period of life that is full of stress before entering the postpartum period (Melo et al., 2021).

The following are the characteristics of several breastfeeding mothers in the Telaga Dewa Community Health Center Working Area, Bengkulu City:

Table 1. Distribution of Respondent Characteristics

Characteristics	n	%
Age		
Risk	59	59
No Risk	41	41
Education		
High	81	81
Low	19	19
Parity		
Risk	36	36
No Risk	64	64
Employment Status		
Work	56	56
No Work	44	44
ANC Visits		
Ever	98	98
Never	2	2
Breastfeeding Status		
Breast-feed	85	85
No Breast-feed	15	15

In table 1, the distribution of respondents' age characteristics shows that the majority of respondents are at risk (<20 years or 35 years) as many as 59 respondent (59%), the respondents' last education is in the high category (high school and university) as many as 81 respondent (81%), the parity of respondents in the no-risk category (parity 2-3) was 64 respondents (64%), employment status was 56 respondent (56%), 98 respondent had visited pregnancy (98%), and breastfeed their babies as many as 85 respondent (85%).

Table 2. Frequency Distribution of Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF)

Statement	Very Unconfident		Not Confident		Rarely Confident		Often Confident		Alaways be Confident		Mean	Interpretation
	n	%	n	%	n	%	n	%	n	%		
I can always ensure that my baby is getting enough breast milk	4	4	5	5	8	8	42	42	41	41	3.25	Quite Confident
I can always make sure my baby is latching properly during breastfeeding	4	4	2	21	13	34	43	43	38	38	3.5	Confident

Statement	Very Unconfident		Not Confident		Rarely Confident		Often Confident		Alaways be Confident		Mean	Interpretation
	n	%	n	%	n	%	n	%	n	%		
I can always arrange the breastfeeding situation to my satisfaction	2	2	5	5	16	16	44	44	33	33	3.42	Confident
I can always breastfeed even if my baby cries	3	3	4	4	22	22	51	51	20	20	3.46	Confident
I can always breastfeed comfortably if any of my family members are present	4	4	19	19	30	30	38	38	9	9	3.37	Quite Confident
I can always accept the fact that breastfeeding can take time	3	3	9	9	17	17	50	50	21	21	3.36	Quite Confident
I can always finish feeding my baby on one breast before switching to the other	1	1	7	7	22	22	51	51	19	19	3.39	Quite Confident
I was always able to meet the demands of breastfeeding my baby	1	1	3	3	13	13	53	53	30	30	3.51	Confident
I always know when my baby is done feeding	2	2	1	1	16	16	52	52	29	29	3.45	Confident
I have always succeeded in breastfeeding as well as other challenging tasks	3	3	2	2	23	23	56	56	16	16	3.43	Confident
I can always breastfeed my baby without using formula milk as a supplement	2	2	4	4	10	10	45	45	39	39	3.44	Confident
I can always resist the urge to breastfeed	3	3	18	18	27	27	44	44	8	8	3.47	Confident
I have always been satisfied with my breastfeeding experience	1	1	4	4	16	16	47	47	32	32	3.59	Confident

Statement	Very Unconfident		Not Confident		Rarely Confident		Often Confident		Alaways be Confident		Mean	Interpretation
	n	%	n	%	n	%	n	%	n	%		
I can always continue to breastfeed my baby every time I breastfeed	3	3	3	3	15	15	42	42	37	37	3.67	Confident

The average interpretation of BSE is Very Confident (4.20-5.00), Confident (3.40-4.19), Quite Confident (2.60-3.39), Not Confident (1.80-2.59), and Very Unconfident (1.00-1.79) (Gonzales, 2020).

Table 3. Discriminant Analysis

Characteristics	BSES		Sig.
	Mean	Std. Deviation	
Age	1.41	0.494	0.442
Education	1.21	0.409	0.406
Parity	1.64	0.482	0.575
Employment Status	1.44	0.499	0.025
ANC Visits	1.02	0.141	0.165
Breastfeeding Status	1.15	0.359	0.455

Based on table 3, the p-value for the variable age (0.442), education (0.406), parity (0.575), ANC visits (0.165), and breastfeeding status (0.455), where > 0.05 so there is no difference in average age, education, parity, ANC visits, and breastfeeding status between self-efficacy in low and high breastfeeding status between self-efficacy in low and high breastfeeding mothers were not statistically significant. Meanwhile, the employment status variable has a p-value of 0.025, which is < 0.05, so there is a difference in the average working status between low and high self-efficacy in breastfeeding mothers, which is statistically significant.

Discriminant value:

$$D = \text{-2,947 + 2,046 Employment Status}$$
$$= \text{-2,947 + 2,046. 100}$$
$$= \text{-2,947 + 204,6}$$
$$= 201{,}653$$

By calculating the cutting score:

$$Cutting\ Score = \frac{(n1C0 + n2C1)}{n1 + n2}$$

$$Cutting\ Score = \frac{(100(0.223)) + (100(-0.232))}{100 + 100}$$

$$Cutting\ Score = \frac{(-0.9)}{200} = -0.0045$$

Based on the calculation results, the cutting score is -0.0045, with a D-value of 201.653, indicating that BSES is high.

DISCUSSIONS

Age

Most respondents were at risk, namely those aged <20 or >35. The mother's age influences breastfeeding. The mother's age towards maturity and old age gives the mother increased confidence in breastfeeding her baby. Mothers will be more enthusiastic and understand the benefits of breast milk so that negative thoughts can be managed and feelings of optimism in giving exclusive breast milk will be successful (Wu et al., 2021). In this study, it was found that maternal age had no effect on breastfeeding mothers' self-efficacy. This can be explained by the fact that mothers in the at-risk age group have other factors that can increase maternal self-efficacy, such as support from their husband and family, regular ANC visits, and information about breast milk and breastfeeding from social media. Mothers in the non-risk age category have high efficacy because they have prepared well for pregnancy, childbirth, and postpartum and are ready to care for their babies. This situation provides a positive response to exclusive breastfeeding compared to the age of the mother at risk. The mother's age is related to the state of emotional maturity in thinking and making decisions regarding exclusive breastfeeding (Corby et al., 2021).

The research that has been conducted Ahmad et al., (2020), found that the age interval of 16-45 has a mean (SD) of 29.68 (5.66) with a p-value of 0.48 and another study (Angio & Sukesi, 2018) with a p-value of 0.706. This study aligns with previous research indicating that age is not a predictor of breastfeeding self-efficacy. According to theory, the age of 20-35 years is a reproductive age both physically and psychologically, making it a suitable age for breastfeeding. Reproductive age brings maturity in thinking and decision-making, as people become better able to adapt to changes and life's challenges. This does not align with the research findings, which may be due to many factors influencing breastfeeding self-efficacy, such as socioeconomic status, peer education, and motivation from the husband or other family members.

There is a gap between theory and research results, where age is not related to breastfeeding self-efficacy, leading researchers to assume that breastfeeding self-efficacy is influenced by many factors, such as exposure to information about breastfeeding, motivation, breastfeeding experience, socioeconomic status, and the mother's employment status.

Last Education

In this study, the majority of respondents were highly educated (81%). The results of this study did not affect the self-efficacy of breastfeeding mothers. For mothers with a high level of education, most tend to be working mothers, so the opportunity to provide exclusive breastfeeding is reduced. In mothers with a low level of education, this is related to the mother's lack of ability to make decisions and think, especially in providing exclusive breastfeeding (Sabilla & Rr. Arum Ariasih, 2022). A mother with higher education tends to have higher knowledge, and vice versa. Maternal knowledge is influenced not only by educational factors but also by education from health workers, exposure to information on social media, ANC visits, and previous breastfeeding experience. A mother with higher education are more likely to visit health facilities compared to women who have not received formal education (Zulkarnaini et al., 2023).

The researcher assumes that, although the mother's education is not related to this study, theory states that the higher a person's level of education, the greater their motivation, attitude, and knowledge will be. This study may differ from the theory, possibly because the mother works, which can lead to higher stress levels and fatigue, resulting in lower self-efficacy in breastfeeding.

Parity

Research carried out shows that the majority of those with parity are not at risk: 64 respondents (64%). Mothers who are breastfeeding are more sensitive to everything related to the baby's condition and their confidence in providing breast milk. Multiparous mothers

tend to have more breastfeeding experience than primiparous mothers. If the mother has a positive experience. Then the mother's confidence and self-confidence in providing exclusive breastfeeding is high. On the other hand, if a breastfeeding mother has a negative experience, then the breastfeeding mother's self-confidence is low, so the motivation to provide exclusive breastfeeding will tend to be low (Mahayati et al., 2024).

The research that has been conducted Ahmad et al., (2020) found primipara with a mean (SD) of 157 (48.5), parity 2 with a mean (SD) of 102 (31.5), and parity ≥ 3 with a mean (SD) of 42 (13), with a p-value of 0.28, with means there is no statistically significant effect of parity on breastfeeding self-efficacy. Mothers with prior breastfeeding experience will enhance their self-efficacy. In a mother who experiences her second and subsequent lactations, it tends to be better than the first lactation. Mothers with multiple births have a greater chance of exclusively breastfeeding and possess better breastfeeding self-efficacy compared to first-time mothers (Diah et al., 2022). Researchers argue that the breastfeeding experience greatly influences self-efficacy in breastfeeding, especially when encouraged by close relatives, whether from a husband or other family members. A mother's failure to breastfeed her first child will motivate her not to fail again in providing exclusive breastfeeding for her second child and subsequent children.

Employment Status

The research results showed that the majority of respondents worked, 56 respondents (56%). Even though work is not a dominant factor in breastfeeding mothers' self-efficacy, the mother's working or non-working status can influence exclusive breastfeeding. Mothers who do not work have more time and opportunities than mothers who work. Mothers who work but still provide exclusive breastfeeding can be influenced by education, knowledge and exposure to information so that working does not become an obstacle to providing exclusive breastfeeding (Mariana & Idayati, 2022).

Another study reported a statistically significant relationship between the BSES-FS score and employment status, with the average score for working mothers being 56.47 ± 8.05 ($p = 0.036$). Mothers who do not work have high perceptions and motivations in breastfeeding, and have confidence in nursing their babies (Mercan & Selcuk, 2021). Working mothers do not have enough time to breastfeed their babies while working, so they choose to wean earlier and introduce supplementary foods sooner (Amer & Kateeb, 2023). According to researchers, workplace pressure and stress will affect breastfeeding self-efficacy. Fatigue and unfinished work will affect the mother's low motivation, desire, and confidence in providing exclusive breastfeeding.

ANC Visit

Antenatal care (ANC) visits are recommended at least 6 times during pregnancy, where ANC is with a doctor twice to screen for risk factors/ complications of pregnancy in the 1st trimester and screening for risk factors for childbirth once in the 3rd trimester, and 3 other times with a midwife or other competent health worker to check the pregnancy in general (Kemenkes RI, 2020). At ANC visits, health workers can provide information about the importance of breast milk, breastfeeding techniques, and how to increase breast milk, or education about preparing for lactation. The more often mothers attend ANC visits, the more information they receive from health workers about lactation, thereby influencing their skills in providing exclusive breastfeeding. Regular ANC visits will provide counseling from midwives or other health workers so that mothers are more confident during the lactation period (Mariana & Idayati, 2022).

The researcher assumes that antenatal care visits to healthcare services will provide information on the baby's health, particularly regarding exclusive breastfeeding. This situation will enhance the mother's knowledge and attitude towards breastfeeding and instill self-confidence that the mother is capable of exclusively breastfeeding.

Breastfeeding Status

The results of this research showed that the majority of respondents with breastfeeding status were 85 respondents (85%). Mothers with breastfeeding status tend to have high breastfeeding self-efficacy. If the mother has previous experience breastfeeding. It will be an experience that will increase the mother's self-efficacy. Mothers with breastfeeding status have developed self-efficacy in providing breast milk to babies, but this is not the main factor in determining high maternal self-efficacy. Failure to breastfeed the baby in the previous birth can be a motivating factor for the mother to learn and take the opportunity to be better at providing exclusive breastfeeding. However, other factors can influence the high self-efficacy of breastfeeding mothers (Ayuningtyas & Oktanasari, 2023).

Breastfeeding Self-Efficacy

Maternal self-efficacy is defined as a mother's ability to breastfeed her child and influences her decisions regarding breastfeeding, such as how to breastfeed, how much effort to breastfeed, and how to respond to any challenges during the breastfeeding experience. The high efficacy of breastfeeding mothers is related to the success of exclusive breastfeeding (Chumaira et al., 2024). Mothers with high self-efficacy tend to experience fewer problems with breastfeeding and have positive perceptions of breast milk and breastfeeding. High maternal self-efficacy will make the mother feel confident in breastfeeding and make efforts to continue providing breast milk to her baby. Mothers with low self-efficacy may experience not worrying, thinking negatively, being anxious, and not being confident in providing exclusive breastfeeding (Piccolo et al., 2022). Husband and family support also influence the mother's self-efficacy in breastfeeding. With this support, mothers feel cared for, so that the fatigue and stress felt by mothers can be reduced (Shiraishi et al., 2020).

Generally speaking, self-efficacy represents a person's belief in their capacity to experience emotions. High self-efficacy provides a positive perception and provides encouragement to achieve a mindset for successful exclusive breastfeeding (Zulkarnaini et al., 2023). The researcher assumes that respondents with low self-efficacy are more likely to be associated with negative perceptions and predict that they will fail in providing exclusive breastfeeding, and ultimately, the mother will stop breastfeeding.

Discriminant Analysis

Self-efficacy in breastfeeding mothers can help identify mothers who are at high risk of stopping breastfeeding before the baby is 6 months old, and may require additional intervention from a midwife or other health professional to ensure successful exclusive breastfeeding (Erick, 2018; Sabilla & Rr. Arum Ariasih, 2022). The results of this study show that respondents who visited ANC had high self-efficacy, although it was not statistically significant. In the breastfeeding status variable, mothers who breastfeed have higher self-efficacy than those who do not. There is a difference in average working status between low and high self-efficacy of breastfeeding mothers. It can be concluded that employment status is a predictor of breastfeeding self-efficacy.

Mothers with employment status may experience a decrease in their confidence in being able to provide exclusive breastfeeding, which can be caused by busy work schedules, backlogs of work, inadequate workplace facilities for breastfeeding, as well as the mother's lack of knowledge about the importance of exclusive breastfeeding (R. S. P. Pratama et al., 2022). Support from a husband or closest family member, support at work also influences the self-efficacy of breastfeeding mothers. Co-workers' experiences with breastfeeding can serve as observations for mothers of other breastfeeding mothers. Mothers who are not working have lots of time to spend with their abbies and provide exclusive breastfeeding (Gonzales Jr, 2020). Mothers with working status will experience physiological responses such as fatigue, anxiety, and stress at work, causing low self-efficacy for breastfeeding mothers. Mothers who are tired all day at work and still have a lot of work to do, which makes them feel stressed, due to a lot of work, which will affect breast milk production (Chumaira et al., 2024).

CONCLUSIONS

Mother's working status as a predictor of breastfeeding self-efficacy. The fatigue of working mothers reduces the productivity of breast milk because physical and mental conditions after a long day of work affect the mother's desire to provide exclusive breast milk. Facilities in the workplace that support breastfeeding, such as providing a breastfeeding room, can create opportunities for mothers and motivate them to provide exclusive breast milk, thereby improving breastfeeding self-efficacy.

Conflict of Interest: The researchers declare no conflicts of interest in conducting this study.

Author Contribution Statement: Rini Mustikasari Kurnia Pratama: Data collection, study conception and design, data analysis and interpretation, manuscript drafting, review, and editing. **Damayanti**: conception, data collection, analysis, and interpretation. **Festy Mahanani Mulyaningrum:** conceptualization, supervision, and text reading and editing. **Bella Pratiwi Kurnia Pratama:** conceptualization, supervision, and manuscript reading and editing.

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