

# The Meaning of Breastfeeding Self-Efficacy in Working Mothers

## A Qualitative Study

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**Keywords:** Breastfeeding, Self-Efficacy, Working Mother.

**Abstract:** Background: The benefits of exclusive breast feeding is well documented. However, in Indonesia, breast feeding rates fall well below global recommendations. The aim of this research was to explore the meaning of breastfeeding self-efficacy from working mothers' perspective. Method: a qualitative method was used that is the nature of the phenomenology. Setting: the study was conducted in an outpatient's department in a hospital in Surabaya, Indonesia. Participants: the respondents were eight mothers working outside the home for 40 hours per week, attending lactation classes, Indonesian, with children aged seven months to two years, and babies born healthy. Results: there were five main themes identified in the women's stories, relating to self-efficacy and breastfeeding: 1) the source of breastfeeding self-efficacy; 2) the confidence to breastfeed her infant; 3) the motivation to breastfeed; 4) perception of workplace control; and 5) the impact of breastfeeding self-efficacy on breastfeeding behavior. Conclusion: The participants who decided to breastfeed for at least two years tended to think positively about breastfeeding. The women had realistic expectations of the commitment that breastfeeding entailed, even though they were faced with many workplace obstacles.

## 1 BACKGROUND

Self-efficacy is a belief in the ability of an individual to organize and implement a series of actions that are necessary to achieve something that is desired (Bandura, 1997). Breastfeeding self-efficacy is a confidence that is owned by a mother when breastfeeding an infant. The impact of breastfeeding self-efficacy includes: choice of behavior, effort and persistence, thought patterns, and emotional reactions (Roesli, 2005). Individual responses to breastfeeding self-efficacy will determine the behavior of the mother, beginning at the initiation of breastfeeding, and the ongoing breastfeeding activity to maintain consistent lactation. However, breastfeeding self-efficacy in working mothers in Indonesia has not been explored.

The number of female workers in Indonesia is increasing each year. In 2012, based on data from the Central Bureau of Statistics, there were a total of 112 million workers in Indonesia, 43 million of whom are women. A woman who works has the potential to be pregnant, have given birth, and/or lactating. These statistics are further reinforced by the results of a

study by Susanti (2011) who showed that 70% of breastfeeding mothers in Indonesia are also working.

Advocates for the World Breastfeeding Week state that the global target globally is to increase exclusive breastfeeding rates by at least 50% in infants aged 0–6 months by 2025. However, in 2012, globally attainment of exclusive breastfeeding rates in this group of infants only reached 37%. In Indonesia, exclusive breastfeeding rates are well below this target. The National Social Economic Survey conducted by the Department of Health showed that in 2006, the rates of exclusive breastfeeding in Indonesia was only 21.2%. However, in 2009, breastfeeding rates rose to 34.3%. Similarly, based on data from the National Social Economic Survey in 2010, the rates of exclusive breastfeeding in Indonesia was 33.6%.

The low percentage of working women exclusively breastfeeding in Indonesia is caused by many factors. Research by Abdullah (2012) explored the determinants of breastfeeding in working mothers in Indonesia and found that factors associated with exclusive breastfeeding were: attitudes towards breastfeeding, the availability of facilities in which to

breastfeed, and support for caregivers. However, the attitude towards breastfeeding was the most dominant factor in exclusive breastfeeding. Judiastuty (2011) states that exclusive breastfeeding is related to a mother's self-efficacy and self-confidence. Weber (2011) states that there were many difficulties in the work place that prevent women from breastfeeding: inflexible rest times, break times that are too short, overlapping roles, and access to a private space in which to breastfeed. Consequently, many working mothers are forced to switch to formula and stop or reduce breastfeeding.

Meanwhile, the Maternity Protection Convention No.183 & 191 states that women have a right to a rest period of more than once a day or obtain permanent of working hours to breastfeed their baby or express breast milk. This is supported by Government Regulation No 33, 2012 regarding exclusive breastfeeding (chapter 30, verse 3), in which it explains that a workplace committee is obliged to provide special facilities for breastfeeding and/or expressing breast milk.

Breastmilk is highly recommended for all infants, and the unique composition of breast milk aids in the healthy growth and development of the baby. The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life, and together with other nutritious foods, breast milk is recommended until two years of age. Research by Nurmiati and Besral (2008) shows that, in Indonesia, the duration of breastfeeding has a great effect on the overall survival of a baby. These researchers found that babies who were breastfed for six months or longer survived 33.3 times longer than babies who are breastfed for less than four months.

The Kendangsari Mother and Child Hospital in Indonesia has a pro-breastfeeding program aimed at supporting successful breast feeding in women. The mothers who attend classes gain knowledge about lactation, including how to express breast milk if they must work. Verbal persuasion by a lactation consultant has been shown to increase breastfeeding self-efficacy (Dennis 2010).

Based on the above, it can be concluded that working mothers should be supported to breastfeed exclusively. However, research on breastfeeding self-efficacy in Indonesia is still in its infancy. The majority of studies conducted so far have been quantitative in nature, such as the statistics mentioned above. In Indonesia, there have been no studies conducted from within the qualitative paradigm and therefore, this research aims to address this omission.

## 2 METHODS

This study was embedded in the qualitative paradigm. Advantages of this paradigm are that it can dig deeper for information. Congruent with this paradigm is the methodological approach of phenomenology, in which the emphasis is on the subjective nature of human behavior.

Therefore, the researchers were interested in the subjective world of working breastfeeding mothers and their understanding of the phenomenon of breastfeeding self-efficacy. Phenomenology consists of several types and the one chosen for this research was descriptive phenomenology, which attempts to directly explore, analyze and describe certain phenomena, as free as possible of the estimated untested.

The population of this study were all working mothers who attended lactation classes at RSIA Kendangsari, Surabaya, between April and September 2013. The researchers used a purposive sampling technique. Participants were selected based on the following inclusion criteria: 1) worked outside the home for at least 7–8 hours a day or 40 hours per week; 2) have a child aged between seven months and two years; 3) attended lactation classes at RSIA Kendangsari; 4) can speak Indonesian; 5) the baby was born healthy; and 6) were willing to participate by signing the consent form after it was read and the purpose of the study was explained by the researcher.

Ethical clearance was received from the ethics commission in public health faculty of Airlangga University. Informed consent was secured from study participants in their own language after explaining the purpose of the study, potential risks and benefits of partaking in the study, and the right to withdraw from the study at any time. The participants were also assured that their data would be treated confidentially.

Semi-structured interviews were used to collect data. This technique is appropriate in phenomenology as the participants are given the opportunity to express their experiences related to the phenomenon under study, in this case, breastfeeding self-efficacy in working mothers. The use of open questions was selected because the participants can then their own words.

The semi structured interviews were digitally recorded and later transcribed. The researchers followed a broad interview guide.

The researchers also used field notes to capture the participants' non-verbal responses that would otherwise have been missed in the digital audio recording. This also captured the researcher's own

responses to the content of the interviews and the conditions affecting the interview process. Data analysis followed the nine steps outlined by Collazi (1978, in Speziale & Carpenter, 2003).

### 3 RESULTS

Five main themes were identified in the women's stories that related to self-efficacy and breastfeeding: 1) the source of breastfeeding self-efficacy; 2) the confidence to breastfeed her infant; 3) motivation to breastfeed; 4) perception of workplace control; and 5) the impact of breastfeeding self-efficacy on breastfeeding behavior.

### 4 DISCUSSION

#### 4.1 Sources of Breastfeeding Self-Efficacy

There was one sub-theme to the source of breastfeeding self-efficacy, namely the significance of breastfeeding. The meaning is the concept of breastfeeding owned by the mothers. Through this research, the meaning of breastfeeding are found to be the role, physical condition, emotional state, socio-cultural and religious beliefs, support, and exposure information from the mass media.

The roles were divided into four, namely: the obligation of parents, children's rights, affection, and emotional closeness. The Indonesian Government Regulation (PP) 33/2012 states that the obligation for mothers is to breastfeed their babies from birth until the baby is six months old. Breastfeeding is in the category of children's rights stated by participants one and six, according to the Child Protection Law Chapter I Article 1 No. 12 and Chapter II. Article 2 explains that children's rights are part of human rights, which must be guaranteed, protected, and fulfilled by parents, families, communities, governments, and the state. Children's rights include (1) non-discrimination; (2) the best interests of the child; (3) right to survival; and (4) development and respect for the child's opinion. In the Law of the Republic of Indonesia Number 36 Year 2009 on Health, Article 128 Paragraph 1, which states: "Every baby is entitled to exclusive breastfeeding from birth for 6 (six) months, except on medical indication."

Advantages and benefits of breastfeeding are written in the book "Management Guide Lactation", by the Directorate of Community Nutrition,

Department of Health (2001), one of which is the effect of direct contact of mother and infant: a bond of love between the mother and baby occurs due to a variety of stimuli, such as the touch of skin (skin to skin contact), the baby feels safe and satisfied feeling the warmth of the mother's body and hearing the mother's heartbeat that has been known since the baby was still in the womb. The same thing is also mentioned by Gupte (2004); breastmilk may improve the baby's health and intelligence and improve maternal and child affection (bonding). The category of emotional closeness is conveyed by most participants in this study. Participants felt by breastfeeding, they will be closer to their children. This is in accordance with the opinion of Worthington-Roberts (1993, in Bobak, 2004) who states that breastfeeding has many advantages, one of which is the improvement of maternal contact. In addition, the secretion of prolactin increases relaxation and prolactin and oxytocin enhance the mother and child attachment.

The emotional states experienced by working mothers are divided into four categories: depression, anxiety, inner conflict, and despair. Maternal emotional conditions greatly affect milk production. Bahiyatun (2009) states that feelings of stress, distress, and discomfort experienced by a mother can hinder the amount of milk that is produced. This is also supported by the opinion of Siregar (2004) who discusses the things that should be considered for the smooth production of milk, including avoiding anxiety and stress because they can hamper the oxytocin reflex. According to Widyastuti (2008), working can be a significant source of tension and stress for mothers. Ranging from rigid work rules, lack of understanding from management, heavy workload, perceived injustice in the workplace, peers that are difficult to cooperate with, and long working hours. The anxiety category here is consistent with the opinion of Syarifah (2008) on the phenomenon that occurs when mothers work. Their first point of concern is that breastmilk will not be sufficient for the baby while she is working. Some working mothers who are breastfeeding are faced with a conflict between work and family roles. Conflict of roles found in this study are time-based conflicts and conflicts due to maternal anxiety in their role as employees and mothers. Mothers felt uncomfortable when having to pump breast milk during work time because mothers feel it is time-consuming work to their personal interests. Moreover, women also feel guilty when leaving the child at home in the care of others.

Physical stress is a condition that is felt by most participants. This is in accordance with the opinion of Azisya (2010) who states that, in general, mothers work eight to ten-hour days, every day, so work

fatigue is a common complaint. According to Ariani (2011), illness and fatigue can negatively affect milk production during breastfeeding.

Based on the research results, advice obtained regarding recommended foods, according to tribal beliefs in Java, is to eat vegetables, especially the katuk leaves with the aim of facilitating the production of breast milk. This belief is in accordance with the results of research conducted by Sa'roni et al. (2004), who conducted a randomized control trial (RCT) with 96 mothers who give birth and breastfed their babies at the Maternity Hospital (RSB) Sleman, Yogyakarta. The treatment group was given katuk leaf extract, vitamins, and minerals, while the control group was given a placebo, vitamins, and minerals. In the treatment group there was an increase in milk production by as much as 66.7 ml or 50.7% compared to the control group. This happened because of the alkaloid content of the katuk leaves (*Sauropus androgynus* (L).

Seven of the eight participants are Muslim, and one participant is Christian. Christian participants conveyed no religious beliefs related to breastfeeding children. The role of mothers and religious statutes, in accordance with Islamic teachings contained in the Koran, is the holy book of Muslims. The explanation appears in paragraph 14 of the letter Luqman.

The origin of support for working mothers was obtained from family, friends, and a lactation counselor. Other support was provided in the form of emotional support, esteem support, and informational support. Emotional support and informational support were the most widely available support participants in this study. The origin of support in this study is like Kahn & Antonoucci's opinion (in Orford, 1992) that sources of social support are divided into three categories: 1. Sources of social support that come from the individual who is always there throughout his life, always together and supportive, e.g. close relatives, spouse (husband/wife), or close friends; 2. Sources of social support that come from other individuals that have a small role in their life and tend to change according to circumstances. These sources include co-workers, neighbors, relatives. And peers; and 3. Sources of social support that come from other individuals who very rarely give social support and have a role that is rapidly changing. Where appropriate, sources of support are supervisors, experts/professionals, and family away.

Forms of support identified in this study are also almost the same as the opinion House (in Smet, 1994), who claims there are four types or dimensions of social support: emotional support, esteem support (occurs through the expression of respect and appreciation), instrumental support, and support information.

The Internet was most frequently accessed by the participants in this study for ease and speed of obtaining information about breastfeeding.

Positive and negative beliefs about breastfeeding are described in one subtheme: the benefits of breastfeeding. The benefits of breastfeeding for children found in this study are within three categories: nutrition, immunity, and health. The results were in accordance with the opinion of Roesli (2005) regarding the seven benefits of breastfeeding for babies. Benefits of the first three are as follows: 1) As a single food to satisfy all the growing needs of babies up to the age of six months; 2) Improve health endurance as breast milk contains antibodies; and 3) Protecting children from an allergy attack. While the benefits of breastfeeding for mothers were found in this study is the health category. While the benefits to the mother in accordance with the third point: 3) to decrease the risk of premenopausal breast cancer, especially if the first lactation occurs before the age of 20 years and occur for at least six months. This is also confirmed by Roesli (2007) who states that breastfeeding up to at least six months reduces the likelihood of a mother suffering from breast cancer, uterine cancer, and ovarian cancer. Therefore, protection against breast cancer is in accordance with the length of time breastfeeding.

#### **4.2 Motivation to Behave Based on the Views of Others**

Motivation for behavior emerges in mothers based on their experiences of other women and their reinforcement through recommendation.

Within this study, other women's experiences motivating mothers to breastfeed comes from sisters-in-law and friends of mothers who gave birth at Kendangsari hospital. Persistence in breastfeeding can be hindered by obstacles and the failure of breastfeeding can occur because of the impact of separation between mother and baby when the mother works outside the city. According to the research by Diana (2007), because women's experience is limited, this will affect the attitude and appearance of women in relation to breastfeeding in the future. If a woman in the family or the environment regularly sees other women breastfeed their babies it would have a positive impact on breastfeeding as part of an everyday experience.

Breastfeeding facilities were divided into two categories: means and infrastructure. Means of supporting breastfeeding in the workplace can take the form of a lactation room. In the Job Agency Act No. 13 of 2003 and Article 83 of Law No.13 of 2003 regarding labor states, "One of the protection of female workers after childbirth are still breastfeeding



their children should be given proper opportunities to breastfeed the baby, if it must be done during working time." This was further strengthened by Act 36 of 2009, Section 128, subsection (3), which states, "The provision of special facilities referred to in paragraph (2) is held in workplaces and public facilities." However, many workplaces do not provide space for female employees who are in the phase of lactation. In this study, only one participant reported a workplace that provides a lactation room. Thus, working mothers must find a place that can be utilized to express their breast milk. Places commonly used include toilets, rooms, warehouses, empty rooms, or even under a table. Such conditions can hinder the process of expressing breastmilk because the mother needs a quiet and comfortable atmosphere. This is consistent with research by Basrowi Ray (2013) who states that approximately 72.3% of respondents consider that their workplace does not provide a designated space to express milk. Subsequently, this discomfort causes mothers to consider not expressing milk at their workplace.

Opportunities to express breastmilk at workplace are divided into two categories: time and frequency. The time is limited to recess and in the afternoon before returning home. The frequency is divided into two times, three times, and more than three times. The highest frequency twice express the milk. In this study opportunities for working mothers to express milk were identified as break times and evenings before leaving work. However, mothers complained of difficulties in dividing their time between prayers, lunch, and expressing breastmilk. Mothers do not get a designated time or shorter working hours to express milk. This is contrary to ILO Convention No. 183 of 2000 Article 10 of the breastfeeding mentioned that: 1) "A woman should be entitled to one or more daily breaks or reduction of daily hours of work to breastfeed her child"; 2) "rest period for breastfeeding or reduction of daily hours of work should be quantified and duration of nursing breaks and prosedure reduction of working hours should be determined by national laws and practices. Breaks or reductions in hours worked per working day will be counted as working time and paid accordingly."

Estimates ability of self-confidence of participants is continue breastfeeding. Confidence is divided into two categories: optimism and pessimism. Participants who were optimistic to breastfeed for two years always think positive, think realistically, and take concrete actions to achieve these goals despite many obstacles. In addition, mothers who are optimistic also forge friendships with fellow nursing mothers through group communication about breast milk, breastfeeding, sharing experiences, and seeking the support of surrounding people and friends to encourage successful breastfeeding in children, even

when the mother must work. However, a pessimistic mother can breastfeed for up to two years but seems resigned and desperate and decides to give formula to their child.

### 4.3 The Impact of Breastfeeding Self-Efficacy

Behavioral choices are the decision regarding breastfeeding children. There are three categories according to the revelations of the participants: giving only breast milk, a combination of breastfeeding and formula, and formula feeding alone.

Esterik (1990) states that working mothers are more likely to provide complementary food to their babies. This is also reinforced by research by Liubai et al. (1998) who suggest that the chance of working mothers not breastfeeding exclusively are 2.44 times greater than mothers that are not working.

The effort and failure which was conducted by mother category firmness. In the context of this theme, the firmness is demonstrated by an intent to maintain breastfeeding while also working. This can be seen from the persistence of the participants in this study. The third participant continued breastfeeding even though her breasts blistered and bled when pumped. This participant endured pain when breastfeeding or pumping breast milk, but she was determined to continue breastfeeding. Meanwhile, five participants continued trying to pump breast milk by hand when he was on his way out of town and left behind even though she had not pumped breast milk by hand before. This was also demonstrated by the five participants who patiently learned to stimulating the nipples are small through frequent breastfeeding and pumping.

The mindsets of mothers are included in the category of commitment and perception. Results of this experiment found that three participants were committed to breastfeeding their children for up to two years. Mothers' commitment to breastfeeding is one factor contributing to the success of breastfeeding during work. These mothers adapt to find solutions to problems because they have a strong desire to breastfeed their children until the age of two years. This is in accordance with the opinion of Roesli (2005), who believes factors of success in breastfeeding are: (1) commitment of mothers to breastfeed; (2) breastfeeding early (early initiation) that begins at birth; (3) engineering nursing positions that are correct for both mother and baby; (4) breastfeeding on infant demand; and (5) granted exclusively.

In this study, maternal perception identified is the perception that breastmilk was out in accordance with the mindset or her mind. This is in accordance with

the opinion of Moehji (1988), who states that the production of breast milk is influenced by maternal psychological factors. Mothers who are continually anxious, lacking in confidence, distressed, or suffering other forms of emotional tension, will probably fail to breastfeed her child.

## 5 CONCLUSIONS

Based on the research and analysis discussed in the previous chapter, it can be concluded that the sources of breastfeeding self-efficacy for working mothers are: the meaning of breastfeeding, such as the meaning of the role, emotions, physical condition, socio-cultural and religious beliefs, social support, and exposure to information produced by mass media. Meanwhile, confidence to breastfeed the child in terms of the benefits of breastfeeding are divided into two category: benefits for child nutrition, immunity, and health and maternal benefits in the form of health categories, including avoiding breast cancer.

Motivation for behavior is based on the views of others and experiences of other women, while the perceptions of control appear to be divided into three categories: 1). Facility breastfeeding lactation; 2) the availability of time and frequency to breastfeed at the workplace; and 3) estimate one's own levels of optimism and pessimism.

The impact on maternal breastfeeding self-efficacy is as follows: 1) the decision of breastfeeding children is divided into three categories: breastfeeding, a combination of breastfeeding and formula, and formula feeding; 2) effort and persistence when breastfeeding; and 3) the mindset in the form of commitment and perception. The commitment is to breastfeed a baby until it is two years old. Perceptions that arise in working mothers regarding the mother's breast milk; this comes from the appropriate mindset.

Mindset was divided into two categories: the mindset that reduced milk supply so there was not enough for the child and the mindset that breastfeeding mothers can still meet the needs of their children. In addition, optimistic participants were able to breastfeed for two years by always thinking positively, think realistically, and taking concrete actions to achieve the goal regardless of many obstacles.

The hospital should provide a pre-natal breastfeeding program for pregnant women who work. The program can be continued with the lactation class after delivery. Lactation classes should use a variety of techniques to deliver the material and promote two-way communication between

participants and counselors so the material presented is easily understood. Variations can include games among the participants, quizzes, video playbacks, discussions within a group of participants, and so forth. In addition, the maternity health services in the community such as a midwives, doctor can work with specialist maternity nurses to draw up a program to improve breastfeeding self-efficacy in women working in their area. This can be achieved through the provision of leaflets or booklets with a variety of themes of breastfeeding for working mothers in health care facilities within the community, midwives' private practice, and in the practice of obstetrician and gynecology. Counseling on a regular basis on working mothers associated breastfeeding should continue, as well as providing facilities for breastfeeding counseling and preparation for mothers who wish to breastfeed at work.

The local government should control the provision of lactation rooms in workplaces and the opportunity to breastfeed or express breastmilk that is already regulated by the Act. In addition, through the health authority, the government should make a program to support successful breastfeeding for working mothers. Programs that can be made routine, for example, counseling related to breastfeeding for groups of working mothers, the availability of leaflets or booklets about breastfeeding in the workplace, and the establishment of peer group support, comprising of working mothers and maternity specialist nurses. The program can increase mothers' knowledge about breastfeeding, which will ultimately have an impact on their self-efficacy towards breastfeeding.

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