



Original Research

Perceptions of Working Mothers Toward Breastfeeding Self-Efficacy

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ABSTRACT

Introduction: The benefits of exclusive breast feeding are well-documented; however, in Indonesia, breast feeding rates fall well below global recommendations. One of the factors contributing to the low breastfeeding rates is the economic need for many mothers to work and workplaces not providing an adequate environment in which to do so. The aim of the research was to explore the meaning of breastfeeding self-efficacy from the working mothers' perspective.

Methods: The methodology is phenomenology; hence, it is qualitative in nature. The study was conducted in an outpatient's department in a hospital in Surabaya, Indonesia. Participants: 8 working mothers working outside the home 40 hours a week, attend lactation class, Indonesian, children ages 7 months to 2 years, and baby born healthy.

Results: There were six main themes identified in the women's stories that related to self-efficacy and breastfeeding: 1) the source of breastfeeding self-efficacy, 2) the benefits of breastfeeding, 3) another woman's experience, 4) perception of workplace control, 5) estimated ability of self-confidence, and 6) decision of breastfeeding. The participants who decided to breastfeed for at least two years tended to think positively about breastfeeding.

Conclusion: The women had realistic expectations of the commitment that breastfeeding entailed even though they were faced with many workplace obstacles. This research provides the basis for recommendations for medical personnel, employers, government organizations and community centers to support breast feeding women who work with specific interventions so that these women can increase their breastfeeding self-efficacy and thereby increase the overall rates of breastfeeding women in Indonesia.

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INTRODUCTION

Breastfeeding self-efficacy is an important thing in breastfeeding. Breastfeeding self-efficacy is related to exclusive breastfeeding (Dwi Rahayu, 2018; Rohani Dwi Ratnasari, 2018). It can show breastfeeding behavior by predicting: 1) whether a mother will breastfeed her infant or not, 2) how great are the efforts of a mother in order to be able to breastfeed her infant, 3) whether it can form a constructive or destructive mindset, 4) how a mother emotionally responds to every possible obstacle in breastfeeding

activity (Dennis, 2010). The impact of self-efficacy that is formed is the individual response and includes: choice of behavior, effort and persistence, thought patterns, and emotional reactions (Dennis, 2010). Then, the individual responses will determine the behavior to be taken by the mother, starting from the initiation of breastfeeding, breastfeeding actively to maintain lactation consistently. However, breastfeeding self-efficacy in women working in Indonesia is still unexplained until now.

The number of female workers in Indonesia tends to increase every year. Based on data from the Central

Bureau of Statistics in 2012, it is known that, from the total of 112 million workers in Indonesia, 43 million are women. Furthermore, most of the women who work in urban areas work as laborers/employees, amounting to 50.88% in 2018 (Kementrian Pemberdayaan Perempuan dan Badan Pusat Statistik, 2018). The working women also include women with the possibility of pregnancy, childbirth, and are in lactation.

The 20th World Breastfeeding Week from 1-7 August, 2012, stated that the scope of exclusive breastfeeding targets by 2025 was at least 50% in infants aged 0-6 months. However, attainment of exclusive breastfeeding globally in 2016 was only around 38% (Indonesia, 2018). Meanwhile, the scope of exclusive breastfeeding in Indonesia presented by the Ministry of Health in 2010 was 80%. However, the national coverage of exclusive breastfeeding is still far from the target. This is reinforced by the data from the Directorate General of Public Health and, the Ministry of Health of the Republic of Indonesia in 2018 that exclusive breastfeeding in Indonesia was 65.16% (Kementrian Kesehatan RI, 2018). Moreover, the coverage of exclusive breastfeeding in East Java was under 55% (Kementrian Kesehatan, 2018).

The low exclusive breastfeeding rate in working mother is due to many factors. Factors affecting breastfeeding are occupation, the role of health workers, and the promotion of formula milk (Oktora, 2013). There is a significant relationship between breastfeeding self-efficacy and the success of exclusive breastfeeding in postpartum mothers (Dwi Rahayu, 2018). In addition, difficulties encountered during the working time are not having flexible rest time, rest time is too short, overlapping roles, and access to space maintaining a low privacy. The impacts force many working mothers to switch to formula and stop breastfeeding exclusively (Weber et al., 2011).

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 working hours to breastfeed their baby or express breast milk. It is also supported with Government Regulation No 33, 2012 about exclusive breastfeeding, chapter 30, section 3, which explains the workplace committee is obliged to provide special facilities for breastfeeding and/ or expressing breast milk according the company's ability.

Giving breast milk is highly recommended. Breast milk composition is suitable for the growth and development of the baby. The WHO recommends exclusive breastfeeding during the first six months and, along with a certain quality of complementary food, for breast milk to continue until two years or more as desired by mother and baby. The research shows that duration of breastfeeding has a great effect on the survival of babies in Indonesia. Babies having breastfeed duration of six months or longer have a survival rate 33.3 times greater than babies who are breastfed for less than four months and babies who are breastfed 4-6 months have a survival

rate 2.6 times better than babies who are breastfed less than four months (Besral, 2008).

Therefore, the Kendangsari Mother and Child Hospital, which is pro-breastfeeding, has a special program to support successful breastfeeding. The working mothers who attend classes will gain knowledge about lactation, including how to give breast milk. According to the theory of breastfeeding self-efficacy it is submitted that verbal persuasion of a lactation counselor will increase breastfeeding self-efficacy (Dennis, 2010).

Based on the above, it can be concluded that working mothers should have the effort to exclusive breastfeeding. The effort is comparable to breastfeeding self-efficacy. Meanwhile, research on breastfeeding self-efficacy in Indonesia is still very little and is done quantitatively. Thus, the researchers are interested in conducting research with qualitative methods to explore more about breastfeeding self-efficacy in working mothers.

MATERIALS AND METHODS

This study used a qualitative method with phenomenological approach, paying attention to the emphasis on the subjective aspect of human behavior by trying to enter into the world of the conceptual subject in order to understand how and what meaning they related to the construction of breastfeeding self-efficacy in working mothers. Type of phenomenology chosen was descriptive, which is a method to directly explore, analyze and describe certain phenomena, as free as possible of the estimated untested.

The population in this study was eight working mothers who attend lactation classes in Kendangsari Mother and Child Hospital Surabaya in April-September 2013. The sampling technique was purposive sampling. Participants in this study were selected based on the following inclusion criteria: 1) work outside the home 7- 8 hours a day or 40 hours a week, 2) having children aged 7 months-2 years, 3) attend lactation classes in Kendangsari Mother and Child Hospital, 4) can communicate in Indonesian, 5) babies are born healthy, and 6) are willing to become a participant by filling out a statement and sign the consent form, after being read and explained the purpose of the study by the researcher.

Researcher used MP3 recorder to collect data from participants, interview guides in the form of an official statement of semi-structured interview to help research questions addressing the purpose of research, field notes to record the response of non-verbal and conditions affecting the process of the interview and the researcher's own self as a research instrument.

This research was done by using in-depth interview with semi-structured questions. The use of open-ended questions is selected because the participants can use their own words. Research used nine steps data interpretation according to Colaizzi (Creswell, 2007).

RESULTS

Participants in this study were eight people with an age range of 28 years to 34 years. The work of participants varied, namely four civil servants, two private employees, one lecturer, and one bank employee. Most participants (87.5%) have undergraduate education and one participant has a postgraduate level of education. The tribes of the participants varied, Javanese (75%), Madurese (12,5%), and Bugis (12,5%). The religion of seven participants is Islam and one Christian. All participants had one child ranging in age from nine months to 22 months.

The study identified six themes as the results after analysis. Various themes will be elaborated based on research purpose.

The sources of breastfeeding self-efficacy

The sources of breastfeeding self-efficacy found as a result of this research are the role, physical condition, emotional state, socio-cultural, religious belief, support, and exposure to information from the mass media.

The role delivered by participants is divided into four categories, namely: parental obligations, children's rights, affection, and emotional closeness. These can be illustrated in the following interview excerpts:

"Breastfeeding is an obligation on parents ..." (P1).

"The right of a child to get breast milk from a mother." (P6).

"... our affection with him, we hug him, look at him ... he smiles every time he feeds his milk while looking at his eyes, hold his hand ..." (P5).

"... breastfeeding brings the emotions of the child and the mother because if we breastfeed it feels like holding the child calm ..." (P4).

Emotional conditions and physical conditions experienced by working mothers were divided into four categories, namely depression, anxiety, inner conflict, and despair. This condition is illustrated in the following interview transcript:

"... so I'm always pumping here (living room), pumping in the middle of the night. I tried to divert my thoughts by watching. Suddenly not until a few seconds suddenly red, it's red ... it turns out blood ... bleeding. Crying for me that's God that's my struggle ..." (P3).

"... I doubt if the milk is sufficient or not, I doubt the caregiver at home to give breast milk, how much temperature should be according to body temperature because if it is too hot the child is not strong and his tongue can be white." (P5).

"Actually, I sometimes feel uncomfortable with office friends because they are busy, but I have to pump breast milk. I am not prohibited from pumping breast milk, but psychologically feel uncomfortable." (P2).

"Physical fatigue, because I am very tired with the trip about 1 hour and traffic jams when I have to go home and depart as well." (P1).

The socio-cultural sub-theme is divided into two forms, namely: abstinence and suggestion. Abstinence from ethnic groups is divided into two categories of food and activities.

"You can't eat spicy foods, you can't eat spicy foods, you can't eat raw foods, if most spicy foods make your stomach hurt ..." (P3)

"... the old people say that they eat a lot of vegetables, for example katuk ..." (P4)

Religious beliefs related to breastfeeding for working mothers are divided into two categories, namely: the role of mothers and determination.

"I remember my child still in the womb, I opened the Qur'an, read it yourself, weaning your child for up to two years." (P3)

"Breastfeeding is natural. As much as possible breastfeeding." (P2)

Benefits of breastfeeding

The benefits of breastfeeding for children found in this study fall into three categories, namely: nutrition, immunity, and health.

"... breast milk is said to be better than formula milk huh, the vitamin ..." (P8)

"... The antibody is antibody, the breast milk content is also said to adjust to the age of the baby the womb is also different. It's hard to find milk like that, isn't it?" (P2)

"... that breast milk is defeating medicine. Suppose that breast milk is supported continuously, the impact so far is good." (P7)

Another woman's experiences

Motivational behavior that emerged in the mothers was based on the experiences of other women in the form of reinforcement through recommendation.

"There is a patient, Dr. D, she also cannot breastfeed for a year, but she only feeds for up to six months. Try to feed you for a long time. His son does not want to leave him pre-service. Finally it can stop by itself." (P5)

"... Ms. K (P3) inspired me ..." (P7)

Perceptions of workplace control

Breastfeeding facilities are divided into two forms, namely: means and infrastructure. Means of supporting breastfeeding in the workplace is in the form of a lactation room.

"... there is no refrigerator in the office so bring a cooler bag." (P4)

"... wear a lid (breastfeeding apron)." (P5)

"... if in this workplace actually there are no nursery room support facilities, but I work here so I know the points where I can pump (smile)." (P1)

"At first, I always pumped in the toilet, fortunately, the toilet in the office was clean and

the toilet was dirty. I'm in a clean toilet, but still the toilet category." (P3)

Estimated ability of self-confidence

Participants' self-estimation is in the form of belief that they continue to breastfeed. The belief is divided into two categories, namely: optimistic and pessimistic.

"I have to be able to breastfeed for up to two years." (P5)

"... maybe it's true that it depends on our mindset if we can be optimistic, God willing, it will come out." (P7)

"My child does not want to breastfeed even though the breast milk is still out, forced it still does not want ... when suckling is released because it does not come out much, I also pump, it finally stops by itself for a long time." (P8).

Decision of breastfeeding

There are three categories according to the revelation of the participants, namely: giving only breast milk, breastfeeding and formula, and formula feeding alone.

"If you want to give breast milk when the desire is there you must persevere, you can't be lazy." ((P3)

"Basically, I am exclusively breastfeeding for 4.5 months. Then, after that, mixed breast milk with formula milk." (P6)

"Now add formula milk..." (P5)

DISCUSSION

Source of breastfeeding self-efficacy

There was one theme as to the source of breastfeeding self-efficacy, namely the significance of breastfeeding was stated as the owned concept of breastfeeding. Motives of breastfeeding found as a result of this research are the role, physical condition, emotional state, socio-cultural, religious belief, support, and exposure to information from the mass media

The role is divided into four, namely: the obligation of parents, children's rights, affection, and emotional closeness. Motive of breastfeeding is as an obligation of parents in accordance with Government regulations. The regulation states the obligation mothers to breastfeed their babies from birth until the baby is 6 months old (Peraturan Pemerintah RI No.33 Tahun 2012, 2012). Breastfeeding in the category of children's rights was stated by participants one and six according to the Child Protection Law Chapter I Article 1 No. 12 and Chapter II, Article 2 which 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. The 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, it reads that every baby is entitled to exclusive breastfeeding from birth for 6 (six) months, except on medical indication.

In the breastfeeding category of affection felt by the participants, this means that emotional closeness is the meaning conveyed by most participants in this study. Participants felt that by breastfeeding it enabled them to be closer to children. This is in accordance with the opinion of Worthington-Roberts (1993, cited in Bobak, 2004) that breastfeeding has many advantages, one of which is to improve maternal-child contact. In addition, the secretion of prolactin increases relaxation and prolactin and oxytocin enhance the mother-child attachment.

Emotional state experienced by working mothers is divided into four categories, namely depression, anxiety, inner conflict, and despair. Maternal emotional conditions greatly affect milk production. Bahiyatun (2009) stated that feelings of stress, distress, and discomfort experienced by a mother can hinder the amount of milk that comes out (Bahiyatun, 2009). Workplace can be a source of tension for working mothers. Anxiety category found in this study is a psychological symptom of stress (Gusti Yuli Asih, Hardani Widhiastuti, 2018). The phenomenon that first occurs in the working mother is that the mother is worried and thinks that her breast milk is not sufficient for the baby while she works. Some working mothers who are breastfeeding are faced with a conflict between work and family roles. Conflicts of roles found in this study are time-based conflicts and conflicts due to maternal anxiety in their role as employees and mother. Mothers felt uncomfortable when having to pump breast milk during work time because mothers feel they are consuming work time for their personal interests. Moreover, women also feel guilty when leaving the child all day at home and cared for by others.

Physical stress is a physical condition that felt by five participants. This is in accordance with the research from Danso (2014) that 90.5% of the respondents said that the main challenge that hinders exclusive breastfeeding practice is their working status (Danso, 2014). Moreover, more than half of the respondents (51%) said they leave their children at home to their families due to work pressure and go to breastfeed their children when they have break or family members regularly bring the children to the workplaces for them to breastfeed their babies. Furthermore, 30.5% of the respondents said they do not have adequate time to breastfeeding their children and 17.5% said there are no proper facilities for them to breastfeed their children at their various workplaces (Danso, 2014).

Based on the research results, it was found foods most recommended by Java tribal beliefs are vegetables, especially leaf katuk, with the aim of facilitate the production of breast milk. The belief is in

accordance with the results of research conducted by Juliastuti (2019) that there was significant effect of administration of katuk leaf decoction toward breastfeeding (Juliastuti, 2019).

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

Support for working mothers is obtained from family, friends, and a lactation counselor while the shape of the support is provided in the form of emotional support, esteem support and informational support. Emotional support and informational support are the most widely available according to participants in this study. The support findings in this study are similar to Kahn and Antonoucci's opinion (cited in Orford, 1992), that sources of social support are divided into three categories, namely: a) support that comes from the individual who is always there throughout their life, who are always together and supportive, for example, close relatives, spouse (husband / wife) or close friends, b) support from other individuals that play only a small role in their life and tend to change according to the time. These sources include co-workers, neighbors, relatives and sepergaulan, c) support that comes from another individual who very rarely gives social support and has a rapidly changing role s. Where appropriate, the source of support is the supervisor, expert /professional and family.

Forms of support identified in this study are also almost the same as those identified by House (in Smet, 1994), that there are four types or dimensions of social support: emotional support, esteem support, which occurs through the expression of respect (appreciation), instrumental support, and support information. The internet is most frequently accessed by the participants in this study by reason of ease and speed of getting information sought about breastfeeding.

Benefits of breastfeeding

The benefits of breastfeeding for children found in this study fall into three categories, namely: nutrition, immunity, and health. Results were in accordance with Roesli (2007) regarding the seven benefits of breastfeeding for babies. The first three benefits are as follows: 1) As a single food to satisfy all the growing needs of babies up to age 6 months, 2) Improved endurance because it contains immunity factors so the child will be less sick, 3) Protecting children from an allergy attack. The benefits of breastfeeding for mothers were found in the health category and are in accordance with the third point, namely: 3) to decrease the risk of premenopausal breast cancer, especially if the first lactation occurs before the age of 20 years and for at least 6 months (Roesli, 2007). Moreover, breastfeeding for at least up to 6 months

reduces the likelihood of a mother suffering from breast cancer, uterine cancer, and ovarian cancer. Protection against breast cancer is in accordance with the length of breastfeeding (Roesli, 2009).

Breastfeeding can protect the baby from several infectious, atopic and cardiovascular diseases as well as leukemia, necrotizing enterocolitis, celiac disease, and inflammatory bowel disease. Moreover, it has a positive impact on neurodevelopment, improving IQ, reducing the risk of attention deficit disorder, and generalized developmental and behavioral disorders (Brahm, 2020). Additionally, the effect of breastfeeding on internalizing pathology likely represents a biosocial and holistic effect of physiological, and nutritive, and maternal-infant bonding benefits (Liu et al., 2014)

Other women's experiences

Motivational behavior that emerges in the mother based on the experiences of other women is in the form of reinforcement through recommendation. In this research, other women's experience in motivating mothers to breastfeed comes from sister – in-law and friends of mothers who gave birth in Kendangsari Hospital . The experience of such persistence in breastfeeding, even though there are many obstacles and failure of breast-feeding because of the impact of separation of mother and baby when the mother works on duty outside the city, is positive. According to the research, Diana (2007) women's experience will affect the attitude of women in relation to breast-feeding in the future. A woman in the family or the environment having a habit of often seeing women who breastfeed their babies on a regular basis would then have a positive view of breastfeeding in accordance with everyday experience.

Perceptions of workplace control

Breastfeeding facilities are divided into two forms, namely: means and infrastructure. Means of supporting breastfeeding in the workplace is in the form of a lactation room. In the Job Agency Act No. 13 of 2003 Article 83 of Law No.13 of 2003 on Labor it states, "Entrepreneurs are under an obligation to provide proper opportunities to female workers/ labourers whose babies still need breastfeeding to breast-feed their babies if that must be performed during working hours.."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, in reality, many workplaces do not provide space for female employees who are in the phase of lactation. In this study, a workplace that provides a lactation room was only obtained one participant. Thus, working mothers have to find a place that can be utilized to express their breast milk. Places used include toilets, rooms, warehouses, empty room or expressing breast milk from underneath a table. Such conditions can disturb

the process of expressing breast milk because the mother needs a quiet and comfortable atmosphere when doing so. This is consistent with research that female workers do not obtain adequate information or support about breastfeeding and continued lactation after returning to work. Workplace lactation facilities and programs are still insufficient, which could hinder lactation practice (Hendarto et al., 2018).

Opportunity to express breast milk at the workplace is divided into two, namely: time and frequency, allowing flushing time during 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 being twice to express the milk. In this study, the opportunity of working mothers to express milk was identified in break time and evening before leaving work. However, the mothers complained of difficulty to divide their time between prayers, lunch, and expressing breast milk. Mothers does not get a special time or be allowed to cut working hours to express the milk. This is contrary to ILO Convention No. 183 of 2000 Article 10 of the breastfeeding stating that: 1) "A woman shall be provided with the right to one or more daily breaks or a daily reduction of hours of work to breastfeed her child" and 2) "The period during which nursing breaks or the reduction of daily hours of work are allowed, their number, the duration of nursing breaks and the procedures for the reduction of daily hours of work shall be determined by national law and practice. These breaks or the reduction of daily hours of work shall be counted as working time and remunerated accordingly."

Estimated ability of self-confidence

Confidence is divided into two categories, namely: optimism and pessimism. Participants were optimistic to breastfeed for two years, always think positive, think realistic and take concrete action in an effort to achieve these goals despite the many obstacles. However, despite optimism in women to breastfeed for two years, effort is required to overcome various obstacles. In addition, mothers who were optimistic also had a relationship of friendship with fellow nursing mothers through group communication about breast milk, shared breastfeeding experiences, and in seeking the support of those closest and friends to encourage successful breastfeeding in children even though the mother had to work. Mothers who were pessimistic that they could can breastfeed for up to two years looked resigned and desperate and decided to give formula in children.

Decision of breastfeeding

Behavioral choice is the decision of breastfeeding in children. According to the participants' answers, there are three categories, namely: giving only breast milk, breastfeeding and formula, and formula feeding alone. Mother's occupational status factors cause

exclusive breastfeeding to be not achieved (Timporok, 2018). In addition, the relationship of lactation with working performance and productivity does not motivate employers to invest in a workplace-based lactation promotion facility or program (Hendarto et al., 2018).

Effort and failure conducted by the mother is in the category of firmness. In the context of this theme, firmness shows the intent of a working mother's provision in maintaining breastfeeding a child. It can be seen from the persistence of the participants in this study. The third participant continued breastfeeding even though her breasts began to blister and bleed when pumped. Although she had to endure pain when breastfeeding or pumping breast milk, these conditions were not sufficient to stop breastfeeding. Meanwhile, five participants tried to pump breast milk by hand when on their way out of town and had left the pump breast behind, even though pumping breast milk by hand had never been done before. This was shown by the five participants patiently learning stimulating their nipples which have become small with frequent breastfeeding and pumping.

The mindset that appears in the mothers is included in the category of commitment and perception. Results of this experiment found three participants committed to breastfeeding children for up to two years. Commitment of mothers to breastfeeding is one factor contributing to the success of breastfeeding in working mothers and makes mothers adapt and find solutions to any problems encountered related to breastfeeding because they have a strong desire to breastfeed children until the age of two years. This is in accordance with Roesli (2007), who said factors of success in breastfeeding are: (1) commitment of mothers to breastfeed, (2) breastfeeding early (early initiation) that begins at birth, (3) engineering and nursing positions are correct for both mother and baby (4) breastfeeding on infant demand (on demand), and (5) breastfeeding granted exclusively (Roesli, 2007).

In this study, maternal perception identified is the perception that breast milk was in accordance with her mindset and a mothers' state of state anxiety reduces the chances of exclusive breastfeeding (Jalal et al., 2017).

CONCLUSION

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

Motivation to behave is based on the views of others in the form of the experience of other women, while the perceptions of control are divided into three, namely: 1) amenities for breastfeeding lactation, 2) the availability to breastfeed in the form of time and frequency flushing in the workplace, and 3) estimating the self-ability in the form of the categories of optimism and pessimism.

The impact on maternal breastfeeding self-efficacy is as follows: 1) choice of feeding behavior is divided into three categories, namely: breastfeeding, breastfeeding and formula, and formula feeding, 2) effort and persistence in breastfeeding, and 3) the mindset that appears in the form of commitment and perception categories. Identified commitment is a commitment to breastfeed a baby until two years. Perceptions that arise in working mothers is that the mother's breast milk is out of the appropriate mindset.

Mindset is divided into two, namely: the mindset of reduced milk supply and not enough for the child and the mindset that breastfeeding mothers can still meet the needs of children. In addition, participants were optimistic about being able to breastfeed for two years, always think positive, think realistic and take concrete action in order to achieve the goal of breastfeeding until the child is aged two, although there are many obstacles.

CONFLICT OF INTEREST

The author(s) declared no conflict of interest.

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REFERENCES

- Bahiyatun. (2009). *Buku Ajar Asuhan Kebidanan Nifas Normal*. EGC.
- Besral, N. dan. (2008). *DURASI PEMBERIAN ASI TERHADAP KETAHANAN HIDUP BAYI*. 12(2), 47–52.
- Brahm, P. (2020). *Benefits of breastfeeding and risks associated with not breastfeeding Beneficios de la lactancia materna y riesgos de no amamantar*. 88(1), 15–21.
- Creswell, J. . (2007). *Qualitative Inquiry and Research Design Choosing Among Five Approaches*. Sage Publication.
- Danso, J. (2014). *Examining the Practice of Exclusive Breastfeeding among Professional Working Mothers in Kumasi Metropolis of Ghana*. 1(1), 11–24.

- Dennis, C. L. (2010). *Mothering Transitions Research*.
- Dwi Rahayu. (2018). Hubungan Breastfeeding Self Efficacy Dengan Keberhasilan Pemberian ASI Eksklusif. *Jurnal Ilmu Kesehatan*, 7(1), 247–252.
- Gusti Yuli Asih, Hardani Widhiastuti, R. D. (2018). *Stres Kerja* (1st ed.). Semarang University Press.
- Hendarto, A., Soemarmo, D. S., Sungkar, A., Khoe, L. C., & Vandenplas, Y. (2018). *Challenges and Supports of Breastfeeding at Workplace in*. 21(4), 248–256.
- Indonesia, I. bidan. (2018). *Pekan ASI Sedunia (World Breastfeeding Week)*.
- Jalal, M., Dolatian, M., Mahmoodi, Z., & Aliyari, R. (2017). The Relationship between psychological factors and mayernal social support to breastfeeding process. *Electronic Physician/Electronic Physician*, 9(1), 3561–3569.
- Juliastuti. (2019). EFEKTIVITAS DAUN KATUK (SAUROPUS ANDROGYNUS) TERHADAP KECUKUPAN ASI PADA IBU MENYUSUI. *Indonesian Journal for Health Science*, 3(1), 1–5.
- Kemntrian Kesehatan, R. (2018). *Risikesdas*.
- Kemntrian Kesehatan RI. (2018). *Data-dan-Informasi_Profil-Kesehatan-Indonesia-2018.pdf*.
- Kemntrian Pemberdayaan Perempuan dan Badan Pusat Statistik. (2018). *Profil Perempuan Indonesia 2018*.
- Liu, J., Leung, P., & Yang, A. (2014). *Breastfeeding and Active Bonding Protects against Children's Internalizing Behavior Problems*. 76–89. <https://doi.org/10.3390/nu6010076>
- Oktora, R. (2013). GAMBARAN PEMBERIAN ASI EKSKLUSIF PADA IBU BEKERJA DI DESA SERUA INDAH , KECAMATAN JOMBANG , TANGERANG SELATAN Description of Exclusive Breastfeeding among Working Mother in Serua Indah Village , Jombang Subdistric , Tangerang Selatan Rasti Oktora. *Jurnal Kesehatan Reproduksi*, 1(1), 30–40.
- Peraturan Pemerintah RI No.33 Tahun 2012, (2012).
- Roesli, U. (2007). *Mengenal ASI Eksklusif*. Trubus Agriwidya.
- Roesli, U. (2009). *Panduan Praktis Menyusui*. Pustaka Bunda, Grup Puspa Swara.
- Rohani Dwi Ratnasari. (2018). *Kepercayaan diri ibu pada pemberian asi eksklusif di wilayah desa sentolo kulonprogo yogyakarta*. Universitas 'Aisyiyah.
- Timporok, A. G. A. (2018). *HUBUNGAN STATUS PEKERJAAN IBU DENGAN PEMBERIAN PUSKESMAS KAWANGKOAN*. 6, 1–6.
- Weber, D., Janson, A., Nolan, M., Wen, L. M., & Rissel, C. (2011). Female employees ' perceptions of organisational support for breastfeeding at work : findings from an Australian health service workplace. *International Breastfeeding Journal*, 6(1), 19. <https://doi.org/10.1186/1746-4358-6-19>