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Breastfeeding Education Package for Working Women to Increase Breastfeeding Self-Efficacy, and Breastfeeding Outcome in Tanjungpinang City

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Abstract

Working mothers have a tendency not to exclusive breastfeeding. This study aims to assess the effectiveness of the Breastfeeding Education Package intervention on breastfeeding self-efficacy and exclusive breastfeeding for working mothers in Tanjungpinang. The study design was quasi-experimental in the form of a nonequivalent control group design. Working mothers who were at 28-34 weeks of gestation had allocated to intervention group and control group. The intervention in this study was a Breastfeeding Education Package as Breastfeeding Education Class during the prenatal period and breastfeeding counseling in the first week of postpartum, facilitated by AIMI Kepri. Thirty-three mothers completed the study, allocated to the intervention group (n=17) and control group (n=16). At the pretest measurement (p=0.996), 1-week post-partum (0.954) and ≥ 1-week return to work (0.200) didn't show significant differences between groups. The practices of exclusive breastfeeding are also not a significant difference between groups (p=0.567), but the practice of exclusive breastfeeding is significantly higher for those who had a BSE score of ≥47,3 points (p=0.008).The difference in BSE scores between groups and at each measurement time was not significant but significant for the practice of exclusive breastfeeding based on BSE scores. Various efforts are needed to support the continuity of the breastfeeding process for working mothers.

Keywords: Breastfeeding Self-Efficacy, Working Mothers, Exclusive Breastfeeding, Breastfeeding Education, AIMI Kepri

Introduction

Breastfeeding is one of the best investments for survival and improving individual health, social and economic development (Kemenkes RI, 2019). The various benefits of breastfeeding do not make breastfeeding a reality for all mothers. In the Riau Islands Province, the percentage of infants aged less than six months who received exclusive breastfeeding according to SUSENAS 2020 was 59.49% (BPS, 2021). Studies of various countries report that working mothers are near to not giving exclusive breastfeeding (Chekol et al., 2017; El-Gilany et al., 2011; Al-Sahab et al., 2010; Ong et al., 2005). The determinants of exclusive breastfeeding for working mothers are consist of three categories: first, maternal factors include a delivery method, parity, mother's knowledge and attitude towards breastfeeding; second are social factors which include husband, family, and child care

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support; Finally, factors related to the workplace are the duration of maternity leave, flexibility of working time, and the availability of breastfeeding facilities in the workplace (Gebrekidan et al., 2020).

The low level ofknowledgeaboutbreastfeedingandthemother's not tooexposedtobreastfeeding-relatedinterventions are significant predictors of the lowbreastfeeding self-efficacy of mothers (Titaleyetal., 2021). Breastfeedingself-efficacy is the mother's confidence to breastfeedherchild,where themother's ability to breastfeed her child witch determined based on previous breastfeeding experience, the experience of successful breastfeeding by other mothers, the advice to encourage breastfeeding, and the physiological state experienced by the mother (Dennis andFaux, 1999). Breastfeedingself-efficacyis modifiable factor to increase breastfeeding rates in mothers who have babies born at term (Brockwayetal., 2017).

Interventions that can increase maternal breastfeeding self-efficacy and the rate of exclusive breastfeeding (De Roza et al., 2019; Alghamdi et al., 2017). The theory-based educational interventions are effective in improving breastfeeding self-efficacy and exclusive breastfeeding rate (Chipojola et al., 2019). Mothers need to get a breastfeeding education to support breastfeeding and encourage mothers to exclusively breastfeed since pregnancy (Abuidhail et al., 2019). The level of breastfeeding self-efficacy should be determined in postpartum, and reduce the effects (Gümüşsoy et al., 2020). Breastfeeding education organized by IBCLC (International Board Certified Lactation Consultants) and peer groups for breastfeeding mothers can increase breastfeeding self-efficacy and maternal exclusive breastfeeding rates (Lee et al., 2019).

AIMI (Asosiasi Ibu MenyusuiIndonesia) is an organization based on a peer group for breastfeeding mothers to disseminate knowledge and information about breastfeeding and increase the number of breastfeeding mothers in Indonesia.One of them is in Tanjungpinang, Kepri. Previous research on breastfeeding with self-efficacy intervention has never taken a specific sample of working mothers. In previous studies, the instruments used were the BSES (breastfeeding self-efficacy scale) questionnaire by Dennis and Faux (1999) and the BSES-SF (breastfeeding self-efficacy scale short-form) questionnaire by Dennis (2003). Handayani et al (2013) translated and facilitated the Indonesian version of the BSES-SF questionnaire. In this study, Breastfeeding Educational and breastfeeding counseling was facilitated by AIMI Kepri breastfeeding counselors. The aim of the study is to increase exclusive breastfeeding among working mothers in Tanjungpinang City. Breastfeeding self-efficacy independence was measured using the Indonesian version of the BSES-SF.

MethodS

Design

We conducted quasi-experimental research with a nonequivalent control group design. Data was collected in September 2021 and January 2022. Sampling used purposive sampling, which is a non-probability sampling. This study has been approved by the Research Ethics Commission of the Faculty of Public Health, Hasanuddin University, Makassar, Indonesia.

Participants

Working mothers with 28-34 weeks of gestation age recruited through health services in Tanjungpinang. Mothers were included in the study if they met the following criteria: 20 years, had a cellular telephone connection, had or wanted to download zoom and WhatsApp applications, healthy mothers who were characterized by no clinical disease symptoms and/or pregnancy complications, mothers with singleton pregnancies, planned to breastfeeding, and

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wanted to participate in the study by filling out an informed consent. Mothers were excluded if prematuredbirth, hadbirth complications or postpartum complications, changed domicile, the baby was sick or abnormal, and the mother resigns. Mothers who wanted to join in Online Education Classes through the zoom application are entered in the intervention group.

The recruitment of pregnant women as participants was carried out for two weeks, from the end of August to the first week of September 2021. Researchers contacted prospective respondents based on the database obtained through the health service center. Mothers who wanted to participate in the studywill be sent an explanation file and informed consent. After read and agreeing to participate, the mother sent back the signed informed consent file.

Intervention

Mothers in the intervention group received prenatal and postpartum standard care from health services (not BFHI), Breastfeeding Education Package (breastfeeding education classes and online breastfeeding counseling). Breastfeeding Education Classes held in two days by 150 minutes interactive class method for each online session using the zoom application. In addition, there was a session for listening to an inspiring story of successful breastfeeding working mother, also a question and answer session. The content of breastfeeding educational were facilitated by breastfeeding counselor of AIMI Kepri. Counseling is done individually via video call in the first week postpartum. Breastfeeding counseling focused on the emotional, physiological, and practice of breastfeeding mothers. The duration of counseling ranges of 30-45 minutes. Counselors listened to mothers breastfeeding problems and provided solutions, gave advices, and provided encouragement to breastfeed. These two forms of intervention were designed based on Bandura's (1977) and Dennis (1999) theory of self-efficacy. The experience of breastfeeding is obtained through breastfeeding practices during classes, experiences from other people are obtained through inspirational story of successful breastfeeding working mother, verbal persuasion is obtained through the encouragement and support provided by the counselor during class sessions and counseling sessions, and physiological conditions obtained through consultation of respondents to counselors in counseling sessions.

Instrument

The main result is the breastfeeding self-efficacy score measured using the Indonesian version of the Breastfeeding Self-Efficacy Scale-Short Form (Handayani et al. 2013). This form was valid and reliable to measure BSE for Indonesian mothers, the original version was developed by Dennis and Faux (1999).). This questionnaire contains 12 statements, where there were two questions that invalid from the original version of BSES-SF, the original version contains 14 statements. Each statementwas scored based on a 5-point Likert scale: 1 point for a strongly disagree answer; 2 points for the incorrect answer; 3 points for the normal answer; 4 points for the correct answer; 5 points for a very appropriate answer. The total score is between 12-60 points.

Data Analysis

All data were entered dan analysed using SPSS 21. Data analysed with chi-square, independent t-test, Wilcoxon, and Mann Whitney.

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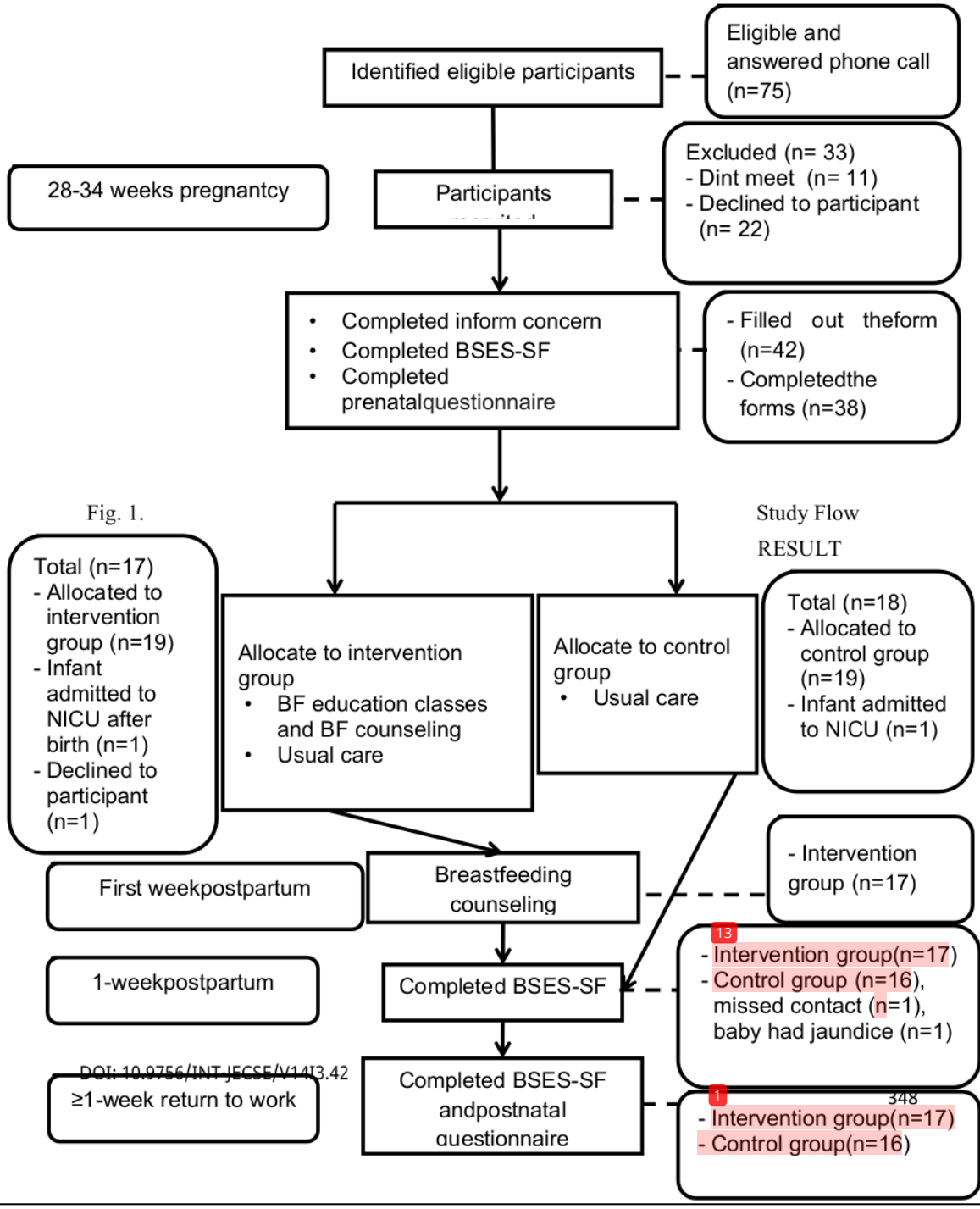

Fig. 1. Study Flow

RESULT

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ParticipantCharacteristics

A total of 75 working mother with 28-34 weeks gestation through from the health service database in Tanjungpinang City. At the beginning of the study period, 75 working mothers with 28-34 weeks gestational through from the health service database in Tanjungpinang City. 42 mothers filled out the informed concern and prenatal questionnaire. Only 33 mothers returned the form and were allocated to the sample group (19 mothers in each intervention group and control group). At the end of the study period, 33mothers (17 interventions and 16 controls) successfully followed up to the end of the study. The study flow chart is shown in Fig. 1.

Baseline information (Table 1) was self-reported by the mothers. The majority of mothers were between 24-29 years, respectively (p=0.908). The majority of mothers were bachelor's (p=0.674). For the type of occupation, there was no significant difference between the intervention group and the control group (p=0.684). Most of the working mothers were primigravida and had no experience with breastfeeding (64.7% of the intervention group and 75.0% of the control group), and 52.9% of the mothers in the intervention group answered that they had never received information and education on breastfeeding either in attending classes/meetings, as well as via the internet.

Mode of Delivery and Breastfeeding Practice

Information regarding delivery history, breastfeeding practices, and breastfeeding support was collected after the respondents returned to work through a postnatal questionnaire. Based on the data presented in Table 2, information was obtained that 64,7% of mothersvaginal birth in the intervention group and 35,3% in the control group, 47.1% were boys in intervenstion group and 50.0% were girls in each group. The majority of infants did early initiation of breastfeeding (EIB), namely 12 infants (70.6%) in the intervention group and 13 infants (81.2%) in the control group. However, for the duration of the EIB most of the babies took less than 1 hour, namely 83.3% in the intervention group and 76.9% in the control group. For the practice of giving prelacteal, some babies had not received prelacteal (52.9% in the intervention group, 81.2% in the control group), formula was the most. Until the end of the study period, there were 11 (64.7%) mothers in the intervention group who gave full breast milk and 7 (43.8%) mothers in the control group were mix feeding. For feeding tools, most of the babies were using a pacifier bottle (64.7% in the intervention group and 75.0% in the control group), and 5.9% of babies using a straw, 11, 8% of infants were using a spoon,also 17.6% just breastfeeding in the intervention group and 25.0% in the control group (mothers breastfed directly from the breast).

Tabel 1. Demographic Characteristics of All Participants

Characteristics	Group		*p*-value*
	Intervention (n=17)	Control (n=16)	
Age (years)			
20-24	2 (11.8%)	2 (12.5%)	
24-29	11 (64.7%)	10 (62.5%)	
30-34	3 (17.6%)	2 (12.5%)	0.908
≥35	1 (5.9%)	2 (12.5%)	

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Educational level			
Hight school	1 (5.9%)	1 (6.2%)	
Diploma	5 (29.4%)	6 (37.5%)	
Bachelor	11 (64.7%)	8 (50.0%)	0,674
Master	0 (0.0%)	1 (6.2%)	
Type of occupation			
Civil servant	5 (29.4%)	4 (25.0%)	
Honorary employee	5 (29.4%)	7 (43.8%)	
Privatesectoremployee	4 (23.5%)	2 (12.5%)	0.684
Sale promotion	0 (0.0%)	1 (6.2%)	
Others	3 (17.6%)	2 (12.5%)	
Parity			
Primigravida	11 (64.7%)	12 (75.0%)	0.708
Multigravida	6 (35.3%)	4 (25.0%)	
Breastfeeding experience			
Yes	6 (35.3%)	4(25.0%)	0.708
No	11 (64.7%)	12 (75.0%)	
Breastfeeding education before			
Yes	8 (47.1%)	10 (62.5%)	0,491
No	9 (52.9%)	6 (37.5%)	

**Chi-Square*

Tabel 2.Delivery characteristics, breastfeeding practise and breastfeeding supports of Working Mothers

Characteristic	Group		*p*-value*
	Intervention(n =17)	Control (n=16)	
Mode of delivery			
Vaginal	11 (64.7%)	12 (75.0%)	0.752
Cesarean	6 (35.3%)	4 (25.0%)	
Infant sex			
Male	8 (47.1%)	8 (50.0%)	1.000
Female	9 (52.9%)	8 (50.0%)	
Early initiation breastfeeding (EIB)			
Yes	12 (70.6%)	13 (81.2%)	0.688
No	5 (29.4%)	3 (18.8%)	
EIB duratin			
< 1 hour	10 (83.3%)	10 (76.9%)	1.000
1 hour	2 (16.7%)	3(23.1%)	
Prelacteal			
Yes	8 (47.1%)	3 (18.8%)	0.141
No	9 (52.9%)	13 (81.2%)	
Breast milk			
Yes	11 (64.7%)	7 (43.8%)	
Mix feeding	6 (35.3%)	7 (43.8%)	0.230
Formula feeding	0 (0.0%)	2 (12.5%)	
Feeding tools			

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Pacifier Strow Spoon Breastfeeding	11 (64.7%) 1 (5.9%) 2 (11.8%) 3 (17.6%)	12 (75.0%) 0 (0.0%) 0 (0.0%) 4 (25.0%)	0.368
Breastfeeding education after interventions			
Yes No	9 (52.9%) 8 (47.1%)	11 (68.8%) 5 (31.2%)	0.481
Paid maternity leave			
Yes Not full None at all	14 (82.4%) 2(11.8%) 1 (5.9%)	14 (87.5%) 0 (0.0%) 2 (11.8%)	0.316
Maternity leave duration			
≥3 months 2,5 months 2 months 40 days	11 (64.7%) 1 (5.9%) 1 (5.9%) 4 (23.5%)	8 (50.0%) 0 (0.0%) 2 (12.5%) 6 (37.5%)	0.464
Lactation room Yes, incomplete None at all	 2 (11.8%) 15 (88.2%)	 6 (37.5%) 10 (62.5%)	0.118

**Chi-Square*

Most of the mothers continued to seek information/education regarding breastfeeding after giving birth with 9 (52.9%) mothers in intervention group and 11 (68.8%) in control group. 82.4% of mothers in the intervention group and 87.5% of mothers in the control group received paid maternity leave. There were still 35.3% of mothers in the intervention group and 50.0% of mothers in the control group who received <3 months maternity leave, the duration between 2.5 months to 40 working days. Facility that support breastfeeding mothers at officeislactation room, where most of the mothers answered that the office did not have a lactation room (88.2% in the intervention group and 62.5% in the control group)

Breastfeeding Self-Effficacy

Fig. 2 shows that there is no significant difference in BSE scores pre-test (p=0.996), 1-week post-partum (p=0.954), and 1-week return to work (p=0.200) between intervention and control groups. However, BSE scores on measurements at pre-test, 1-week post-partum, and 1-week return to work had higher scores in the intervention group. Table 3 showed there is not a significant difference in BSE scores pre-test, 1-week post-partum, and 1-week return to work in the intervention group and the control group (p>0.05).

Exclusive Breastfeeding

Table 8 shows that most mothers did not give exclusive breastfeeding (60.6%). There was 47.1% and in the control group is 31.2% of working mothers who gave exclusive breastfeeding. Meanwhile, working mothers who did not give exclusive breastfeeding in the intervention group accessed 52.9%, and the control group 68.8%. The chi-square test showed there is not a significant difference in the practice of exclusive breastfeeding based on the intervention group and the control group (p=0.567).

Discussion

47.3 are the average BSE score at 1-week returne to work for all working mothers. Table 4 provides information that working mothers who had a BSE score below of the average were

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more likely to didn't breastfeed exclusively (92.3%) than those who gave exclusive breastfeeding (7.7%). There were 60.0% working mothers who had a BSE skor above the average and gave exclusive breastfeeding and 40.0% did not give exclusive breastfeeding. Based on the chi-square test, there was a significant difference in the practice of exclusive breastfeeding based on the BSE score of working mothers(p=0.008).

This study assumed there was not a statistical difference in the mean BSE score between the intervention group and the control group both in the 1-week postpartum and at 1-week return to work. There was not a significant difference in BSE scores between the pretest, the 1-week of postpartum, and 1-week return to work. Also there was no significant difference in the practice of exclusive breastfeeding in the intervention and control groups. However, this study suggests that there are significant differences in the practice of exclusive breastfeeding based on BSE scores. Mothers who had higher BSE scores have a tendency to give exclusive breastfeeding.

Various study results have proven that breastfeeding education programs can increase breastfeeding self-efficacy (Tseng et al., 2020; Lee et al., 2019; Araban et al., 2018; Yi et al., 2016). All studies were conducted at Baby-Friendly Hospital. No one has research specifically on working mothers with backgrounds in the community. It is interesting because working mothers don't have a tendency to give exclusive breastfeeding (Chekol et al., 2017; El-Gilany et al., 2011; Al-Sahab et al., 2010; Ong et al., 2005). Gebrekidan et al., 2021 revealed various factors influencing the practice of exclusive breastfeeding at work which can be summarized into maternal factors (method of delivery, parity, breastfeeding knowledge, attitudes), workplace factors (duration of maternity leave, flexibility of working time, breastfeeding facilities at work).), and social factors (breastfeeding support, family, and day care).

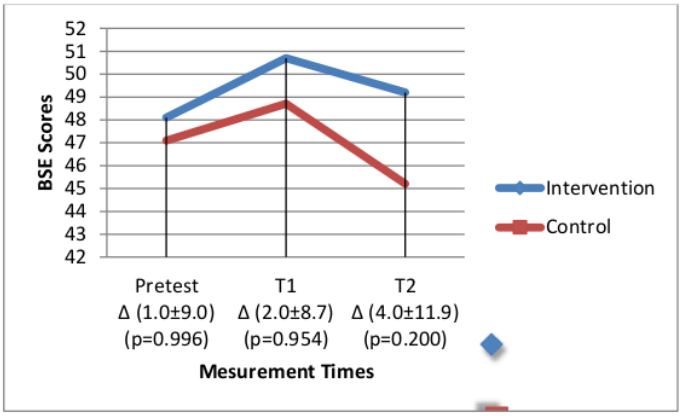

Figure 1. Differences in Breastfeeding Self-Efficacy Score Between Intervention and Control Group

p: Independent t-test, T1: 1-week postpartum, T2: ≥1-week return to work

Tabel 3. Differences in Breastfeeding Self-Efficacy Pretest, T1 andT2 in The Intervention Group and the Control Group for Working Mothers in Tanjungpinang City

BSE	Pretest	T1	Δ Pretest-T1	T2	Δ Pretest-T2	*p-value*
Intervensi	48.1±6.7	50.7±4.7	2.6±4.7	49.2±8.6	1.1±7.0	0.552[a]

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Kontrol	47.1±5.2	48.7±7.3	1.6±5.8	45.3±8.9	-1.8±7.0	0.062[a]
p-value			0.842[b]		0.231[c]	

[a]Wilcoxon[b]Mann-Whitney [c]Independent t-test (T1: 1-week postpartum, T2: 1-week return to work)

Based on information from counseling records, the AIMI Kepri counselor reported in the first week postpartum, some mothers experienced sore nipples and felt that their milk production was insufficient. Complaints of nipple confusion usually occur on days 7-14 (Strong, 2011). Sore nipples often occur in primiparous mothers and will have implications for having difficulty breastfeeding (Branger et al., 2019). The assumption that breast milk has less nutritional content and pain during breastfeeding is associated with a high risk of continuing exclusive breastfeeding. It was suspected that this is closely related to the perception of a decrease in breast milk supply (Gianni et al., 2019).

Tabel 8. Exclusive Breatfeeding Practice by Groups and Breastfeeding Self-Efficacy Score

Variables	**Exclusive Breastfeeding**		**Total**	***p-value****
	Yes	**No**		
Group				
Intervetion	8 (47.1%)	9 (52.9%)	17 (100%)	0.567
Control	5 (31.2%)	11 (68.8%)	16 (100%)	
BSE Score				0.008
<47,3	1 (7.7%)	12 (92.3%)	13 (100%)	
≥47,3	12 (60.0%)	8 (40.0%)	20 (100%)	
Total	13 (39.4%)	20 (60.6%)	32 (100%)	

*Chi-Square

Besides, the lack of support from health workers is indicated by the early breastfeeding initiation duration witch less than one hour. Initiatives are needed to make health care places friendly to early breastfeeding initiation practices by implementing 10 steps towards successful breastfeeding. It has been proven to be successful in promoting breastfeeding practices (Hadisuyatmana et al., 2020). In addition, there was a suggestion from families to gave formula to babies. Pacifiers can cause nipple confusion and poor breastfeeding behavior (Batista et al., 2018). Another thing was that the unavailability of a proper and comfortable lactation room in the workplace is a challenge for mothers when they returned to work. Working mothers who get the opportunity to breastfeed/express and the availability of a lactation room at work has a tendency of 2.3 times to exclusively breastfeed for 6 months (Kim et al., 2019).

In this study, we were also found that working mothers with BSE scores below the average were more likely to not give exclusive breastfeeding. Meanwhile, working mothers who have BSE scores above the average are more likely to give exclusive breastfeeding. This means that mothers with higher BSE scores (above average) have a tendency to exclusively breastfeed. BSE scores were significantly higher in mothers who continued exclusively breastfeeding (De Roza et al., 2019; Gümüşsoy et al., 2020; Oras et al., 2020).

LIMITATION

Pretest and 1-week postpartum for the Indonesian version of BSES-SF online were self-reported, so the researcher could not take into account factors that can change the response of respondents. COVID-19 pandemic conditions were at the top of the curve, so the risk of

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transmission would be higher with direct contact. The sample group has not based on randomization. The difficulty in finding respondents who meet the criteria is the main reason. In addition, this research did not measure the respondent's level of breastfeeding knowledge. It caused the researcher couldn't to know the gap in knowledge and level of understanding of the respondents towards the given intervention material. The small number of samples is also one of the limitations of this study, and the result cannot be generalized to all working mothers in Tanjungpinang.

CONCLUSION

The study was conducted on working mothers, which had never been done before. This study found that BSE at 1-week postpartum, and at 1-week mothers returned to work didn't show a significantly different score between the intervention group and the control group for working mothers in Tanjungpinang City. Likewise, for the BSE pretest, 1-week postpartum, and ≥1-week after the mother returned to work between the intervention group and the control group, there were no significant difference. Regarding the practice of breastfeeding, it was found that there was no difference based on the intervention group and the control group for working mothers in Tanjungpinang City. However, it was found that there were differences in the practice of exclusive breastfeeding based on BSE in working mothers. Various efforts are needed to support the continuity of breastfeeding for working mothers. In this case, health facilities need to implement ten steps toward successful breastfeeding. The workplace needs to intervene to support mothers to continue breastfeeding such as providing proper and comfortable lactation rooms, breastfeeding education in the workplace, and adequate maternity leave. In addition, it is also necessary to provide education for families and baby carers so that educated mothers get breastfeeding support from their breastfeeding partner.

CONFLICT OF INTEREST

The authors declare that there isn't conflict of interest in this study.

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