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THE RELATIONSHIP BETWEEN MATERNAL EMPLOYMENT AND SELF-EFFICACY IN BREASTFEEDING

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ABSTRACT

Background: Breast milk is the primary source of essential nutrients for infant growth and development, while also functioning as a natural antibody that strengthens the immune system. The World Health Organization (WHO) and UNICEF recommend exclusive breastfeeding for the first six months of life. However, breastfeeding coverage in Indonesia remains below the national target of 80%, with Kaliwungu Subdistrict, Kudus Regency, reporting a low coverage of only 34.9%. One factor influencing breastfeeding behavior is maternal self-efficacy, which refers to a mother's confidence in her ability to breastfeed. Self-efficacy may be affected by employment status, as working mothers often face challenges such as limited time, insufficient lactation facilities, and lack of workplace support, all of which may reduce confidence in exclusive breastfeeding.

Objective: This study aimed to analyze the relationship between maternal employment and self-efficacy in breastfeeding among mothers in Kedungdowo Village, Kaliwungu Subdistrict, Kudus Regency.

Methods: This quantitative study employed a cross-sectional design. The sample consisted of 46 breastfeeding mothers with children aged 0–2 years, selected through stratified random sampling based on inclusion and exclusion criteria. Data were collected using the Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF). Statistical analysis was performed using the Pearson Chi-Square test with a significance level of $\alpha = 0.05$.

Results: The bivariate analysis showed a p-value of 0.223, which was higher than the significance level ($\alpha < 0.05$), indicating no significant relationship between maternal employment and breastfeeding self-efficacy. The findings suggest that both formally and informally employed mothers have comparable levels of breastfeeding self-efficacy.

Conclusion: Maternal employment is not the sole factor determining self-efficacy in breastfeeding. Other factors such as knowledge, social support, and prior breastfeeding experience may play more significant roles in influencing mothers' confidence in breastfeeding.

Keywords: Maternal Employment, Self-Efficacy, Breastfeeding

INTRODUCTION

Breast milk (ASI) is a biological fluid produced by the mammary glands that contains complete nutrients essential for infant growth and development (Riyanti et al., 2020). It consists of a fat emulsion in a solution of proteins, lactose, and minerals. On average, mothers produce approximately 780 ml of breast milk per day during the first six months, which then decreases to around 600 ml per day in the following six months (A. O. Putri et al., 2020). As the primary source of nutrition, breast milk plays a crucial role in supporting optimal growth and development while also functioning as an antibody to strengthen the immune system.

Physiologically, breast milk production is regulated by several hormones, including progesterone, estrogen, prolactin, oxytocin, and human placental lactogen (HPL) (Rejeki, 2020).

Meeting breast milk needs for children aged 0–2 years is essential for achieving optimal growth and development. Exclusive breastfeeding (100% breast milk) is recommended for infants aged 0–6 months. At 6–12 months, breastfeeding should provide about 70% of nutrition combined with 30% complementary foods (MPASI). Between 12–24 months, the proportion typically changes to 30% breast milk and 70% complementary foods. The volume of breast milk required varies depending on the infant's age: newborns (1–3 days) need about 7–40 ml per feeding, increasing to 45–60 ml at one week, 80–150 ml at one month, approximately 720 ml per day at six months, and about 550 ml per day at twelve months (Ningsih & Ludvia, 2021).

Globally, UNICEF and WHO recommend initiating breastfeeding within the first hour after birth and providing exclusive breastfeeding for the first six months (WHO, 2023a). In the United States, more than 80% of mothers breastfeed, with six out of ten being working mothers. To support breastfeeding in the workplace, the U.S. government, through the Fair Labor Standards Act, requires employers to provide break time and dedicated lactation rooms for expressing milk during working hours (OASH, 2021).

According to WHO (2023a), only about 20% of countries— including Indonesia—mandate maternity leave and workplace facilities for breastfeeding mothers. More than half a billion working women worldwide still lack adequate breastfeeding support, especially in workplace environments. In Indonesia, these rights are regulated under Law No. 13 of 2003 on Manpower and reinforced by Law No. 11 of 2020 on Job Creation. However, the rate of exclusive breastfeeding has declined from 69.7% to 67.96% in 2022 (WHO, 2023b), indicating that despite legal guarantees, the implementation and practical support for breastfeeding remain insufficient.

Data from the 2022 Indonesian Nutrition Status Survey (SSGI) showed that exclusive breastfeeding coverage reached only 52.2% (Kemenkes RI, 2023). The Central Bureau of Statistics reported that the highest national coverage in 2024 was in West Nusa Tenggara (83.07%), followed by Central Java in fifth place with 80.27% (Statistik, 2024). In Central Java Province (2021), Rembang Regency recorded the highest average breastfeeding duration (12.70%), followed by Blora (12.46%) and Banjarmasin City (11.91%). Kudus City ranked 19th with a rate of 10.55% (Statistik, 2023). Furthermore, data from the Kudus District Health Office (2023) showed that exclusive breastfeeding coverage in Kaliwungu Subdistrict was only 34.9%, the third lowest in the district and far below the national target of 80%.

Maternal employment refers to any form of activity or role performed by mothers to earn income and support family needs, including both domestic and formal or informal work. Formal employment occurs within registered economic units with legal protection and official employment contracts—such as civil servants, private employees, teachers, office staff, and healthcare workers. Informal employment, on the other hand, lacks formal legal arrangements, has irregular income, and offers flexible working hours—for example, street vendors, farmers, day laborers, motorcycle taxi drivers, home-based workers, and domestic helpers (ILO, 2023).

Several studies have reported that maternal employment is often associated with lower rates of exclusive breastfeeding. Working mothers may have limited time for direct breastfeeding, difficulty expressing milk at work, and lack of supporting facilities such as lactation rooms. These challenges can affect maternal self-efficacy—defined as a mother's confidence in her ability to breastfeed her baby effectively. Factors influencing exclusive breastfeeding include knowledge, employment status, early initiation of breastfeeding (IMD), spousal support, and early marriage (Susilawati & Mayasari, 2024). Psychological factors, particularly self-efficacy, also play a vital role. Self-efficacy helps mothers make decisions, persist in achieving goals, and build internal motivation (Meyda & Wijayanti, 2025). Determinants of breastfeeding self-efficacy include education level, employment status, parity, breastfeeding experience, and breastfeeding knowledge (Al-Thubaity et al., 2023).

A study by Indriani et al. (2022) found a significant association between maternal employment and exclusive breastfeeding, showing that non-working mothers were more likely to exclusively breastfeed compared to working mothers (OR=1.78; 95% CI=0.52–3.04; p=0.006). Working mothers tend to introduce formula feeding once they return to work. However, adequate breastfeeding knowledge and workplace support can help working mothers continue breastfeeding successfully (Indriani et al., 2022).

Another study reported that the mean scores for all Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF) items ranged from 3.23 to 3.41, with the highest mean among mothers with family presence (3.41±1.06) and the lowest among those breastfeeding without formula supplementation (3.23±0.94). High breastfeeding self-efficacy was observed in 67% of participants. Binary logistic regression revealed that being

a housewife, having higher education, prior breastfeeding experience, and multiparity were positive predictors of high breastfeeding self-efficacy ($p \leq 0.0001$). Adequate breastfeeding knowledge and positive attitudes were also positively associated with higher self-efficacy (p=0.000) (Al-Thubaity et al., 2023). Similarly, Putri H. S. et al. (2021) found that mothers working more than seven hours per day had moderate self-efficacy, with a significant relationship between employment status and breastfeeding self-efficacy ($p < 0.05$). Chumaira et al. (2024) also noted that factors influencing self-efficacy among working mothers include social support, prior breastfeeding experience, knowledge, modeling, and psychological conditions.

A preliminary study conducted in Kedungdowo Village, Kaliwungu Subdistrict, Kudus involved interviews with a village midwife and five breastfeeding mothers. An additional interview with the village finance officer on March 18, 2025, revealed that approximately 60–70% of the 9,343 residents worked as laborers—either factory workers or daily wage earners. Data from the village midwife indicated that 332 mothers had children aged 0–2 years, both working and non-working. Interviews with breastfeeding mothers revealed that many chose to provide formula milk due to lack of confidence in their ability to exclusively breastfeed until their child reached two years old, mainly because of time constraints and work commitments.

Based on the background description, it is evident that breastfeeding provides numerous positive benefits for infants, and various legal regulations have been established to support breastfeeding practices. However, data show that the coverage rate of exclusive breastfeeding remains below the national target, particularly in Kaliwungu Subdistrict, Kudus Regency. The low coverage rate may be influenced by maternal employment status, whether in the formal or informal sector. Therefore, the general objective of this study is to determine the relationship between maternal employment and self-efficacy in breastfeeding in Kedungdowo Village, Kaliwungu Subdistrict, Kudus Regency.The specific objectives are: To describe the employment status of mothers and their level of self-efficacy in breastfeeding and analyze the relationship between maternal employment and self-efficacy in breastfeeding.

Based on these findings, the researcher is interested in conducting a study entitled "The Relationship Maternal Employment and Self-Efficacy in Breastfeeding in Kedungdowo Village, Kaliwungu, Kudus." This study aims to explore the relationship between employment status and self-efficacy in breastfeeding practices.

MATERIALS AND METHODS

This study employed a quantitative correlational design, which is based on the positivist philosophy and used to examine a specific population or sample through quantitative data collection and statistical analysis, aiming to test the established hypotheses (Sugiyono, 2020). The research design applied was cross-sectional, meaning that data were collected at a single point in time. Using this design, the researcher aimed to capture the relationship between maternal employment and the level of self-efficacy in breastfeeding at the time of the study, without observing changes over an extended period.

The population in this study consisted of breastfeeding mothers with children aged 0–2 years, both employed and unemployed, who were registered in Kedungdowo Village, Kaliwungu Subdistrict, Kudus Regency. Based on data obtained from the village midwife, there were 332 children aged 0–2 years recorded in the Primary Health Service (Pelayanan Kesehatan Dasar/PKD) of Kedungdowo Village. The sample represents a subset of the population that retains the same characteristics and is used for analysis to generalize findings to the larger population (Fahlevi et al., 2024). The sample size was determined using Arikunto's formula, which states that if the total population is fewer than 100, all members should be included as the sample. However, if the population exceeds 100, a sample size of 10–25% of the population may be taken (Arikunto, 2010). Based on this calculation, the study involved 46 respondents as the final sample.

A stratified random sampling technique was applied, dividing the population into strata to ensure adequate representation from each subgroup (Darwin et al., 2021). The population was stratified based on neighborhood units (RW), resulting in seven strata corresponding to the seven RW in Kedungdowo Village. The sample from each stratum was determined using the proportionate allocation formula:

$$ni = \frac{Ni}{N} \times n$$

Information:
ni = number of samples from each stratum

n = total number of samples
Ni = population size of each stratum
N = total population size

Table 1
Sample Size

Community Unit or **RW**	Number of Mothers with Children Aged 0–2 Years	*Sample Size*
I	79	$ni = \frac{79}{332} \times 46 = 10.9 = 11$
II	44	$ni = \frac{44}{332} \times 46 = 6.09 = 6$
III	34	$ni = \frac{34}{332} \times 46 = 4.71 = 5$
IV	50	$ni = \frac{50}{332} \times 46 = 6.92 = 7$
V	73	$ni = \frac{73}{332} \times 46 = 10.1 = 10$
VI	27	$ni = \frac{27}{332} \times 46 = 3.74 = 4$
VII	25	$ni = \frac{25}{332} \times 46 = 3.46 = 3$
332	46	

According to Saefullah (2024), stratified sampling ensures homogeneity within each stratum and heterogeneity between strata.

The inclusion criteria in this study were as follows: Mothers with children aged 0–2 years, whether employed (in formal or informal sectors) or unemployed (Musriyawati et al., 2025), residing in Kedungdowo Village, Kaliwungu Subdistrict, Kudus Regency, willing to participate as respondents, able to communicate effectively. The maternal employment variable was measured using one closed-ended question with the response options: working (formal/informal sector) or not working. The breastfeeding self-efficacy variable was measured using the Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF), consisting of 12 favorable items covering cognitive, motivational, affective, and selection processes. The BSES-SF instrument used in this study was previously validated by Wartami et al. (2020). Construct validity was confirmed using Pearson's correlation test, which showed that 12 out of 14 items were valid, while two items were excluded. Reliability testing using Cronbach's Alpha yielded a coefficient of 0.908, indicating excellent reliability (Wartami et al., 2020).
The bivariate analysis was conducted using the Chi-Square test to examine the relationship between maternal employment status and breastfeeding self-efficacy.

RESULTS AND DISCUSSION
RESULT

Table 2
Frequency Distribution of Respondents' Characteristics Based on Maternal Age, Child Age, Parity, Education, and Maternal Employment in Kedungdowo Village

Variable	**Categori**	**Frequency (n)**	**Percentage (%)**
Maternal Age	High Risk : under 20 years old	1	2.2%
	Reproductive Age (20-35 years old)	35	76.1%
	Risiko Tinggi : more 35 tahun years old	10	21.7%
Total		46	100
Child Age	Infant (0–11 months)	20	43.5%
	Toddler (12–59 months)	26	56.5%
Total		46	100
Parity	Primiparous (1 child)	13	28.3%
	Multiparous (>1 child)	33	71.7%
Total		46	100

Education Level	Primary (Elementary/Islamic Elementary School)	16	34.8%
	Secondary (Junior/Senior High School/Vocational School)	22	47.8%
	Higher (Diploma/Bachelor's Degree)	8	17.4%
Total		46	100

Table 3

Frequency Distribution of Maternal Employment and Breastfeeding Self-Efficacy in Kedungdowo Village

Variable	Frequency (n)	Percentage (%)
Maternal employment		
Formal	21	45.7%
Informal	25	54.3%
Total	46	100
Self-Efficacy		
High	37	80.4%
Medium	4	8.7%
Low	5	10.9%
Total	46	100

Table 4

Analysis Results Distribution for the Relationship between Maternal Employment and Self-Efficacy in Breastfeeding in Kedungdowo Village (n=46)

Maternal Employment	Self-Efficacy						Frequency (n)		*p-value*
	High		Medium		Low				
	f	%	f	%	f	%	f	%	
Formal	19	41.33%	2	4.3%	0	0%	21	45.7%	0.080
Informal	16	34.8%	8	17.4%	1	2.2%	25	54.3%	
Total	35	76.1%	10	21.7%	1	2.2%	46	100%	

Based on the results of Table 3, it was found that 50.0% have an expected count of less than 5, so variable merging was performed for self-efficacy.

Tabel 5

Analysis Results Distribution for the Relationship between Maternal Employment and Self-Efficacy in Breastfeeding in Kedungdowo Village (n=46)

Maternal Employment	Self-Efficacy				Frequency		*p-value*
	High		Low				
	f	%	f	%	f	%	0.223
Formal	20	43.4%	1	2.1%	21	45.5%	
Informal	21	45.7%	4	8.8%	25	54.5%	
Total	41	89.1%	5	10.9%	46	100%	

Bivariate analysis was conducted to test the research hypothesis, aiming to determine the relationship between maternal employment and self-efficacy in breastfeeding among mothers in Kedungdowo Village. The Chi-Square statistical test results presented in Table 4.5 show a p-value of 0.080, which is greater than the significance level of $\alpha = 0.05$. Therefore, the null hypothesis (H_0) is accepted, and the alternative hypothesis (H_a) is rejected. Furthermore, the Chi-Square test for the combined variables presented in Table 4.6 yielded a p-value of 0.223, which is also greater than $\alpha = 0.05$, indicating that H_0 is accepted and H_a is rejected.
These results indicate that there is no statistically significant relationship between maternal employment and self-efficacy in breastfeeding in Kedungdowo Village. In other words, maternal employment status—whether in the formal or informal sector—does not significantly influence mothers' confidence in their ability to breastfeed.

DISCUSSION

Based on the frequency distribution of maternal employment among 46 respondents in Kedungdowo Village, the results showed that 21 mothers (45.7%) were formally employed, while 25 mothers (54.3%) were engaged in informal work. This indicates that the majority of respondents were working in the informal sector, which generally provides greater time flexibility compared to formal employment.

The type of employment can influence mothers' ability and confidence in breastfeeding, as it is closely related to available time, work flexibility, and access to breastfeeding facilities. Formally employed mothers usually have fixed working hours, contractual obligations, and limited access to lactation rooms, which may hinder breastfeeding practices (Al-Thubaity et al., 2023). Conversely, mothers engaged in informal work, such as traders or daily laborers, tend to have more flexible schedules and can breastfeed directly at home, thereby maintaining higher breastfeeding self-efficacy (Prasetyowati & Rahmawati, 2021).

A study by Sri Haryati & Imelda (2020) found that mothers working in informal sectors were more likely to practice exclusive breastfeeding than those in formal employment due to easier access to their infants and more flexible working hours. Similarly, Prasetyowati & Rahmawati reported that mothers in informal work demonstrated higher levels of breastfeeding self-efficacy, especially when supported by family and adequate knowledge (Sri & Imelda, 2020). However, formally employed mothers can also succeed in breastfeeding if they receive adequate workplace support, such as designated lactation rooms, breastfeeding breaks, and breastfeeding-friendly policies.

Based on the frequency distribution of self-efficacy in breastfeeding among 46 respondents, most mothers demonstrated high self-efficacy (37 respondents; 80.4%), followed by moderate self-efficacy (4 respondents; 8.7%) and low self-efficacy (5 respondents; 10.9%). After variable merging (due to 50% of the data having expected counts < 5), the results showed that 41 mothers (89.1%) had high self-efficacy, while 5 mothers (10.9%) had low self-efficacy.

A high level of breastfeeding self-efficacy indicates that most mothers in this study possess strong confidence in their ability to breastfeed their infants. Self-efficacy is an essential psychological factor that significantly affects breastfeeding success. Mothers with high self-efficacy are more motivated to continue breastfeeding, better able to overcome challenges such as pain, fatigue, and time constraints, and more proactive in seeking solutions when faced with breastfeeding difficulties.

These findings align with those of Al-Thubaity et al. (2023), who reported that mothers with high self-efficacy tend to achieve greater breastfeeding success, particularly when supported by adequate social support, breastfeeding education, and prior breastfeeding experience. Their study also identified maternal employment, childbirth experience, and parity as factors influencing scores on the Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF).

Similarly, Irianti et al. (2023) found a significant association between breastfeeding self-efficacy and exclusive breastfeeding success ($p = 0.012$). Working mothers with high self-efficacy were able to maintain exclusive breastfeeding by expressing and storing breast milk consistently, even when they could not breastfeed directly.

A literature review done by Chumaira et al. (2024) further emphasized that maternal self-efficacy is shaped by multiple factors, including social support, breastfeeding experience, knowledge, psychological well-being, and positive role modeling. Mothers with supportive environments and strong breastfeeding knowledge are more likely to exhibit high self-efficacy.

Metin & Baltacı (2024) highlighted the importance of educational interventions, demonstrating that video-based education significantly improved breastfeeding self-efficacy scores from 54.8 to 62.1 ($p < 0.0001$). This underscores the role of adequate information—delivered through health professionals or educational media—in strengthening mothers' confidence in breastfeeding. The high self-efficacy levels found in this study may similarly be influenced by good access to health information and supportive community environments.

In conclusion, the high proportion of mothers with strong self-efficacy suggests that most respondents possess sufficient psychological readiness to face breastfeeding challenges. However, breastfeeding success is not solely determined by self-efficacy; it also depends on external factors such as workplace environment, spousal or family support, and breastfeeding education.

A meta-analysis done by Ahmadinezhad et al. (2024) further revealed that postpartum depression is significantly associated with reduced maternal breastfeeding self-efficacy, with a stronger effect observed between the first and third postpartum days (Standardized Mean Difference = 0.62 to 0.84; $p < 0.0001$). This emphasizes the importance of maternal mental health as a determinant of breastfeeding success and highlights the need for psychosocial support and postpartum depression screening to improve breastfeeding self-efficacy. This finding is consistent with the current study, in which only five mothers exhibited low self-efficacy—possibly due to psychological factors, work-related stress, or insufficient social support.

The bivariate analysis of 46 respondents showed that 37 mothers (80.43%) had high breastfeeding self-efficacy. Among them, 19 mothers (41.33%) were formally employed and 16 mothers (34.8%) worked in informal sectors. The Chi-Square test using Pearson's p-value yielded 0.080, which is greater than the significance level $\alpha = 0.05$; thus, H_0 was accepted and H_a rejected, indicating no significant relationship between maternal employment and breastfeeding self-efficacy in Kedungdowo Village.

Because 50% of the initial data had expected counts < 5, variable merging was performed to meet Chi-Square assumptions. After adjustment, 21 mothers (45.7%) with high self-efficacy were from the informal employment group, while 20 mothers (43.4%) were from the formal group. The subsequent Chi-Square test yielded $p = 0.223$, again greater than $\alpha = 0.05$, confirming no significant association.

This finding indicates that both formally and informally employed mothers had nearly equal levels of breastfeeding self-efficacy, suggesting that employment status alone is not a primary determinant of maternal self-efficacy in breastfeeding.

Ramli (2020) reported similar findings, showing no significant relationship between maternal knowledge and exclusive breastfeeding ($p = 0.346$), and no association between maternal employment and exclusive breastfeeding ($p = 0.604$). Most mothers (91%) did not exclusively breastfeed, with the majority (73.7%) being unemployed.

Fitrianingsih et al. (2025) also found no significant associations between maternal age ($p = 0.162$), education ($p = 0.741$), or employment ($p = 0.488$) and exclusive breastfeeding success. However, parity ($p = 0.025$) and breastfeeding self-efficacy ($p = 0.012$) were significantly related. Their findings emphasized that previous childbirth experience and maternal confidence play more crucial roles in breastfeeding success than employment status.

Similarly, Sianturi & Ujung (2023) found that maternal employment and mode of delivery were not significantly related to self-efficacy, whereas parity ($p = 0.004$) and breastfeeding problems ($p = 0.021$) were significant predictors. This highlights that personal experiences and contextual factors in breastfeeding are stronger determinants of self-efficacy than occupational status.

In contrast, Putri et al. (2021) found a significant association between maternal employment and breastfeeding self-efficacy ($p < 0.05$), with mothers working more than seven hours per day showing moderate-to-low self-efficacy levels. Al-Thubaity et al. (2023) similarly reported that mothers not engaged in formal employment—such as homemakers or flexible workers—tend to have higher self-efficacy due to greater time availability for breastfeeding.

Musriyawati et al. (2025) also observed a significant relationship ($p = 0.021$) between employment status and breastfeeding self-efficacy: 77.8% of working mothers had low self-efficacy, whereas 51.6% of non-working mothers had high self-efficacy.

Rahmita et al. (2024) further demonstrated that self-efficacy is significantly associated with exclusive breastfeeding among factory workers ($p = 0.002$; OR = 5.225; CI 1.871–14.593). Their findings suggest that

strong self-efficacy can be enhanced through understanding and social support, even among employed mothers.

Other factors such as social support, breastfeeding experience, and supportive work environments may act as mediators between employment status and self-efficacy. Even formally employed mothers can maintain high self-efficacy if workplaces provide breastfeeding-friendly facilities, such as lactation rooms, breastfeeding breaks, and supportive policies (Fitriana, 2022).

In summary, this study found that mothers from both formal and informal sectors had nearly equal opportunities to maintain high self-efficacy in breastfeeding. While findings across studies vary, the present results remain relevant as a basis for developing educational interventions aimed at strengthening maternal breastfeeding self-efficacy, without overemphasizing employment status alone. These differences may be attributed to contextual factors such as workplace support, family involvement, and spousal encouragement.

CONCLUSION

1. Most breastfeeding mothers in this study were employed in the informal sector.
2. The level of breastfeeding self-efficacy among participants was predominantly in the high category, indicating that the majority of mothers possessed strong confidence and belief in their ability to breastfeed effectively.
3. There was no significant relationship between maternal employment status and breastfeeding self-efficacy. Thus, it can be concluded that the type of maternal occupation does not influence the level of breastfeeding self-efficacy. Mothers working in either the formal or informal sectors have relatively equal opportunities to achieve high breastfeeding self-efficacy.

RECOMMENDATION

1. For Health Services: It is that healthcare services strengthen breastfeeding education programs with a particular focus on the psychological aspects of mothers, such as motivation and self-efficacy. Emphasis should be placed on the understanding that breastfeeding is an investment in building a healthier and more superior future generation.
2. For Future Researchers: Future studies are encouraged to include additional variables that may influence maternal breastfeeding self-efficacy, such as social support, educational background, childbirth experience, and daily working hours. Furthermore, the classification of maternal occupations can be made more specific by considering factors such as work schedule flexibility, availability of breastfeeding facilities at the workplace, and shift systems. This will allow for a more comprehensive understanding of how employment status affects breastfeeding self-efficacy.

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