EXCLUSIVE BREASTFEEDING AMONG WORKING MOTHERS: THE IMPACT OF SELF-EFFICACY AND FAMILY SUPPORT

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ABSTRACT

This study examined the impact of maternal self-efficacy and family support on exclusive breastfeeding among working mothers in DKI Jakarta, the region with the lowest exclusive breastfeeding rates on Java despite gradual increases from 65.63% in 2021 to 76.39% in 2023, which remain below the national target of 80%. This study aims to determine the relationship between maternal self-efficacy, family support, and exclusive breastfeeding among working mothers in Jakarta. A quantitative cross-sectional design was used from August 2024 to August 2025 across five administrative regions, involving 77 purposively selected working mothers. Data collection utilized structured interviews with validated and reliable questionnaires. Statistical analyses included univariate analysis, simple logistic regression, and multiple logistic regression. The findings revealed a significant relationship between maternal self-efficacy and exclusive breastfeeding (OR = 0.243; 95% CI = 0.09–0.71; p = 0.006), while family support showed no significant association (OR = 0.418; 95% CI = 0.127–1.285; p = 0.094). These results highlight the key role of maternal confidence in promoting exclusive breastfeeding among working mothers. Interventions and educational programs to enhance maternal self-efficacy are, therefore, recommended to increase breastfeeding rates. However, the cross-sectional design, small sample size, and purposive sampling limit causal interpretation and generalizability. Future longitudinal or experimental studies are encouraged to confirm results and identify additional influencing factors.

Keywords: Exclusive Breastfeeding, Working Mothers, Self-Efficacy, Family Support, Cross-Sectional Study, Jakarta.

INTRODUCTION

Exclusive breastfeeding has long been recognized as one of the most effective early-life interventions to improve child survival and long-term health outcomes. Adequate breastfeeding practices contribute not only to physical growth but also to cognitive development and the establishment of lifelong health trajectories (Mertasari et al., 2023). As such, improving exclusive breastfeeding coverage remains a global public health priority, particularly in urban settings where lifestyle and occupational demands increasingly affect maternal behaviors.

Exclusive breastfeeding during the first six months of life is essential for optimal infant growth, immune

development, and the prevention of disease and mortality. The World Health Organization (WHO, 2018) recommends exclusive breastfeeding for six months as a global health standard. In response, the Indonesian government has set a national target of 80% exclusive breastfeeding coverage. However, recent data indicate that this target remains unmet. In Jakarta, for instance, the exclusive breastfeeding rate increased from 65.63% in 2021 to 76.39% in 2023 (Badan Pusat Statistik, 2024), yet it still falls short of national goals.

Urbanization and increasing female labor force participation have introduced new complexities in achieving optimal breastfeeding practices. In metropolitan areas such as Jakarta, mothers are often required to manage demanding work schedules alongside childcare responsibilities, creating conditions that may hinder exclusive breastfeeding despite adequate knowledge and intention (Prastita et al., 2025).

Among the various barriers to exclusive breastfeeding, working mothers face unique challenges in balancing employment and infant care. One of the most commonly reported obstacles is the perceived insufficiency of breast milk (Mutia et al., 2021). Beyond physiological concerns, psychosocial factors such as maternal self-efficacy and the level of family support have been identified as significant influences on breastfeeding success (Agustina et al., 2020; Krawczyk et al., 2024).

Maternal self-efficacy—the mother's belief in her ability to breastfeed successfully—can directly impact breastfeeding duration and confidence in overcoming challenges. Similarly, emotional and practical support from spouses and family members may alleviate stress and reinforce positive breastfeeding behaviors. These psychosocial factors are particularly relevant for working mothers, as confidence and social reinforcement may determine whether breastfeeding intentions can be sustained under real-life constraints such as time pressure, fatigue, and limited workplace support. Understanding how internal beliefs interact with external support systems is therefore essential for developing effective and context-sensitive interventions.

Although some studies have examined these factors separately, there is limited research specifically exploring how maternal self-efficacy and family support interact to influence exclusive breastfeeding among working mothers in urban Indonesian settings. This study aims to address that gap by analyzing the relationship between maternal self-efficacy, family support, and exclusive breastfeeding practices among working mothers in Jakarta. Findings are expected to inform future interventions and workplace policies that promote breastfeeding-friendly environments.

Therefore, this study aimed to examine the factors associated with exclusive breastfeeding practices among working mothers. Specifically, it explores the relationship between sociodemographic characteristics (age, working duration, maternal income, and husband's income), nutritional factors (nutritional status and dietary patterns), and psychosocial factors, including individual beliefs (self-efficacy), husband support, family support, workplace support, and stress levels, with exclusive breastfeeding among working mothers.

LITERATURE REVIEW

Exclusive breastfeeding is widely acknowledged as a

foundational component of maternal and child health strategies, particularly during the critical first six months of life. Adequate breastfeeding practices during this period not only support immediate nutritional needs but also contribute to long-term health outcomes, including reduced morbidity and improved developmental trajectories. Consequently, exclusive breastfeeding is positioned as both a biological necessity and a public health priority in many national and international health frameworks.

Exclusive breastfeeding refers to the provision of breast milk alone to infants for the first six months of life without any additional liquids or solid foods. Breast milk serves as the primary source of nutrients essential for optimal infant growth, development, and immune protection, owing to its complete nutritional composition and bioactive components (Ariwidiani, 2025). In Indonesia, exclusive breastfeeding is legally supported through Government Regulation No. 33 of 2012, which mandates mothers to exclusively breastfeed for six months and emphasizes the importance of adequate facilities and social support, including in the workplace. Similarly, the World Health Organization underscores that employment should not hinder breastfeeding practices, provided that adequate maternity leave, breastfeeding facilities, and supportive environments are available.

Despite strong policy commitments, the successful implementation of exclusive breastfeeding remains closely linked to contextual factors that influence maternal behavior. Legal protection alone may be insufficient when mothers encounter practical constraints related to employment conditions, social expectations, and access to supportive resources.

Working mothers are commonly defined as women who engage in paid employment while simultaneously fulfilling their roles as wives and mothers within the family. In Indonesia, women constitute a substantial proportion of the labor force, both in the formal and informal sectors, indicating that a large number of mothers are exposed to work-related demands during their reproductive and child-rearing periods. This dual role may create challenges in balancing occupational responsibilities and maternal practices, including breastfeeding (Khairunnisa & Darmawanti, 2024).

The dual responsibility of employment and caregiving places working mothers in a particularly vulnerable position, where time limitations, physical fatigue, and workplace policies can directly interfere with breastfeeding intentions. These challenges highlight the importance of examining breastfeeding behavior through a multidimensional lens that considers both individual capacity and environmental support.

The Precede–Proceed model conceptualizes health behavior as the result of multiple interacting determinants, including predisposing, enabling, and reinforcing factors (Notoatmodjo, 2020). Predisposing factors encompass individual characteristics such as knowledge, beliefs, attitudes, and self-confidence that shape behavioral intentions. Enabling factors refer to the availability of resources and facilities, including workplace policies and breastfeeding support infrastructure, which facilitate or hinder behavior adoption. Reinforcing factors involve social support from significant others,

particularly spouses, family members, and the surrounding environment, which strengthen motivation and behavioral maintenance. In the context of exclusive breastfeeding among working mothers, sociodemographic characteristics, individual beliefs, family and spousal support, workplace support, and stress levels collectively influence mothers' capacity to initiate and sustain exclusive breastfeeding practices.

The Health Belief Model posits that health-related behaviors are shaped by individuals' perceptions of health threats, perceived benefits and barriers, and confidence in their ability to take preventive action (Rosenstock (1966) dalam Glanz, 2008; Bandura, 1986). In the context of breastfeeding, mothers' perceptions of the importance of exclusive breastfeeding for infant health influence their motivation to initiate and sustain the practice. Complementing this framework, Social Cognitive Theory emphasizes self-efficacy as a central determinant of behavior, developed through the dynamic interaction between individual cognition, behavior, and environmental factors. Together, these theories suggest that exclusive breastfeeding among working mothers is influenced not only by perceived health benefits and barriers but also by mothers' beliefs in their capacity to overcome work-related and environmental challenges.

Integrating these theoretical perspectives allows for a more comprehensive understanding of breastfeeding behavior, particularly among working mothers who must continuously negotiate between personal beliefs, social expectations, and structural constraints. The interaction between internal confidence and external support systems is therefore critical in shaping breastfeeding outcomes.

This study contributes to a more comprehensive understanding of exclusive breastfeeding among working mothers by examining a wide range of sociodemographic, nutritional, and psychosocial factors, including age, working duration, income, nutritional status, dietary patterns, individual beliefs, spousal and family support, workplace support, and stress levels. By incorporating multiple dimensions within a single analytical framework and involving participants from all five administrative regions of Jakarta, this study captures diverse maternal characteristics and contextual conditions. The findings provide context-specific evidence that may support the development of integrated family- and workplace-based strategies to promote exclusive breastfeeding among employed mothers in urban settings.

Based on the theoretical framework and previous studies, the research question of this study is: Are sociodemographic, nutritional, and psychosocial factors associated with exclusive breastfeeding among working mothers in Jakarta?

METHODOLOGY RESEARCH

This study employed a quantitative approach using a cross-sectional research design. The research was conducted from August 2024 to August 2025 across five administrative regions of Jakarta: Central Jakarta, North Jakarta, East Jakarta, South Jakarta, and West Jakarta. The study population comprised breastfeeding women employed in various sectors and residing within the Jakarta administrative area.

The sample size was determined using the Lemeshow formula for unknown populations

(Lemeshow et al., 1990), resulting in a total of 77 respondents after a buffer of 10% was added to anticipate potential data loss. Furthermore, the number is distributed proportionally to the five mainland areas of DKI Jakarta based on the estimated number of working mothers in each region. Although specific data are not available, the proportion of the sample is determined based on population data and relevant indicators from the Central Statistics Agency (BPS) to ensure a representative distribution.

The stratified sampling technique was used to divide the population based on administrative areas, then in each strata, respondents were selected purposively according to the inclusion criteria. This combinatorial approach aims to reduce selection bias, increase external validity, and ensure the relevance of respondent characteristics to the research objectives. Practical adjustments are made in a limited manner by considering field access, without interfering with the principle of proportionality between regions.

The inclusion criteria include: (1) women aged 15–49 years, (2) domiciled in five administrative areas of DKI Jakarta, (3) working outside the home (formal and informal), (4) having children aged >6 months to 3 years, and (5) willing to participate by providing *informed consent*. The distribution of the number of respondents per region is presented in Table 1.

Table 1. Distribution of Woring Mom in Various Regions of DKI Jakarta

No	Jakarta Area	Number of Respondents	Percentage (%)
1	Central Jakarta	16	20,8%
2	North Jakarta	16	20,8%
3	East Jakarta	16	20,8%
4	South Jakarta	14	18,1%
5	West Jakarta	15	19,5%
	Total	77	100%

The dependent variable in this study was exclusive breastfeeding. Independent variables included maternal age, working hours, maternal income, paternal income, nutritional status, dietary habits, individual beliefs, husband support, family support, workplace support, and stress status. Data were collected using validated and reliable instruments.

Exclusive breastfeeding data were obtained using the individual questionnaire from the Indonesian Nutrition Status Survey Block XIII. Maternal confidence in breastfeeding was assessed using the Breastfeeding Self-Efficacy Scale – Short Form (Dennis, 2003). Dietary intake was evaluated using the Semi-Quantitative Food Frequency Questionnaire (SQ-FFQ). Stress levels were measured using the Depression Anxiety Stress Scale-21 (Lovibond and Lovinbond, 1995). Support from husbands, families, and workplaces was assessed using modified questionnaires adapted from prior studies.

Before use, the questionnaire regarding support passed the validity and reliability test stage. Validity testing was performed using the Pearson Product moment correlation method. A question item was considered valid and reliable if the calculated value $r \geq r$ of the table (Darwin *et al.*, 2020). The Product

Moment r value for 30 validity test respondents with a significance of 5%, was 0.361. Based on the table of the results of the validity and reliability test from the support questionnaire, 10 out of 15 questions that could be asked to all respondents regarding husband, family, and workplace support were obtained.

Data analysis included three stages of analysis, namely univariate, bivariate, and multivariate. Univariate analysis used descriptive analysis to see the distribution of respondents based on the variables tested. Bivariate analysis using simple logistic regression enter method with a significant limit of p-value < 0.25. Multivariate analysis used multiple logistic regression enter method of a prediction model with a significant p-value of < 0.05.

This study received ethical approval from the Research Ethics Commission of the State University of Malang (Decree No. 19.02.06/UN32.14.2.8/LT/2025, dated February 19, 2025). Ethical principles adhered to in this study include respect for human dignity, privacy, and confidentiality; fairness and transparency; and a commitment to maximizing benefits while minimizing risks to participants.

RESULTS RESEARCH

Univariate analysis identified variations in respondent characteristics in a number of crucial aspects. The majority of respondents (89.6%) belong to the early adult age group (26-40 years), known as the productive age. In terms of employment, 53.2% of respondents worked more than 9 hours per day, while 51.9% earned below the Jakarta UMP per month. On the other hand, most of the respondents' husbands (66.2%) earn income above the Jakarta UMP. Regarding nutritional status, 54.5% of respondents were in the normal nutrition category, and 75.3% carried out a balanced diet, indicating a good level of health awareness.

In the psychosocial and support aspects, 55.8% of respondents have positive beliefs about breastfeeding, and 61% are able to provide exclusive breastfeeding to their children. The social environment also contributed, as evidenced by 58.4% of respondents receiving husband support and 62.3% receiving family support. However, as many as 70.1% of respondents did not receive support from the workplace, which has the potential to be an obstacle in the implementation of exclusive breastfeeding. In addition, 61% of respondents experienced stress, which can affect their ability to optimally provide exclusive breastfeeding.

The bivariate analysis identified five variables significantly associated with the success of exclusive breastfeeding: paternal income, nutritional status, individual beliefs, family support, and workplace support. These findings are summarized in Table 2.

Table 2. Bivariate Analysis of Determinants Influencing Exclusive Breastfeeding Among Working Mothers in Jakarta

Variable	Successful Exclusive Breastfeeding		Unsuccessful Exclusive Breastfeeding		Total		*p-value*
	f	%	f	%	f	%	
Age							
1. Young Adult (18 – 25 years old)	2	33,3	4	66,7	6	100	0,999
2. Early Adult (26 – 40 years)	43	62,3	26	37,7	69	100	0,999
3. Middle Adult (41 – 65 years old)	2	100	0	0,0	2	100	*baseline*
Duration of Work							
1. < 9 working hours	21	58,3	15	41,7	36	100	0,648
2. ≥ 9 working hours	26	63,4	15	36,6	41	100	*baseline*
Income							
1. < UMP Jakarta (< IDR 5,396,761)	23	57,5	17	42,5	40	100	0,508
2. ≥ UMP Jakarta (≥ IDR 5,396,761)	24	64,9	13	35,1	37	100	*baseline*
Husband's Income							
1. ≥ UMP Jakarta (≥ IDR 5,396,761)	35	68,6	16	31,4	51	100	**0,059**
2. < UMP Jakarta (< IDR 5,396,761)	12	46,2	14	53,8	26	100	*baseline*
Nutritional Status							
1. Normal	23	54,8	19	45,2	42	100	**0,218**
2. Abnormal	24	68,6	11	31,4	35	100	*baseline*
Diet							
1. Balanced	34	58,6	24	41,4	58	100	0,449
2. Unbalanced	13	68,4	6	31,6	19	100	*baseline*
Individual Confidence	33	76,7	10	23,3	43	100	**0,002**
1. Sure	14	41,2	20	58,8	34	100	*baseline*
2. Not Sure							
Husband's Support	28	62,2	17	37,8	45	100	0,801
1. Support	19	59,4	13	40,6	32	100	*baseline*
2. Not Supported							
Family Support							
1. Support	34	70,8	14	29,2	48	100	**0,025**
2. Not Supported	13	44 8	16	55,2	29	100	*baseline*

Variable	Successful Exclusive Breastfeeding		Unsuccessful Exclusive Breastfeeding		Total		*p-value*
	f	%	f	%	f	%	
Workplace Support							
1. Support	17	73,9	6	26,1	23	100	**0,135**
2. Not Supported	30	55,6	24	44,4	54	100	*baseline*
Stress Status							
1. No Stress	18	60	12	40	30	100	0,881
2. Stress	29	61,7	18	38,3	47	100	*baseline*

These results underscore the pivotal role of maternal beliefs in sustaining exclusive breastfeeding, even when other factors such as socioeconomic status and external support are taken into account. The identification of family support as a confounder highlights the interconnected nature of psychosocial and environmental influences on maternal behavior. Strengthening maternal self-efficacy while simultaneously enhancing family support systems may therefore be key strategies in promoting exclusive breastfeeding among working mothers.

Table 3. Final Multivariate Model of Determinants Influencing Exclusive Breastfeeding Among Working Mothers in Jakarta

Variable	Successful Exclusive Breastfeeding		Unsuccessful Exclusive Breastfeeding		Total		*p-value*	OR	95 % CI
	f	%	f	%	f	%			
Individual Confidence									
1. Yakin	33	76,7	10	23,3	43	100	0,006	0,2	0,1 – 0,7
2. Not Sure	14	41,2	20	58,8	34	100	*baseline*		
Family Support									
1. Support	34	70,8	14	29,2	48	100	0,094	0,4	0,1 – 1,3
2. Not Supported	13	44 8	16	55,2	29	100	*baseline*		

This study found that most working mothers in Jakarta reported a high level of confidence in their ability to provide exclusive breastfeeding. A significant association was identified between individual beliefs and the success of exclusive breastfeeding, with an odds ratio (OR) of 0.243 (95% CI: 0.09–0.71), indicating that strong individual beliefs serve as a protective factor. Mothers with high self-efficacy were 75.7% less likely to fail in exclusively breastfeeding compared to those with lower confidence.

DISCUSSION

Maternal confidence has been widely recognized as a central psychological determinant of breastfeeding behavior, particularly in populations facing structural and social constraints such as working mothers (Fitriani et al., 2024). In this study, the emphasis on maternal self-efficacy is especially relevant given the occupational characteristics of respondents, where more than half worked ≥9 hours per day and the majority reported a lack of workplace support. These contextual factors suggest that sustaining exclusive breastfeeding requires not only knowledge and intention but also a strong internal capacity to cope with persistent barriers. Self-efficacy, therefore, functions as a behavioral regulator that enables mothers to maintain breastfeeding practices even when external conditions are suboptimal.

Maternal confidence was measured using the *Breastfeeding Self-Efficacy Scale – Short Form (BSES-SF)*, which evaluates four domains: mindset, emotional responses, effort and commitment, and behavioral decision-making. This instrument not only measured general beliefs but also captured the specific challenges experienced by working mothers. As such, self-efficacy emerged as a critical predictor of exclusive breastfeeding success.

The multidimensional structure of the BSES-SF provides important insight into how confidence operates in real-life breastfeeding situations. High scores in cognitive and emotional domains indicate that most mothers intellectually accept the importance of exclusive breastfeeding and possess positive emotional attitudes toward the practice. However, lower scores in effort, commitment, and behavioral decision-making suggest difficulties in sustaining consistent breastfeeding-related actions over time. This pattern reflects an intention–behavior gap, where favorable beliefs are not always translated into daily practices, particularly under conditions of fatigue, time pressure, and competing work demands.

Although most respondents scored highly in the mindset and emotional response domains, lower scores were observed in effort, commitment, and behavioral decision-making. These findings suggest that while cognitive and emotional readiness is present, it may not be fully translated into consistent breastfeeding practices. This gap may be influenced by external factors such as social support, access to accurate information, cultural norms, and the health policy environment.

This intention–behavior gap aligns with social cognitive perspectives that emphasize self-regulatory capacity as a crucial mechanism linking belief to action. Working mothers often face unpredictable schedules, limited opportunities to express breast milk, and insufficient institutional support, all of which increase reliance on individual self-regulation. When environmental reinforcement is weak—as reflected by the high proportion of respondents lacking workplace support—self-efficacy becomes even more critical in sustaining exclusive breastfeeding. Mothers with strong confidence are better equipped to anticipate obstacles, mobilize coping strategies, and persist despite setbacks.

These results are consistent with the Health Belief Model and Social Cognitive Theory which posit that health behaviors are shaped by

individual perceptions of self-efficacy, perceived benefits, and barriers (Rosenstock (1966) in Glanz, 2008; Bandura, 1977). Confidence in breastfeeding ability plays a key role in sustaining maternal motivation and consistency, even in the face of psychological stressors and environmental constraints.

Within the Health Belief Model framework, self-efficacy interacts with perceived barriers to determine whether health behaviors are enacted. Although many mothers recognize the benefits of exclusive breastfeeding, perceived barriers—such as work pressure, physical exhaustion, and lack of privacy—may outweigh perceived benefits when confidence is insufficient. The significant odds ratio observed in this study (OR = 0.243; 95% CI: 0.09–0.71) indicates that strong self-efficacy substantially reduces the likelihood of breastfeeding failure, underscoring its protective role even after adjusting for other variables.

The findings indicate that higher breastfeeding self-efficacy may enable mothers to cope more effectively with breastfeeding-related challenges. As a result, mothers with greater confidence in their ability may be more likely to sustain exclusive breastfeeding practices despite work-related demands and inadequate workplace support.

This study is also in line with bibliometric analysis research by Ekayanthi and Besral (2024) which states that a breastfeeding mother with a high level of self-efficacy tends to be more successful in providing exclusive breastfeeding, both in terms of duration and consistency. Meanwhile, mothers with low self-efficacy are more prone to worry about everything related to breastfeeding their children. The tendency of mothers with low self-efficacy to experience heightened worry may further exacerbate breastfeeding difficulties. Anxiety related to milk sufficiency, infant weight gain, or work–family balance can undermine emotional regulation and decision-making, potentially accelerating the transition to formula feeding. In contrast, mothers with higher confidence are more likely to interpret challenges as manageable and temporary, thereby sustaining exclusive breastfeeding despite uncertainty.

However, the role of self-efficacy should not be considered in isolation. Contradictory findings from Kusuma et al. (2024) emphasize that belief alone does not guarantee breastfeeding success. Sociocultural influences—including family expectations, intergenerational norms, and social pressures—can strongly affect a mother's ability to breastfeed, regardless of her intentions or beliefs. This perspective is particularly relevant in collectivist cultural contexts, where family members often play a central role in childcare decisions (Damas & Kurniawati, 2025). In such settings, maternal autonomy may be constrained by advice or expectations from spouses, parents, or in-laws. These sociocultural dynamics can either reinforce or undermine maternal confidence, depending on whether support aligns with contemporary breastfeeding recommendations.

Family support emerged in this study as a potential confounding factor in the relationship between individual beliefs and breastfeeding outcomes. Although the association was not statistically significant (OR = 0.418; 95% CI: 0.127–1.285; p = 0.094), the direction of the effect suggests a 58.2% reduction in the risk of exclusive breastfeeding failure among mothers who received family support. This protective effect may

be attributed to the family's role in providing emotional encouragement, motivational reinforcement, and practical assistance (Lutfiani et al., 2020).

The lack of statistical significance should be interpreted cautiously, as it does not negate the practical relevance of family support. Given the relatively small sample size (n = 77), the study may have been underpowered to detect moderate effects. Moreover, family support may exert its influence indirectly by strengthening self-efficacy, reducing stress, or facilitating problem-solving, rather than acting as an independent determinant. In line with Green's *Precede-Proceed Model* in the book Health Behavioral Science by Notoatmodjo (2020), family support functions as a reinforcing factor that strengthens behavior change. Pakilaran et al. (Pakilaran et al., 2022) similarly found that supportive family environments can enhance milk production, reduce maternal stress, and foster breastfeeding commitment. Moreover, external support has been shown to reinforce maternal knowledge, attitudes, and self-efficacy, thereby mitigating psychosocial barriers (Anggraini, 2020; Nisa et al, 2023).

Nevertheless, the quality and timing of support are critical. Support that empowers maternal decision-making can enhance confidence, whereas intrusive or coercive involvement may have the opposite effect. These findings help explain why family support did not emerge as a uniformly positive predictor in this study, highlighting the importance of distinguishing between supportive and controlling behaviors. Support that is poorly timed, misaligned, or coercive may have adverse effects. Well-intentioned but inappropriate involvement—particularly from parents or in-laws—can reduce a mother's autonomy and undermine her motivation (Anggraini et al., 2023). These dynamics are often shaped by previous generational experiences with breastfeeding. As such, ineffective or unsupportive family involvement can become an obstacle, diminishing maternal confidence and affecting breastfeeding outcomes (Negin et al., 2016).

Taken together, these findings suggest that exclusive breastfeeding among working mothers is best understood as the result of an interaction between strong individual self-efficacy and a supportive—but not intrusive—social environment. Reliance on individual confidence alone may place an unfair burden on mothers, particularly in contexts where workplace and family support are limited or inconsistent. Therefore, interventions should combine efforts to strengthen maternal self-efficacy with strategies that foster enabling and reinforcing environments. Despite these valuable insights, this study has several limitations. The use of a retrospective cross-sectional design introduces the risk of recall bias and social desirability bias. Additionally, the study sample was limited to working mothers who met specific criteria, limiting the generalizability of the findings to other populations. The relatively small sample size (n = 77) and the 10% margin of error also constrain the representativeness of the results for the broader population of working mothers across Jakarta's five administrative regions.

CONCLUSIONS

This study found that maternal self-efficacy was the only factor significantly associated with the success of exclusive breastfeeding

among working mothers in Jakarta, with family support acting as a confounding variable. Strengthening maternal self-efficacy and fostering supportive family environments may help improve exclusive breastfeeding practices among working mothers. However, these findings should be interpreted cautiously due to the study's cross-sectional design and limited sample size. Future research should consider a longitudinal design with a larger and more representative sample to improve the generalizability of the findings. Future studies are also encouraged to explore additional psychosocial, cultural, and workplace-related factors that may influence exclusive breastfeeding among working mothers. In practice, efforts to enhance maternal self-efficacy and promote supportive family and community environments should be strengthened to support the success of exclusive breastfeeding.

BIBLIOGRAPHY

Agustina, R., Prabandari, Y. S., & Sudargo, T. (2020). Hambatan Pemberian Asi Ekslusif Pada Ibu Bekerja: Teori Ekologi Sosial. *Jurnal Gizi Klinik Indonesia*, *17*(2), 64. Https://Doi.Org/10.22146/Ijcn.50155

Anggraini, N. (2020). *Hubungan Dukungan Keluarga Dengan Motivasi Ibu Dalam Pemberian Asi Ekslusif Pada Bayi Usia 1-6 Bulan Di Masa Pandemi Di Kelurahan Sidotopo Wetan Surabaya*. Sekolahtinggi Ilmu Kesehatan Hang Tuah.

Anggraini, N., Fatimawati, I., Widyastuti, M., Nurlela, L., Tinggi, S., Kesehatan, I., & Tuah, H. (2023). The Relationship Of Family Support With Mother's Motivation In Exclusive Breast Milk In 1-6 Months Old Babies During Pandemic Covid 19 In Sidotopo Wetan Surabaya. *Jsret (Journal Of Scientific*, *2*(4), 2023.

Ariwidiani, N. N. (2025). The Immunological Role Of Breast Milk In Infant Immune Protection: A Literature Review. Jurnal Penelitian Pendidikan Ipa, 11(11), 139-145.

Badan Pusat Statistik. (2024). Persentase Bayi Usia Kurang Dari 6 Bulan Yang Mendapatkan Asi Eksklusif Menurut Provinsi (Persen), 2021-2023. Jakarta: Susesnas, Bps.

Bandura, A. (1986). Social Foundations Of Thought And Action: A Social Cognitive Theory. Englewood Cliffs, Nj: Prentice-Hall. Isbn 9780138156145.

Darwin, M., Mamondol, M. R., Sormin, S. A., Nurhayati, Y., Tambunan, H., Sylvia, D., Adnyana, I. M. D. M., Prasetiyo, B., Vianiati, P., Dan Gebang, A. A. (2020). Metode Penelitian Pendekatan Kuantitatif. Bandung: Media Sains Indonesia.

Dennis, C. L. 2003. Breastfeeding Self-Efficacy Scale—Short Form (Bses-Sf).

Ekayanthi, N. W. D. And Besral. (2024). Research Trends On Self-Efficacy In Breastfeeding Mothers During 2000-2023: A Bibliometric Analysis. Turk Arch Pediatr, 59(5), 440-448.

Fitriani, D., Sartika, M., & Sayekti, W. N. (2024). The Role Of Family And Workplace Support In Sustaining Exclusive Breastfeeding Among Working Mothers: A Scoping Review. *Journal Of Current Health Sciences*, *4*(2), 111–118.

Glanz, K., Rimer, B. K., & Viswanath, K. (2008). Health Behavior And Health Education: Theory, Research, And Practice. San Francisco: Jossey-Bass. Isbn 9780470432488.

Kusuma, N. I., Kristiyanti, R., & Ayuanda, L. N. (2024). Psychological And Sociocultural Of Breastfeeding Mothers In Exclusive Breastfeeding. *Jurnal Bidan Cerdas*, *6*(4), 209–217.

Lemeshow, S., Hosmer, D. W., Klar, J., And Lwanga, S. K. (1990). Adequacy Of Samplen Size In Health Studies. England: World Health Organization.

Lovibond, S. H. & Lovibond, P. F. (1995). Depression Anxiety Stress Scales (Dass-21, Dass 42).

Lutfiani, A. Armini, N. K. A., Dan Kusumaningrum, T. (2020). The Relation Between Family Support And Breastfeeding Mother's Self-Efficacy. Journal Of Computational And Theoretical Nanoscience, 17(7), 3053-3057.

Mertasari, L., Agung Ngurah Jaya Kusuma, A., & Seri Ani, L. (2023). Exclusive Breast Milk Optimizes Children's Development: A Systematic Literature Review. *Indonesia Journal Of Biomedical Science (Ijbs) 2023*, *17*(1), 147–152. Https://Doi.Org/10.15562/Ijbs.V17i1.476

Mutia, C., Kamil, H., Sulistiana, S., Sekolah, S., Ilmu, T., Harapan, K., & Darussalam, B. (2021). Faktor Determinan Inisiasi Menyusui Dini Pada Ibu Postpartum Sectio Caesarea Di Banda Aceh. *Serambi Saintia Jurnal Sains Dan Aplikasi*, *Ix*(2), 2337–9952.

Negin, J., Coffman, J., Vizintin, P., And Greenow, C. R. (2016). The Influence Of Grandmothers On Breastfeeding Rates: A Systematic Review. Bmc Pregnancy And Childbirth, 16(91), 1-10.

Nisa, F., Rahayu, E. P., And Dewi U. M. (2023). Factors Affecting Breastfeeding Mothers Self-Leadership In Exclusive Breastfeeding. Bali Medical Journal, 12(3), 3269-3272.

Notoatmodjo, S. (2020). Ilmu Perilaku Kesehatan. Jakarta: Rineka Cipta. Isbn 9789795189831.

Pakilaran, G. A., Rasni, H., Nur, K. R. M., & Wijaya, D. (2022). Family Support On Exclusive Breastfeeding In Babies Aged 0-6 Months In Indonesia: Literature Review. *Nursing And Health Sciences Journal*, *2*(2), 1–7.

Prastita, N. P. G., Sunjaya, D. K., Syam, H. H., Krisnadi, S. R., Hakim, D. D. L., Anwar, R., & Susiarno, H. (2025). Barriers And Facilitators To Exclusive Breastfeeding Among Formally Employed Mothers In Urban Indonesia. *Bmc Public Health*, *25*(1), 1-9.

World Health Organization. (2018). Breastfeeding. Accessed Via Https://Www.Who.Int/News-Room/Facts-In-Pictures/Detail/Breastfeeding