PREDICTORS OF INTENTION TO PRACTICE EXCLUSIVE BREASTFEEDING AMONG PREGNANT WORKING WOMEN IN JAKARTA, INDONESIA

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ABSTRACT:

Background: Breast milk is an ideal form of nutrition to support optimal growth and development of infants. Not only infants could get many advantages from breastfeeding but also the mothers who breastfeed have a chance to gain physical and psychological advantages. Although there are a lot of advantages of breastfeeding, working mothers are facing many challenges to adopt the practice of exclusive breastfeeding, including return to work and short duration of maternity leave. Concerning these challenges, pregnant working women should determine the intention to practice exclusive breastfeeding as a first step of breastfeeding practice process. The study aimed to identify significant predictors of the breastfeeding intention.

Methods: A cross-sectional survey was conducted among 118 pregnant working women in Antenatal Care Unit, Public Health Centre of Sint Carolus Hospital Jakarta, Indonesia by purposive sampling. A standard multiple regression was performed to identify factors predicting intention to practice exclusive breastfeeding, based conceptually on the Theory of Reasoned Action.

Results: The findings revealed that perceived behavioral control ($\beta = 0.49$, $p < .001$) was the strongest predictor to explain the intention, followed by perceived norm ($\beta = 0.19$, $p = .01$), while attitude was not a significant predictor of intention ($\beta = 0.17$, $p = .09$).

Conclusions: Perceived behavioral control and perceived norm are significant predictors of intention to practice exclusive breastfeeding. Therefore, it is important for the husband, family, and co-workers to support and facilitate pregnant working women to practice exclusive breastfeeding.

Keywords: Exclusive breastfeeding, Pregnant working women, Indonesia

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INTRODUCTION

Breastfeeding is a basic foundation for infants. According to WHO, exclusive breastfeeding is defined as when the infant receives only breast milk for the first six months of life, no other liquids or solids are given not even water, and breastfeeding continued along with appropriate complementary food for up-to two years of age or beyond [1]. Human milk contains a lot of biologically active components important to promote survival and healthy development of infants, as it supplies all the nutrients, vitamins and minerals that infant needs [2]. Breast milk supplies the normative standard for infant nutrition, including vitamins A, B1, B2, B6, B12, D, and iodine [3]. The benefits of breastfeeding are very many and helps to protect the infants from infections, diabetes mellitus, diarrhoea, asthma, Crohn's disease, ulcerative colitis, lymphoma, leukaemia, and allergies [4]. In addition, the practice of exclusive breastfeeding stimulates psychological interaction between infant and mother. Previous studies have mentioned that infants who are breastfed exclusively have enhanced intelligence development [5, 6].

The practice of exclusive breastfeeding provides physical and psychological impacts for both the infant and the mother. Mothers who breastfeed could avoid postpartum haemorrhage, delayed return of fertility, and prevent post-natal depression [7, 8].

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Other maternal outcomes also have a positive effect from breastfeeding. The American Academy of Pediatrics reported that cumulative lactation experience showed a significant reduction in hypertension, hyperlipidemia, cardiovascular disease, and diabetes [4]. Hence, it is important to note that mothers who breastfeed achieve both short and long term health benefits. Economically, the practice of exclusive breastfeeding could bring benefits such as saving money from formula usage. Another economic benefit, it could increase productivity of the working mother because of reduce maternal absenteeism from their babies having illness. Based on findings from a previous study, it was found that breastfeeding mothers had less infant illness and maternal absenteeism than mothers of formula fed babies [9].

Although there were several advantages of breastfeeding as mentioned, the rates of exclusive breastfeeding practices are still low. It was reported that only 24-32% of infants in developing countries were exclusively breastfed for 6 months [1]. For Indonesia, the coverage target of exclusive breastfeeding in 2013 was 75% [10]. However, the rate of exclusive breastfeeding practice in 2012 was only 41.5% [11]. Particularly, the data shows that the exclusive breastfeeding practice coverage in Jakarta is low at 25.5% [12].

Jakarta is the economic, cultural, and political centre of Indonesia. As an urban area, Jakarta is evolving towards industrial city that encounters industrial development into small industries or medium and large industries. During 2011 to 2012, the amount of labour force which was dominated by women increased rapidly [13]. Recently, it is not only the father that has responsibility to work but also the mother has a responsibility to fulfil the daily needs of the family. The number of working women in Indonesia reached 39 million people in 2012 and it is predicted that it will increase in the coming years [14]. According to the report of National Labour Force Survey, the number of working women increased by 0.36% during 2009 to 2011 [14].

There are concerns regarding exclusive breastfeeding among working women, as they are facing many challenges to adopt the practice of exclusive breastfeeding. They have to combine two roles as a mother who has responsibility to fulfil the best nutrition for her baby and as a worker who has responsibility in the workplace. Several previous studies pointed out that exclusive breastfeeding practices were influenced by return to work and short duration of maternity leave [15-20]. Some other studies examined immediate factors influencing exclusive breastfeeding, such as intention. The intention to practice exclusive breastfeeding in the pregnancy period is an initial step in the process to practice breastfeeding in working women. Several previous studies found that pregnant women with stronger intention to breastfeed were more likely to initiate breastfeeding [21-25].

According to the studies that examined the intention of a certain behavior, several studies use the conceptual framework of the Theory of Reasoned Action (TRA). The TRA is an antecedent of Theory of Planned Behavior that has commonly been employed to examine the influences on intention [26]. The original TRA consists of attitude, subjective norms, and intention. However, the new version of TRA has several modifications with addition of perceived behavior control as the domain of theoretical framework. The TRA suggests that the principal determinant of behavior is intention [27]. Intention is predicted by three main constructs: attitude, perceived norm, and perceived behavior control. Attitude is defined by behavioral beliefs that determine of people will perform the behavior. Perceived norm is defined by the perception of significant social referent about if the behavior is appropriate or inappropriate. Perceived behavior control is defined by the situation or condition that facilitates or inhibits the behavior [27].

For predicting breastfeeding intention, some previous studies showed that attitude was the strongest predictive factor that influenced breastfeeding intention [25, 28], while some other studies found that the perceived norm was an essential factor that influenced breastfeeding intention [23, 24]. For perceived behavior control, it was also identified as a strong predictor of breastfeeding intention [22, 29]. In brief, there are some inconclusive findings to investigate for the predictors of breastfeeding intention in various settings. Therefore, it is necessary to conduct the study of breastfeeding intention by using the TRA as a framework of the study.

MATERIALS AND METHODS

Design and procedure

This study involved a cross sectional survey of pregnant working women who had attended the antenatal care in Public Health Centre of Sint Carolus Hospital Jakarta Indonesia. This hospital located at the central business of Jakarta. The potential samples were calculated by using G power analysis software version 3.1.7. Based on literature review, the Theory of Reasoned Action study required at least moderate effect size [23]. Therefore, the effect size in this study is 0.2. In addition, a previous study suggested that the

sufficient power (1- β err prob) equals to 0.80 and the anticipated attrition rate was 20% [25]. Therefore, the total samples in this study consisted of 118 participants.

The non-probability sampling technique with purposive sampling was employed in this study. The inclusion criteria consisted of working women in first, second and third trimester of pregnancy, working part time or full time job, older than 18 years old, and did not have any pregnancy complications. The exclusion criteria included pregnant women who did not written inform consent, could not read and having a pregnancy complication.

Measurements

Data was collected by using the Breastfeeding Survey Questionnaire (BSQ) developed on the Theory of Reasoned Action [22]. In the present study, the BSQ was modified by selecting only the direct factors of intention, attitude, perceived norm, and perceived behavioral control. The BSQ is suitable to use for the people's characteristics in Jakarta, Indonesia.

The 16 items of the questionnaire were scored using a 7 point Likert scale. Intention was measured by using two items that used a scale to rate the likelihood of exclusive breastfeeding for 6 months, the items were scored by 1 to 7 (1= extremely unlikely; 4= neither; 7= extremely likely). Attitude was assessed by asking pregnant working women to rate their feelings toward exclusive breastfeeding on eight pairs (inconvenient/ convenient; exhausting/ relaxing; time consuming/ time saving; unnatural/ natural; bad/ good; difficult/ easy; embarrassing/ rewarding; gross/ pleasant). Perceived norm was measured by using two items using a scale to indicate perception whether or not most important people (husband, family members, co-workers) and most working women agree to exclusive breastfeeding for 6 months; the items were scored by 1 to 7 (1= extremely disagree; 4= neither; 7= extremely agree). Perceived behavioural control was measured by using four items, that used a scale to assess the circumstance whether performing exclusive breastfeeding was under their control, the items were scored by 1 to 7 (1= not at all up to me/ under my control; 4= somewhat up to me/ under my control; 7= completely up to me/ under my control). And the second aspect was confidence- how confident they were perform exclusive breastfeeding for 6 months, the items were scored by 1 to 7 (1= not at all sure/ confident; 4= somewhat sure/ confident; 7= completely sure/ confident).

The back translation technique was used in this study. The Cronbach's alpha coefficient in each subscale of intention, attitude, perceived norm, and perceived behavioural control were 0.96, 0.90, 0.75, and 0.67 respectively. However, after adjusting for reliability of perceived behavioural control, the Cronbach's alpha coefficient was 0.83.

Statistical analysis

The continuous variables were analyzed by mean (M) and standard deviation (SD), while multiple regression analysis was performed to predict the intention to practice exclusive breastfeeding.

Ethical consideration

The study was approved by Ethics Review Board (ERB) Committee for Research Involving Human Research Subjects, Boromarajonani College of Nopparat Vajira, Bangkok, Thailand. The ERB code number of this document is COA No. 43/2014.

RESULTS

Descriptive analysis of demographic characteristics

Demographic characteristics are presented for the overall sample of pregnant working women in this study. A total 118 pregnant working women agreed to participate in this study and the demographic characteristics were analyzed.

According to Table 1, more than a half of participants was in the third trimester gestational age (57.60%). In regards to the level of education, the most frequency of participants hold a bachelor degree (37.30%), followed by diploma (28.00%) and high school (27.10%). The highest level of education is master degree (5.10%) and the lowest level of education was lower than high school (2.50%). The majority of participants worked more than 30 hours/ week (65.30%). More than half of participants had no breastfeeding experience (58.50%).

Descriptive analysis of factors based on the TRA

Descriptive analysis was used to describe the factors based on the TRA consisting of intention, attitude, perceived norm, and perceived behavioural control of exclusive breastfeeding (EBF) practice as showed in Table 2.

The results revealed that based on the scales 1 to 7 for all subscale and items, it was found that the participants rated their intention to exclusive breastfeeding practice at the high level for the mean score, which was 6.15 (SD = 1.04). For the each item, 49.15% reported that they were extremely likely to exclusive breastfeeding for 6 months and 51.69% reported that they will do exclusive

Table 1 The frequency and percentage of demographic characteristics of pregnant working women in Jakarta, Indonesia (n=118)

Demographic characteristics	Number	%
Gestational age		
First trimester	18	15.3
Second trimester	32	27.1
Third trimester	68	57.6
Level of education		
Lower than high school	3	2.5
High school	32	27.1
Diploma	33	28
Bachelor degree	44	37.3
Master degree	6	5.1
Working hours		
≤ 30 hours/ week	41	34.7
> 30 hours/ week	77	65.3
Breastfeeding experience		
Yes	49	41.5
No	69	58.5

Table 2 The scores, means and standard deviations (SD) of intention, attitude, perceived norm, and perceived behavioural control (PBC) (n=118)

Variables	Scores							Mean	SD
	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)	6 n (%)	7 n (%)		
Intention								**6.15**	**1.04**
- The likelihood of EBF	-	-	1 (0.84)	11 (9.32)	17 (14.41)	31 (26.27)	58 (49.15)	6.14	1.04
- Willingness to do EBF	-	-	1 (0.84)	9 (7.62)	21 (17.79)	26 (22.03)	61 (51.69)	6.16	1.03
Attitude								**6.05**	**0.93**
- EBF is inconvenient/ convenient	1 (0.84)	-	1 (0.84)	1 (0.84)	31 (26.27)	28 (23.73)	56 (47.46)	6.13	1.03
- EBF is exhausting/ relaxing	-	-	-	4 (3.39)	35 (29.66)	31 (26.27)	48 (40.67)	6.04	0.92
- EBF is time consuming/ time saving	-	-	2 (1.69)	25 (21.18)	43 (36.44)	22 (18.64)	26 (22.03)	5.38	1.10
- EBF is unnatural/ natural	1 (0.84)	-	-	1 (0.84)	29 (24.57)	32 (27.12)	55 (46.61)	6.16	0.97
- EBF is bad/ good	-	-	-	-	18 (15.25)	22 (18.64)	78 (66.10)	6.51	0.75
- EBF is difficult/ easy	-	-	5 (4.24)	10 (8.47)	36 (30.51)	40 (33.89)	27 (22.88)	5.63	1.06
- EBF is embarrassing/ rewarding	-	-	-	1 (0.84)	11 (9.32)	31 (26.27)	75 (63.56)	6.53	0.70
- EBF is gross/ pleasant	-	-	-	6 (5.08)	24 (20.34)	47 (39.83)	41 (34.75)	6.04	0.87
Perceived norm (PN)								**5.93**	**1.00**
- Most important people (husband, family, co-workers) disagree/ agree	-	-	-	4 (3.39)	25 (21.18)	28 (23.73)	61 (51.69)	6.24	0.90
- Most working women disagree/agree	-	-	-	24 (20.34)	31 (26.27)	29 (24.57)	34 (28.81)	5.62	1.11
Perceived behavioral control (PBC)								**5.80**	**1.15**
- Control over the circumstance to perform EBF	3 (2.54)	5 (4.24)	6 (5.08)	3 (2.54)	36 (30.51)	25 (21.18)	40 (33.89)	5.53	1.52
- Sense of complete control to practice EBF	-	-	3 (2.54)	3 (2.54)	44 (37.28)	20 (16.95)	48 (40.68)	5.91	1.05
- Sense of complete confidence in practicing EBF	-	-	3 (2.54)	5 (4.24)	36 (30.51)	30 (25.42)	44 (37.29)	5.91	1.04
- Self-confidence to perform EBF	-	-	3 (2.54)	3 (2.54)	40 (33.89)	32 (27.12)	40 (33.89)	5.87	1.00

Table 3 Multiple regression predicting intention to practice exclusive breastfeeding

	B	SE	β	*t*	*p*-value
Attitude	0.06	0.04	0.17	1.69	.09
Perceived norm	0.22	0.09	0.19	2.39	.01
PBC	0.25	0.05	0.49	5.31	.000
Intention	0.88	1.08		0.82	

$R^2 = 0.58$, Adjusted $R^2 = 0.57$, $F = 54.19$, p-value < .001

breastfeeding for 6 months. The mean score of the attitude toward the practice of exclusive breastfeeding was 6.05 (SD = 0.93). The majority of participants rated their scores at the positive attitude which was 5 and above. The mean score on the perceived norm was 5.93 (SD = 1.00). The majority of participants showed that most important people (husband, family, and co-workers) should extremely agree to do exclusive breastfeeding (51.69%). The mean score on the perceived behavioural control was 5.80 (SD = 1.15). The highest frequency of participants showed that they had a strong sense of complete control to practice exclusive breastfeeding (40.68%). In addition, the highest frequency of participants also showed that they had a strong sense of complete confidence in practicing exclusive breastfeeding (37.29%).

Predicting intention

A multiple regression analysis was performed to predict factors of intention to practice exclusive breastfeeding among pregnant working women.

According to Table 3, the results showed that all of three theoretical construction variables of the TRA could explain 57.0% of the variance in intention (Adjusted $R^2 = 0.57$, $F = 54.19$, $p < .001$). Each of independent variable, perceived norm ($\beta = 0.19$, $p < .05$) and perceived behavioral control ($\beta = 0.49$, $p < .01$) were identified as significant predicting factors of intention to practice exclusive breastfeeding. Perceived behavioral control was identified as the strongest predicting factor of intention, followed by perceived norm. However, attitude was not identified as a significant predicting factor of intention to practice exclusive breastfeeding ($\beta = 0.17$, $p > .05$) in this study.

DISCUSSION

According to the findings, the present study showed that the mean score of intention was high. This means that pregnant working women had a strong intention to practice exclusive breastfeeding. A previous study stated that women who had a strong intention to breastfeed were more likely to practice breastfeeding [22]. Another study also pointed out that pregnant women with stronger intention to breastfeed were more likely to initiate breastfeeding [25]. In addition, it was also found that women who declared intentions prenatally to exclusive breastfeeding were more likely to practice exclusive breastfeeding [30]. In summary, it is important to note that pregnant working women should establish her intention to practice exclusive breastfeeding in order to perform the actual behavior.

Concerning the predictors of intention based on the TRA, a previous study on predicting intention to continue exclusive breastfeeding for 6 months with the sample of mothers with infants from birth through 4 weeks old revealed that the higher mean scores suggested positive attitude, approval from social network and strong sense of control and confidence in performing the behavior [22]. Similarly, another previous study on predicting intention to exclusive breastfeeding among adolescents showed the high mean scores of attitude and perceived norm [24]. However, a previous study on predicting breastfeeding among 6 weeks postpartum women living in areas of economic hardship showed the mean scores of attitude and perceived norm, which were around the mid-point of the scale, and the mean scores of perceived behavior control were somewhat below the mid-point [31]. In conclusion, the variations of mean scores in the predictors based on the TRA may be caused by the differentiation of the population in each study.

Regarding the affecting factors of intention, this study confirmed that perceived behavioral control was the strongest predictor of intention to practice exclusive breastfeeding. In this present study, the findings were consistent with other studies, which reported that perceived behavioral control was a strong predictor for breastfeeding intention [22, 29, 32]. Pregnant working women who had higher perceived behavioral control were able to control the difficult situations that could occur in their workplace [32]. On the other hand, women who had less perceived behavior control over breastfeeding, led to weaker intention to practice exclusive breastfeeding [29]. Perceived behavioral control needs to be taken into consideration for providing a sense of control to drive intention to practice exclusive breastfeeding. The previous studies stated

that a convenient situation and environment enable mothers to practice exclusive breastfeeding [22, 32]. The pregnant working women in the current study could anticipate difficult situations that inhibit practicing exclusive breastfeeding, thus preparing mother's willingness to practice exclusive breastfeeding after childbirth.

With regard to perceived norms, the finding of this study identified perceived norm as a significant affecting factor influencing breastfeeding intention. Several studies have found perceived norm to be a predictor of intention [23, 24], while some other studies have not [25, 33]. The current study found that support from husband, family members, and co-workers influenced the intention to practice exclusive breastfeeding. These results were supported by other studies. Lau found that support from husband was an important factor affecting the intention to practice exclusive breastfeeding [23]. In addition, some previous studies in Indonesia found that support from the husband, mother, and health care providers influenced breastfeeding practice [18, 19]. Therefore, it is important to note that pregnant working women's perception of the approval to practice exclusive breastfeeding from significant people, could influence their intention to practice exclusive breastfeeding.

Surprisingly, it should be noted that in the current study, attitude did not prove to be a predictor of intention to practice exclusive breastfeeding in this particular sample of pregnant working women. Although attitude could not to be a significant predictor in this study, several studies stated that attitude toward behavior is predictor factor that influence intention to practice exclusive breastfeeding [21, 28, 31]. The failure of attitude to prove to be a predictor of intention could be explained by other study. A longitudinal study conducted in a sample of women during last trimester of pregnancy until 12 months postpartum mentioned that attitude toward breastfeeding did not predict intention to breastfeed in the prenatal period [29]. In conclusion, pregnant working women with a positive attitude towards breastfeeding behavior perceives the exclusive breastfeeding is good for babies; however, they may encounter many factors that influence their intention to practice exclusive breastfeeding, while they are working women.

CONCLUSIONS

This study suggests that perceived behavioral control and perceived norm are significant factors that influence breastfeeding intention. Breastfeeding support in the environment particularly at the workplace, and support from husband, family members, and co-workers are important to empower working women to practice exclusive breastfeeding for 6 months. Therefore it is necessary to address breastfeeding support programs for pregnant working mothers by involving the husband, family members, and co-workers to support and facilitate working women to practice exclusive breastfeeding.

LIMITATIONS

This present study recruited a small sample of pregnant working women, which may not reflect the diversity of perception and beliefs and in the present study we did not investigate different types of employment. Working women in professional occupations or who have technical employment may have different experiences and perceptions to practice exclusive breastfeeding, which can affect the intention and actual behavior.

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