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Related Factors of Work Stress Among Breastfeeding Working Women in Indonesia

Siti Rahmah Hidayatullah Lubis[1,2*], Indri Hapsari Susilowati[3]
[1]Doctoral Program in Public Health, Faculty of Public Health, Universitas Indonesia, Indonesia
[2]Faculty of Health Sciences, UIN Syarif Hidayatullah Jakarta, Indonesia
[3]Faculty of Public Health, Universitas Indonesia, Indonesia
[*]Authors Correspondence: sitirahmah@uinjkt.ac.id/0895325215025

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ABSTRACT
Work stress is a common response experienced by workers, including breastfeeding working women, due to stressors arising in the workplace. In the short term, work stress has a negative impact on the productivity and lactation activity of working women. Therefore, this study aimed to investigate the factors associated with work stress among breastfeeding working women. A cross-sectional design was used by distributing the workplace stress scale questionnaire and additional questions to breastfeeding working women. The data used were obtained from 162 respondents spread across Indonesia who were willing to fill out online questionnaires. Subsequently, the collected data were analyzed using the Logistic Regression test. The results indicated that 85 people (52.47%) felt high stress, particularly regarding the lack of opportunity to show ability and talent during work. A statistically significant relationship (p=0.034, aOR= 2.139) was also discovered between the type of family and work-related stress in breastfeeding working women. Although this problem was directly sourced from stressors at work, demographic factors such as the type of family contributed to the stress experienced by breastfeeding working women.

INTRODUCTION

The mental health situation in Indonesia is demanding urgent attention, as indicated by the data from the Ministry of Health of Indonesia (2019). Mental health disorders rank first as the leading cause of disability or illness, with a 13.4% higher likelihood of resulting in a disability or disease compared to other factors such as cardiovascular or respiratory issues.[1]

According to Indonesian Basic Health Research data 2018, mental-emotional disorders occur primarily in the productive working age, predominantly in women (12.1%) than men (7.6%).[2] This phenomenon is attributed to stress, where the higher number of mental-emotional disorders in women is workplace-related. The rapid economic growth has led many women to actively participate in various workplaces in the Indonesian labor force over the past five years. In 2018, data from the Central Statistics Agency showed that the participation of women increased to 54% compared to 51% in the previous year.[3]

Women in most societies carry out multiple roles including domestic household affairs, leading to different characteristics in female and male workers.[4] The combination of responsibilities within life groups and the workload also creates psychosocial stressors for working women.[5]

Conflicting work schedules also add to the causes of work-related stress in breastfeeding working women. A previous study in China found that the work scheduling of a female healthcare worker, namely a nurse, affected work stress for breastfeeding working women, particularly when returning to work after giving birth.[6] Another issue was caused by the distance between the mother and the baby due to the demands of the workplace, requiring mothers to spend extended hours away from home, leaving their babies unattended.[7]

Study by Sattari et al. also suggested that work-related stress among breastfeeding female doctors was associated with the availability of lactation breaks at work.[8] A significant proportion of working mothers, approximately 25% feel very stressed due to concerns about the difficulties and discomfort of lactation at work.[9]

Apart from insufficient knowledge, the type of family, workplace, and lactation breaks could be factors related to women's work stress. Therefore, further study is essential to determine the right strategy for dealing with stress levels among breastfeeding working women.[10–12]

Several studies have investigated the effect of workplace stressors on work stress. However, only a few investigations examined the relationship between lactation support factors at the workplace and the effect of social support, such as the type of family, on work stress among breastfeeding working women. This study aimed to explore various factors related to work stress among breastfeeding working women in Indonesia.

MATERIAL AND METHOD

This study was conducted between July and September 2022 using a quantitative approach with a cross-sectional design and a population of all working women in Indonesia. The inclusion criteria were women workers in industry or offices, breastfeeding status, and willingness to be respondents. The number of samples was determined using the hypothesis test formula for two different proportions with the Sample Size 2.0 software to obtain a total of 162 respondents. An accidental sampling technique was used to initially obtain 173 people who willingly responded to surveys through the Internet. However, after cleaning the data, it was discovered that some responses lacked completeness, resulting in a total of 162 responses used for analysis.

Data collection was facilitated through an online questionnaire by distributing survey invitations using social media platforms such as WhatsApp and Instagram. The purpose and scope of the study and guidance were explained to the respondents before completing the questionnaire. Respondents who agreed to complete the questionnaire signed the consent form by clicking the "yes" button, while anonymity and confidentiality were maintained throughout this study. Subsequently, the workplace stress scale instrument was used to measure the work stress variable. Previous studies identified the workplace stress scale instrument as an instrument applicable across all settings and types of work.[13,14] This instrument consisted of eight questions items to obtain a description of work stress by calculating a

score using a five-point Likert scale. For unfavorable questions, "never", "very rarely", "sometimes", "often", and "very often" received a score of 1, 2, 3, 4, and 5, respectively. Meanwhile, for favorable statements, the answer score was the opposite. The measurement results on the work stress variable were seen in 2 forms, based on each question item score. When the total score was above 3, the respondent agreed with the related question. When the total score was between 1-3, it was concluded that the respondent did not agree with the corresponding question. Before entering the advanced stage of bivariate analysis, the work stress variable was divided into two categories using the median value. This was carried out because, from the normality test results, the data was not normally distributed. For the category of high and low levels of work stress, the total scores were ≥18.69 and <18.69, respectively. Meanwhile, the independent variables in this study were level of education, type of workplace, and lactation breaks at work. Questions for the independent variables in the dichotomous form were the level of education ("≤High School" or ">High School"), the type of family ("nuclear family" or "extended family"), the type of workplace ("Industry" or "office") and lactation breaks ("yes" or "no").

The independent and dependent variables were statistically analyzed using the statistical software Chi-square test. The univariate analysis described data based on quantitative amounts and percentages. The bivariate analysis was used to determine the relationship between education level, type of workplace, time of lactation, and type of family. When the analysis results showed that the variable with a p-value <0.25 was included in further tests using Logistic Regression with the forward method. The stages are carried out by entering variables gradually based on the most significant partial correlation. The process is stopped when the new variables cannot increase the effective contribution significantly (sig below 0.05).

The logistic regression was used as a type of determinant to determine the dominant factors influencing the occurrence of work stress. In the results section, additional information was provided to explain individual characteristics such as the age of the respondent, the age of their children, and locations. Data collection was carried out after obtaining approval from the Ethics Committee of the Faculty of Health Sciences, Syarif Hidayatullah State Islamic University Jakarta, with letter number: (Un.01/F.10/KP.01.1/ KE.SP/06.08.017/2022.

RESULTS

This study aimed to explore the related factors of work stress among breastfeeding working women, including education level, type of family, workplace, and lactation breaks. A total of 162 breastfeeding working mothers voluntarily participated in this study. Table 1 showed the results of the univariate descriptive analysis.

Table 1. Characteristics of Respondent

Characteristics	n = 162	%
Mother's Age		
Young (< 32.67 years old)	82	50.62
Old (≥ 32.67 years old)	80	49.38
Child Age		
0 – 6 mos	26	16.00
7 – 12 mos	38	23.45
> 12 mos	98	60.55
Education		
Low (≤ High School)	44	27.16
High (≥ Diploma)	118	72.84
Location		
DKI Jakarta	12	7.40
West Java	5	3.08
Banten	102	62.96
Lampung	34	20.98
North Sumatera	6	3.70
Aceh	1	0.62
West Nusa Tenggara	1	0.62
South Sulawesi	1	0.62
Family Type		
Extended Family	85	52,46
Nuclear Family	77	47.54
Workplace Type		
Industry	69	42.59
Office	93	57.41
Lactation Breaks		
No	22	13.58
Yes	140	86.42
Work Stress		
Low (< 18,69)	77	47.53
High (≥ 18,69)	85	52.47

Source: Primary Data, 2022

The result showed that out of 162 respondents, 82 (50.62%) were young women, with an average age of under 32.67 years. A total of 98 respondents (60.55 %) had children over 12 months old, while 118 (72.84%) had a high level of education. The average number of respondents who lived in Banten Province was 102 (62.96%). Furthermore, the majority of respondents (52.46%) had extended family, and 93 (57.41%) reported working in offices as their primary place of employment.

The majority of respondents (86.42%) had lactation break facilities, which included special rest periods for lactation activities at various facilities at work. According to the survey, 85 respondents (52.47 %) reported high levels of work stress.

Table 2 showed a perception analysis based on the workplace stress scale instrument to determine trends in each statement item. Based on the results, for the statement item "Conditions at work were unpleasant or sometimes unsafe". The total mean score was 1.74, indicating that most respondents perceived their workplace as comfortable and safe.

Regarding the statement item "Work negatively affecting my physical or emotional well-being", the average score was 1.54. This indicated that most respondents perceived their workplace as having a positive influence on their physical and mental health.

According to the statement item "much work to do in a short time", the total average score of answers was 2.41. This showed that the majority of respondents perceived their workload as manageable within safe limits.

The total average score was 1.96 on the statement that "it is difficult to express my opinion or feelings about my work conditions to my superiors". This indicated that the majority of respondents exhibited an easy perception of expressing opinions and feelings about working conditions to their superiors.

The average total score was 1.64 for the statement that "work pressure affects personal and family life". This showed that the majority of respondents perceived no conflict between work and personal life.

Regarding the statement item "able to control and provide input on tasks to be performed", the mean total score was 3.5. This showed that the majority of respondents possessed the ability to control and provide their input during work.

The average total score was 3.07 for the statement item "there is an appropriate recognition and rewards if they give a good performance". This showed that the majority of respondents received rewards and recognition after performing well at work.

In the statement item "able to make the most of their abilities and talents at work", the average total answer score was 2.83. This indicated that the majority of respondents did not get the opportunity to make the most of their abilities and talents at work.

Table 2. Perception of Respondents About Work Stress

Statement	Responds (%)					Mean	SD
	Never	Rarely	Sometimes	Often	Very Often		
Conditions at work are unpleasant or sometimes even unsafe.	50.6	25.3	23.5	0.6	0	1.74	0.84
I feel that my job is negatively affecting my physical and/or emotional well-being.	64.2	19.8	14.2	1.2	0.6	1.54	0.83
I have too much work to do and/or too many unreasonable deadlines	29.0	16.0	42.6	9.9	2.5	2.41	1.08
I find it difficult to express my opinions or feelings about my job conditions to my superiors	43.8	21.0	31.5	2.5	1.2	1.96	0.98
I feel that job pressures interfere with my family or personal life.	58.6	22.2	16.0	2.5	0.6	1.64	0.88
I have adequate control or input over my work duties	5.6	12.3	37.7	15.4	29.0	3.5	1.19
I receive appropriate recognition or rewards for good performance.	7.4	27.2	32.1	17.9	15.4	3.07	1.17
I can utilize my skills and talents to the fullest extent at work.	8.6	32.7	33.3	17.9	7.4	2.83	1.06

Source: Primary Data, 2022

Based on Table 3, the results of bivariate analysis using the Chi-square technique showed that the level of education had a significant relationship with Work Stress with *p-value* = 0.002 and Odds Ratio (OR) 3.27. This indicated that respondents with low education levels were three times more likely to experience work stress compared to those with a higher education level.

The type of family had a significant relationship with work stress at *p-value* = 0.002 and OR 2.872. This indicated that respondents living with their extended family in the same house were three times more likely to experience work stress compared to those with nuclear family.

The analysis of the type of workplace showed that the variable had a significant relationship with work stress with *p-value* = 0.039 and OR 2.008. This indicated that respondents working in the industry were two times more likely to experience work stress compared to those in offices.

The analysis of the lactation breaks showed a significant relationship with the work stress with *p-value* = 0.005 and OR 4.903. This indicated that respondents working in the industry were more prone to work-related stress compared to those in offices by four times.

The multivariate analysis presented in Table 4 showed that the variable most significantly related to the incidence of work stress in breastfeeding working women was the type of family. In contrast, lactation breaks, type of workplace, and education of women were controlling variables. The results also showed that the Adjusted Odds Ratio (aOR) for this type of family was 2.14 (95% CI: 1.058 – 4.325). This indicated that breastfeeding working women living with extended family had a risk of experiencing work stress two times higher compared to with nuclear family after controlling by variables of lactation breaks at work, type of workplace, and education level.

DISCUSSION

This study showed that the prevalence of work stress among breastfeeding working women in Indonesia was relatively high. This number was higher compared to another investigation in Florida, where an elevated level of work stress was observed among female doctors with breastfeeding status.[8]

The result also showed that the return of a new mother to work triggered stress due to several events, such as psychosocial stressors from the work environment and social life. The stigma of breastfeeding in public spaces, particularly at work, often resulted in embarrassment. This phenomenon contributed to a decrease in the productivity of breastfeeding, which became a burden for other co-workers to take over the job.[15] However, when lactation support was available at work, there was a decrease in stress levels. The productivity of these women also increased, as there was no hindrance in returning to work after maternity leave.[16]

This study also found that perception about using their skill and talents at work was psychosocial stress among breastfeeding working women. In this case, granting workers greater control over their working time and facilities provided by the company to support lactation activities helped to mitigate work stress.[17]

Table 3. Results of Bivariate Analysis with Chi-Square

Variable	Work Stress				*p-value*	OR
	High		Low			
	n = 85	%	n = 77	%		
Education						
Low (≤High School)	32	72.72	12	27.28	0.002*	3.270
High (≥ Diploma)	53	44.91	65	55.09		
Family Type						
Extended Family	55	64.70	30	35.30	0.002*	2.872
Nuclear Family	30	39.00	47	61.00		
Workplace Type						
Industry	43	62.31	26	37.68	0.039*	2.008
Office	42	45.16	51	54.84		
Lactation Break						
No	18	81.81	4	18.19	0.005*	4.903
Yes	67	47.85	73	52.15		

Source: Primary Data, 2022

Table 4. Multivariate Analysis of Factors of Work Stress among Breastfeeding Working Women

	B	S.E	Sig	Adjusted OR	95% CI for Exp (B)	
					Lower	Upper
Lactation Breaks	0.911	0.653	0.163	2.488	0.691	8.954
Workplace Type	-0.210	.0456	0.645	0.811	0.332	1.981
Education	0.721	.0551	0.190	2.057	0.699	6.057
Family Type	0.760	0.359	0.034	2.139	1.058	4.325
Constanta	-0.495	0.249	0.046	0.610		

Source: Primary Data, 2022

Each worker exhibited a different capacity for the level of stress. However, one common issue with women was the conflict relating to the time at work and family due to the various roles and increasing responsibilities.[15,18,19]

The results indicated that the family type variable predominantly influenced the occurrence of work stress among breastfeeding working women. Subsequently, this led to the statement item "How is the influence of level of education, type of family, workplace, and lactation breaks on work stress among breastfeeding working women?". To answer this question, some underlying reasons were made.

Level of Education

This study found that the education level of the mother did not have a significant effect. However, it significantly controlled the variables affecting work stress. According to Ornek, education level was significantly related to breastfeeding and work stress management.[20] This phenomenon occurred because mothers with higher education sought information from various sources, including ease of access and accuracy of the information to increase the duration of breastfeeding compared to those with middle or lower levels of education.[21]

According to a previous investigation, mothers with a low education level believed that when a baby was given formula milk, it showed the established economic level of the family. These mothers were easily influenced by various advertisements for formula milk to replace the role of breast milk. Based on an assumption, breastfeeding while working was also found tricky, increasing stress and discouraging working women.[22]

Interventions to increase the knowledge of working mothers increased the ability of female workers to cope with their stressors.[23]

Family Type

This study found a significant relationship between the type of family and work stress among breastfeeding working women. The results showed that characteristics of the family type affected work stress.

A new mother faces several situations that cause stress during events or life changes. The type of family can also be a factor contributing to vulnerability and disruption between interactions. This is because a household with a baby needs the utmost support from its family.[24,25]

The results showed that living only with their husbands significantly related to the motivation and readiness of mothers for exclusive breastfeeding. According to a previous study, support from other family members was essential in breastfeeding and raising a baby, particularly from the mother-in-law.[26] When mothers or in-laws live together, it can create an environment that helps in coping with stress due to shared breastfeeding experiences. However, there is a tendency for negative impacts when the mother/in-law does not understand the concept of exclusive breastfeeding and lactation management.[22]

Other studies present a different perspective, emphasizing that support from extended families is rarely found in this modern era. The role of the nuclear family, including the husband as a new father, is the primary support for the success of exclusive breastfeeding. In correlation to the previous variable, other investigations also added that the higher education level of a woman and the husband will result in separate living from their families, leading to limited reliance on family support.[27]

Type of Workplace

According to this study, the type of workplace did not have a significant relationship with the prevalence of work stress among breastfeeding working mothers. Accord-

ing to the responses to the job stress question in the workplace condition perspective item, workers feel comfortable working and believe that work pressure does not affect their physical or mental health. In addition, working conditions did not adversely affect individual needs, mainly regarding breastfeeding while working.

However, several previous studies also stated that types of workplaces, both in offices and industry, have low breastfeeding coverage rates. Women working in offices were often tasked with doing administrative work. According to Lauer, 70.6% of working mothers in various industries planned to provide breastfeeding until the baby was two years old or older, but only a 10.7% success rate was recorded.[28] This number included mothers working in an office and those who know the breastfeeding-friendly policies of their companies.[29,30]

Women working in industries exhibited low lactation time flexibility, education level, shift-based work, and additional bonuses, depending on the group productivity. This phenomenon was related to the previous investigation, where women working in offices tended to have higher education levels (73%) compared to those in a factory (51.48%).[21]

The different characteristics between industrial and office workplaces in providing space for breastfeeding working mothers will be rooted in the organizational culture in any workplace category. Organizational culture can have an impact on increasing breastfeeding in the workplace, which ultimately has an impact on the prevalence of work stress among breastfeeding working mothers.

Another study stated that working mothers, particularly those who breastfeed, can reduce their stress levels by properly organizing work and family matters well, as well as avoiding blaming others. This can also be contradictory when the role of working women requires more flexibility and a higher workload due to the inability to perform multiple roles.[5]

Lactation Breaks

This study found no significant relationship between the availability of lactation breaks and work stress. The availability of working time became a controller of the influential variable. However, the absence of facilitated lactation breaks at work increased the emergence of work stress due to the perceived psychosocial stressors of respondents at work. This phenomenon occurred because the high workload that had to be completed prevented workers from pumping breast milk during working hours.[31]

According to Gergel, work stress experienced by respondents was related to support for breastfeeding working women, whether there was sufficient time to carry out lactation activities at work.[32]

The ideal lactation time at work should consider the length of breastfeeding interval allowed in a certain period, frequency, and duration. Furthermore, the conditions should consider whether lactation time is among working hours, or there will be a loss of income. There is a need to support and make it easier for breastfeeding working women to carry out their roles while balancing work and breastfeeding.[15]

CONCLUSION AND RECOMMENDATION

This study discovered that the problem of job stress is a direct result of workplace stresses owing to demographic characteristics, particularly among breastfeeding mothers. According to the study, family type is critical in preventing job stress among breastfeeding women. The mother's decision to reside with the nuclear family and apart from the extended family is critical in preventing job stress, particularly the effect on the mother/in-law. However, further study is needed to determine the impact of living with a large family on preventing work stress, particularly in working moms who are breastfeeding.

The workplace can also play a crucial role in supporting working women by providing breastfeeding facilities to avoid stress. This included providing of a lactation room and time to express breast milk during work.

AUTHOR CONTRIBUTIONS

Conceptualization: SRHL, IHS. Data curation: SRHL. Formal analysis: SRHL. Funding acquisition: None. Methodology: SRHL, IHS. Writing – original draft: SRHL. Writing – review & editing: SRHL, IHS.

CONFLICTS OF INTEREST

The authors have no conflicts of interest associated with the material presented in this paper.

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