

# Parenting Self-Efficacy of Working Mother Who Have Toddler

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## ABSTRACT

In the modern era, there are gender equality which women who also a mother involved in the family support. Thus, this dual role raises problems for women to caring for their children and related to parenting self efficacy. Parenting self-efficacy is an important construct regarding the mother's beliefs about caring their children to provide nurture and positive influence on children's behavior and development. This study aims to describe parenting self-efficacy of working mother who have toddler. Study design using a qualitative method with a phenomenological approach. Data were collected using structured interviews and observations. The participants of this study were working mothers who have only one toddler. The results indicate that the dimensions that can be met by the three participants are the play dimension, which is providing fun games for children and being actively involved in playing with children and the instrumental care, establishment of structure, and routines dimensions, namely making a routine daily schedule according to child needs. Meanwhile, the dimensions that cannot be fulfilled by the three participants are the dimensions of discipline and limit setting, which provide rules or limits on what children can and cannot do. High parenting self-efficacy of the three participants was due to the presence of socio and marital support factors, especially the involvement of other caregivers, which made it easier for mothers to carry out their parenting roles.

**Keywords:** Working mother, Toddler, Parenting self-efficacy

## 1. INTRODUCTION

Along the times, gender inequality between men and women is slowly fading [1]. Currently, women have the same opportunities as men to enjoy their rights and potential in the integrity and continuity of the household [2]. The increase of household basic needs make women want to be involved in working outside the home to help their husbands in improving family welfare [2]. According to Dillaway and Pare [3], working mothers are defined as mothers who work outside the home for 40 hours or more a week.

According to Handayani [4], working mothers have dual roles, mothers are required to carry out two roles at once, working and taking care of children. Additional responsibilities from the work side such as a bad work environment, working hours, and high workloads that can interfere with the mental health of working mothers [5]. The need to carry out this role will cause pressure from the family and work side which leads to conflict, one them is child care [6][7]. Less optimal parenting will affect the child development, especially toddlers. In the stage of human development, toddlers have an age range of 1-3 years [8]. At this stage, toddlers experience physical, cognitive, and psychosocial growth that need parental care and devotion [8]. To support the achievement of developmental tasks, children

also need complex stimulation, most of them obtained through intensive and quality parental care [9].

The impact of working mothers will affect the psychological condition of children such as children who easily imitate angry behavior displayed by mothers after work [7]. Research conducted by Han [10] also stated that children from working mothers who work full time will have low cognitive scores and behavioral problems such as antisocial, anxiety/depression hyperactivity, immaturity, dependence, and stubbornness.

However, some working mothers are successful in carrying out their parenting roles. This is due to their ability to provide for needs, respond to children empathetically, and provide stimulation to support children's development [11]. One of the appropriate constructs to describe parenting beliefs in children is parenting self-efficacy. Parenting self-efficacy is a belief in which parents feel capable of providing care and a positive influence on the behavior and development of children [12]. There are seven dimensions of parenting self-efficacy in toddler age children: (a) emotional availability; (b) nurturance, valuing the child, and empathetic responsiveness; (c) protecting from harm and injury; (d) discipline and limit setting; (e) play; (f) teaching; and (g) instrumental care, establishment of structure and routines [13].

According to Coleman and Karraker [13], maternal parenting self-efficacy is lower in younger children. In line with the results of the preliminary study in the form of interviews conducted by Anggraini [14], it was stated that three subjects of mothers who worked and had toddler-aged children showed low parenting self-efficacy. Mothers become less affectionate for their children because mothers tend to be irritable and pay less attention to their children after a tired day at work. This is different from the research conducted by Pertiwi and Madjid [15], which said that mothers who work and have toddler age children have high parenting self-efficacy scores. In line with the opinion of Coleman and Karraker [16], said that mothers with good parenting self-efficacy will make mothers less stressed and successfully carry out their role as parents who take care of children. Therefore, working mothers must have good parenting self-efficacy so as not to easily feel pressured in carrying out the demands of their role as workers and caring for children.

Based on previous studies, this research method has limitations to describe more deeply the parenting self-efficacy of working mothers and the challenges experienced by mothers. Thus, the authors are interested in researching more deeply about the description of parenting self-efficacy of working mothers who have toddler using qualitative research methods.

## **2. LITERATURE REVIEW**

### **2.1. Parenting Self-Efficacy**

Parenting self-efficacy is a belief in which parents feel capable of providing care and a positive influence on the behavior and development of children [12]. There are seven dimensions of parenting self-efficacy in toddler, namely: (a) emotional availability; (b) nurturance, valuing the child, and empathetic responsiveness; (c) protecting from harm and injury; (d) discipline and limit setting; (e) play; (f) teaching; and (g) instrumental care, establishment of structure and routines [13]. Coleman and Karraker [18], stated that there are several factors that can affect parenting self-efficacy, namely the childhood experiences of parents, social elements, parents' experiences with children, the level of readiness to become parents both behaviorally and cognitively, as well as support for parenting, social and marital.

### **2.2. Working Mothers**

Hoffman and Nye [19] define working mothers as mothers who carry out an activity to earn income. Poerwadarminta [20] defines working mothers as mothers who carry out an activity to earn a living. According to Dillaway and Pare [3], working mothers are defined as mothers who work outside the home for 40 hours or more a week.

According to Hoffman and Nye [19], there are several factors that influence mothers to work outside the home. The first factor is financial need. The second factor is to fill spare

time and add new experiences. The third factor is the fulfillment of self-actualization.

Mothers who work outside the home have both positive and negative impacts. The positive impact is increasing financial income which will encourage the quality of health, child care, and can save for the future of the child.

The negative impact is the dual role it carries out. From the two roles, there are different demands that often bring a dilemma to working mothers with the care of their children [21]. Working mothers have a less than optimal parenting pattern.

### **2.3. Toddler**

According to the stage of human development, toddlers are in the 1-3 age range [8]. Toddlers experience very rapid physical, cognitive, and psychosocial development.

Toddler physical development starting from the sense of sight, smell, touch, hearing, and taste becomes better.

In the cognitive development stage pioneered by Piaget, toddlers are in the sensory-motor stage, where children learn about themselves and their world through sensory and motor development [8].

In the stage of psychosocial development pioneered by Erikson, the toddler is at the stage of autonomy vs shame and doubt [8]. At this stage the toddler is looking for the freedom to explore the surrounding environment to try everything according to his own will such as eating and dressing [8]. Children always want to try to convey ideas, preferences, and make their own decisions which often appear in the form of "negativism", where children often say "No!" or also called terrible two [8].

## **3. METHODOLOGY**

The participants of this study were three working mothers aged 20-40 years, had only one toddler aged 1-3 years, and lived with their husbands and children in the same house. Participants in this study amounted to 3 working mothers.

This study uses a qualitative method of phenomenology to find out how working mothers interpret parenting self-efficacy in raising toddler age children. The method in this study uses in-depth interviews and online observations through the zoom application and whatsapp videocall to each participant. This is due to time constraints and the COVID-19 PSBB program organized by the government. In this study, the instrument used was an interview and observation guide that was equipped with informed consent and research equipment in the form of a cellphone to record all interview sessions. The sampling technique used in the study was purposive sampling because the researcher wanted to find participants who fit the criteria to meet the objectives of this study.

Interview guidelines were made prior to data collection. In addition, the researcher prepared an informed consent form which was used to state the participants' willingness to participate in this study and was responsible for all the data provided. The next stage is to find participants according to

the criteria. After getting the participants, the writer arranged time to interview the participants. The researcher started the interview session by building a rapport with the participants with the aim that the participants felt comfortable and more open with the researcher. Then the researcher gave time for participants to fill out the informed consent and continue the interview session. After the interview, the researcher administered the Self-Efficacy Parenting Tasks Index-Toddler Scale (SEPTI-TS) questionnaire which was pioneered by Coleman and Karraker (2003) to better understand the characteristics of the parenting self-efficacy of the three participants.

**Table 1** Categorization of Parenting Self-Efficacy

Variable	Category	Score
<i>Parenting</i>	High	53-185.5
<i>Self-Efficacy</i>	Low	185.6-318

After the interview was conducted with each participant, the researcher immediately processed the data through six stages by Cresswell [17], namely: (a) the author's description of the parenting self-efficacy phenomenon of mothers who work outside the home and have toddler; (b) the author lists questions that refer to the phenomenon of parenting self-efficacy and treats each statement equally (having the same value); (c) the author converts the recorded interview results into verbatim transcripts using Microsoft Office Word; (d) the writer transfers the verbatim transcripts into the table to analyze the themes; (e) the author makes a table of categorization and coding of themes that have been predetermined for each participant; and (f) the same themes in the three participants are combined into a universal description of the experience that is representative of the participants as a whole.

#### 4. RESEARCH FINDINGS

Based on the results of filling out the questionnaire, there is a score of the participants as follows:

**Table 2** Questionnaire Results

Variable	Participants	Score	Category
<i>Parenting Self-Efficacy</i>	Participant IU	281	High
	Participant IF	273	High
	Participant IS	283	High

Based on the results of interviews, there is a description of parenting self-efficacy of three participants which will be explained through seven dimensions according to Coleman and Karraker [13], namely: (a) emotional availability; (b) nurturance, valuing the child, and empathetic responsiveness; (c) protecting from harm and injury; (d) discipline and limit setting; (e) play; (f) teaching; and (g) instrumental care, establishment of structure and routines.

#### 4.1. Dimensions of Emotional availability

In the dimension of emotional availability, parents have a duty to provide emotional support for their child's development. Biringen and Robinson [23], define emotional availability as the involvement of parents in providing responsiveness and sensitivity to children. The three participants were able to provide emotional needs for their children at work and at home. The three participants said that their children never looked for them or cried when they left work because they were used to it. Participants IU and IS also told that their children never made calls or video calls at work, as well as the two participants with their children because they had said goodbye before working. They also feel safe and believe that their children are in good condition because they are being cared for by other people who still have family relationships. Likewise, the IF participant said that if his child asked for a video call, he would pick it up as much as possible even when he was working. Before work, after work, and on weekends, the three participants always took the time to interact, communicate, and pay attention to their children, such as asking their children's activities every day, inviting them to play, and taking them around the complex before leaving for work. In terms of understanding changes in children's emotions, both IU and IS participants could easily understand the emotional changes experienced by their children through facial expressions and behavior displayed.

#### 4.2. Dimensions of Nurturance, Valuing the Child, and Empathetic Responsiveness

In the dimensions of nurturance, valuing the child, and empathetic responsiveness, parents are tasked with being able to understand what the child is feeling and respond appropriately. In this dimension, both IU and IS participants were able to understand what the child felt when the child's mood was not good through the facial expressions and behavior of the child displayed. Both participants responded appropriately by always giving time to cry, then giving physical hugs and gentle advice to calm their child. In contrast to IF participants who have not been able to understand what their children are feeling because of their passive involvement in understanding children's emotional changes. So that the response that is displayed when the child experiences a bad atmosphere is also in the form of anger. The three children of the participants were able to feel the attention and affection that their mother had tried to give. Participant IU shared that even though she is a strict mother, her child is closer and dear to her than her father. IF participant told that when he was tired, his son always asked how he was and stroked his head. Likewise with the IS participant children who always understand and do not behave too naughty towards their mothers.

### ***4.3. Dimensions of Protecting from Harm and Injury***

In the dimension of protecting from harm and injury, parents are tasked with providing protection and a sense of security for their children. In this dimension, the three participants can ensure a sense of security and comfort for their children while being cared for by other caregivers. After returning from work, the three participants always asked the other caregivers about their children's activities, directly asked their children, and checked their children's bodies to make sure there was no violence or accidents. In terms of the safety of the home environment, both IU and IF participants were able to provide a safe and secure environment for their children by limiting the door to the kitchen, keeping sharp and breakable objects out of the child's reach, and moving the electric switch up. IF participants also forbid their children to play outside the house because on the other hand, IF participants still have difficulty in determining what is safe and unsafe for their children because they tend to be overprotective. In contrast to IS participants who still have difficulty in providing a safe environment for children because the electric switch can be reached by the child and does not limit the door to the kitchen and stairs.

### ***4.4. Dimensions of Discipline and Limit Setting***

In the dimension of discipline and limit setting, parents are tasked with teaching discipline to set limits on what can and cannot be done to children. In this dimension, the three participants have given sufficient freedom to children such as IU participants who freed their children to play in their play area, IF participants who freed children to play male or female games, and IU participants who freed children to explore the outside world and animals. However, there are also limitations given by the three participants for their children, such as the IU participant who limits the child not to drink cold, eat ciki, and play outside the house, and play according to the games of children his age, the IF participant who gives limits so that children do not play gadgets, and IU participants who set limits so that children don't get too close to wild animals. The responses of the participating children often refused and even rebelled like crying. This is because at the toddler age stage often shows negative preferences such as "negativism" "terrible two" by always saying "No!" within the given limits. The three participants have tried to overcome these difficulties by distracting the child and giving advice, but this is often unsuccessful because the child's curiosity to explore is greater. This is because at the toddler age stage often shows negative preferences such as "negativism" "terrible two" by always saying "No!" within the given limits. The three participants have tried to overcome these difficulties by distracting the child and

giving advice, but this is often unsuccessful because the child's curiosity to explore is greater.

### ***4.5 Dimensions of Play***

In the play dimension, parents are tasked with participating in playing or providing fun activities for children because at this stage, toddler's experience very rapid physical, motor, cognitive and psychosocial development. In this dimension, the three participants always spend time playing with their children before work, after work, and on weekends. The three participants were able to provide fun games as well as stimulate children's cognitive and motor development. IU's participants provided games in the form of dinosaurs and robots and invited the children to imitate the voices of the cartoon characters. IF participants who provide games in the form of puzzles, character games such as doctors, and makeup tools that help stimulate their children's creativity. As well as IU participants who provided toy cars, kinetic sand to stimulate sensory, playdoh, inflated balloons to stimulate their child's mouth muscles, piano, and so on. The three participants were also actively involved in playing with their children, because the three participants also played with their children by imitating the voices of cartoon characters, animals, and acting as characters.

### ***4.6. Dimension of Teaching***

In the teaching dimension, apart from playing, parents act as teachers in teaching children. Efforts by parents to teach children will have an effect on children's curiosity, sense of mastery, and interest in learning. In this dimension, only IS participants are able to teach a concept such as shape and color to children and do not find it difficult because they believe that their child will succeed in learning at the right time. IU participants are always patient in providing learning stimulation for their children and are more involved in teaching a concept to their children than other caregivers and their husbands. In contrast to IU and IF participants who still find it difficult to teach a concept to their children because it is difficult to find the right learning method for their children. Children of both participants still tend to play rather than learn. The two participants also shared that the figures who played an active role in teaching concepts to their children were other caregivers, namely their cousins and mothers. In terms of reading, the three participants have tried to give reading books and invite their children to read, although not regularly.

### ***4.7. Dimensions of Instrumental Care, Establishment of Structure, and Routines***

In the dimensions of instrumental care, establishment of structure, and routines, parents are tasked with formulating routines that suit their children's needs. In this dimension, the three participants are able to provide a daily routine schedule for children including waking up, eating, playing, watching tv, bathing, and sleeping at night which has been applied since the child was a baby. The children's response to the

routine schedule given by the participants was very positive and accepting, so that the three participants did not find it difficult to apply the schedule to their children. Even IU participants said that when their children did not follow the routine schedule, their children became fussy and felt uncomfortable.

#### **4.8. Factors that Affect Parenting Self-Efficacy**

Coleman and Karraker, stated that there are several factors that can affect parenting self-efficacy, namely the childhood experiences of parents, social elements, parents' experiences with children, the level of readiness to become parents both behaviorally and cognitively, as well as support for parenting, social and marital.

In IU participants, the factors that influence their current parenting self-efficacy are the childhood experiences of their parents, which were obtained from the previous parenting method, namely the figure of their biological mother. IU participants applied the previous parenting method in the form of firmness and discipline for their children. Second, IU participants prepare parenting for their children by reading posts about parenting and child development on social media, consulting with pediatricians, and seeing experiences from friends who already have children. Third, social and marital support plays a major role because of the support from the husband regarding his decision to keep working and dividing household chores equally. Support from parents who take care of and care for their children when IU participants work.

In IF participants, the factor that influences their current parenting self-efficacy is the childhood experience of their parents, which was obtained from the way of parenting their previous caregivers, namely the figure of their biological mother. IF participants applied the previous parenting method in the form of not pampering children too much and not always following what their children wanted. Second, IF participants prepare parenting and development for their children by reading articles on the internet. Third, social and marital support plays a major role because of the support from the husband regarding his decision to keep working and dividing the work of caring for children in a balanced way. Support from parents who also care for their children. As well as support from other caregivers, namely cousins who help nurture, look after, and teach a concept to their children while the IF participants are working.

In IS participants, the factor that influences their current parenting self-efficacy is the childhood experience of their parents, which was obtained from the previous parenting method, namely the figure of their biological mother. IS participants apply the previous way of parenting in the form of firmness and tenderness for their children. Second, IS participants prepare parenting for their children by reading posts on social media, consulting with pediatricians, and often attending parenting seminars related to child care and development. Third, the experience of parents with children, IS participants who have previous experience of parenting, namely cousins, nephews, and half-sisters so that participants already have knowledge of how to take care of

children well. Fourth, Social and marital support plays the most important role because of the support from the husband regarding his decision to keep working and dividing household chores equally. Support from parents who provide a place to leave their children and cook for their children's food. Support from in-laws who support her to keep working and take care of her children when the weekend comes. As well as support from other caregivers, namely cousins who help take care of their children while IS participants work, and even help with household chores which include washing clothes, mopping, sweeping, and so on. Support from parents who provide a place to leave their children and cook for their children's food. Support from in-laws who support her to keep working and take care of her children when the weekend comes. As well as support from other caregivers, namely cousins who help take care of their children while IS participants work, and even help with household chores which include washing clothes, mopping, sweeping, and so on. Support from parents who provide a place to leave their children and cook for their children's food. Support from in-laws who support her to keep working and take care of her children when the weekend comes. As well as support from other caregivers, namely cousins who help take care of their children while IS participants work, and even help with household chores which include washing clothes, mopping, sweeping, and so on

## **5. CONCLUSION**

Based on the results of the study, it can be concluded that the three participants of working mothers who have toddler have a high score on questionnaire and description of parenting self-efficacy by interview. However, there are several dimensions that cannot be fulfilled by the three participants. Of the seven dimensions, the dimensions that can be met by the three participants are the play dimension, which is providing fun games for children and being actively involved in playing with children and the instrumental care, establishment of structure, and routines dimensions, namely making a routine daily schedule according to child needs. Meanwhile, the dimensions that cannot be fulfilled by the three participants are the dimensions of discipline and limit setting, which provide rules or limits on what children can and cannot do. Social and marital support factors play an important role in the parenting self-efficacy of the three participants. This support is obtained through spouses, parents, in-laws, and other caregivers who support and care for their children when participants work outside the home. In addition, the three participants also received assistance in household chores which included sweeping, mopping, washing clothes, and so on.

Suggestions for further research can be to continue research with mothers who work outside the home and have more than one child to find out the differences in parenting self-efficacy between these participants and can pay attention to other factors such as the additional responsibilities of

mothers from the work side such as a different work environment, poor working hours, and high workloads that can interfere with mental health which will affect the parenting self-efficacy of working mothers and the development of toddler.

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