

Analysis of Breastfeeding Self-Efficacy (BSE) in Breastfeeding Mothers

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ABSTRACT

Breast milk is the most ideal food for babies. Breast milk contains all the nutrients needed for growth and development and is sufficient until the baby is 6 months old. The 2018 Riskesdas results reported that exclusive breastfeeding coverage in 2018 was 37.3%. This is still far from the target of 80%. Breastfeeding self-efficacy (BSE) is one of the factors that influence the success of exclusive breastfeeding. The purpose of this study was to determine the factors associated with breastfeeding self-efficacy in breastfeeding mothers. This study is a quantitative research cross sectional design. The population was all mothers who had babies aged 0-6 months in Sumberejo Village, Mojokerto Regency, totaling 34 respondents. The independent variables in this study were age, education, parity, occupation, knowledge and family support. The dependent variable in this study is breastfeeding self-efficacy. Data collection was carried out using instruments in the form of questionnaires and BSES-SF. Research analysis using the Spearman test. The statistical test results showed that there was a relationship between family support and breastfeeding self-efficacy with a p value of 0.032, while for other variables the p value > 0.05 was obtained so that there was no relationship between age, education, parity, occupation, and knowledge with breastfeeding self-efficacy. It is expected that health workers always motivate families to provide breastfeeding support to mothers.

Keywords: Family support, Breastfeeding self-efficacy (BSE)

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INTRODUCTION

Breast milk is the most ideal food for babies. Breast milk contains all the nutrients needed for the growth and development of the baby and is sufficient until the baby is 6 months old. Exclusive breastfeeding is one of the indicators of the government program in implementing the National Movement for the Acceleration of Nutrition Improvement in the context of the first thousand days of life (1000 HPK Movement), this movement starts from pregnancy until the child is 2 years old (Indonesia, 2013).

Exclusive breastfeeding coverage in the world according to WHO in 2016 was 36% (AIMI, 2016). The 2018 Riskesdas results reported that exclusive breastfeeding coverage in 2018 was 37.3% (Kemenkes, Hasil Utama Riset Kesehatan Dasar (RISKESDAS) Tahun 2018.,

2018). This proves that the coverage of exclusive breastfeeding in Indonesia has not reached the target set by the government, which is 80%.

In Indonesia, low breastfeeding rates can be caused by several factors. Among them is the low awareness of the importance of breastfeeding for infants. Several studies have shown that factors that influence breastfeeding failure include misperceptions, working mothers, culture, breastfeeding experience, support, self-efficacy, and motivation (Wijayanti, 2012) (Rahmadhanny, 2012) (Yulianti, 2014). Low maternal confidence and high anxiety about breastfeeding is one of the reasons for the low coverage of exclusive breastfeeding in Indonesia. Mothers' perceptions that breast milk is not enough to fulfill their infants' needs are triggered by low motivation and awareness to breastfeed (Otsuka K, 2008).

Breastfeeding self-efficacy is a mother's confidence in breastfeeding that can be a predictor of whether she will decide to breastfeed, how much effort she will put into breastfeeding, whether she has a constructive or destructive mindset, and how she will respond to problems and difficulties during breastfeeding (Torres, 2003). Maternal beliefs and motivation are very influential factors in breastfeeding. Mercer's theory explains that mothers who have high self-efficacy will increase their motivation to breastfeed their babies. Good motivation and self-efficacy will improve the role and attitude of mothers in providing breast milk for their babies (Iligood, 2014).

Self-efficacy in breastfeeding mothers is very important. Breastfeeding Self-Efficacy affects breastfeeding initiation, the achievement of exclusive breastfeeding, and breastfeeding duration, where the higher the BSE, the higher the success rate of exclusive breastfeeding in postpartum mothers. Breastfeeding self-efficacy is the most powerful factor that can influence the breastfeeding process and the achievement of exclusive breastfeeding success in the future (Pradanie, 2015).

Self-efficacy influences exclusive breastfeeding. A person's self-efficacy can be influenced by 4 things, namely the experience he has gone through, the experience of others, verbal persuasion, and physiological and emotional states (Bandura, 1977). Research (Dian Nur Adkhana Sari, 2019) states that motivation, husband support and health worker support are related to breastfeeding self-efficacy (BSE). Similar research by (Aryanti Wardiyah, 2019) states that there is a relationship between factors of knowledge, breastfeeding experience, and stress with breastfeeding self-efficacy (BSE) in postpartum mothers in the working area of the Sumur Batu health center in Bandar Lampung in 2019.

Based on the above background, this study aims to determine the factors associated with breastfeeding self-efficacy in breastfeeding mothers.

METHOD

This study is a quantitative study using analytic survey research design and cross-sectional design. The population is all mothers who have babies aged 0-6 months in Sumberejo Village, Mojosari District, Mojokerto Regency. Data collection was carried out for 2 weeks and 34 respondents were obtained. The independent variables in this study were age, education, parity, occupation, knowledge and family support. The dependent

variable in this study is breastfeeding self-efficacy. Data collection was carried out using an instrument in the form of a questionnaire that was filled in by the respondents themselves. To measure breastfeeding self-efficacy, researchers used the BSES-SF (Breastfeeding Self Efficacy Scale Short Form) measuring instrument which has been adapted into Indonesian. The research analysis consisted of univariate to describe age, education, parity, occupation, knowledge and family support. Bivariate analysis was conducted using the Spearman test. Statistical test results were said to be significant if $p < 0.05$.

FINDING AND DISCUSSION

Univariate Analysis

Table 1. Results of univariate analysis of independent variables

| No | Variables | Frequency | Percentage (%) |
|--------------|---------------------|-----------|----------------|
| 1 | Age | | |
| | < 19 years old | 1 | 2,9 |
| | 20-35 years | 30 | 88,2 |
| | 36-45 years old | 3 | 8,8 |
| 2 | Education | | |
| | Basic Education | 7 | 20,6 |
| | Secondary Education | 22 | 64,7 |
| | Higher Education | 5 | 14,7 |
| 3 | Parity | | |
| | Primiparous | 11 | 32,4 |
| | Multiparous | 23 | 67,6 |
| 4 | Jobs | | |
| | Not working | 25 | 73,5 |
| | Work | 9 | 26,5 |
| 5 | Knowledge | | |
| | Less | 8 | 23,5 |
| | Good | 26 | 76,5 |
| 6 | Family support | | |
| | Low | 0 | 0,0 |
| | Medium | 16 | 47,1 |
| | High | 18 | 52,9 |
| Total | | 34 | 100,0 |

Source: primary data

Based on Table 1, it is known that most respondents are 20-35 years old (88.2%), have secondary education 64.7%, are multiparous 67.6%, do not work 73.5%, have good knowledge 76.5% and have high family support 52.9%.

Table 2. Frequency distribution of breastfeeding self-efficacy (BSE)

| No | Breastfeeding self-efficacy | Frequency | Percentage (%) |
|----|-----------------------------|-----------|----------------|
| | Low | 0 | 0 |
| | Medium | 9 | 26,5 |
| | High | 25 | 73,5 |

Source: primary data

Based on table 2, it is known that most respondents have high breastfeeding self-efficacy (BSE), which is 73.5%.

Analysis Bivariat

Table 3. Results of bivariate analysis of independent variables with breastfeeding self-efficacy (BSE)

| No | Independent variable | Breastfeeding self-efficacy (BSE) | | | | Spearman Correlation | p value |
|----|----------------------|-----------------------------------|-------|------|-------|----------------------|---------|
| | | Medium | | High | | | |
| | | n | % | n | % | | |
| 1 | Age | | | | | 0,298 | 0,087 |
| | < 19 years old | 1 | 100,0 | 0 | 0,0 | | |
| | 20-35 years | 8 | 26,7 | 22 | 73,3 | | |
| | 36-45 years old | 0 | 0,0 | 3 | 100,0 | | |
| 2 | Education | | | | | -0,056 | 0,752 |
| | Basic Education | 2 | 28,6 | 5 | 71,4 | | |
| | Secondary Education | 5 | 22,7 | 17 | 77,3 | | |
| | Higher Education | 2 | 40,0 | 3 | 60,0 | | |
| 3 | Parity | | | | | 0,298 | 0,087 |
| | Primiparous | 5 | 45,5 | 6 | 54,5 | | |
| | Multiparous | 4 | 17,4 | 19 | 82,6 | | |
| 4 | Jobs | | | | | -0,244 | 0,164 |
| | Not working | 5 | 20,0 | 20 | 80,0 | | |
| | Work | 4 | 44,4 | 5 | 55,6 | | |
| 5 | Knowledge | | | | | 0,139 | 0,434 |
| | Less | 3 | 37,5 | 5 | 62,5 | | |
| | Good | 6 | 23,1 | 20 | 76,9 | | |
| 6 | Family support | | | | | 0,369* | 0,032 |
| | Low | 0 | 0,0 | 0 | 0,0 | | |
| | Medium | 7 | 43,8 | 9 | 56,3 | | |
| | High | 2 | 11,1 | 16 | 88,9 | | |

* Correlation is significant at the 0.05 level (2-tailed)

The results of the statistical test table 2 obtained a p value of 0, 032 for family support, so it can be concluded that there is a relationship between family support and breastfeeding self-efficacy (BSE). While the variables of age, education, parity, occupation, and knowledge have a p value > 0.05 so that there is no relationship between age, education, parity, occupation, and knowledge with breastfeeding self-efficacy (BSE) in breastfeeding mothers.

Self-efficacy refers to an individual's belief that they are able to perform a task, achieve a goal, or overcome an obstacle (Baron dalam Sriramayanti, 2018). Merideth in Purnamasari (2014) states that Self-efficacy is a person's assessment of his personal ability to initiate and successfully perform a set task at a designated level, in greater effort, and persist in the face of adversity.

The results of the Spearman statistical test found that there was a relationship between family support and breastfeeding self-efficacy (BSE). (Chaplin., 2014) states that support can be interpreted as encouraging / motivation or encouragement or advice to others in decision-making situations. Support according to (Ratna, 2010) is an important factor that a person needs when facing health problems. These results are in line with research (Zhafirah Annisa, 2022) which states that there is a significant relationship between family support and Breastfeeding Self-Efficacy (BSE) in primigravida mothers for exclusive breastfeeding with a p value of $0.000 < 0,05$. Similar research by (Kinasih, 2017) states that there is a significant relationship between family support and Breastfeeding Self-Efficacy (BSE).

The results of research that have been conducted by researchers, respondents who have high family support, the majority have high breastfeeding self-efficacy as well, namely 88.9%. This proves that family support has an important role in increasing the mother's confidence, so it is hoped that the family, especially the husband, will participate in motivating breastfeeding mothers to provide exclusive breastfeeding.

Age is not associated with Breastfeeding Self Efficacy (BSE). Respondents with age 35 had high Self Efficacy. The majority of reproductive-age respondents had high Self Efficacy, 73.3%. Mothers with a more mature age tend to have experience in the breastfeeding process compared to younger mothers. This is in line with research (Muaningsih., 2013) which explains that the factor most associated with BSE scores is breastfeeding experience although maternal age is not associated with BSE scores.

From the results of the study, it was concluded that there was no relationship between parity and education with Breastfeeding self-efficacy. This is contrary to research (FEBRIANA, 2014) which proves that there is a relationship between the number of children, education level and breastfeeding experience on breastfeeding self-efficacy with OR = 4.160, 0.569 and 0.178. When referring to the cross table of this study, it is known that multiparous respondents tend to have high Breastfeeding Self-efficacy. With experience, mothers will make it a lesson so that self-efficacy is formed (Bandura, 1977). Mothers who have previous breastfeeding experience will increase self-efficacy. Experience of success is the source that has the greatest influence on individual self-efficacy because it is based on authentic experience. Some primiparous respondents have high self-efficacy. Other factors influence this, namely the support of the closest family and the mother does not have a lot of activity so that she can breastfeed at home.

Employment is not associated with Breastfeeding self-efficacy. The majority of respondents who did not work had high breastfeeding self-efficacy 80.0%, i.e. there is a tendency that mothers who do not work will have high confidence in the breastfeeding process. This is in line with research (Bahriyah, 2017) that there is a significant relationship between maternal employment and exclusive breastfeeding in infants (p-value $< 0,05$) (P=0.018) and mothers who do not work have a chance of 0.396 times greater to provide exclusive breastfeeding than not providing exclusive breastfeeding (OR=0.396, CI95%=0.182-0.864). The tendency of mothers not to provide exclusive breastfeeding is due to the large number of working mothers (Wenas, 2012). For working mothers, providing

exclusive breastfeeding is a dilemma, because the leave period is too short compared to the breastfeeding period, so working mothers will tend to give formula milk as a substitute for exclusive breastfeeding.

Knowledge about breastfeeding does not have a significant relationship with breastfeeding self-efficacy. However, from the frequency distribution table, it is found that respondents who have good knowledge tend to have high breastfeeding self-efficacy. This is in line with research (Aryanti Wardiyah, 2019) which states that there is a relationship between the Knowledge Factor and Breastfeeding Self Efficacy (BSE).

Knowledge is the result of human sensing, or the result of knowing an object through the senses owned such as (eyes, nose, ears, and so on). By itself, the time from sensing to producing knowledge is greatly influenced by the sharpness of attention and perception of an object. Most of a person's knowledge is obtained through the sense of hearing (ears), and the sense of sight (eyes). Most respondents had good knowledge about breastfeeding so there was no significant relationship with Breastfeeding Self Efficacy.

CONCLUSION

Age, education, parity, occupation, knowledge, and family support are the variables studied in this study. The results of the analysis prove that there is a relationship between family support and Breastfeeding Self-Efficacy (BSE) in breastfeeding mothers in Sumberejo Village, Mojokerto District, Mojokerto Regency. It is expected that health workers always provide information and motivation to mothers and families about the importance of exclusive breastfeeding.

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