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Family Support on Breastfeeding Self-Efficacy Among Pregnant Women

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A B S T R A C T

Breast milk has a complete content of nutrients that benefit the baby. The process of breastfeeding is impacted by the mother's self-efficacy. High maternal confidence in breastfeeding increases breastfeeding success. The self efficacy of the mother can be influenced by family support. The mother's confidence in breastfeeding could increase with support with care and knowledge. The aim of this study is to evaluate the correlation between family support and self-efficacy in breastfeeding. Cross-sectional research design for descriptive studies. 91 pregnant women who were in their third trimester and had no pregnancy complications made up the sample. A family support survey and the Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF) instrument were both used as research instruments. Using Spearman's rho correlation, analyze the data. According to this study, 71 persons (78%) fall into the "good" category for family support, and 82 (89%) fall into the "high" category for breastfeeding self-efficacy. The analysis's findings showed a relationship between pregnant women's breastfeeding self-efficacy and family support, with a p-value of 0.0001 ($p<0.05$) with correlation coefficient of $r=0.549$. Good family support increases the likelihood that a woman will successfully breastfeed. Family involvement in the practice may increase the mother's confidence in breastfeeding.

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Kata kunci:

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A B S T R A K

ASI memiliki kandungan zat gizi lengkap yang bermanfaat bagi bayi. Self-efficacy ibu berpengaruh terhadap proses memnyusui. Kepercayaan ibu yang tinggi terhadap proses menyusui meningkatkan keberhasilan pemberian ASI. Self-efficacy ibu dapat dipengaruhi oleh dukungan keluarga. Dukungan lingkungan sekeitar mampu menambah kepercayaan diri ibu dalam proses pemberian ASI. Studi ini untuk mengetahui dukungan keluarga terhadap breastfeeding self efficacy ibu hamil. Desain penelitian menggunakan pendekatan cross-sectional. Responden penelitian sebanyak 91 yang berada pada trimester ketiga dan tidak memiliki komplikasi kehamilan. Kuesioner yang digunakan dalam penelitian ini BSE-SF untuk mengukur self-efficacy sedangkan dukungan keluarga menggunakan kuesioner dukungan keluarga yang dikembangkan peneliti, Uji analisis menggunakan Spearman's rho. Hasil studi menunjukkan sebagian besar ibu hamil memiliki dukungan keluarga yang baik (78%), dan self-efficacy yang tinggi (89%). Uji korelasi menunjukkan bahwa dukungan keluarga berhubungan dengan breastfeeding self-efficacy (p value = 0,0001). Ibu hamil dengan dukungan keluarga yang baik maka memiliki breastfeeding self efficacy yang tinggi. Keterlibatan keluarga dalam proses menyusui dapat meningkatkan kepercayaan diri ibu untuk menyusui.

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INTRODUCTION

Human milk contains minerals and bioactive elements for newborn development and health (Ballard & Morrow, 2013). Breastfeeding for babies can increase immunity in infants research conducted by Czosnykowska-Łukacka et al. (2019) showed that breast milk has high lactoferrin, and lactoferrin concentration will increase according to the increase in the age of the baby. According to the WHO, babies' nutrition can be improved by exclusively breastfeeding for six months and then continuing to do so until they are two years old (*Breastfeeding*, n.d.).

Breastfeeding is currently still less than optimal. According to WHO data, 44% of babies aged 0-6 months get exclusive breastfeeding(*Global Breastfeeding Scorecard 2021*, n.d.). In Indonesia, the coverage of exclusive breastfeeding only reached 66.1% in 2020 (Kementrian Kesehatan RI, 2020). The percentage of exclusive breastfeeding of infants 0-6 months in Yogyakarta in 2020 was 81,1%, a slight increase compared to 2017 of 75,04%. Sleman District had the greatest percentage of exclusively breastfed infants, at 85%., followed by Bantul District with 82%, Kulonprogo district with 80%, Gunung Kidul district with 78,01%, and the lowest, Yogyakarta district with 73,25% (Dinkes DIY, 2020). In the Yogyakarta Regency area, there are 18 health centres. The primary health care with the highest exclusive breastfeeding coverage rate is the Jetis Health Center, with a percentage of 86.60%, and the lowest is the Umbulharjo 1 Health Center, with exclusive breastfeeding coverage of 42.70% (Dinkes DIY, 2018).

The mother's state, including her level of confidence in herself or her ability to breastfeed, is one element that affects breastfeeding success (Abedinia, 2018; Awaliyah et al., 2019a; De Roza et al., 2019; İnce et al., 2017). 39.8% of Ugandan moms who had just given birth, according to research by (Nankumbi et al., 2019), exhibited low self-efficacy in breastfeeding. In Indonesia, mothers' self-efficacy for breastfeeding was just 44,1%, which is a low level (Awaliyah et al., 2019a).

Breastfeeding self-efficacy is the belief a mother has in her ability to successfully breastfeed her child (Dennis & Faux, 1999). Breastfeeding self-efficacy is a significant factor influencing the duration and exclusivity of breastfeeding. High self-confidence can be seen in the mother's confidence in breast milk production. Mothers with high self-confidence will feel that their milk production is enough to breastfeed their babies; conversely. Low self-esteem causes women to perpetually believe that their babies still need more milk than they are producing. Low self-esteem might make breastfeeding less appealing and make people more likely to focus on its drawbacks (Nursan et al., 2014). This negative thinking can cause inhibition of reflex let down so that the flow of breast milk is reduced and breastfeeding is unsuccessful (Komalasari et al., 2017).

The support offered by the surrounding area might help the woman feel confident when breastfeeding. According to the study's findings, nine out of ten moms who exclusively breastfeed their children are motivated by their belief that breast milk is the best for them as well as by the support they receive from their husbands (Mannion et al., 2013). Adequate family support can help mothers in overcoming adversity and finding the confidence to breastfeed (Fox *et al.*, 2015). Social information is related to the behaviour of exclusive breastfeeding (Fadjriah et al., 2021). The level of emotional, social, and physical support provided by a partner was positively associated with a mother's ability to breastfeed (Uludağ & Öztürk, 2020) successfully.

METHOD

The study's correlation design was used with a cross-sectional approach. The population in this research was all pregnancies at Primary health care Umbulharjo 1 Yogyakarta. The 91 women who participated in this research were third-trimester pregnant, had no pregnancy complications, and lived with their husbands. Measurement of family support using a modified family support questionnaire from the Simbolon (2012) consisting of 20 statements, and researchers conducted a validity and reliability test with alpha Cronbach 0,879. This instrument included emotional, instrumental, information, and appraisal support. In the meantime, the Indonesian version of the Breastfeeding Self Efficacy Scale-Short Form (BSES-SF) questionnaire was used to assess breastfeeding self-efficacy (Handayani et al., 2013). The BSES-SF also be used among pregnant women (Brandao et al., 2018). Data analyses used Spearman's rho statistical test.

RESULTS AND DISCUSSION

Table 1
Characteristic of the respondent (n=91)

Variable	Median	Min – Max	Std. Deviation
Age	27,00	19 – 41	4,920
Gestation	31,00	28 – 39	2,974

According to table 1, the respondents' average age was 27. This result is in line with the findings of Hazar & Akca, (2019) study, which found that the average age of respondents was 27.90±5.80. The study by İnce et al., (2017) also showed that the respondents' average age was 29.42±5.29. The results of this research indicate that this age range is that of early adulthood. A person's ability to grow their mind will be improved when they get older (Ester & Wardah, 2020). Study by Agrina et al., (2021) showed that the BSES among moms was significantly correlated with mothers' age.

The study's results (table 1) showed that the gestational age of most respondents had a median value of 31 weeks. The third trimester is when women begin preparing for childbirth and breastfeeding their babies. In addition, the third trimester is the right time for providing more prenatal education related to breastfeeding so that the implementation of exclusive breastfeeding can be successful (Mizrak et al., n.d.; Yurtsal & KOCOĞLU, 2016).

Moreover half of the respondents are housewives (65,9%), according to table 2. The distribution in terms of the last education of respondents, pregnant women in the third trimester at the Umbulharjo 1 Health Center mostly only completed education up to the high school level, which was 62.6% (57 respondents). The distribution in terms of parity showed that 58,2% respondents were primiparous mothers and have no experience in breastfeeding. Most respondents had a high level of family support, according to the data on family support (78%).

Most respondents are high school graduates/equivalent and belong to the category of higher education level. The level of education can affect mothers' high level of self-efficacy for breastfeeding, which is related to the level of understanding and knowledge. Therefore, breastfeeding

knowledge will affect the mother's self-confidence in breastfeeding and breastfeeding practices (Abdul Hamid *et al.*, 2017). The educational level was related with exclusive breastfeeding (Dewi Ratnasari et al., 2017)

Table 2
The Frequency Distribution of respondents (n=91)

Variable	F	(%)
Level of education		
Elementary	2	2,2
Junior high school	13	14,3
Senior high school	57	62,6
College	19	20,9
Work		
Housework	60	65,9
Work	31	25,1
Parity		
Primigravida	53	58,2
Multigravida	38	41,8
History of Breastfeeding		
Breastfeed	38	41,8
Not breastfeed	53	58,2
Family support		
Good	71	78
Enough	20	22
Not enough	0	0
Breastfeeding self-efficacy		
low	0	0
Moderate	9	11
High	82	89

Most of the pregnant women in this study were housewives. This study's results align with Poorshaban et al. (2017), which found that most mothers pregnant women who are not working have a greater chance of preparing for the birth and feeding of their babies. Housewives who do not work outside the home allow mothers to breastfeed their babies at all times compared to mothers who work outside the home. Working mothers have lower breastfeeding self-efficacy compared to housewives. This is due to the concern of mothers to return to work so they cannot breastfeed (Poorshaban *et al.*, 2017).

However, this does not mean that working mothers cannot breastfeed their babies. When a supervisor encourages breastfeeding by offering suitable workplace amenities like breast milk pumps and nursing rooms together with extended maternity leave, working moms may be more inclined to continue breastfeeding for a longer amount of time (Alzaheb, 2017). Hamid & Zaidi, (2020) found a relationship between workplaces that support breastfeeding and breastfeeding confidence.

Parity or the number of children in this research was mostly primiparous mothers or mothers with first pregnancies. Parity is related to breastfeeding experiences, habits, and knowledge of the benefits of breast milk that influence whether or not the mother decides to breastfeed. Primipara mothers tend not to have previous breastfeeding experience. It can interfere with their confidence in breastfeeding (Fata & Rahmawati, 2016). Unlike primiparous mothers who do not have experience breastfeeding, multipara mothers have higher breastfeeding confidence. Research by Sari & Utami (2019) states that multipara mothers have better breastfeeding ability than primiparous mothers because they are supported by the mother's experience. Still, the family's support and the mother's willingness can encourage mothers to give breast milk (Sakdiyah, 2016).

Based on the study's results, most respondents did not have the experience of breastfeeding because it was their first pregnancy. One of the factors influencing breastfeeding self-efficacy is previous breastfeeding experiences. According to the study by Hi˙çyilmaz & Açikgöz, (2017), pregnant women who have never breastfed before have lower average breastfeeding self efficacy scores than mothers who have breastfed before. Positive experiences can increase self-confidence in the future, and conversely, negative experiences can lower self-confidence (Vincent, 2015).

Based on the data, the results were obtained that most respondents received good family support. The findings of this study are similar with those reported by Mamangkey *et al.* (2018), which showed that most of respondent had a good family support (68%). Andarini's research (2018) also found that 53.3% of respondents received family support in the good category. Family support is the external element that affects breastfeeding success the highest, according to Li et al., (2022). Family support can be both internal and external support. Internal support can be support from a husband while external support is support from a social or extended family (Friedman, 2014).

Families support and help women achieve better results in breastfeeding (Salas *et al.*, 2019). Adequate family support can help mothers overcome difficulties and find breastfeeding confidence. In addition to providing a strong influence in deciding to keep breastfeeding, the family also contributes to the mother's desire to breastfeed. Without support from the family, mothers will struggle on their own in breastfeeding so that mothers are more easily discouraged and unable to breastfeed their babies (Fata & Rahmawati, 2016).

According to this study, the majority of respondents scored highly on the self-efficacy scale for breastfeeding. According to Sukmawati & Rachmawati, (2017) study on the psychosocial state of mothers' attitudes about breastfeeding self-efficacy in Indonesian pregnant adolescents, there is a high level of self-efficacy (55.1%). Similar to this study, Awaliyah et al., (2019b) research found that 55,9% of respondents reported a high level of breastfeeding self-efficacy.

A mother's confidence in breastfeeding her child affects her decision to start breastfeeding early, to nurse exclusively for a long period of time, to continue breastfeeding, and to handle breastfeeding issues (Dennis & Faux, 1999). A mother must believe that nursing will result in positive outcomes in order to boost her confidence in breastfeeding (Bartle & Harvey, 2017). Self-efficacy in breastfeeding is a factor that may be adjustable, and which can predict the length of breastfeeding and the success of exclusive breastfeeding (Maleki Saghooni et al., 2017). In the practice of exclusive breastfeeding for the first two months following birth, the degree of self-efficacy in breastfeeding is a predictor (Abedinia, 2018).

Brandao et al., (2018) discovered that women who scored highly on breastfeeding efficacy during pregnancy would breastfeed their infants exclusively for the first month after delivery. Mothers who are confident in their ability to breastfeed their children will do so. In contrast, moms with low breastfeeding self-efficacy may decide not to breastfeed their child or may decide to quit breastfeeding early due to the lack of an effective coping mechanism (Pakseresht et al., 2017). Mothers who have a higher level of self-efficacy will work harder even after failed in the past (Nekavand et al., 2014).

Table 4
The family support on breastfeeding self-effcicay (n=91)

Family support	*Breastfeeding Self Efficacy*						*r*	*P value*
	low		Moderate		High			
	f	%	f	%	f	%		
Less	0	0	0	0	0	0		
Enough	0	0	1	1,1	3	3,3	0,549	0,0001
Good	0	0	9	9,9	78	85,7		

According to Table 4, 78 respondents (85.7%) had high self-efficacy and good familial support. According to the results of statistical tests using Spearman's rho, the association between family support and breastfeeding self-efficacy exists, with the strength of the relationship (r = 0.549), indicating that the relationship is moderate to unidirectional, i.e., the improved the family support, the higher level of breastfeeding self-efficacy in the mother. This outcome is similar with Li et al., (2022) research, which found that a mother's degree of self-efficacy in breastfeeding increased in direct proportion to the amount of family support she received. According to a study by Nursan et al., (2015), social support is also closely associated to a mother's confidence in exclusively breastfeeding. Breastfeeding is more self-assured for mothers who receive a lot of physical and emotional support from their family members.

Kohan et al. (2016) found that family support contributes to the continuity of breastfeeding mothers. Suppose the family believes and supports the mother in breastfeeding. In that case, the probability of continuity of breastfeeding will increase similar with the results of research by Dewi Ratnasari et al., (2017), which states that family social support can make an essential contribution to exclusive breastfeeding. The social support have 4 domain include informational support, instrumental support, emotional support, and appraisal support.

LIMITATION OF THE STUDY

This research has limitations in that the number of samples was small (n=91).

CONCLUSIONS AND SUGGESTIONS

Based on the research result, it can be concluded that there is a relationship between family support and breastfeeding self-efficacy in pregnant women (p-value=0,0001). It is hoped that nurses can involve the family during breastfeeding. Pregnant women with high family support have increased their breastfeeding self-efficacy.

ETHICAL CONSIDERATIONS

The health research committee of Universitas 'Asyiyah Yogyakarta no.999/KEP-UNISA/I/2020 approved this study.

Conflict of Interest Statement

There are no conflicting interests in this study.

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