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# Breastfeeding Self Efficacy Among Pregnant Women

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**ABSTRACT**

The provision of breast milk to infants is proven to have many benefits for the health of mothers and babies, but the coverage of exclusive breastfeeding at the global and national levels is still low. Breastfeeding self-efficacy is an important factor that greatly influences the exclusivity and duration of breastfeeding for infants. The level of self-efficacy of breastfeeding can be influenced by the socio-demographic conditions of the mother. This study aims to determine the relationship between age, education, occupation and parity with breastfeeding self-efficacy in pregnant women. Analytical research method *Cross sectional*. The sample of the study was 30 people in the final trimester of pregnancy by *purposive sampling*. The independent variable data collection (age and parity) used a closed questionnaire and the dependent variable (breastfeeding self-efficacy level) was measured using a BSES questionnaire with a Likert scale. Bivariate data analysis using Chi-square test. Almost all (90%) pregnant women are of healthy reproductive age, more than some (53.33%) are primigravida, most (66.67%) have secondary education, more than some (60%) do not work, and some (50%) ) had a low level of breastfeeding self-efficacy. The results of statistical tests showed that there was an effect of parity with breastfeeding self-efficacy in pregnant women (p=<0.01), while age, education and occupation did not affect breastfeeding self-efficacy (p>0.05). It is recommended for health workers to pay more attention to and improve breastfeeding education for primigravida who do not have breastfeeding experience so that they have high breastfeeding self-efficacy.

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## 1. INTRODUCTION

Breast milk (ASI) is proven to have very good benefits for the health of mothers and babies, as well as the family economy. Babies who are not exclusively breastfed are more susceptible to illness such as fever, flu, pneumonia, measles, diarrhea, and other infectious diseases (1) thus indirectly increasing the mortality rate of newborns (2). The World Health Organization and the Indonesian Ministry of Health jointly recommend exclusive breastfeeding for up to six months, but until now the coverage of exclusive breastfeeding at the global and national levels is still low. In 2020, the coverage of exclusive breastfeeding globally was 44% (3), in Indonesia 66%(2), and in East Java 61% decreased from 68.2% in 2019 (4).

Self- *efficacy* is a psychological factor that is proven to affect exclusive breastfeeding (5). As stated (6) that breastfeeding self-efficacy or known as *Breastfeeding Self-Efficacy (BSE)* is a mother's self-confidence in her ability to breastfeed or give breast milk to her baby(7). All end-trimester pregnant women should have high breastfeeding self-efficacy in terms of preparing to breastfeed their babies from an early age, but in reality there are still many pregnant women whose breastfeeding self-efficacy is still

low. Pregnant women who have low breastfeeding self-efficacy when later encountering problems during breastfeeding will tend to make it easier to make decisions to use alternative techniques for breastfeeding their babies. Unlike the case with mothers who have high breastfeeding self-efficacy, they are not easily swayed to give their babies other than breast milk. When faced with breastfeeding problems, they will tend to keep trying to find solutions to be able to provide exclusive breastfeeding to their babies. The results of the study stated that mothers who successfully gave exclusive breastfeeding had high self-efficacy scores (8,9). Breastfeeding self-efficacy is very influential on breastfeeding satisfaction (10), so that mothers who have high self-efficacy are more able to breastfeed effectively (11), and provide exclusive breastfeeding for a longer period of time (8). Therefore, it is very important for health workers to identify the self-efficacy of breastfeeding in pregnant women and breastfeeding mothers to increase exclusive breastfeeding, which until now the coverage is still low(12) Socio-demographic factors such as age, education, income, parity, marital status can affect the level of breastfeeding self-efficacy. However, several studies report different results. Research Results. (13,14) stated that age was related to breastfeeding self-efficacy, but (15) reported no difference in breastfeeding self-efficacy scores based on maternal age. Likewise with work, there is a significant relationship with breastfeeding self-efficacy (13,16) especially mothers who work with appropriate income (17), but (15) report that there is no relationship between work and breastfeeding self-efficacy. Previous breastfeeding experience was associated with breastfeeding self-efficacy (13), but not relevant to the study (14) where there was no difference in breastfeeding self-efficacy in primigravida and multigravida mothers. Research (16) states that maternal education is related to breastfeeding self-efficacy, but contrary to other studies which state that there is no relationship or no difference in breastfeeding self-efficacy scores do not differ based on the level of mother's education (14,15).

Considering the importance of self-efficacy for the mother's success in breastfeeding, the low level of breastfeeding self-efficacy during pregnancy should be attempted to be increased. (18) states that the level of efficacy can predict mothers in making decisions to breastfeed or not, efficacy is used as a reference for mothers regarding the mother's mindset to breastfeed her baby, mothers choose to breastfeed or not, the amount of effort the mother makes to breastfeed her baby, and the mother's emotional response when experiencing breastfeeding. problems and difficulties in breastfeeding her baby (19,20). Low breastfeeding self-efficacy can also affect the lack of adequate supply of breast milk, interfere with the mother in managing psychological and social aspects so that she cannot overcome various challenges during breastfeeding, and it is even easier for mothers to choose alternative breast milk substitutes such as formula milk. In the end, exclusive breastfeeding for six months cannot be given (3).

According to (21), *self-efficacy* can be grown and learned through four main sources of information, namely first, the experience of success (*mastery experience*). The experience of successful breastfeeding will increase the mother's self-efficacy, on the contrary the previous experience of breastfeeding failure will reduce the self-efficacy of breastfeeding in the next period. Second, the experience of others (*vicarious experience*), observing a breastfeeding mother who has characteristics and abilities comparable to herself and successfully breastfeeds her baby will increase breastfeeding self-efficacy. On the other hand, if the observation results show that the mother fails to breastfeed her baby, it will reduce self-efficacy and reduce the effort that will be made if she later experiences problems or obstacles in breastfeeding. Third, verbal persuasion (*verbal persuasion*). Suggestions, advice, and guidance given can increase breastfeeding self-efficacy which can help mothers achieve the desired goals or achieve success. Fourth, physiological conditions (*physiological state*). Physical strain can weaken the mother's work performance in breastfeeding (22). Emotional tension such as anxiety, depression, a lot of stress also results in low breastfeeding self-efficacy (23).

Therefore, in addition to the readiness of knowledge about breastfeeding, it is very important for health workers to identify the level of *self-efficacy in pregnant women* to determine the right intervention.

## 2. METHOD

The research design used a *cross sectional*. The research was conducted at midwifery clinic "AS", Panceng sub-district, Gresik regency, from October 2019 to March 2020. Data collection was carried out after obtaining approval from the research ethics commission *(ethical clearance)* of the University of Muhammadiyah Lamongan. The research sample was pregnant women with gestational age ≥ 28 weeks in PMB "AS" Panceng district, Gresik district, as many as 30 people who met the inclusion criteria (*purposive sampling)*. The independent variables were socio demographic including age, education, occupation, and parity which were measured using a questionnaire. The dependent variable is breastfeeding self-efficacy, the measuring instrument uses the *Breastfeeding Self Efficacy Scale Short Form* (BSES-SF) which consists of 14 statements with a Likert scale (scale 1-5), not confident at all is given a score of 1, not too confident is given a score 2, sometimes self-confidence is given a score of 3, confident is given a score of 4, very confident is given a score of 5. The scores for each item are added up and grouped into 2 categories, namely *self-efficacy* if the total score is mean and *self-efficacy* if the total score < mean. The data were analyzed using the SPSS 22.0 for windows program. Univariate analysis used the frequency distribution and the percentage of each variable, bivariate analysis with chi square test at a significance level of 0.05. Multivariate analysis was not performed because only one variable (parity) had a value of Sig.(2-tailed) <0.25.

## 3. RESULTS AND DISCUSSION

Research data obtained through data collection using a questionnaire distributed to respondents, namely pregnant women in the final trimester. Based on gestational age, most or 24 pregnant women (80%) were still preterm at 28-36 weeks and a small percentage or 6 pregnant women (20%) had term ≥37 weeks. All respondents made antenatal care (ANC) visits at least four times. Data on sociodemographic characteristics, level of self-efficacy of breastfeeding in pregnant women and the results of the analysis can be seen in the table below:

Table 1.
Univariate and Bivariate Sociodemographic Analysis with Breastfeeding Self-Efficacy as the Dependent Variable.

| Variabel | Jumlah | % | P value |
|---|---|---|---|
| **Usia Ibu** | | | |
| Healty reproductive age (20-34 years) | 27 | 90,00 | .559 |
| Unhealthy reproductive age (< 20 years dan >35 years) | 3 | 10,00 | |
| Total | 30 | 100,00 | |
| **Paritas / Graviditas** | | | |
| Primigravida | 16 | 53,33 | .002 |
| Multigravida | 14 | 46,67 | |
| Total | 30 | 100,00 | |
| **Education** | | | |
| Junior High School | 4 | 13,33 | .541 |
| Senior High School | 20 | 66,67 | |
| Higher degree | 6 | 20,00 | |
| Total | 30 | 100,00 | |
| **Working Status** | | | |
| House wife | 18 | 60,00 | .473 |
| Working women | 12 | 40,00 | |
| Jumlah | 30 | 100,00 | |
| **Breastfeeding Self Efficacy Level** | | | |
| High | 15 | 50,00 | |
| Low | 15 | 50,00 | |
| Total | 30 | 100,00 | |

Based on table 1, it can be explained that almost all (90.00%) pregnant women are of healthy reproductive age 20-34 years, more than some (53.33%) have their first pregnancy (primigravida), more than some (66.67%) have high school education, more than half (60.00%) are housewives (60.00%),

and half (50%) pregnant women have low breastfeeding self-efficacy. The results of bivariate analysis showed that parity was significantly related to breastfeeding self-efficacy, p=0.002 (<0.01). Factors of age (p=0.559), education (0.541), and occupation (p=0.473) were not associated with breastfeeding self-efficacy in pregnant women where p>0.05.

Sociodemographic factors related to breastfeeding self-efficacy were parity factors (p<0.01), while age, education, and mother's occupation were not related to breastfeeding self-efficacy in pregnant women (p>0.05). Parity is related to breastfeeding self-efficacy, because parity is synonymous with breastfeeding experience. The results of the study in table 1 show that more than some first-time pregnant women (primigravida) and some pregnant women have low breastfeeding self-efficacy. Because more than half of the respondents in this study were mothers who had just become pregnant for the first time, they did not have experience with breastfeeding and did not have sufficient knowledge regarding breastfeeding problems so that breastfeeding self-efficacy was still low. On the other hand, multigravida mothers who have previous and successful breastfeeding experience tend to have higher self-efficacy because with positive experiences or previous successful breastfeeding, the mother will feel proud of the success she has achieved. Thus the mother will tend to have a strong belief in the ability to breastfeed her baby in the next period.

As theory (21), that self-efficacy can be grown and learned through the experience of success or *Mastery Experience* (22). Research reveals that breastfeeding experience is associated with breastfeeding self-efficacy (13,24). The more experience you get, the more your emotional maturity will develop. Someone who has had a positive or successful experience with breastfeeding a baby before, he will feel proud of the success he has achieved so that he tends to have a strong belief that he will be able to breastfeed in the next period. On the other hand, the experience of failure will reduce breastfeeding self-efficacy. Mothers who have experienced failure or had unpleasant breastfeeding experiences will affect the self-efficacy of breastfeeding mothers in the next period. Therefore, in addition to the readiness of breastfeeding knowledge, identification of breastfeeding self-efficacy levels is also important become an important thing in influencing the mother's decision to breastfeed or not.
Looking at table 1 above, it is known that almost all pregnant *women* are of healthy reproductive age, aged 20-34 years, but some pregnant women have low breastfeeding self-efficacy and from the results of statistical tests there is no relationship between age and breastfeeding self-efficacy. When viewed from the age category, pregnant women are in the adult age category. However, the maturity and emotional maturity of a person is not only determined by the age factor alone. The measure of maturity and emotional maturity actually develops closely with life experiences so that adult pregnant women do not guarantee to be able to think and have strong self-confidence to breastfeed. The results of this study are relevant to research (24) that age does not have a significant relationship with breastfeeding self-efficacy. Likewise with (15) who reported no difference in breastfeeding self-efficacy scores by age category.

From table 1 it can also be seen that more than half of pregnant women have a high school education background. According to (7), breastfeeding self-efficacy is strongly influenced by the mother's education level after the breastfeeding experience factor. (18) also stated that the higher the education level of the mother, the higher the breastfeeding self-efficacy score (25). The level of education also affects a person's perception of making decisions and acting. Someone who has a higher education tends to be motivated to find the best information for himself and his child. Someone who is more educated will encourage to seek more information about what is happening and what is needed both from other people and from the mass media and with a high formal education will basically provide the ability to deal with life's problems and will have an impact. on the emergence of a process of maturation of a view, including in terms of breastfeeding. Thus, pregnant women with high education and low education are clearly different. The level of education also plays a role in determining whether or not someone easily absorbs and understands the knowledge obtained. However, nowadays, with the incessant promotion of formula milk through information technology media that is very easily accessible to mothers and prospective mothers, it also affects mothers' beliefs to breastfeed exclusively so that someone who has a high background but does not really understand the benefits of exclusive

breastfeeding will be easily influenced. . This study is relevant to previous studies (14,15) which stated that the level of mother's education had no relationship with breastfeeding self-efficacy, breastfeeding self-efficacy scores did not differ based on the mother's education level.

Table 1 shows that more than half of pregnant women as a housewife. A person who works has the opportunity to interact with other people or co-workers so that he will get various kinds of information that can increase knowledge and experience, including information about breastfeeding so that this can increase a person's confidence to be able to do the same activities with other people, including breastfeeding activities. . Thus, work has a significant relationship with breastfeeding self-efficacy (24), working mothers have higher BSE than non-working mothers (7). However, pregnant women who work will start to think about how to breastfeed their babies after giving birth and have to return to work considering the short maternity leave, averaging only three months. Working mothers can also experience several problems such as work fatigue and stress, which will affect milk production to decrease. This can cause doubts in pregnant women whether later they can continue to exclusively breastfeed or not. The results of a qualitative study (26) showed that the self-efficacy of working primigravida mothers was still lacking and none of them succeeded in breastfeeding for six months.
With current technological advances, even mothers who do not work can easily access and exchange information, share experiences related to breastfeeding through social media or others. That is, it does not guarantee that working mothers will have high breastfeeding self-efficacy, and mothers who do not work have low self-efficacy. As this study found, there is no relationship between work and breastfeeding self-efficacy. The results of this study are relevant to research conducted (15) that there is no relationship between work and breastfeeding self-efficacy.
Looking at the respondents of this study, most of The gestational age is still in the early third trimester or preterm pregnancy, which is 28-36 weeks. Because the pregnancy has not yet reached term, it is possible that the mother still thinks that labor is still quite long and preparation for breastfeeding is still considered not an urgent matter. In contrast to pregnant women who are approaching the estimated time of delivery, most have prepared themselves for two major events, namely giving birth and breastfeeding their babies. One of the preparations made is to increase knowledge and understanding of breastfeeding and how to breastfeed correctly. On the other hand, if the delivery time is still long enough, pregnant women tend to still feel safe so that they have not prepared everything, including preparation for breastfeeding. The older the gestational age, the more frequent the pregnancy check-ups, so that the more information they get from health workers, including about breastfeeding, which can be a supporting factor for mothers in increasing self-confidence to breastfeed and then mothers can decide earlier to breastfeed so they don't experience confusion. after giving birth and having to breastfeed her baby.

Although pregnant women have obtained information and have knowledge about breastfeeding, not all pregnant women simply believe that they will be able to breastfeed their babies, especially for mothers who are pregnant for the first time and have no experience of breastfeeding.

Breastfeeding self-efficacy plays an important role in choosing breastfeeding behavior, determining the level of effort in dealing with obstacles affecting thought patterns and emotional responses, and predicting future maternal behavior. Given the large role and impact of self-efficacy on breastfeeding practice, there is a need to increase breastfeeding self-efficacy for mothers from the beginning of pregnancy because the earlier the mother decides to breastfeed, the better. Dennis in 2011 stated that breastfeeding habits are closely related to how long the mother can finally decide to breastfeed. Mothers who decided earlier to breastfeed and did not experience confusion, had a longer and better breastfeeding history than mothers who experienced conflicting decisions about breastfeeding (25). This is supported by another study which reported that women who exclusively breastfed had a higher self-efficacy score for breastfeeding before giving birth compared to those who gave formula or bottle milk to their babies (27).

The level of mother's self-efficacy affects the habits formed. Thus, for mothers with high self-efficacy, breastfeeding activities tend to be successful based on the given goals. This is because the mother has a high level of comfort and confidence in her ability to provide sufficient breast milk to her

baby so as to make the mother more relaxed when breastfeeding. This relaxed feeling of course will affect the production of more milk to meet the baby's needs. Unlike the case with mothers with low self-efficacy, they may already understand the importance of breastfeeding for their babies. However, due to lack of confidence and comfort in breastfeeding, finally when they experience difficulties in breastfeeding activities, they tend to stop breastfeeding from the start or immediately switch to formula feeding or other alternative feeding (other than breast milk).

## 4. CONCLUSION

Socio-demographic factor that influences the level of breastfeeding self-efficacy is the parity factor. First pregnant women (primigravida) tend to have *self-efficacy* lower breastfeeding. Health workers who provide midwifery care to pregnant women are advised to identify *self-efficacy* , because it is closely related to decision-making and breastfeeding success. Future researchers are expected to conduct research by providing interventions that can increase breastfeeding self-efficacy scores.

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