



Breastfeeding Self-Efficacy for Mothers at the Bulili Health Center, City Palu, Indonesia

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Abstract

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BACKGROUND: Breastfeeding plays an important role in building the relationship between mother and baby, also the baby's growth and development. Improving the mother's self-confidence during breastfeeding is a key to the success of breastfeeding. Exclusive breastfeeding in the working area of the Bulili Health Center is still low, about 37.17%. Breastfeeding self-efficacy (BSE) is a mother's self-confidence in her ability to breastfeed her baby.

AIM: This study aimed to analyze the factors related to BSE in the working area of the Bulili Public Health Center, Palu City.

METHOD: This research design was quantitative with a cross-sectional design, involving 82 mothers who have babies aged 6–12 months in the working area of the Bulili Health Center. The instrument used in this study was a BSE Scale-Short Form questionnaire containing demographic data, breastfeeding experience data, observations of others, verbal persuasion, physical and emotional conditions. The data were analyzed using SPSS and Fisher's Exact Test with a significant level of $p < 0.05$.

RESULTS: The sample with good breastfeeding experience was 62.9%, those who got the experience of others in the good category were 61.0%, and those samples with verbal persuasion were in a good category of 75.6%. All samples (100%) were in good physiological and emotional condition. BSE with a good category was 90.2%. The statistical test showed that the respondent's breastfeeding experience, other people's experiences, and verbal persuasion did not significantly correlate with BSE with a $p < 0.05$.

CONCLUSION: Breastfeeding experience factors, experiences of other people, physiological and emotional conditions, and verbal persuasion did not significantly relate to the BSE of mothers and babies in the Bulili Health Center Work Area, Palu City.

Introduction

Breast milk is the ideal food with a suitable composition for babies because it contains all the necessary nutrients and has immune substances that increase the baby's immunity from various diseases [1]. However, behind these extraordinary benefits, it turns out that the practice of exclusive breastfeeding is still low. The results of Riskesdas 2018 show that the coverage of exclusive breastfeeding in Indonesia is still around 37.3%, very far from the Minimum Achievement Standard that the government has set, which is 80% [2]. Then, data from the Palu City Health Office in 2019 showed that the percentage of exclusive breastfeeding was 57.8%. Data from the Bulili Health Center showed a decrease in exclusive breastfeeding coverage, 37.17% in 2019 [3]. The average duration of breastfeeding worldwide is 20.5 months, and the average duration of exclusive breastfeeding in Indonesia is more than 3 months [4].

The low coverage of exclusive breastfeeding is associated with self-efficacy. Breastfeeding self-efficacy (BSE) is a mother's self-confidence or confidence in

her ability to breastfeed her baby. Several studies have shown that mothers who are successful in exclusive breastfeeding have high levels of BSE [5]. Another study found that mothers with high BSE tend to continue breastfeeding for 4 months [6]. Mothers with low BSE have been shown to tend to use alternative techniques to breastfeed their babies when facing problems during breastfeeding [7].

The BSE of a mother can be modified through factors that affect self-efficacy. Based on factors related to BSE, a mother's confidence in her ability to breastfeed her baby can be influenced by previous breastfeeding experiences, observing breastfeeding behavior by others, or getting encouragement from others to breastfeed. In addition, his current physiological and affective state, including fatigue, stress, and anxiety, are important to note [8]. In Pradanie's research (2015), mothers who have had direct breastfeeding experience tend to be more confident to continue breastfeeding [9]. Verbal persuasion about exclusive breastfeeding will make mothers want to breastfeed even more because they already know the various benefits and advantages. Stress management provides early knowledge about reducing stress and changing negative feelings so that

mothers can make better judgments and interpretations of their abilities. A mother's BSE can be modified by influencing factors that affect self-efficacy [10].

Method

The design of this study was quantitative with a cross-sectional design. The study population was all mothers who had babies aged 6–12 months in the working area of the Bulili Public Health Center, Palu City, totaling about 447 people in 2021. The sample size based on the Slovin formula was 82 people. The sampling technique in this study used purposive sampling. The sample was selected based on specific considerations with the following inclusion criteria: (1) Mothers who have babies aged 6–12 months; (2) Domiciled in the research location area; and (3) Willing to be a research informant.

The instrument used in this study was a questionnaire containing demographic data, breastfeeding experience data, observation of others, verbal persuasion, physical and emotional conditions, and BSE Scale-Short Form. Researchers have conducted validation and reliability tests on the Self-breastfeeding experience, Other people experience, Verbal persuasive, Physiology and emotion, and BSE questionnaires and the results show that the results are valid and reliable. Data analysis using Fisher's Exact Test with a significant level of $p < 0.05$.

Results

Characteristics of respondents

Table 1 shows that most respondents were aged 21–35 years (85.4%) and were dominated by

Table 1: Characteristics of respondents

Characteristics	n	%
Age (years old)		
<20	6	7.3
21–35	70	85.4
>35	6	7.3
Religion		
Hindu	6	7.3
Islam	58	70.7
Catholic	1	1.2
Christian	17	20.7
Occupation		
Working	16	19.5
Not working (housewife)	66	80.5
Education		
University	26	31.7
Junior and Senior High school	52	63.4
Primary school	4	4.9
Number of children		
1–2 children	68	82.9
3–4 children	12	14.6
>4 children	2	2.4
Number of family members		
2–4 persons	51	62.2
5–9 persons	31	37.8
Total	82	100.0

Muslims (70.7%). Then, respondents generally did not work or were housewife (80.5%), and about 63.4% were finished high education (junior and senior high school). Averagely, their number of children was -2 people by 82.9%, and the number of family members was 4 persons by 62.2%.

Research variables

Table 2 shows that most respondents (62.9%) had good breastfeeding experiences, and 17.1% were not. A total of 61.0% of the sample had experienced in the good category in observing breastfeeding activities carried out by other mothers, especially close friends and family, both directly and observing through recordings/videos (nursing advertisements/videos). Verbal persuasion, in this case, the support provided by husband, family, friends, cadres, and health workers in the form of providing information, advice, advice, motivation, and attention that support mothers in exclusive breastfeeding were in a good category by 75.6%. The physiological and emotional conditions of all respondents (100%) were in a good category. About 90.2% of respondents were with BSE or beliefs that encourage breastfeeding mothers to carry out the breastfeeding process and fulfill exclusive breastfeeding for their babies.

Table 2: Distribution of independent and dependent variables

Variables	n	%
Self - breastfeeding experience		
Poor	14	17.1
Good	68	82.9
Other people experience		
Poor	32	39.0
Good	50	61.0
Verbal persuasive		
Poor	20	24.4
Good	62	75.6
Physiology and emotion		
Good	82	100.0
BSE		
Low	8	9.8
High	74	90.2
Total	82	100.0

BSE: Breastfeeding self-efficacy.

Table 3 shows that the respondent's breastfeeding experience did not significantly correlate with BSE with a $p = 0.132$ ($p < 0.05$). Then, the experience of other variables also showed no significant relationship with BSE with a $p = 0.705$ ($p < 0.05$). Furthermore, the verbal persuasion variable also showed no significant relationship with BSE with $p = 0.396$ ($p < 0.05$).

Discussion

This study indicates that the number of respondents with a good breastfeeding experience was 62.9%. The breastfeeding experience is the most potent source of self-efficacy for changing behavior [11]. The experience of breastfeeding will have a different

Table 3: Relationship between breastfeeding experience, experience of others, and verbal persuasion with BSE

Variables	BSE		Total	p-value
	Low	High		
Self-breastfeeding experience				
Poor				
n	3	11	14	0.132
%	21.4	78.6	17.1	
Good				
n	5	63	68	
%	7.4	92.6	82.9	
Other people breastfeeding experience				
Poor				
n	4	28	32	0.705
%	12.5	87.5	39.0	
Good				
n	4	46	50	
%	8.0	92.0	61.0	
Verbal persuasion				
Poor				
n	3	17	20	0.396
%	15.0	85.0	24.4	
Good				
n	5	57	62	
%	8.1	91.9	75.6	
Total				
n	8	74	82	
%	9.8	90.2	100	

*Fisher's exact test, $\alpha=0.05$. BSE: Breastfeeding self-efficacy.

impact on self-confidence, depending on the process of achievement. It may increase the mother's confidence to create a strong desire to breastfeed her baby [12]. Mothers with primiparous status did not express their milk more smoothly than multiparas. Mothers were more experience in breastfeeding, given their breast milk directly to babies [13]. Other studies have shown that mothers who do not intend to give exclusive breastfeeding due to their previous experience of not breastfeeding, working mothers, and mothers believe that their breast milk cannot make babies full, so they need additional formula milk [14]. A study showed that several phenomena emerged from the category linkage analysis. Those showed the experience of exclusive breastfeeding for working mothers who practice exclusive breastfeeding. The breastfeeding activity was influenced by the mother's perception and understanding obtained from knowledge for working mothers. The knowledge can be obtained from health workers or other sources of information such as mass media, where information is obtained either directly or indirectly, from integrated health service centers (*Posyandu*), mass media (newspapers, others). In addition, the existence of culture and myths that support exclusive breastfeeding and vice versa also affect the practice of breastfeeding mothers [15].

Mothers who have friends or family members who are successful in breastfeeding will prefer and try to breastfeed. In contrast, mothers who have never seen the process of breastfeeding their babies will feel embarrassed and awkward to breastfeed. Self-efficacy is influenced by personal experiences that have been passed in the form of success and failure. A grandmother who has experience when caring for her child can give exclusive breastfeeding will increase self-efficacy in assisting her child (the mother who is breastfeeding) so that her child gives exclusive breastfeeding with more than one child and the age of grandchildren is more

than 6 months will make a grandmother have good self-efficacy. In addition, the experience of self-efficacy can be increased through verbal persuasion that can be done repeatedly [16]. The study results by Agunbiade (2012) in West Nigeria stated that the grandmother or mother-in-law plays a role in producing children's health, namely the culture of breastfeeding [17]. Personal experiences and networks of support influence the forms and quality of breastfeeding practices. Largely, these factors pressure breastfeeding mothers, thereby making their experience pleasurable or painful within time and space [18].

This study indicates that verbal persuasion was included in the good category of 75.6%. Persuasion can be in the form of advice, attention, motivation, advice, support, and the provision of information or teaching. This is obtained from the closest people to breastfeeding mothers: husbands, mother-in-law/birthdays, friends, *posyandu* cadres, and health workers. Tradition factors or habits in the family can also influence the mother's desire to breastfeed her child because husband and family are the main sources of persuasion for breastfeeding mothers.

Then, the physiological and emotional conditions of the respondents showed a good category for 100%. A good condition is the absence of fatigue, pressure, and stress that makes the mother not want to breastfeed her baby. Mother always feels happy and satisfied after breastfeeding her baby. Another study showed that 70.9% of respondents experienced a good condition in both physical and emotional aspects [19].

Self-efficacy in breastfeeding mothers is very important. Mothers with high self-efficacy breastfeed longer than those with low self-efficacy, and there is a positive correlation between self-efficacy on the first postpartum day and breastfeeding duration at 2 months postpartum [20]. BSE in this study was in a good category, namely 90.2%. However, based on the results of this study, breastfeeding experience factors, other people's experiences, physiological and emotional conditions, and verbal persuasion did not have a significant relationship to BSE of mothers and babies in the Work Area of the Bulili Health Center, Palu City. This means that other variables affect the BSE of mothers and babies in the Work Area of the Bulili Public Health Center, Palu City, which was not discussed in this study. Breastfeeding efficacy is significantly related to breastfeeding duration, and exclusive breastfeeding duration could increase the BSE of mothers [21]. The results described indicate that the assessment of breastfeeding duration may be helpful to gauge the maternal breastfeeding efficacy. To increase the rates of short duration and exclusivity levels of breastfeeding, it is suggested that health professionals consistently evaluate high-risk mothers who may stop early and recognize the BSE levels of mothers [21].

The limitation of the study is that data collection was carried out in the COVID-19 pandemic situation so

that the interaction between the data collection team and respondents was lacking with reasons to maintain distance in order to comply with health protocols so that there was a tendency for respondents to be unfocused and potentially cause inaccurate data. However, the research team still strives to produce accurate data by maintaining good relationships with respondents.

Conclusion

BSE is high and very supportive for the implementation of exclusive breastfeeding. Despite other contributing factors such as the breastfeeding experience, other people's experiences, physiological and emotional conditions, and verbal persuasion do not significantly correlate to mothers' and babies' BSE in the Bulili Health Center Work Area, Palu City.

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