

# The Influence Of Family Support In Exclusive Breastfeeding On Breastfeeding Self-Efficacy Status In Postpartum Mothers

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| Keywords:  | ABSTRACT   |  |
|--|--|--|
| Family support,  | Background: Breast milk is the natural first food given to babies, providing |  |
| Family support,<br>Breastfeeding self-<br>efficacy, Postpartum |  |  |
|  | confidence will increase.  |  |

#### INTRODUCTION

Breast milk is the first food naturally given to babies, providing all the energy and nutrition needed by babies aged o to 6 months of life. Babies who receive exclusive breast milk are babies who only receive breast milk without providing complementary foods. Starting from birth until 6 months of age (Aarts et al., 2000). Breastfeeding is a natural process whose success does not require special equipment and expensive costs, but requires patience, time and knowledge about breastfeeding as well as support from the environment and family, especially the husband because breastfeeding is the best investment to improve health, social and economic development of individuals and nation.

There are many psychological factors that play a role in self-confidence to breastfeed such as normative beliefs, maternal beliefs, social learning, and behavioral beliefs about breastfeeding (Ansari, Yilmaz, & Alouini, 2015). Confidence in breastfeeding is included in the psychological factors that influence breastfeeding outcomes. Breastfeeding with confidence is defined as the mother being confident in her ability to breastfeed her new baby. And has been positively associated with

duration of exclusive breastfeeding in various cultures and age groups. Theoretically, breastfeeding confidence is influenced by four main sources of information: performance, experience, verbal persuasion and physiological influences (Chesser-Smyth & Long, 2013).

The mother's psychological factors in breastfeeding have a huge influence on the breastfeeding process and breast milk production. Mothers who are stressed and worried can cause reduced breast milk production. This is because the brain that actually plays a big role in producing breast milk is the brain, the brain that regulates and controls breast milk. So, if we want large amounts of breast milk, our brain must be regulated and tuned so that we are able to produce as much breast milk as we want. Self-efficacy is a person's belief regarding his or her ability to carry out tasks to achieve certain results (Ansari et al., 2015). Meanwhile, breastfeeding self-efficacy or Breastfeeding Self-Efficacy (BSE) is a mother's self-confidence in her ability to breastfeed or provide breast milk to her baby (Denis, 2010). Mothers who have high breastfeeding self-efficacy will increase their breastfeeding success and vice versa (5)

(Rybak, Roesli, Kaspar, Villa, & Neri, 2007) states that family support is the external factor that has the greatest influence on the success of exclusive breastfeeding. (Friedman, Hastie, & Tibshirani, 2010) suggests that family support can be provided in several forms, namely: informational support, appreciation support, instrumental support, and emotional support. The research results prove that there is a relationship between family support and exclusive breastfeeding after controlling for breastfeeding knowledge and experience (Chan, Ip, & Choi, 2016).

The benefits of breastfeeding have been documented throughout the world, but according to data from UNICEF only 42% of children under 6 months received exclusive breast milk in 2018. This data is still below UNICEF's target of 50% by 2025. The World Health Organization (WHO) in 2016 still shows that the average rate of exclusive breastfeeding in the world is only around 38%. In Indonesia, 96% of women have breastfeed children in their lives, but only 42% have received exclusive breastfeeding (PAS, 2018)(7) In 2020 WHO again presented data in the form of exclusive breastfeeding figures globally, although there has been an increase, this figure has not increased significantly, namely around 44% of babies aged 0-6 months throughout the world who received exclusive breastfeeding during the 2015-2020 period from 50% target for exclusive breastfeeding according to WHO. The Infant Mortality Rate (IMR) in Indonesia is 45/1000 Kh (SDKI, 2012) for NTT in 2015 IMR is 12/1000 Kh, while the cause of infant death is 33% due to low birth weight, which of course is closely related to nutritional problems.

Exclusive breastfeeding is influenced by various factors, such as sociodemographic factors, in the form of age, employment, education, socio-economic and place of residence, psychosocial factors in the form of husband's support, family support, confidence in breastfeeding, desires, perceptions, pre/post natal factors in the form of parity. , types of childbirth, complications, counseling (Jitu Halomoan Lumbantoruan, 2019).

#### **RESEARCH METHODS**

This research used a descriptive research design with a cross sectional approach, the sample collection technique in this research was purposive sampling, using the

Slovin formula to obtain a sample of 88 postpartum mothers. The independent variable was measured using a questionnaire and the dependent variable was measured using a questionnaire measuring breastfeeding self-efficacy orBreastfeeding self efficacy scale Short form (BSES-SF) adopted from Dennis and Faux 1999). Data analysis using statistical testsChi Square, which will be carried out from April to July 2023 in the working area of the Alak Health Center, Kupang City.

## **RESULTS AND DISCUSSION**

#### Univariate Analysis

The purpose of this analysis is to predict the characteristics of the sample and variables studied according to each type of data in the form of a frequency distribution table and presentation, which will only explain without explaining the cause and effect relationship as presented in the following table.

#### Table 1

| Variable                    | F  | %    |
|-----------------------------|----|------|
| Respondent's Age            |    |      |
| < 20 Years                  | 1  | 1.1  |
| 20-35 Years                 | 61 | 69.3 |
| >35 Years                   | 26 | 29.5 |
| Total                       | 88 | 100  |
| Parity                      |    |      |
| Primipara                   | 25 | 28.4 |
| Multiparous                 | 55 | 62.5 |
| Grande Multipara            | 8  | 9.1  |
| Total                       | 88 | 100  |
| Breastfeeding Self-Efficacy |    |      |
| Height                      | 76 | 86.4 |
| Low                         | 12 | 13.6 |
| Total                       | 88 | 100  |

#### Characteristics of research respondents

Analysis based on the table above, 69.3% of respondents were aged 20-35 years which is healthy reproductive age, 62.5% were multiparous and 86.4% had high self-efficacy.

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#### 2. Bivariate Analysis

#### Table 2

#### The Influence of Family Support in Exclusive Breastfeeding

#### On Breastfeeding Self-Efficacy Status

| Test Statistics |                     |                          |  |  |  |
|-----------------|---------------------|--------------------------|--|--|--|
|                 | Family support      | Breastfeedingselfefikasi |  |  |  |
| Chi-Square      | 32.205 <sup>a</sup> | 46.545 <sup>b</sup>      |  |  |  |
| df              | 2                   | 1                        |  |  |  |
| Asymp. Sig.     | .000                | .000                     |  |  |  |
|                 |                     |                          |  |  |  |

From the table above, the values are obtained p  $0.000 < \alpha$  (0.05), then there is a significant influence between family support in providing exclusive breastfeeding on breastfeeding self-efficacy status in postpartum mothers. This is in accordance with the research results of Fibriyana, et al. It was found that 57.1 respondents had good family support and 61.9% had high breastfeeding self-efficacy. test analysis resultsRank spearman shows that there is a relationship between family support and self-efficacy in breastfeeding (9). According to Anngorowati, from the results of the Kendal Tahu statistical test, a value of =0.003 (0.05) was obtained. It was concluded that there was a relationship between family support and exclusive breastfeeding for babies, this was supported by family knowledge about good breastfeeding (10). Exclusive breastfeeding is influenced by various factors, such as socio-demographic factors, in the form of age, occupation, education, socio-economic and place of residence, psychosocial factors in the form of husband's support, family support, beliefs, desires, perceptions, pre/post natal factors in the form of parity, type childbirth, complications, counseling (lumbantoruan, 2018).

The problem of irregular milk production often occurs in postpartum mothers, which causes the baby's nutrition and nutrients to not be fulfilled optimally, because postpartum mothers will experience psychological conditions. The psychological changes that occur can influence the level of self-efficacy of postpartum mothers in breastfeeding their babies. The results of the daughter's research were that there was an influence on breastfeeding self-efficacy on the smooth flow of breast milk (11) so support should be provided.

Breastfeeding self-efficacy is the self-confidence that a mother has regarding breastfeeding which can predict whether the mother will decide to breastfeed, how much

effort will be made to breastfeed, whether the mother has a constructive or destructive mindset and how to respond to various problems and difficulties during breastfeeding. . The results of research by Monica, et al show that breastfeeding confidence is an important factor related to the initiation, duration and exclusivity of breastfeeding (13).

Family support is the most important element in helping individuals solve a problem. If there is support, self-confidence will increase (12). Postnatal support is an important factor for initiating and maintaining breastfeeding in postpartum mothers. This support is a form of environmental and emotional factors that can influence a mother's decision to breastfeed and can increase the mother's self-confidence (9). The research results of Cemara, et al. show that mothers who have low efficacy only get emotional support from their husbands, while mothers who have high efficacy get informational, emotional, assessment and instrumental support from their husbands. Information support provided by husbands is very useful for increasing the efficacy of breastfeeding mothers in providing exclusive breastfeeding (5).

According to research results, Yulianti, et al said that knowledge and counseling factors also influence breastfeeding self-efficacy in postpartum mothers. Mothers who have high efficacy will provide exclusive breastfeeding 7 times more than mothers who have low efficacy (14). A mother should have confidence regarding breastfeeding before starting the breastfeeding process, therefore every family provides support, and health workers also provide support, knowledge and information about breastfeeding to build breastfeeding self-efficacy so that the success of exclusive breastfeeding is achieved. From the table above, the values are obtained p  $0.000 < \alpha$  (0.05), then there is a significant influence between family support in providing exclusive breastfeeding on breastfeeding self-efficacy status in postpartum mothers. This is in accordance with the research results of Fibriyana, et al. It was found that 57.1 respondents had good family support and 61.9% had high breastfeeding self-efficacy. test analysis resultsRank spearman shows that there is a relationship between family support and self-efficacy in breastfeeding (9). According to Anngorowati, from the results of the Kendal Tahu statistical test, a value of =0.003 (0.05) was obtained. It was concluded that there was a relationship between family support and exclusive breastfeeding for babies, this was supported by family knowledge about good breastfeeding (10). Exclusive breastfeeding is influenced by various factors, such as socio-demographic factors, in the form of age, occupation, education, socio-economic and place of residence, psychosocial factors in the form of husband's support, family support, beliefs, desires, perceptions, pre/post natal factors in the form of parity, type childbirth, complications, counseling (Mestika Lumbantoruan, 2018).

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Family support is the most important element in helping individuals solve a problem. If there is support, self-confidence will increase (Abelsson, Odestrand, & Nygårdh, 2020). Postnatal support is an important factor for initiating and maintaining breastfeeding in postpartum mothers. This support is a form of environmental and emotional factors that can influence a mother's decision to breastfeed and can increase the mother's self-confidence (Maleki-Saghooni, Amel Barez, & Karimi, 2020). The research results of Cemara, et al. show that mothers who have low efficacy only get emotional support from their husbands, while mothers who have high efficacy get informational, emotional, assessment and instrumental support from their husbands. Information support provided by husbands is very useful for increasing the efficacy of breastfeeding mothers in providing exclusive breastfeeding (Uludağ & Öztürk, 2020).

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#### CONCLUSION

The conclusion of this study is that there is a significant influence between family support in providing exclusive breastfeeding on the breastfeeding self-efficacy status of postpartum mothers. One of the factors that determines success in breastfeeding is the mother's condition which can be seen through her self-confidence, so family support is very necessary.

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