

The Importance of Breastfeeding Self Efficacy for Successful of Exclusive Breastfeeding

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Abstract. According WHO on 2011, in the worldwide less than 40% of infants aged less than 6 months are exclusively breastfed. In Indonesia, the percentage of infants aged 0-6 months receive exclusive breastfeeding of 48.6%, this data is still below the national standard (80%) . Basic Health Research on 2010 mentions that babies breastfed exclusively by 15.3%, in urban areas amounted to 25.2% and 29.3% in rural areas. The objective of this study is to provide information how to manage successful of exclusive breastfeeding with lactation management especially predict the exclusive breastfeeding using BSES (*Breastfeeding Self Efficacy Scale*). Babies who are not breastfed exclusively for 6 months or more, may be at risk for a variety of illnesses, including ear infections, diarrhea, respiratory diseases and has a history of frequent pain. Babies who are not breastfed had a 21% lower rate of mortality. Breastfeeding problems due to several factors, among others, social culture, lack of knowledge, lack of health personnel to support the Government Regulation on the breastfeeding regulation, the incessant formula, lack of support from society, lack of adequate facilities of the institution where women work. One way to achieve success of breastfeeding and exclusive breastfeeding is their positive self-confidence (self-efficacy). Support will be needed to increase confidence and solving problems among breastfeeding and it will be prevent premature termination of breastfeeding. The conclusion that the successful of exclusive breastfeeding should be considered because it can influence to the welfare of mothers and infants have an impact on quality of next life. It is important that exclusive breastfeeding can be achieved with various efforts, one of them increase self-efficacy nursing mothers.

INTRODUCTION

Breast milk is the liquid that contains nutrients beneficial to the baby. Exclusive breastfeeding means that the baby is only fed breast milk until the age of six months, without the addition of other liquids, such as other milk, orange, honey, tea, mineral water, also without the addition of solid foods, such as bananas, papaya, milk porridge, biscuits, or rice porridge [1,2].

Worldwide less than 40% of infants less than 6 months of age are exclusively breastfed. In Indonesia, the percentage of infants aged 0-6 months gain of 48.6% exclusive breastfeeding. Basic Health Research on 2010 mentions that babies breastfed exclusively by 15.3%, in urban areas amounted to 25.2% and 29.3% in rural areas. In some areas exclusive breastfeeding is still far from the national target of 80%. This data shows the low coverage exclusive breastfeeding in infants who of course can increase the risk of illness in infants [3,4].

According to Director General of Nutrition and KIA on 2011 the main problem low use of breast milk due to several factors, among others, social culture, lack of knowledge, health personnel are less supportive of government regulation of the breastfeeding, the incessant formula, lack of support from the community, the lack of adequate facilities of the institution where women work [6]. One of way to achieve the success of breastfeeding and exclusive breastfeeding is their confidence. Self-confidence is a person's belief the symptoms aspects of the advantages possessed by the individual and the belief makes it able to achieve various objectives of life [7].

Self-efficacy is the belief of a mother breastfeeding in her ability to breastfeed her baby and predicts it will breastfeed or not, how much effort expended to breastfeed, the desire to improve the mindset or destructive patterns of thought and ways to overcome the difficulties in breastfeeding. The main source of information that

affect self-efficacy of breastfeeding are: performance (breastfeeding experience before), the experience of the representative (see others breastfeeding), persuasion oral (support of her husband and family in nursing) and physiological responses (fatigue, stress and anxiety) [8,9,10].

Self-efficacy in breastfeeding mothers who can be one of the factors to support the development of the baby. Besides breastfeeding mothers with high self-efficacy tend to be longer give milk to their infants than mothers with low self-efficacy will be easier to weaning breastfeeding for infants. There are 69% of mothers breastfed for 2 months, and longer breastfeeding with high self-efficacy and low of 23.5 days 18.9 days [11,12].

Family support will be needed mothers to increase confidence and solve breastfeeding problems preventing early breastfeeding cessation. Research by Anggorowati mentions family support greatly influence the success of exclusive breastfeeding. However, family support and support workplace health worker role also has an enormous influence on exclusive breastfeeding. One is through the strengthening of health facilities in implementing 10 Steps to Successful Breastfeeding and develop a strategy to increase exclusive breastfeeding advocacy and promotion as well as cross-sector cooperation [13,14].

EXPERIMENTAL

This study uses a literature study method to illustrate several theories about the discussion of breastfeeding self-efficacy and the importance of exclusive breastfeeding. The theory is analyzed and summarized from various sources such as books, government regulations, research journals and scientific articles. This literature study begins from an earlier study of the breastfeeding self-efficacy synthesized using other scientific sources as support.

DISCUSSION

Self-efficacy theory is a branch of the Social Cognitive Theory proposed by Albert Bandura (also commonly known as Social Learning Theory). Bandura's social cognitive theory according to which the meeting highlighted the chance (chance encounters) and unexpected events (fortuitous events) although the meeting and the event will not necessarily change the course of human life.

Self-Efficacy

Self-efficacy is a cognitive process related to individual comfort in measuring its ability to do something in order affect the motivation and mind, emotional state, as well as the social environment that shows the specific habits. Bandura's self-efficacy theory says there are four sources that affect a person's self-efficacy [15,16,17], among others:

1. The experience of success. This source greatly affects the self-efficacy as based on individual experience. The experience of success will increase confidence and belief as well as a strong desire of individuals to take action that will reduce the failure.
2. Experience of other. Someone will successfully perform a particular action learning experience of others, seeing the closest experience success in performing these actions.
3. Verbal persuasion. Advice given influential people will be the source of its own power for individuals to gain confidence and a strong belief in doing an action.
4. The physical state of emotional. Changes that occur either physically or psychologically will greatly affect an individual's belief in doing a particular action. Individuals will feel uncomfortable in doing an action if they are under emotional stress.

To promote the conceptual development of breastfeeding confidence and to guide effective supportive interventions, Dennis incorporated Bandura's (1977) Social Cognitive Theory and developed the breastfeeding self-efficacy concept and theoretical model [published: *Journal of Human Lactation*]

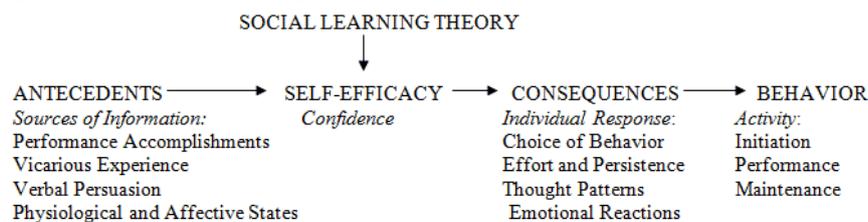


FIGURE 1. Breastfeeding Self-Efficacy Framework

Breastfeeding Self-Efficacy Measurement

Dennis and Faux (1999) developed an instrument based on the theory of self-efficacy Bandura developed and adapted to a wide range of literature on breastfeeding concept known as the Breastfeeding Self-Efficacy Scale (BSES). BSES consists of three dimensions related to the success of the breastfeeding technique, interpersonal thoughts, and support. Dimensions techniques means all related to physical activity, a person's a person and the actions required to achieve success in breastfeeding. While the intrapersonal confidence is on the attitudes, beliefs, and perceptions of mothers about breastfeeding. The third dimension is the support that covers all the things that help mothers successfully breastfeed both emotionally and physically [10].

To measure breastfeeding self-efficacy, Dennis and Faux developed the BSES, 33-item, self-report instrument. The BSES contains two sub-scales:(1)the technique subscale, where items depict maternal skills and recognition of specific principles required for successful breastfeeding; and (2)the intrapersonal thoughts subscale,where items are related to maternal attitudes and beliefs towards breastfeeding. All items are preceded by the phrase 'I can always' and anchored with a five- point Likert scale where 1 ¼ not at all confident and 5 ¼ always confident [10].

Breastfeeding and Work Status

Factors working mothers often become an important factor in the failure of breastfeeding. This is shown by the results of studies conducted Old (2000) on the breastfeeding behavior of 140 samples were divided into 2 groups (75.4% and 73.2% of control group intervention group) where it is found that the respondent did not work breastfeed number 3 (three) times of respondents who work and continue breastfeeding.A number of studies have also revealed that a working mother, if more than 40 hours per week have the significant negative correlation to the duration of breastfeeding. It is also one of the factors that can affect the needs of breastfeeding mothers and breastfeeding at the time of working mothers [18].

Breastfeeding

Breastfeeding is one of the components of the reproductive process consisting of menstruation, conception, pregnancy, childbirth, breastfeeding and weaning. If all of the components going well, breastfeeding will be successful. Infants instinctively suck but at first maybe she has trouble finding its mother's nipple. Breastfeeding is the feeding process from the whole milk is produced through the process of sucking and swallowing [19,18].

Self-reliance and knowledge of nursing mothers is indispensable because it can help smooth the process of breastfeeding. When allowed to suckle their own babies in the age 30-60 minutes not only facilitate the success of breastfeeding but also will be able to lower infant mortality rate of 22% under 28 days. A first-time mothers breastfeed despite having a natural instinct, they often have trouble with nervousness, anxiety and lack of confidence [20].

According to the data center and information of ministry of health republic of Indonesia the WHO in 2006 to provide recommendations breast feeding patterns change categories, among others:

1. Exclusive Breastfeeding, is not given food or drink, including water, in addition to breastfeeding (except medicines and vitamin or mineral drops, breast milk is also allowed).
2. Breastfeeding is the predominant breastfeeding infants but never given a small amount of water, such as tea, as food prelakteal before the milk out.
3. Partial breastfeeding is breastfeeding that are included with artificial feeding than breast milk, baby milk formula, porridge or other food before the baby is 6 months old either given continuously or given as eating prelakteal [21].

Length of breastfeeding is the time span of mothers breastfeed or through breastfeeding after giving birth. Many factors affect the length of breastfeeding one of which is the belief in the ability her mother to breastfeed optimally. Zakiah (2012) showed about 69% of mothers breastfed for 2 months postpartum full [12].

Factors affecting the pattern of breastfeeding:

1. Age. Mothers who are still easy psychological state is not stable by itself would be more signage collision between the love of a mother with her ego who still want to be free as a young man. It can affect the motivation to give exclusive breastfeeding.
2. Parity. Parity is the number of children ever born by a women. A mother with her first child may experience issues when breastfeeding is actually simply because they do not know the ways of truth and when the mother heard breastfeeding experience is not good that happened to someone else, it allows mothers hesitate to give breast milk to her baby [22].

3. Work. All the work to get results or wages that can be valued in money. Mothers who work by leave the house, they did not have more time than women who do not work, so as to provide limited caring their babies [23].
4. Healthy baby. Infant health factors are factors which affect the baby include galactosemia, labioscizis and labiopalatoschizis, causing mothers to give additional food to the baby.
5. Maternal health. A disease that makes the mother can not breastfeeding, as well as abnormalities of the breast have a role in the success of breastfeeding, as nipple sinks, flat or nipples are too large may interfere with breastfeeding [24].
6. Knowledge mother. The research mentions the mother works in Jakarta showed a significant relationship that mothers who have a good knowledge about 2.5 times likely to breastfeed exclusively [25].
7. Factor of health workers. Information about breast care during pregnancy, duration of breastfeeding, the benefits of breastfeeding, and early initiation of breastfeeding is the support of health professionals who can help the success of the continuity of exclusive breastfeeding.
8. Demographic factors. Including biomedical factor is the number of births, infant health, and the health of mothers (during pregnancy, childbirth and after childbirth).

Some of the barriers to exclusive breastfeeding are:

- 1) Lack of knowledge of mothers and other relatives about the benefits of breastfeeding and how to breastfeed properly.
- 2) Lack of lactation counseling services and support of health workers affects the mother's self-efficacy.
- 3) socio-cultural factors.
- 4) The conditions inadequate for working mothers, Nursan mentions there is no linkage and significant differences between the scores of self-efficacy of breastfeeding with maternal age, economic status and employment status of the mother [26].
- 5) The intensive marketing of 'formula milk'.

One factor that affects exclusive breastfeeding is the support to increase breastfeeding self-efficacy. Support can be obtained from the husband, family, health and employment. According to Caplan (1976) in Friedman (1998), the husband support is divided into four types:

- 1) Support Informational. The support involves the provision of information, advice or feedback on individual circumstances. This type of information can help individuals to identify and solve problems more easily;
- 2) Support Ratings. Support ratings are kind of support where the husband acting as mentors and guidance feedback, solve problems and as a source of identity validator family members;
- 3) Support Instrumental. The support is the provision of material that can reduce stress because individuals can immediately solve the problem associated with the material;
- 4) Emotional Support. The support making individuals have the feeling comfortable, confident, cared and loved by sources of social support so that individuals may face problems better. Fauzi mentions the mother who received husband support 8.5 times optimal breast-feeding than mothers who are not supported by their husbands. Additionally, research Kurniati mention that there are ties between husband support and work with the self-efficacy of breastfeeding mothers [28,29].

CONCLUSION

Lactation management not only about physics, but also psychology of mother. The successful of exclusive breastfeeding will be held while mother have healthy physics and psychology especially about her self efficacy to breastfed. One of way to predict successful of breastfeeding can use BSES. BSES could be used as an *identification tool* to help recognize those mothers who are likely to succeed at breastfeeding, also could be used as an *assessment tool* to identify areas to focus clinical practice and the BSES may be used to *determine the efficacy* of various types of supportive interventions. BSES also could be employed to assist health care administrators to devise targeted interventions for those mothers identified as high-risk and therefore used to plan effective breastfeeding programs.

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