

D'Nursing and Health Journal (DNHJ) E-ISSN: 2774-3810, P-ISSN: 2774-3802

Vol: 5 No: 2, September 2024

Page: 157-162

Relationship between Breastfeeding Self-Efficacy and Exclusive Breastfeeding at the Taman Krocok Health Center

Elisa Tiara Devianti¹, Syiska Atik Maryanti², Susilawati³, Jenie Palupi⁴

^{1,2,3,4)}Midwifery Study Program Jember, Health Polytechnic of the Ministry of Health Malang, Malang, Indonesia

*Corresponding author: celineoktaf30@gmail.com

ABSTRACT

Background: Indonesia's exclusive breastfeeding coverage in 2022 was recorded at only 67.96%, a decrease from 69.7% in the previous year 2021. In East Java Province, exclusive breastfeeding coverage in several districts is also still quite low, including Bondowoso City (35.8%). According to the Bondowoso District Health Office, the exclusive breastfeeding coverage of Bondowoso District in 2022, there is one subdistrict that has a low exclusive breastfeeding status, namely the working area of the Taman Krocok Bondowoso Health Center. This study aims to determine the relationship between breastfeeding self-efficacy and exclusive breastfeeding.

Method: This research design uses analytic with Crossectional approach. The sample in the study amounted to 65 mothers who had toddlers 6-12 months, using purposive sampling technique. Data collection using a questionnaire sheet. Data analysis with Chi-Square test.

Results: 61.54% of respondents had high BSE, 38.46% had low BSE. There is an association between BSE and exclusive breastfeeding with ρ -value = 0.001 < α 0.05. **Conclusion:** One of the causes that affects mothers in providing exclusive breastfeeding is the level of maternal confidence (Breastfeeding Self - Efficacy) in breastfeeding their babies.

Keywords: Exclusive breasfeeding; Self-Efficacy; Breastfeeding

Introduction

Exclusive breastfeeding is giving only breast milk without giving other food and drinks to babies from birth to 6 months old, except for medicine. Breast milk is the best nutritional intake for infants (Humune et al., 2020). However, not all mothers can provide exclusive breastfeeding to babies. Problems for mothers and children in exclusive breastfeeding can arise, generally due to several factors that can cause the failure of exclusive breastfeeding. This can lead to low coverage rates of exclusive breastfeeding.

According to the World Health Organization (WHO 2022) Indonesia's exclusive breastfeeding coverage in 2022 was recorded at only 67.96%, down from 69.7% from 2021, indicating the need for more intensive support to increase this coverage. The World Health Organization (WHO) has called on the Indonesian government to increase exclusive breastfeeding to improve global and national efforts to prevent stunting in the country. The 2020 Indonesian Health Profile shows that nationally, the percentage of coverage of infants who received exclusive breastfeeding in 2020 in Indonesia was 66.06% with the 2020 Strategic Plan target of 40% (Indonesian Ministry of Health, 2021). According to the Basic Health Research (RISKESDAS) 2021 data, 52.5% - or only half of the 2.3 million infants less than six months old - are exclusively breastfeed in Indonesia, a 12 percent decrease from the 2019 figure. The rate of early breastfeeding initiation (IMD) also dropped from 58.2% in 2019 to 48.6% in 2021.

According to the Central Bureau of Statistics of East Java Province, exclusive breastfeeding coverage in several districts is still quite low, including Situbondo City (37.6%), Jember (36.6%) Bondowoso (35.8%), (Central Bureau of Statistics of East Java Province 2022). According to the Bondowoso District Health Office, exclusive breastfeeding coverage in Bondowoso District in 2022 based on the annual report there were 7,571 infants examined. In 2022, the district exceeded the provincial target of 70% (PKP target) except for a few sub-districts, namely Tenggarang sub-district (68.6%), Taman Krocok sub-district (54.2%) and Wringin sub-district (31.1%).

There are 3 factors that influence exclusive breastfeeding, namely (1) predisposing factors consisting of education, knowledge, breastfeeding experience, and cultural customs. (2) enabling factors consisting of family income, time availability,

maternal health, and breastfeeding self-efficacy. (3) Reinforcing factors consisting of family support and health worker support (Utami, 2023). In addition, the reason for the failure of exclusive breastfeeding success is the mother's condition such as the level of confidence or belief of the mother (Self - Efficacy) to provide breast milk. Self-efficacy has an influence on exclusive breastfeeding (Rahmadani & Sutrisna, 2022). The level of anxiety in each mother is different because each mother has a different coping mechanism.

Breastfeeding Self-Efficacy (BSE) is the mother's belief in the ability to breastfeed her baby. Breastfeeding Self-Efficacy factors are breastfeeding experience, observation of other people's experiences, verbal persuasion, physical and emotional conditions (P. Wulandari & Susilawati, 2021). Based on the results of the study, it is stated that there is a relationship between BSE and the success of exclusive breastfeeding in breastfeeding mothers (Susanti et al., 2022). The higher the BSE, the harder the mother's efforts to successfully provide breast milk for her baby, and vice versa (Wardiyah et al., 2020).

Based on preliminary studies conducted in the Taman Krocok Health Center work area, 9 out of 13 mothers did not succeed in providing exclusive breastfeeding. Whereas at the Tenggarang Health Center there were 8 out of 10 people who were unsuccessful in providing exclusive breastfeeding, namely because they had low self-efficacy due to several factors (Breastfeeding Experience, Experience of others, Verbal persuasion, physical and emotional conditions).

Therefore, BSE is an important variable in measuring the success of breastfeeding. Breastfeeding problems commonly occur due to the lack of understanding of mothers regarding the proper breastfeeding process. Based on the results of the study, it is stated that most breastfeeding techniques are in the inappropriate range (Virgo, 2021).

The impact if breastfeeding coverage is low or not given exclusive breastfeeding, among others, the baby does not get nutrients that are very important for the growth and development of the baby, the baby also does not get immunoglobulins and other bioactive molecules that are very important for immunity, besides that the baby is vulnerable to disease. (Fadlliyyah, 2019) babies have a risk of death due to

diarrhea 3.94 times greater than babies who get exclusive breastfeeding. Exclusive breastfeeding is very beneficial for babies, one of which is as the best nutrition because breast milk is an ideal source of nutrition with a balanced composition and in accordance with the needs of growth in infants and is the most perfect baby food, both in quality and quantity. Exclusive breastfeeding plays an important role in infant growth because breast milk is better than formula milk. The advantages of breast milk that play a role in growth are seen from the protein, fat, electronics and enzymes contained in breast milk (Lewa, 2021; Kurniawan et al., 2022).

Lack of support for the mother and difficulty in breastfeeding can lead to inhibited milk production and insufficient milk supply. This shows that a mother's decision to breastfeed requires support from her husband and family, which is useful for optimal physical and mental growth and intelligence. The support provided by the family to the mother can make the mother have confidence and confidence that she is able to produce enough breast milk for her baby so that breast milk production becomes smooth (Andayani 2020). In addition, the steps of activities carried out by the government in preventing low exclusive breastfeeding are providing optimal IEC to mothers, mobilizing an effort and plan in the success of breastfeeding, increasing cohesiveness, coordination and integration. Based on some of the problems above, the researcher wants to know about the effect of Breastfeeding Self-Efficacy on exclusive breastfeeding.

Method

This research uses a cross-sectional design. The research population consists of 184 mothers with toddlers aged 6 to 12 months in the working area of the Taman Krocok Health Center in Bondowoso. The sample in the study consisted of 65 mothers, selected using purposive sampling from each community health center in 7 sub-districts within the health center's working area.

Inclusion criteria include 1) Mothers with toddlers aged 6 to 12 months, 2) Mothers of toddlers aged 6 to 12 months who can read and write, 3) Mothers who can communicate well. Exclusion criteria include 1) Mothers of toddlers who are ill, 2) Mothers of toddlers who are unwilling to be respondents. The independent variable is

Breastfeeding Self-efficacy in mothers with toddlers aged 6 to 12 months. The dependent variable is the success of exclusive breastfeeding.

The measuring tool uses the Breastfeeding Self-efficacy Scale-Short Form (BSES-SF) questionnaire to assess Breastfeeding Self-efficacy and a questionnaire sheet to measure exclusive breastfeeding among respondents. The research was conducted in May - June 2024. Data analysis was conducted using univariate analysis to produce the frequency and percentage of each variable, and bivariate analysis using the Pearson Chi-Square test to determine the relationship between Breastfeeding Self-efficacy and Exclusive Breastfeeding. This research has passed the ethical feasibility test from the Health Research Ethics Committee of Poltekkes Malang with the number DP.04.03/F.XXI.31/0916/2024.

Results

General data is presented in the form of a table consisting of the number of children in the family, the mother's occupation, and her highest level of education.

Table 1. Distribution of respondents based on the number of children in the family n=65

Number of Children	Frequency (n)	Percentage (%)		
1	21	32,31%		
2	27	41,53%		
3	14	21,54%		
4	3	4,62%		
Total	65	100%		

Table 1 shows that nearly half of the families have more than one child (41.53%) and have one child (32.31%). The remaining small portion of families has more than two children (21.54%) and more than three children (4.62%).

Table 2. Distribution of respondents based on exclusive breastfeeding by mothers n=65

Exclusive Breastfeeding	Frequency (n)	Percentage (%)	
Ya	33	50,77%	
Tidak	32	49,23%	
Total	65	100%	

Table 2 shows that half of the mothers provide exclusive breastfeeding (50.77%). And almost half of the mothers do not provide exclusive breastfeeding (49.23%).

Table 3. Distribution of respondents based on mother's occupation n=6

Mother's Occupation	Frequency (n)	Percentage (%)		
Not Working	50	76,92%		
Enterpreneur	10	15,38%		
Farmer	2	3,08%		

Teacher	2	3,08%
Civil servant	1	1,54
Total	65	100%

Table 3 shows that almost all (76.92%) of the mothers are housewives. A small portion of the mothers are self-employed (15.38%), farmers (3.08%), teachers (3.08%), and civil servants (1.54%).

Table 4. Distribution of respondents based on the mother's highest education n=65

Education	Frequency (n)	Percentage (%)	
Elementary school	7	10,77%	
Junior high school	19	29,23%	
Senior high school	34	52,31%	
bachelor's degree	5	7,69%	
Total	65	100,00%	

Table 4 shows that the majority of mothers have a senior high school education (52.31%). Almost half of the mothers have a junior high school education (29.23%). A smaller portion of mothers have an elementary school education (10.77%) and a bachelor's degree (7.69%). Specific data is also presented in the form of tables, which consist of Breastfeeding Self-Efficacy, exclusive breastfeeding, and the relationship between Breastfeeding Self-Efficacy and exclusive breastfeeding.

Table 5. Distribution of respondents based on mothers' self-efficacy in breastfeeding n=65

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BSE	Frequency (n)	Percentage (%)			
Tinggi	40	61,54%			
Rendah	25	38,46%			
Total	65	100%			

Table 5 shows that the majority of mothers have a High level of Breastfeeding Self-Efficacy (61.54%). Nearly half of the mothers have a Low level of Breastfeeding Self-Efficacy (38.46%).

Table 6. The Relationship Between Breastfeeding Self-Efficacy and Exclusive Breastfeeding in the Working Area of Taman Krocok Health Center, Bondowoso, 2024.

	Eksklusive Breast-feeding			- Total			
BSE	Ya		Tidak		- Iotai		ρ-value
	Total	%	Total	%	Total	%	-
High	31	77,5%	9	22,7%	33	50,8%	0,001
Low	2	8,0%	23	92,0%	32	49,2%	•
Total	33	50,8%	32	49,2%	65	100%	

Table 6 shows that mothers with high Breastfeeding Self-Efficacy almost entirely provide Exclusive Breastfeeding (77.5%). In contrast, mothers with low Breastfeeding Self-Efficacy provide Exclusive Breastfeeding only in a small percentage (8.0%). Meanwhile, only a small portion of mothers with high Breastfeeding Self-Efficacy do not provide Exclusive Breastfeeding (22.7%), whereas almost all mothers with low Breastfeeding Self-Efficacy do not provide Exclusive Breastfeeding (92.0%). The result of the Chi Square test = $0.001 < \alpha 0.05$, which means there is a relationship between Breastfeeding Self-Efficacy and Exclusive Breastfeeding in the working area of the Taman Krocok Health Center. The result of the contingency coefficient between the variables is 0.540, indicating a moderate relationship.

Discussion

According to the theory, Breastfeeding Self-Efficacy refers to a mother's selfbelief in her ability to breastfeed and provide exclusive breast milk to her baby. Selfefficacy based on Bandura's social cognitive learning theory (1977) describes an individual's belief in their ability to perform a specific action in order to achieve desired outcomes or results. (Bandura A:1997). Based on theory, there are several influences that can enhance a mother's Breastfeeding Self-Efficacy. The mother will also evaluate four main sources of information that determine her ability to breastfeed her baby, namely performance achievement (previous breastfeeding experience), the experiences of others (observing other mothers breastfeeding), verbal persuasion (motivation from family, friends, and lactation consultants), and her physiological responses. (nyeri, lelah, dan stres). This research aligns with the study conducted by Dwi Rahayu in 2018 titled "The Relationship Between Breastfeeding Self-Efficacy (BSE) and the Success of Exclusive Breastfeeding in Pojok Village, Kediri City." This study involved 30 postpartum mother respondents. The research results showed a significance value of 0.036, which is less than 0.05, indicating a significant relationship between breastfeeding self-efficacy and the success of exclusive breastfeeding in postpartum mothers.

According to the researchers' assumptions, the high level of self-confidence possessed by mothers is due to their higher education level, sufficient experience in breastfeeding their babies because the number of their children is more than one, support from family or close individuals, as mothers also have stable emotional support,

and work factors that can affect mothers in providing breast milk, as they may feel tired or stressed. As a result, mothers feel capable, assured, and confident in providing exclusive breastfeeding for their babies.

This research also shows that the majority of mothers have a high level of Breastfeeding Self-Efficacy because they have a high level of education, which means they are not lacking in knowledge. These mothers have sufficient experience in breastfeeding due to having more than one child, receive good support and motivation from family and close relatives, and have light jobs that prevent them from feeling tired, stressed, or in pain when breastfeeding their babies. On the other hand, mothers with low Breastfeeding Self-Efficacy are affected by their low level of education, which leads to a poor understanding of proper breastfeeding techniques. In addition, due to the fact that most mothers lack experience in breastfeeding, their confidence decreases. Because the mother does not have family support and has a heavy job that can make her tired and stressed. Therefore, to boost the mother's confidence in breastfeeding. So, mothers need to be motivated to improve their knowledge in order to provide exclusive breastfeeding.

In theory, breast milk is the most optimal food for babies and should ideally be given exclusively until the age of 6 months to support their growth and development. Although the benefits of exclusive breastfeeding are clear for both mothers and babies, the coverage of exclusive breastfeeding for infants in Indonesia remains low. The failure to provide exclusive breastfeeding is one of the issues faced by postpartum mothers (Ojantausta et al., 2023). Many factors influence the provision of exclusive breastfeeding, including knowledge, socio-cultural and economic factors, physiological factors, family support, and educational factors from healthcare professionals. Psychological factors are also one of the issues that can affect breast milk production in mothers. (Cahyalestari et al., 2020; Niar A, Dinengsih S, 2021). One of the factors affecting the low coverage of exclusive breastfeeding is the lack of confidence among mothers. This research is in line with Elsi Rahmadani's study in 2022 titled "The Relationship Between Maternal Breastfeeding Self-Efficacy and the Success of Exclusive Breastfeeding for Infants in the Kandang Health Center Area, Bengkulu City." It can be seen that the majority of respondents, 65%, rated the BSE as good, and

most of the respondents, 60%, succeeded in providing exclusive breastfeeding. The sample in this study consists of 60 respondents who are mothers with babies aged 6 to 12 months, specifically first-time mothers. In contrast, the research I have conducted has a different sample size and employs purposive sampling techniques.

This research also shows that half of the mothers provide exclusive breastfeeding due to their high confidence in the importance of exclusive breastfeeding for meeting nutritional needs, ensuring that the development and growth of the baby proceed well. Meanwhile, nearly half of the mothers who do not provide exclusive breastfeeding for their babies are driven by concerns that exclusive breastfeeding alone may not sufficiently meet their baby's nutritional needs. Therefore, to enhance the success of exclusive breastfeeding, efforts must be made to increase the coverage of exclusive breastfeeding support that influences mothers, enabling them to provide exclusive breastfeeding for their babies.

According to theory, a mother's belief in providing exclusive breastfeeding can help her determine the actions that can be taken to achieve her goals, enhance self-motivation, and whether she will be able to continue if there are obstacles or difficulties, as well as react positively when facing those challenges. Based on the theory of Self-Efficacy, breastfeeding mothers will evaluate four main sources of information in breastfeeding their babies, namely achievements that determine the mother's performance ability (previous breastfeeding experiences), the experiences of others (observing other breastfeeding mothers), verbal persuasion (motivation from family, friends, and lactation consultants), and their physiological responses. (nyeri, lelah, dan stres). This is supported by research conducted by Komaria Susanti. (2022). Of the 50 respondents with low self-efficacy, 22.0% did not provide exclusive breastfeeding, while 18.0% did provide exclusive breastfeeding.

This research also shows that almost all mothers who have high breastfeeding self-efficacy are able to provide sufficient breast milk for their babies, which makes the mothers feel relaxed during the breastfeeding process. This sense of relaxation will certainly help increase breast milk production, thereby meeting the baby's needs. Unlike mothers with low Breastfeeding Self-Efficacy, mothers understand the benefits of breastfeeding, but due to a lack of strong belief in their ability to breastfeed, when they

encounter difficulties while nursing, they tend to not provide breast milk or immediately resort to formula feeding from the start.

Conclusion

The conclusion of this study is that the majority of mothers in the Working Area of the Taman Krocok Bondowoso Health Center have high Breastfeeding Self-Efficacy. Most mothers in this area provide Exclusive Breastfeeding, and high Breastfeeding Self-Efficacy can influence the provision of Exclusive Breastfeeding among mothers. Thus, there is a significant relationship between Breastfeeding Self-Efficacy and the provision of Exclusive Breastfeeding in the Working Area of the Taman Krocok Bondowoso Health Center. Healthcare professionals can play a role as a means to enhance services aimed at improving Breastfeeding Self-Efficacy among mothers and achieving exclusive breastfeeding through Breastfeeding Self-Efficacy programs available in healthcare services. This includes providing motivation to significantly increase mothers' BSE so that they can exclusively breastfeed their infants.

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