

Relationship of Social Support with Breastfeeding Self Efficacy Post Partum Mothers in Community Health Center

Nurus Safa'ah¹ (corresponding author)

¹Department of Nursing, Universitas Airlangga, Indonesia; nurus.shona@gmail.com

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ABSTRACT

Post partum period is a transition period for mothers, especially primiparous post partum mothers to achieve role of a mother. Lack of self-efficacy breastfeeding mother is cause of maximal achievement of mother's role, especially in exclusive breastfeeding. The aim of this study was to determine relationship between social support and breastfeeding self-efficacy for post partum mothers in the work area of the Wire Health Center in Tuban Regency in 2021. The research design used correlational analysis with a cross sectional time approach. The population was all post partum patients on the first to third day at the Wire Health Center, Tuban Regency as many 36 respondents with a research sample of 33 respondents using simple random sampling technique. Instruments used are breastfeeding self efficacy scale short form (BSES-SF) and Multidimensional Social Perceived Support Scale (MSPSS) with Spearman Rank Correlation analysis test. Based on the statistical tests that have been carried out, where $\alpha = 0.05$ and obtained the value of $p = 0.010$ and value $(r) = 0.597$. This means that $p < 0.05$ so H1 is accepted, meaning that there is a relationship between social support and breastfeeding self-efficacy for post partum mothers in work area of the Wire Health Center, Tuban Regency. The results of this study suggest that respondents maintain their confidence in their ability to continue breastfeeding their children, and that people around respondents continue to provide support.

Keywords: self efficacy; breastfeeding; social support; post partum

INTRODUCTION

Post partum period is a transition period for mothers, especially primiparous post partum mothers to achieve role of a mother. This period is full of expectations about ideal mother's role and optimal baby health. This can be a trigger for postpartum mothers to find out how to properly care for their babies, including breastfeeding. However, the lack of confidence/self-efficacy in breastfeeding mothers' breastfeeding self-efficacy is still a problem in breastfeeding.

Condition of exclusive breastfeeding is currently not optimal. It is indicated by low understanding importance of breastfeeding, supported by increasingly sophisticated technology and incessant promotion of formula milk that idealizes nutritional content as a substitute for breast milk, making people less confident about greatness of breast milk, and the lack of confidence of mothers to produce sufficient breast milk for their babies, so finally choose formula milk to meet the nutritional needs of baby. For mothers who are actively working, efforts to provide exclusive breastfeeding often experience obstacles due to short period of maternity leave and mother's inability to pump breast milk during work. ⁽¹⁾

In Indonesia, coverage of infants receiving exclusive breastfeeding in 2018 was 68.74%. This figure has exceeded 2018 Strategic Plan target of 47%, but this still does not make regions throughout Indonesia get a high percentage of infants who are exclusively breastfed. There are still many areas with low percentages. ⁽²⁾ In 2018, East Java received 77.51%, and especially in Tuban Regency (data from the Tuban District Health Office) in the same year it received 73.85% from 33 existing health centers, then in 2019 it increased to 79.6%. However, in 2020 there was a decline to 76.93% of infants who received exclusive breastfeeding. Based on data above, it shows success of exclusive breastfeeding is still not getting optimal results. ⁽³⁾ According to Blyth ⁽⁴⁾, mother's belief about whether she believes she is able to give breast milk will determine success of mother in breastfeeding her baby. In Mercer Maternal Role Attainment Theory, many factors influence role of a mother. In Mercer's research, the mother's role includes age of first giving birth, childbirth experience, early separation from baby, social stress, social support, personality traits, self-concept, child-rearing attitudes and health. ⁽⁵⁾

Self-efficacy is a person's belief about his ability to carry out a task to achieve a certain result ⁽⁶⁾. According to Tores (M. Fauzan, 2018) breastfeeding self-efficacy is self-confidence possessed by mothers in terms of breastfeeding which can predict whether mother will decide to breastfeed, how much effort is made to breastfeed, whether it has a constructive or destructive mindset and how to respond to various problems and difficulties during breastfeeding. Dennis (1999) added that breastfeeding self-efficacy affects individual responses such as thought

patterns, emotional reactions and efforts as well as persistence in exclusive breastfeeding. Low self-efficacy in terms of breastfeeding can lead to negative perceptions and motivations (Denis, 1999).

Sources of social support received can come from various parties, including close family, spouse (husband or wife), close friends, coworkers, relatives, and peers. Putra (2018) in his research found that there is a relationship between social support and breastfeeding self-efficacy for breastfeeding mothers, the results show higher social support felt by breastfeeding mothers, the higher level of breastfeeding self-efficacy. Conversely, the lower social support felt by breastfeeding mothers, the lower level of breastfeeding self-efficacy.

METHODS

This research was a correlational analytic study using a cross sectional approach. Sampling by simple random sampling and obtained as many as 33 respondents. Respondents in this study were post partum mothers from the first day to third day at Wire Health Center, Tuban Regency. Variables in this study are social support and breastfeeding self efficacy. There are 2 instruments used, namely the Breastfeeding Self Efficacy Scale Short Form (BSES-SF) and Multidimensional Social Perceived Support Scale (MSPSS).

BSES-SF is a questionnaire containing 14 statement items about confidence and self-confidence in breastfeeding. Each item has a 5-point Likert scale and then added up to obtain a total score that ranges from 14–70. Similar to BSES-SF, MSPSS questionnaire contains 14 statement items about the social support experienced or obtained by post partum mothers for sake of continuity breastfeeding process which has been tested for validity before being used in this study. Each item has a 5-point Likert scale and then added up to obtain a total score that ranges from 14–70. The data obtained were analyzed by Spearman rank correlation using SPSS for Windows with the significance level used for the test was 0.05. This research was conducted in the work area of Wire Health Center, Tuban Regency and lasted for one month.

RESULTS

From table 1 below, it can be seen that most of the respondents are aged 21-30 years as many as 19 (57.6%) respondents, most of the respondents are post partum 2 days as many as 18 (54.5%) respondents, most of respondents is with parity 1, which is 18 (54.5%) respondents, most of whom are respondents with an equivalent high school education level, as many as 17 (51.5%) respondent.

Table 1. Respondent characteristics (n=33)

NO	Variable	Frequency	Percentage
1	Age		
	16 - 20	7	57.6
	20 - 30	19	57.6
	31 - 40	7	21.2
2	Post partum time		
	2 day	18	54.5
	3 day	15	45.5
3	Post partum mother pariety		
	1	18	54.5
	2	13	39.4
	3	2	6.1
4	Level of education		
	Primary school	4	12.1
	Junior high shool	10	30.3
	Senior high school	17	51.5
	College	2	6.1

Table 2. Distribution of post partum mother social support's

No.	Social support	Frequency	Percentage
1	Very low	0	0
2	Low	1	3
3	Medium	6	18.2
4	High	22	66.7
5	Very high	4	12.1

From table 2, it can be seen that most of the respondents with high results were 22 (66.7%) respondents.

Table 3 Distribution of post partum mother breastfeeding self efficacy

No.	Breastfeeding self efficacy	Frequency	Percentage
1	Very low	0	0
2	Low	1	3
3	Medium	5	15.2
4	High	19	57.6
5	Very high	8	24.2

From table 3, it can be seen that most of the respondents with high results were 19 (57.6%) respondents.

Table 4. Corelation of post partum mother social support's with mother breastfeeding self efficacy

		Breastfeeding self efficacy											
		Very low		Low		Medium		High		Very high		Total	
		f	%	f	%	f	%	f	%	f	%	f	%
Social Support	Very low	0	0	0	0	0	0	0	0	0	0	0	0
	Low	0	0	1	100	0	0	0	0	0	0	1	100
	Medium	0	0	0	0	5	83.3	1	16.7	0	0	6	100
	High	0	0	0	0	0	0	15	68.2	7	31.8	22	100
	Very high	0	0	0	0	0	0	3	75	1	25	4	100

From table 4, it can be seen that most of the respondents with high social support and high breastfeeding self-efficacy were also 15 (68.2%) respondents.

DISCUSSION

Identification of Social Support for Post Partum Mothers

Based on results of study in table 2, it shows that only 3% of respondents received low social support results, 18.2% of respondents received moderate social support, 12.1% with very high social support, which is what is needed continuity of breastfeed, and the remaining 66.7% where most of total respondents received high social support results. Respondents who were patients from Wire Health Center in Tuban Regency filled out a questionnaire based on what they experienced or what they got from people around them. Results of filling out questionnaire, on average, respondents received more support from their families, especially their husbands.

Sarason ⁽⁷⁾ suggests that social support can be interpreted as a person's belief that there is social support available when needed and that support is identified through a subjective and measurable point of view. Social support will be needed by mothers to increase their confidence in dealing with and solving breastfeeding problems so prevent early cessation of breastfeeding ⁽⁸⁾. Sources of social support that we receive can come from various parties, can be obtained from close family, spouse (husband or wife), close friends, work colleagues, relatives and peers. The explanation in Ramona T. Mercer's theory, support provided form of emotional support, informational support, physical support, and appraisal support. ⁽⁵⁾

In fact, ones who have biggest influence are support from their husbands and parents (closest family). Where they play most role in providing emotional support that makes mothers feel more cared for and loved when mothers feel stressed, informational support with already know from learning (reading, listening to explanations)

previous personal experience, physical support (physical and financial assistance) when the mother feels tired of her activities in caring for baby, as well as appraisal support which allows the mother to evaluate herself and achievement of her mother's role. Informational support can also be obtained from neighbors, friends, and even health workers (doctors, midwives, nurses, and others).

Identification of Breastfeeding Self Efficacy in Post Partum Mothers

Based on the results, it can be seen that respondents with low breastfeeding self efficacy are only 3%, there are 15.2% of respondents who have moderate breastfeeding self efficacy, 57.6% or total sample get high breastfeeding self efficacy results, and respondents with very high breastfeeding self efficacy as much as 24.2% where score is almost close to maximum score in assessment. Respondents with moderate scores were obtained from most respondents who were under 20 years old and occurred in first parity, where post partum mothers had not experience in breastfeeding before.

Breastfeeding Self Efficacy (BSE) or breastfeeding self-efficacy is a mother's self-confidence in her ability to breastfeed or breastfeed her baby⁽⁹⁾. Mothers who have high breastfeeding self-efficacy, success of breastfeeding will increase and vice versa⁽¹⁰⁾. Post partum mothers who have high self-efficacy give breast milk longer than mothers with low efficacy. Factors that influence breastfeeding self-efficacy include behavior (selection), persistence (motivation) to fully involve oneself in activities (implementation of the mother's role), emotional reactions (affection/belief with abilities possessed) in carrying out the role as a mother, and mindset (cognitive) in carrying out their duties⁽¹¹⁾.

Breastfeeding self-efficacy is still low and breastfeeding is not effective yet often occurs in mothers who have never had breastfeeding experience before. Mothers with first experience of breastfeeding are often very sensitive to everything related condition of their babies, so they are easily provoked by various negative assumptions such as, the baby will not be full enough if only breast milk is given, especially at beginning of post partum period mother only produces small amounts of colostrum or haven't even expressed milk yet. Mothers with high expectations about optimal baby care, but not supported by adequate knowledge and support can cause mothers to become stressed and then stoped process of breastfeeding their babies. Social support plays an important role in increasing breastfeeding self-efficacy. When mothers get great support (support) from people around them, especially spouses (husbands) and parents, it will make the mother more confident in solving problems contained in implementation of mother's role, and end breastfeeding self-efficacy for mothers also will increase. When mother's breastfeeding self-efficacy increases, chances of successful implementation of exclusive breastfeeding will also increase.

The Relationship between Social Support and Breastfeeding Self Efficacy in Post Partum Mothers

From the results, it can be seen most of respondents have high social support and high breastfeeding self efficacy as many as 15 (68.2%) respondents, 7 (31.8%) respondents with high social support and breastfeeding self efficacy is very high. Only 1 (100%) respondents got low social support and breastfeeding self efficacy results, 5 (83.3%) respondents received moderate social support and breastfeeding self efficacy, 1 (16.7%) respondents with moderate social support moderate and high breastfeeding self-efficacy. As many as 3 (75%) respondents have very high social support but breastfeeding self-efficacy is in the high category, and only 1 (25%) respondents have very high social support and breastfeeding self-efficacy, which is what is needed in the continuity of breastfeeding.

Analysis of data used in this study is the Spearman Rank Correlation test. The p-value = 0.010, so it can be concluded that there is a relationship between social support and breastfeeding self efficacy in post partum mothers.

It is in line with previous research such as results of Spaulding and Gore (2012) which states that breastfeeding mothers who receive support from their social networks have higher breastfeeding self-efficacy than mothers who do not receive support from their social networks. Research conducted by Deborah and Rebecca, found that social support provided to breastfeeding mothers did not have a direct effect on pattern and duration of breastfeeding, but had a significant effect on breastfeeding self-efficacy. Social support received by breastfeeding mothers can come from family, friends and significant others as explained by Zimet. Hatamleh⁽¹²⁾ found that prenatal and postnatal education provided by health practitioners plays an important role in mothers' self-confidence to give exclusive breastfeeding.

In fact, when research was conducted, there were several respondents under age of 20 who were young mothers or who had given birth for first time so that they had not had experience in breastfeeding and had moderate breastfeeding self-efficacy values, but tended to approach low scores. Due to the lack of experience, there is a

possibility that post partum mothers will be easily provoked by negative things concerning their babies by the surrounding environment and affect breastfeeding self-efficacy in continuity of exclusive breastfeeding. So to reduce this possibility, support from people around or very high social support is needed. Where social support actors must also understand importance of exclusive breastfeeding, where this understanding will lead to a greater impetus to provide support to post partum mothers in implementation of exclusive breastfeeding so as to increase breastfeeding self-efficacy for post partum mothers.

Similar to previous studies, research conducted in the work area of the Wire Health Center in Tuban Regency also showed a significant relationship between social support and breastfeeding self-efficacy for post partum mothers in the Wire Health Center work area. Where these results can be seen, the greater perceived social support, greater breastfeeding self-efficacy for postpartum mothers. Health workers at Wire Health Center also play a role in providing informational support, which can also increase breastfeeding self-efficacy for postpartum mothers and in the end, exclusive breastfeeding is carried out by postpartum mothers.

In this study, researchers had limitations in meeting respondents because during the Covid-19 pandemic, Community health center was a very risky place for the spread of the Covid-19 virus. So that advises researchers to conduct research at the respondent's house, but also for convenience of respondent during data collection process. Because of this, researcher had to find the respondent's home address one by one which was obtained from Community health center and conduct research at respondent's house. In addition, respondents with education who only finished elementary school (elementary school) had difficulties in understanding filling out the questionnaire so that more detailed explanations and guidance should be given about the material and how to fill out the questionnaire.

CONCLUSION

Results of this study it can be concluded, most of the respondents received high social support from the people around them. The majority of respondents have high breastfeeding self-efficacy to make decisions to breastfeed their babies. There is a significant relationship between social support and breastfeeding self-efficacy in post partum mothers. Post partum mothers should maintain their self-confidence with their ability to continue breastfeeding their babies if closest people do not provide support, because breast milk is best food for babies, and should participate in a breastfeeding group so that they can exchange experiences and information about breastfeeding and motivate each other to breastfeed their babies. In institutions devoted to health workers who handle postpartum mothers from pregnancy control to delivery process as well as people around postpartum mothers (husbands, family, friends) are expected to further improve in providing support to post partum mothers so that they continue to breastfeed their babies. The next researcher can do social support intervention so that breastfeeding self efficacy of mothers increases, because social support has been proven to increase breastfeeding self efficacy in post partum mothers.

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