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Factors Analysis of Exclusive Breastfeeding Through Breastfeeding Self-Efficacy in Pemalang

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Abstract

Exclusive breastfeeding is giving only breast milk without giving other food and drinks to babies from birth to 6 months of age and can be given until the age of 2 years. Breastfeeding coverage in Central Java tends to be low, namely in 2018 (45.21%). Dai Pemalang in 2015 (56.68%), 2016 (31.42%), 2017 (37.61%), 2018 (23.32%), 2019 (31.6%). The research objective was to analyze the factors that influence exclusive breastfeeding in Pemalang. This study used a cross-sectional design. The research sample of 110 respondents was obtained by using the cluster random sampling technique. Data collection techniques are interviews, observation, questionnaires. Data analysis in the study used the Chi-Square test and multivariate analysis. The results showed that the experience of breastfeeding and verbal persuasion had a direct or indirect effect on exclusive breastfeeding. The factor of observation of other people and verbal persuasion does not affect exclusive breastfeeding. Breastfeeding self-efficacy has a direct effect on exclusive breastfeeding with values (b = 3.82; 95% CI = 1.56 to 6.07; p = 0.001). The public health center in Pemalang needs to improve education for mothers and the community, including giving to husbands of breastfeeding mothers and the community.

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INTRODUCTION

One of the goals of the SDGs (Sustainable Development Goals) program is to end all forms of malnutrition with a strategic plan to increase the percentage of infants less than 6 months who receive exclusive breastfeeding from 42% to 50% (Ministry of Health, 2015). The target of the Ministry of Health has issued a Decree of the Minister of Health Number 450 / Menkes / SK / IV / 2004 concerning exclusive breastfeeding for infants in Indonesia by 80%. Indonesian Health Profile data shows that the coverage of exclusive breastfeeding for infants 0-6 months is 68.74% (Ministry of Health, 2019).

The coverage of exclusive breastfeeding in Central Java is 45.21%. This shows that Central Java is a province that has achieved the coverage of exclusive breastfeeding below the target (Dinkes Central Java, 2018). In Pemalang, the coverage of exclusive breastfeeding has decreased and increased. 2015 (56.68%), 2016 (31.42%), 2017 (37.61%), 2018 (23.32%), 2019 (31.6%) (Pemalang District Health Office, 2019).

The problems with exclusive breastfeeding in Pemalang include low levels of knowledge, widespread promotion of formula milk, low confidence/confidence in breastfeeding mothers, and the limited number of breastfeeding counselors in Pemalang.

Exclusive breastfeeding is breast milk that is given to newborns without being given a mixture of other foods and drinks, given for 6 months and continued for 2 years (Marmi, 2014). One of the aspects of the mother that affects the success of breastfeeding is the mother's belief (Self-efficacy). Self-efficacy identifies four main factors, namely performance achievement (previous experience with specific behaviors), substitute experiences (observation of others), verbal persuasion, and physiological responses (somatic reactions to events that have the potential to cause stress, and fatigue) (Priyoto, 2019).

Breastfeeding Self-Efficacy (BSE) is a mother's confidence in her ability to breastfeed her baby. BSE includes the choice of the mother to breastfeed or not, how much effort is made, how the mother's mindset, and how the mother responds emotionally to breastfeeding difficulties (Dennis, 2010).

METHOD

This research is a quantitative study using a cross-sectional approach. The population in this study were all breastfeeding mothers in the Pemalang, while the total sample was 110 breastfeeding mothers who had babies aged 6 months to 2 years. The sampling technique used was cluster random sampling. Data collection techniques are interviews, observation, questionnaires. Data analysis in this study used the chi-square test and multivariate analysis. The independent variables in this study were breastfeeding experience, observation of others, verbal persuasion, and physiological responses. The moderator variables are breastfeeding self-efficacy and the dependent variable is exclusive breastfeeding.

RESULTS AND DISCUSSION

Following are the results of research from 110 research respondents that have been carried out, the univariate analysis is obtained which is presented in a table form as follows:

Table 1. Univariate Analysis

Variable	n	%
Breastfeeding Experience		
Less	59	53.64
Good	51	46.36
Observations of Others		
Less	63	57.27
Good	47	42.73
Verbal Persuasion		
Less	61	55.45
Good	49	44.55
Physiological Response		
Less	17	15.45
Good	93	84.55
Breastfeeding Self-Efficacy		
Low	66	60.00
High	44	40.00
Exclusive Breastfeeding		
Not Exclusive Breastfeeding	69	62.73
Exclusive Breastfeeding	41	37.27

The results of the study of 110 respondents indicated that the breastfeeding experience was in the poor category with the number of respondents as many as 59 people (53.64%). There were fewer observations of other people as many as 63 people (57.27%). The verbal persuasion of breastfeeding mothers from 110 respondents was found that 61 respondents were in the less category, namely as many as 61 respondents (55.45%). Physiological responses were good as many as 93 people (84.55%). The breastfeeding self-efficacy of 110 respondents was dominated in the low category, namely 66 respondents (60.00%). Exclusive breastfeeding from 110 respondents was monitored by breastfeeding mothers who did not exclusively breastfeed as many as 69 respondents (62.73%).

Bivariate Analysis

The results of the bivariate analysis in this study are presented in the following table:

Table 2. The Relationship of Breastfeeding Experience, Observations of Others, Verbal Persuasion, and Physiological Responses with Breastfeeding Self-efficacy

Variable	OR	CI 95%		*p*
		Upper Limit	Lower Limit	
Breastfeeding Experience	9.8	3.69	26.7	0.000
Observations of Others	2.63	1.11	6.22	0.014
Verbal Persuasison	7.68	3.00	20.0	0.000
Phsyological Response	2.45	0.68	11.0	0.131

Table 2 shows that the effect between breastfeeding experience and breastfeeding self-efficacy, the odds ratio (OR) was 9.8 with a p-value of 0.000 <0.05; CI (95%) = 3.69 to 26.7. These results indicate there is a statistically significant influence between breastfeeding experience and breastfeeding self-efficacy in breastfeeding mothers. The effect between observations on other people and breastfeeding self-efficacy, the Odds Ratio (OR) value was 2.63 with a p-value of 0.014 <0.05; CI (95%) = 1.11 to 6.22. These results indicate there is a statistically significant influence between the observation of other people breastfeeding and breastfeeding self-efficacy in breastfeeding mothers. The influence between verbal persuasion and breastfeeding self-efficacy, obtained an Odds Ratio (OR) value of 7.68 with a value of p = 0.000 <0.05; CI (95%) = 3.00 to 20.0. These results indicate there is a statistically significant influence between verbal persuasion and breastfeeding self-efficacy in breastfeeding mothers. The effect of physiological responses and breastfeeding self-efficacy, the

Odds Ratio (OR) value was 2.45 with a p-value of 0.131> 0.05; CI (95%) = 0.68 to 11.0. These results indicate there is no effect and statistically insignificant between the physiological response and breastfeeding self-efficacy in breastfeeding mothers.

Table 3. The Relationship of Breastfeeding Experience, Observations of Others, Verbal Verbal Persuasion Physiological Response, and Breastfeeding Self-efficacy Against Exclusive Breastfeeding

Variable	OR	CI 95%		p
		Upper Limit	Lower Limit	
Breastfeeding Experience	36.3	10.1	156.4	0.000
Observations of Others	2.03	0.86	4.81	0.074
Verbal Persuasion	22.9	7.36	77.4	0.000
Physiological Response	3.22	0.81	18.5	0.068
Breastfeeding Self-Efficacy	38.8	11.4	140.2	0.000

Table 3 shows that the effect between the experience of breastfeeding and exclusive breastfeeding, the Odds Ratio (OR) value is 36.3 with a value of p = 0.000 <0.05; CI (95%) = 10.1 to 156, .4. These results indicate there is a statistically significant influence between the experience of breastfeeding and exclusive breastfeeding in breastfeeding mothers. The influence between observations on other people and exclusive breastfeeding, obtained an Odds Ratio (OR) value of 2.03 with a value of p = 0.074> 0.05; CI (95%) = 0.86 to 4.81. These results indicate there is no effect and it is statistically insignificant between observations of other people and exclusive breastfeeding in breastfeeding mothers. The effect of verbal persuasion and exclusive breastfeeding obtained an Odds Ratio (OR) value of 22.9 with a value of p = 0.000 <0.05; CI (95%) = 7.36 to 77.4.

These results indicate there is a statistically significant influence between verbal persuasion and exclusive breastfeeding in breastfeeding mothers. The effect of physiological response and exclusive breastfeeding, obtained an Odds Ratio (OR) value of 3.22 with a value of p = 0.068> 0.05; CI (95%) = 0.81 to 18.5. These results indicate there is no effect and statistically insignificant between the physiological response and exclusive breastfeeding in breastfeeding mothers. The effect of breastfeeding self-efficacy and exclusive breastfeeding obtained an Odds Ratio (OR) value of 38.8 with a value of p = 0.000 <0.05; CI (95%) = 11.4 to 140.2. These results indicate that there is a statistically significant influence between breastfeeding self-efficacy and exclusive breastfeeding in breastfeeding mothers.

Multivariate Analysis

The results obtained from 110 respondents using path analysis will be presented in the form of images and tables as follows:

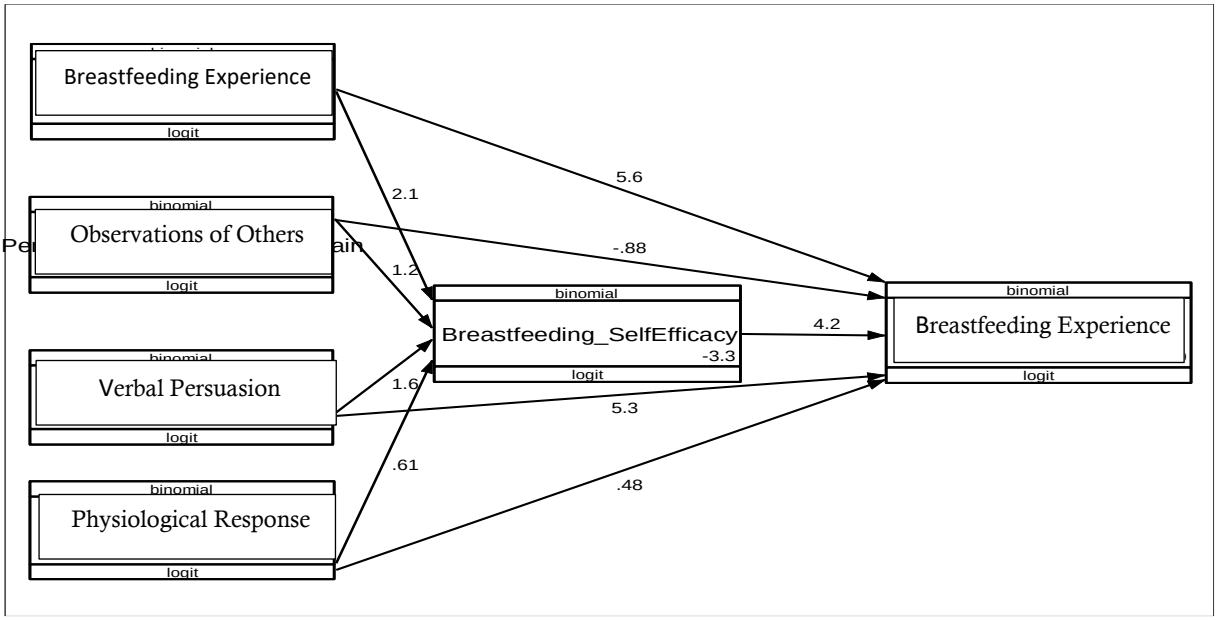

Figure 1. *Path Analysi*s Model

Tabel 4. Multivariate Analysis

Dependent Variable	Independent Variable	**B**	CI (95%)		*P*
			Upper Limit	Lower Limit	
Indirect influence					
Breastfeeding Self-Efficacy	← Breastfeeding Experience	2.08	1.08	3.09	<0.001
	← Observations of Others	1.15	0.12	2.18	0.027
	← Verbal Persuasion	1.59	0.60	2.59	0.002
	← Physiological Response	0.61	-0.89	2.11	0.423
Direct influence					
Exclusive breastfeeding	← Breastfeeding Experience	5.61	2.30	8.91	0.001
	← Observations of Others	-0.89	-2.99	1.22	0.413
	← Verbal Persuasion	5.26	2.05	8.49	0.001
	← Physiological Response	0.47	-2.33	3.29	0.739
	← Breastfeeding Self-Efficacy	4.17	1.71	6.64	0.001
N Observation =110					
Df = 11					
AIC = 152.71					
BIC = 182.41					

Table 4 and Figure 1 show the results of the multivariate analysis that there is a positive direct or indirect effect and there is a statistically significant correlation between the experience of breastfeeding and exclusive breastfeeding in Pemalang. Breastfeeding mothers with less experience had a log odds of exclusive breastfeeding of 5.61 higher than breastfeeding mothers with good experiences (b = 5.61; CI = 2.30 to 8.91; p = <0.001) meaning that breastfeeding experience was less influential by

5.61 times for not exclusive breastfeeding. Poor breastfeeding experiences had a log odds of breastfeeding self-efficacy 2.08 points higher than good breastfeeding experiences. (b = 2.08; CI = 1.08 to 3.09; p = <0.001). Lack of breastfeeding experience has an effect of 2.08 times increasing exclusive breastfeeding through breastfeeding self-efficacy.

The results of the path analysis showed there was a negative effect and statistically there was no significant correlation between observations of other people and exclusive breastfeeding. Observations on other people who had fewer log odds of not giving exclusive breastfeeding were -0.89 points higher than observations of other people who were either (b = -0.89; CI = -2.99 to 1.22; p = 0.413). This means that observations of other people who have less influence by 0.89 times reduce the efficacy of not exclusive breastfeeding in infants, compared to breastfeeding mothers who have good observations of other people.

The results of the path analysis show there is a positive effect directly or indirectly and statistically, there is a significant correlation between verbal persuasion and exclusive breastfeeding. Verbal persuasion lacking log odds of not giving exclusive breastfeeding was 5.26 points higher than good verbal persuasion (b = 5.26; CI = 2.05 to 8.49; p = 0.001). This means that verbal persuasion that does not have an effect of 5.26 times results in exclusive breastfeeding. Low verbal persuasion had log odds of breastfeeding self-efficacy 1.59 points higher than good verbal persuasion (b = 1.59; CI = 0.60 to 2.59; p = 0.002). Breastfeeding mothers with less verbal persuasion had an effect of 1.59 times to increase non-exclusive breastfeeding through breastfeeding self-efficacy.

The results of the path analysis showed there was a positive and statistically insignificant effect between the physiological responses to exclusive breastfeeding. A good physiological response had a log odds of not exclusive breastfeeding 0.47 points higher than a physiological response less (b = 0.47; CI = -2.33 to 3.29; p = 0.739). This means that the physiological response has an effect of 0.47 times resulting in not exclusive breastfeeding for infants of age. There is an indirect effect between the physiological response to exclusive breastfeeding through breastfeeding self-efficacy and it is not statistically significant. Good physiological response had log odds of breastfeeding self-efficacy 0.61 points higher than those with less physiological response (b = 0.61; CI = -0.89 to 2.11; p = 0.423). Low breastfeeding self-efficacy had log odds of not exclusively breastfed 4.17 points higher than breastfeeding mothers with high breastfeeding self-efficacy (b = 4.17; CI = 1.71 to 6.64; p = 0.001). A good physiological response of breastfeeding mothers has an effect of 0.61 times for not exclusive breastfeeding. The results of the path analysis show there is a positive and statistically significant influence between breastfeeding self-efficacy on exclusive breastfeeding in Pemalang. Low breastfeeding self-efficacy had log odds of not exclusively breastfeeding 4.17 points higher than mothers who had high breastfeeding self-efficacy (b = 4.17; CI = 1.71 to 6.64; P = 0.001. Lack of breastfeeding experience dominates the results of the study so that the experience of breastfeeding is one of the factors influencing breastfeeding mothers in giving exclusive breastfeeding to their babies. Lack of experience in breastfeeding that the mother has, such as not being able to complete the performance of breastfeeding and conditional factors such as the complexity of the task, the effort spent, the assistance needed or received. The less breastfeeding experience that breastfeeding mothers have will affect the low level of breastfeeding self-efficacy because it is related to the mother's intention or motivation which will result in low confidence and not exclusively breastfeeding

In line with the research of Bartle & Harvey (2017), that there are differences from the experiences of previous breastfeeding mothers with those who have recently had experiences. The different experiences of formula-fed mothers had a direct negative effect on breastfeeding at 6 weeks in first and experienced mothers. Experience in breastfeeding can have a positive or negative influence on the practice of breastfeeding

(Wijayanti, 2015). Intention and self-efficacy have a relationship in the duration of breastfeeding in the first and second children (Kronborg et al., 2018). Previous breastfeeding experience factors also influenced breastfeeding behavior, which was three times more likely to exclusively breastfeed compared to inexperienced mothers (Permatasari et al., 2018).

High belief in breastfeeding (breastfeeding self-efficacy) makes mothers more persistent in breastfeeding. This belief can arise from experience. Direct experience can be obtained during the first experience of breastfeeding, immediately after delivery. Indirect experience is obtained from related information in the class of pregnant women and other health education (Pradanie, 2015).

There is still a lack of good role models for exclusive breastfeeding such as there are still many families, friends who provide breastfeeding not exclusively for the full 6 months, and the information received about formula milk, which is one of the factors that cause mothers to lack observation of other people. Observations of other people who are less will affect the low level of breastfeeding self-efficacy so that it will result in the mother not giving breastfeeding exclusively to her baby.

Lack of verbal persuasion in breastfeeding mothers associated with low breastfeeding self-efficacy will have an impact on mothers not to exclusively breastfeed their babies. Lack of support from husbands, lack of support from family, lack of support from friends, and although some mothers have received support from health workers and Integrated Healthcare Center cadres in the form of attention support, praising breastfeeding skills can affect their level of self-confidence. Breastfeeding mothers also lack support from the family such as praise support, encouragement, positive suggestions, and reinforcement.

This is also in line with research from Ramadani & Hadi (2010), the relationship between husband support and exclusive breastfeeding, mothers whose husbands support exclusive breastfeeding have the opportunity to provide exclusive breastfeeding twice than mothers whose husbands are less supportive of exclusive breastfeeding. The lack of support from husbands and families will have a great opportunity for mothers not to exclusively breastfeed their babies, so there is a need for increased efforts such as health education (Junarti, Raharjo, & Rahayu, 2020). This study is also in line with Abdullah's (2013) research, which states that there are differences in the support of grandmothers in the extended family on exclusive breastfeeding and not exclusive breastfeeding. Family support factors, especially mother/mother-in-law, also greatly influence the mother's behavior in breastfeeding. Grandmothers can influence the mother's decision to provide exclusive breastfeeding (Fajar et al., 2018). The low level of support from grandmothers who live in one house has a very big opportunity to provide food or drink other than breast milk before the baby is 6 months old. Even though the mother knows that feeding other than breast milk too early can interfere with the baby's health, if the baby is not disturbed, the provision will continue (Raharjo, 2014).

The role of health workers, in this case, midwives/doctors, can be a supporting factor for mothers to provide exclusive breastfeeding. The roles of midwives include providing advice, motivation, health education, explaining how to breastfeed properly (Haryono & Setianingsih, 2014). Support can be done during ANC pregnancy that the more frequent the frequency of antenatal care, the higher the exclusive breastfeeding, and the more frequent lactation counseling by health workers the higher exclusive breastfeeding (Djami, Noormartany, & Hilmanto, 2013). Health workers play a role as support for breastfeeding mothers so that they can provide breastfeeding exclusively to their babies for 6 months (Novitasari, 2020). Verbal persuasion given to mothers about breastfeeding will increase the desire of mothers to continue breastfeeding their babies because they already know the many benefits and advantages of breastfeeding (Pradanie, 2015).

However, the results of physiological respondents showed that most respondents did not

experience anxious conditions and felt fine. However, mothers who have a good physiological response do not necessarily exclusively breastfeed. Breastfeeding mothers with severe stress do not breastfeed because of their conditions, but on the other hand, some mothers do not experience stress but also do not breastfeed in the first month. Mothers do not exclusively breastfeed because they do not feel confident about whether they can breastfeed their babies. Another factor is the lack of family support (Ulfa and Setyaningsih, 2020). Family support in the form of emotional and informational support will motivate to continue breastfeeding (Khayati & Ulfa, 2019).

Information support such as training conducted by health workers to increase motivation in exclusive breastfeeding also affects the level of good self-efficacy and affects the duration of breastfeeding (Shariat et al., 2018).

Low maternal breastfeeding self-efficacy has an increasing effect on not exclusive breastfeeding in infants compared to high breastfeeding self-efficacy. The low level of self-confidence of mothers in breastfeeding mothers is due to the low level of individual responses, behavior patterns, and environmental factors that can influence the mother in the breastfeeding process.

Breastfeeding mothers who have positive support have a high breastfeeding self-efficacy score compared to breastfeeding mothers who have negative support (Mannion et al., 2013). Mothers feel more capable and confident about breastfeeding when they see partners who are supportive or have verbal support and are actively involved in breastfeeding. that 53.3% of adolescent mothers do not exclusively breastfeed (Meilani et al., 2018).

This is in line with Green's (1991) theory which states that a husband's support is one of the supporting factors or reinforcing factors that have a relationship with a person's behavior, in this case, the self-efficacy of breastfeeding mothers. The significant relationship between parental support, support from health workers, and support from husbands also greatly influences the behavior of mothers in exclusive breastfeeding (Rosita, 2016). The higher the social support felt by nursing mothers, the higher the level of breastfeeding self-efficacy. Conversely, the lower the social support felt by breastfeeding mothers, the lower the level of breastfeeding self-efficacy (Saputra et al., 2019).

The results of this study are in line with Bandura's (1997) theory that breastfeeding self-efficacy is defined as an individual's belief in his or her ability to perform certain tasks or behaviors in breastfeeding. Low self-efficacy can result in low commitment to breastfeeding, low maternal endurance in overcoming obstacles that arise during breastfeeding, and focusing on negative aspects of breastfeeding which directly impact babies who cannot benefit from exclusive breastfeeding.

A mother's confidence is a factor that influences the practice of breastfeeding. Mothers who have a good and high level of confidence will be more able to provide breast milk, compared to mothers with low beliefs (Ku and Chow, 2010). Chances of stopping exclusive breastfeeding are reduced by 45% when self-efficacy changes from low to moderate and 80% when changing from moderate to high (Vieira et al., 2018).

Mothers with low self-efficacy are proven to tend to use alternative techniques by providing formula milk to breastfeed their babies when they face problems during breastfeeding (Keemer, 2013). Working breastfeeding mothers think that giving formula milk makes it easier because they don't have to pump breast milk (Pries et al., 2016). Breastfeeding mothers have a low level of self-efficacy (75.4%) and almost all respondents do not exclusively breastfeed their babies (78.5%) so there is a relationship between breastfeeding mothers' self-efficacy and exclusive breastfeeding (Pramanik, Sumbara & Sholihatul, 2020).

CONCLUSION

The conclusion of this study is breastfeeding experience, verbal persuasion, and breastfeeding self-efficacy have a direct influence on exclusive breastfeeding. Observation factors for other people have an indirect effect on exclusive

breastfeeding through breastfeeding self-efficacy. Meanwhile, the physiological response factor has no effect, either directly or indirectly. The importance of health education from health workers for breastfeeding mothers and also people in the mother's environment such as mother-in-law and husband.

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