



Influential Factors on Maternal Self-Efficacy in Exclusive Breastfeeding Among Tengger Tribe Toddlers

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Abstract

Exclusive breastfeeding is the action in which the infant only receives breast milk without any additional food or drink including water. In 2022, coverage of exclusive breastfeeding in Indonesia and East Java respectively is 72.04%. However, the coverage of exclusive breastfeeding in the Tengger Tribe is still low, only 38%. This study aims to determine what factors that influenced exclusive breastfeeding self-efficacy practices in toddlers in the Tengger Tribe. This research is an analytic observational study with a cross-sectional study design targeting mothers with children aged 6-24 months in Wonokitri Village, Tosari District, Pasuruan Regency. The research was conducted in April-August 2022. Data analysis used univariate and bivariate analysis using the chi-square test. Most of the respondents were aged 20-34 years (78.9%), mothers had a good level of knowledge (70.2%), fathers and mothers had low levels of education (71.9%), worked as farmers (86%; 61.4%), income <UMK (78.9%), children aged 13-24 months (68.4%), male (56.1%), 1st child (38.6%), no cultural influences during childbirth, breastfeeding, and toddlers (93%, 56.1%, 52.6%) and good family support (68.4%). Most mothers have sufficient self-efficacy (52.6%). From the bivariate results, there was no relationship between internal and external factors and the mother's self-efficacy in exclusive breastfeeding except for the order of the children ($p = 0.004$). Order of children was the factor associated with the mother's self-efficacy in exclusive breastfeeding to toddlers in the Tengger Tribe. However, it's vital to carry out a more in-depth investigation of the internal and external factors that have already been researched in this study.

Introduction

One of the public health problems that can be the main cause of death in children under five in Indonesia is the incidence of malnutrition and the high prevalence of stunting. Data from RISKESDAS 2018 showed that the prevalence rate of stunting under five in Indonesia was 30.8% (Indonesian Health of Ministry, 2019). The problem of malnutrition and stunting can be influenced by two direct factors, namely inadequate food consumption (dietary factors) and infectious diseases.

Based on the World Health Organization

(WHO), exclusive breastfeeding is the action in which the infant receives only breast milk without any additional food or drink, not even water (Elyas *et al.*, 2017). Exclusive breastfeeding has many benefits for children such as forming healthier children's eating behavior, reduced length of hospital stays, favorable weight increase, lower body mass index, lower adiposity, lower total cholesterol values, better cognitive and behavioral development, as well as stability of metabolic levels in children with metabolic disorders (Couto *et al.*, 2020). Data in 2022 showed that the coverage of exclusive

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breastfeeding in Indonesia in 2022 has reached 72.04% (Indonesian Central Bureau of Statistic, 2022). In 2022, the coverage of exclusive breastfeeding in East Java Province will increase to 69.72% compared to 2021 which was only 69.61% (Indonesian Central Bureau of Statistic, 2022). Even though the percentage of exclusive breastfeeding coverage is quite high both nationally and in East Java, there are still some inappropriate breastfeeding practices that can be one of the factors causing malnutrition problems in children (Zhao, *et al.*, 2016). Besides that, the data also shows that mothers are still low in giving breast milk who do not fulfill balanced nutrition (Bappenas, 2010).

Wonokitri Village, Tosari District, Pasuruan Regency is one of the traditional villages where the majority of the Tengger people live. Some various cultures and customs are very thick in the daily life of the people. Based on research by Muniroh *et al.* (2019) the use of formula milk is quite a lot, the average age of 0 months has been given formula milk. This is because mothers find it more practical to provide food for their babies. After all, the majority of mothers also help their husbands work in the fields. Apart from the lack of knowledge, socio-cultural factors also greatly influence this. Research by Muniroh *et al.* (2019) showed that there is a culture that causes low coverage of exclusive breastfeeding in the Tengger people, namely formula feeding from newborns (25%) and giving young coconut water to newborns (100%). Apart from that, there is also a culture of throwing away colostrum (28%) because they regard it as dirty breast milk. A study conducted in Indonesia in 2021 shows that toddlers who get exclusive breastfeeding have a 20% lower risk of experiencing stunting compared to toddlers who don't get exclusive breastfeeding (Hadi *et al.*, 2021).

The practice of exclusive breastfeeding can be influenced by internal and external factors (Balogun *et al.*, 2015). Internal factors include education, employment, income, knowledge, attitudes, actions, type of family, child health status, and psychological and physical mother. External factors include cultural factors, the role of health workers, and families that are not optimal. Culture

and tradition, family eating habits including self-efficacy encourage mothers to breastfeed (Hendriyani *et al.*, 2020). The higher the family's functioning in supporting the mother, the higher the mother's self-efficacy in parenting (Vance *et al.*, 2020). Self-efficacy is needed to do something according to one's abilities because it influences individuals to make wishes (Linge *et al.*, 2021). Low self-efficacy in the mother can lead to poor parenting, decreased quality of feeding to children, and cause malnutrition in children (Swanson *et al.*, 2011). Based on this explanation, researchers are interested in examining internal and external factors related to the level of self-efficacy of mothers in giving exclusive breastfeeding to children aged 6-24 months in Tengger.

Method

This research is an analytic observational study with a cross-sectional study design. A cross-sectional design study was used to see what factors were related to the self-efficacy of mothers in the Tengger community in exclusive breastfeeding for toddlers aged 6-24 months. The research location is in Wonokitri Village, Tosari District, Pasuruan Regency, which is where most of the Tengger Tribe live. The research was conducted in April-August 2022. Respondents in this study were mothers who had children aged 6-24 months in Wonokitri Village, Tosari District, Pasuruan Regency who were willing to participate in the study and met the criteria. The criteria are: 1) Mothers have children aged 6-24 months who have been given MP-ASI; 2) Mother can read and write; 3) Mother is willing to be a research respondent with informed consent.

Independent research variables include internal factors including education, employment, income, knowledge, attitudes, actions, type of family, child health status, and mother's physique; and also, external factors including cultural factors and family support. Meanwhile, the dependent variable in this study was the mother's self-efficacy in exclusive breastfeeding for children aged 6-24 months. Data collection was carried out through interviews using a structured questionnaire on mothers who have children aged 6-24 months in the Tengger Tribe community.

The questionnaire contains data on internal and external factors, as well as a self-efficacy questionnaire. Data on mothers under five were obtained from posyandu cadres in Wonokitri Village, Tosari District, Pasuruan Regency.

In this study, data were analyzed using 2 methods, namely univariate analysis and bivariate analysis. Univariate analysis was used to determine the distribution of frequencies and percentages of each variable in tabular form. Bivariate analysis was used to analyze the two variables and find out whether there is a relationship between the independent variable and the dependent variable (mother's self-efficacy). This research has received ethical approval from the Health Research Ethics Commission of the Faculty of Public Health, Airlangga University with the ethical certificate number: 93/EA/KEPK/2022.

Result and Discussion

According to the World Health Organization (WHO), exclusive breastfeeding is a situation where the mother only gives breastmilk to her child up to 6 months of age without giving or adding other foods and drinks including vitamins and minerals except water (Elyas *et al.*, 2017). Exclusive breastfeeding can provide many advantages and benefits for children in infancy and also in the next phase of life, including reducing the risk of children experiencing gastrointestinal infections, reducing the risk of menstrual periods that are not smooth, preventing malnutrition in children, reducing the risk of various diseases such as asthma, obesity, type 1 diabetes, lower respiratory tract disease, and many more (World Health Organization (WHO), 2011) (Centers of Disease Control and Prevention (CDC), 2023). The success of exclusive breastfeeding is determined by various things, one of which is the mother's level of self-efficacy. Self-efficacy is a belief in a person that they can do something or overcome a situation and that they will succeed in doing it. A study conducted in 2018 in Bandung showed that there was a relationship between the level of a mother's self-efficacy and the success rate of exclusive breastfeeding (Gonzales, 2020). A low level of self-efficacy in the mother can result in poor parenting and decreased quality of feeding

to children which can then have an impact on decreasing the nutritional status of the child. In this study, most mothers had a sufficient level of self-efficacy in exclusive breastfeeding (52.6%). There were only 27 respondents (47.4%) who had a good level of self-efficacy (Table 1.)

Table 1. Mother's Self-Efficacy Level in the Success of Exclusive Breastfeeding

Variable	n (%)
Mother's Self-Efficacy Level in the Success of Exclusive Breastfeeding	
Good	27 (47.4)
Enough	30 (52.6)

In this study, some various factors and characteristics can influence a mother's self-efficacy such as the mother's age, religion, father's and mother's occupation, father's and mother's highest level of education, family income level, age of toddlers, order of children in the family, mother's level of knowledge, and external factors. Most of the respondents (mothers) were aged between 20-34 years (48.9%) and had a good level of knowledge regarding exclusive breastfeeding (70.2%). Besides that, some of the respondents in this study were Hindus (98.2%), had a low level of education for both fathers and mothers (71.9%), fathers who worked as farmers (86%), and mothers who worked as farmers (61.4%). The majority of respondents in this study had an income level below the district minimum wage (UMK) (78.9%). In addition, 56.1% of the children in this study were male, 68.4% were aged between 13-24 months, and were the first children (38.6%). In terms of external factors, this study shows that most of the socio-cultural practices during childbirth (93.0%), breastfeeding (43.9%), and toddlers (47.4%) have no cultural influence in them. This study also showed that more than half of the respondents stated that they had good family support in exclusive breastfeeding (68.4%). To find out more clearly, the distribution of the characteristics of the respondents can be seen in Table 2.

Based on the relationship test using chi-square, it was found that there was no relationship between the mother's age, mother's level of knowledge, religion, father's education

Table 2. Characteristics of Respondents

Variables	n (%)
INTERNAL FACTORS	
Mother's age	
<20 yrs	10 (17.5)
20-34 yrs	45 (78.9)
>=35 yrs	2 (3.5)
Religions	
Hindu	56 (98.2)
Islam	1 (1.8)
Father's Education Level	
Low	41 (71.9)
High	16 (28.1)
Mother's Education Level	
Low	41 (71.9)
High	16 (28.1)
Father's Occupation	
Government Employee	1 (1.8)
Entrepreneur	5 (8.8)
Farmer	49 (86.0)
Businessman	1 (1.8)
Others	1 (1.8)
Mother's Occupation	
Not Working/Housewives	15 (26.3)
Government Employee	1 (1.8)
Entrepreneur	4 (7.0)
Farmer	35 (61.4)
Businessman	1 (1.8)
Others	1 (1.8)
Family Income	
<District Minimum Wage	45 (78.9)
>District Minimum Wage	12 (21.1)
Mother's Knowledge Level	
Good	40 (70.2)
Enough	17 (29.8)
Gender of Toddlers	
Girls	25 (43.9)
Boys	32 (56.1)
Age of Toddlers	
6-12 months	18 (31.6)
13-24 months	39 (68.4)
Order of Toddlers in Family	
1 st Child	22 (38.6)
2 nd Child	16 (28.1)
3 rd Child	19 (33.3)
EXTERNAL FACTORS	
Socio-Cultural Practices During Childbirth	
There are Cultural Influences	4 (7.0)
No Cultural Influence	53 (93.0)
Socio-Cultural Practice of Breastfeeding	
There are Cultural Influences	32 (56.1)
No Cultural Influence	25 (43.9)
Toddler Socio-Cultural Practices	
There are Cultural Influences	30 (52.6)
No Cultural Influence	27 (47.4)
Family Support for Exclusive Breastfeeding	
Good	39 (68.4)
Enough	18 (31.6)
Deficient	0 (0.0)

level, and mother's education level and mother's self-efficacy in exclusive breastfeeding ($p = 1,000$; $p = 0.576$; $p = 1.000$; $p = 0.776$; $p = 0.556$). A mother's age is one of the important factors that can determine the parenting style that will be given to her child, behavior related to health, feeding patterns, and so on (Lopes, *et al.*, 2018; Tung, *et al.*, 2014). In this study, there was no significant relationship between maternal age and self-efficacy in exclusive breastfeeding ($p = 1,000$). There is no relationship between the two variables, which can be caused by the fact that most mothers in this study are aged in the range of 20-34 years, which is a productive age both physically and psychologically, so this age is a good age for pregnant women, giving birth and breastfeeding mothers (Londero *et al.*, 2019). At a productive age, mothers will be more mature in making decisions and acting. This age is the age of a mother who is healthy and ready to breastfeed with an excellent mental condition and ready to face problems when breastfeeding.

In addition, this study also found that there was no relationship between the respondent's religion and the mother's level of self-efficacy in exclusive breastfeeding ($p = 1,000$). This research is in line with a study that showed that religion was not significantly related to breastfeeding practices in mothers (Rashid *et al.*, 2018). Religion in the Tengger Tribe, both Hindu and Islamic, both teach related to the importance of breastfeeding for children so that this is likely to be a factor, there is no relationship between the two variables in this study. The father and mother's occupations were not significantly related to the mother's self-efficacy in exclusive breastfeeding ($p = 0.356$; $p = 0.197$). Likewise, the level of family income, number of family members, gender, and age of children also did not have a significant relationship ($p = 0.340$; $p = 0.169$; $p = 0.183$; $p = 1.000$). However, the order of children in this study showed a significant relationship with the mother's self-efficacy in exclusive breastfeeding ($p = 0.004$).

Education determines a person to more easily receive information and make a decision. The level of education of parents, both fathers and mothers, will affect their ability to receive health information, especially about exclusive

breastfeeding, and make a decision (Banu & Khanom, 2012). In this study, the educational level of the father and mother also did not have a significant relationship with the level of the mother's self-efficacy in exclusive breastfeeding ($p = 0.776$; $p = 0.556$). This can be due to the easy access to receive information about exclusive breastfeeding through local midwives or doctors and can also be through word of mouth which makes it easier for a father to receive information about the importance of exclusive breastfeeding. In addition, in Wonokitri Village, most breastfeeding mothers also routinely come to the midwife and the midwife provides information about the importance of exclusive breastfeeding for children, which can also be a factor in the absence of a relationship between the two variables. This research is in line with one research that stated that there was no significant relationship between a mother's education and breastfeeding self-efficacy in exclusive breastfeeding (Awaliyah, 2019). In this study, there was no significant relationship between the type of father's occupation and the mother's level of self-efficacy in exclusive breastfeeding ($p = 0.356$). This can be because almost all fathers in the Tengger Tribe work mainly as farmers so they can provide emotional support or motivation to breastfeeding mothers and can also meet their material needs by providing nutritious food for breastfeeding mothers to consume and being able to come and control the midwife or local doctor.

In this study, the majority of mothers worked as farmers and the results showed that there was no significant relationship between the type of work of the mother and the level of self-efficacy in exclusive breastfeeding ($p = 0.197$). Mothers who work outside the home have limited space and opportunities to breastfeed their babies, while mothers who don't work and live at home have more time to breastfeed their babies. Research in Iran found that working mothers can have high breastfeeding self-efficacy (Maleki-Saghooni *et al.*, 2017). This is because working mothers will feel worried about breastfeeding when they return to work, so mothers will be encouraged to seek help and increase their knowledge to maintain their confidence in breastfeeding. However, other research on working mothers

with breastfeeding self-efficacy states that mothers who do not work tend to have higher breastfeeding self-efficacy than mothers who work outside the home (Ahmed *et al.*, 2020). The results of this study are not in line with a study that states that there is a relationship between mother's work and breastfeeding self-efficacy (Ngo *et al.*, 2019). Besides that, family income is an important factor that can affect a person's health condition because the level of income will determine the ability of a family to provide healthy and balanced nutritious food (French *et al.*, 2019). The higher the income level of a family, the better the family's ability to provide nutrient-rich food. Conversely, the lower the economic level of a family, the lower the level of family consumption of foods rich in nutrients (Darmon & Drewnowski, 2015). In this study, no significant relationship was found between the level of family income and the level of self-efficacy of mothers in exclusive breastfeeding ($p = 0.340$). This research is in line with research conducted in Brazil which used the BSES-SF questionnaire that there was no relationship between family income level and mother's breastfeeding self-efficacy (Ddodt *et al.*, 2012).

Knowledge is one of the factors that influence a person's behavior. A study shows that the higher the mother's knowledge, the higher the self-efficacy that the mother will have. Conversely, mothers with low knowledge tend to have low self-efficacy when compared to those with high knowledge (Titaley *et al.*, 2021). This is in line with this study which shows that the majority of mothers have good knowledge about exclusive breastfeeding. Mothers with good nutritional knowledge had high self-efficacy, but almost half were in the moderate category, while mothers with sufficient nutritional knowledge had the majority of moderate self-efficacy, but almost half were also in the high category. However, this study also shows that there is no significant relationship between the level of mothers' knowledge and self-efficacy in exclusive breastfeeding. There is no relationship between mothers' knowledge and breastfeeding self-efficacy in this study because the majority of mothers have good knowledge about exclusive breastfeeding. The results of this study are not in line with research

that stated there is a relationship between a mother's knowledge and self-efficacy in breastfeeding (Titaley *et al.*, 2021).

In this study, the results showed that the sex of the child was not significantly related to the level of the mother's self-efficacy in exclusive breastfeeding ($p = 0.576$). There is no relationship between the two variables because in this study most of the children were boys. A study shows that boys consume more breast milk, that is, they consume an average of 76 ml (2.6 fl oz) more than girls (Kent *et al.*, 2006). The results of this study are in line with research conducted in Iran which shows that exclusive breastfeeding self-efficacy does not have a significant relationship with the sex of the child (Mirghafourvand *et al.*, 2018).

Besides that, in this study, the results showed that the age of the child was not significantly related to the mother's self-efficacy in exclusive breastfeeding ($p = 1,000$). There was no relationship between the two variables,

which could be because most of the children in this study were aged 13-24 months, which at that age was already in the weaning period, so they were no longer given breast milk. The results of this study are in line with research in 2018 which showed that the age of the child is not related to the mother's self-efficacy in exclusive breastfeeding (Mirghafourvand *et al.*, 2018). However, in this study, it was found that the order of children had a significant relationship with the mother's self-efficacy in exclusive breastfeeding ($p = 0.004$). There is a relationship between the two variables because, in this study, the level of the mother's self-efficacy in the good category tends to increase along with the increase in the number/order of children born in the family, especially when the second child is born. The results of this study are inconsistent with a study showing that the number of children/order of children is significantly related to the self-efficacy of mothers in exclusive breastfeeding (Topuz *et al.*, 2021).

Table 3. Bivariate Analysis of Respondent Characteristics with Mother's Self-Efficacy in Exclusive Breastfeeding

Variables	Level of Mother's Self-Efficacy in the Success of Exclusive Breastfeeding		p-value
	Good n (%)	Enough n (%)	
INTERNAL FACTORS			
Mother's age			
<20 yrs	5 (8.8)	5 (8.8)	1.000
20-34 yrs	21 (36.8)	24 (42.1)	
>=35 yrs	1 (1.8)	1 (1.8)	
Religions			
Hindu	27 (47.4)	29 (50.9)	1.000
Islam	0 (0)	1 (1.8)	
Father's Education Level			
Low	20 (35.1)	21 (36.8)	0.776
High	7 (12.3)	9 (15.8)	
Mother's Education Level			
Low	18 (31.6)	23 (40.4)	0.556
High	9 (15.8)	7 (12.3)	
Father's Occupation			
Government Employee	0	1 (1.8)	0.356
Entrepreneur	1 (1.8)	4 (7.0)	
Farmer	24 (42.1)	25 (43.9)	
Businessman	1 (1.8)	0 (0.0)	
Others	1 (1.8)	0 (0.0)	
Mother's Occupation			
Not Working/Housewives	8 (14.0)	7 (12.3)	0.197
Government Employee	0 (0.0)	1 (3.3)	
Entrepreneur	0	4 (7.0)	

Farmer	17 (29.8)	18 (31.6)	
Businessman	1 (1.8)	0 (0.0)	
Others	1 (1.8)	0 (0.0)	
Family Income			
<District Minimum Wage	23 (40.4)	22 (38.6)	0.340
>District Minimum Wage	4 (7.0)	8 (14.0)	
Mother's Knowledge Level			
Good	20 (35.1)	20 (35.1)	0.576
Enough	7 (12.3)	10 (17.5)	
Gender of Toddlers			
Girls	9 (15.8)	16 (28.1)	0.183
Boys	18 (31.6)	14 (24.6)	
Age of Toddlers			
6-12 months	9 (15.8)	9 (15.8)	1.000
13-24 months	18 (31.6)	21 (36.8)	
Order of Toddlers in Family			
1st Child	7 (16.7)	15 (35.7)	0.004*
2nd Child	12 (28.6)	4 (9.5)	
3rd Child	0 (0.0)	4 (9.5)	
EXTERNAL FACTORS			
Socio-Cultural Practices During Childbirth			
There are Cultural Influences	1 (1.8)	3 (5.3)	0.613
No Cultural Influence	26 (45.6)	27 (47.4)	
Socio-Cultural Practice of Breastfeeding			
There are Cultural Influences	18 (31.6)	14 (24.6)	0.129
No Cultural Influence	9 (15.8)	16 (28.1)	
Toddler Socio-Cultural Practices			
There are Cultural Influences	13 (22.8)	17 (29.8)	0.600
No Cultural Influence	14 (24.6)	13 (22.8)	
Family Support for Exclusive Breastfeeding			
Good	19 (33.3)	20 (35.1)	0.784
Enough	8 (14.0)	10 (17.5)	
Deficient	0 (0.0)	0 (0.0)	

*) Significant at p-value <0.05

In addition, looking at external factors, the results showed that there was no significant relationship between socio-cultural practices during labor and the mother's self-efficacy in exclusive breastfeeding ($p = 0.613$). There is no relationship between sociocultural nutrition during childbirth and breastfeeding self-efficacy because the variation in data on the socio-cultural variable of nutrition during childbirth differs only slightly between the two categories used. Likewise, socio-cultural practices when breastfeeding and when toddlers were also not significantly related to mothers' self-efficacy in exclusive breastfeeding ($p = 0.129$; $p = 0.600$). There is no relationship between these variables which can be caused by several other factors that might affect a person's self-efficacy. One of

the factors that influence self-efficacy is culture through values, beliefs, and self-regulatory processes which serve as a source of self-efficacy assessment and also as a consequence of self-efficacy beliefs (Burke, 2009).

In addition, family support for exclusive breastfeeding also did not have a significant relationship with the mother's self-efficacy in exclusive breastfeeding ($p = 0.784$). The results of this study are not in line with research conducted in Iran which shows that social support from the family and those around them is highly related to the self-efficacy of mothers in exclusive breastfeeding (Mirghafourvand *et al.*, 2018). Postpartum breastfeeding is the most sensitive period in a mother's life both physically and emotionally, so breastfeeding during this

period can be difficult for a mother. Some mothers can feel anxiety and psychological discomfort after the birth of a child. This condition is often found in mothers because of the transition to parenthood (Rados *et al.*, 2018). As for the external factors in this study, there was no significant relationship between the variables of socio-cultural practices during childbirth, socio-cultural practices during breastfeeding, socio-cultural practices during toddlers, and family support for exclusive breastfeeding ($p = 0.613$; $p = 0.129$; $p = 0.600$; $p = 0.784$). To find out more clearly related to the results of the bivariate analysis in this study can be seen in Table 3.

During this breastfeeding period, it is necessary to have support that is perceived by the mother from the family, that comfort, attention, and help are always available when the mother needs it. This support can be provided in the form of emotional support, instrumental support, informational support, and assessment support (Bengough *et al.*, 2022). The support provided by the family can increase the mother's self-efficacy to provide exclusive breastfeeding. Mothers who get verbal persuasion from the family tend to be able to continue breastfeeding their babies even though they experience obstacles. Apart from motivation from the family, mothers with good family support also receive practical assistance from the family so they can continue to breastfeed their babies (Li *et al.*, 2022).

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Conclusions

In this study, it was found that the factors associated with mother's self-efficacy in exclusive breastfeeding to toddlers in the Tengger Tribe were the order of children/number of children in the family. With the results of this study, it is hoped that in the future it can become a reference for health

and private institutions to create a program related to increasing the coverage of exclusive breastfeeding in the Tengger Tribe. In addition, it is vital to carry out a further and more in-depth investigation on internal and external factors that have already been researched in this study regarding to self-efficacy of exclusive breastfeeding practice on toddlers in the Tengger Tribe.

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