

Social Support and Self Efficacy Towards Exclusive Breastfeeding among Mothers

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ABSTRACT

Background: Breastfeeding is the ideal food for infants, with social support and self-efficacy being essential for the continuation of exclusive breastfeeding. This study aimed to assess the levels of social support and self-efficacy towards exclusive breastfeeding among mothers attending the MCH clinic in Bheri Hospital, Nepalgunj, Lumbini Province, Nepal.

Methods: A descriptive cross-sectional study, based on a quantitative approach, was conducted among 153 exclusively breastfeeding mothers using non probability purposive sampling technique. Data were collected through face-to-face interviews using the Exclusive Breastfeeding Social Support Scale (EBSSS) and the Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF) tools. Data analysis involved descriptive and inferential statistics using SPSS version 21.

Results: The study found that more than half (56.2%) of respondents experienced low social support for exclusive breastfeeding Median 45 (IQR 26-49), and half (50.3%) had low self-efficacy Median 60 (IQR 15-70). A majority (63.4%) initiated breastfeeding within the first hour of birth. The level of social support was significantly associated with breastfeeding frequency ($p=0.01$). Similarly, self-efficacy had a significant association with breastfeeding frequency ($p=0.01$) and prelacteal feeding ($p=0.04$). A significant statistical association also existed between the level of social support and the level of self-efficacy ($p<0.001$).

Conclusions: Respondents demonstrated low social support and low self-efficacy for exclusive breastfeeding. The findings highlighted a significant statistical association between these two crucial factors. This study suggests that there is higher need for increasing social support and self-efficacy to promote exclusive breastfeeding.

Keywords: Exclusive breastfeeding; self-efficacy; social support.

INTRODUCTION

Breastfeeding is one of the most effective ways to ensure child health and survival. Up to half or more of a child's nutritional demands during the second half of the first year of life, and up to one-third during the second year, are met by breast milk, which also supplies all of the energy and nutrients the infant needs during the first few months of life.¹ Disparities such as limited access to hospitals, lack of trained medical professionals, inadequate access to paid maternity leave and supportive workplace is the biggest barrier to exclusive and continuous nursing.² For the first six months of life,

babies should only be breastfed, according to WHO and UNICEF recommendations.³

According to NDHS 2022, only 56% of children under 6 months were exclusively breastfed in Nepal, while 55% of children aged 0-23 months initiated nursing early.⁴ Breastfeeding status is significantly influenced by a mother's education, place of residence, mode of birth, breastfeeding counselling, and socioeconomic status. These elements have a significant impact on the mother's breastfeeding self-efficacy as well as the quantity and caliber of social support.⁴ There are limited studies done to determine mothers' levels of social support

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and self-efficacy for exclusive breastfeeding in Nepal. Furthermore, association between social support and self efficacy has not been fully explored. Hence, this study was conducted with the aim of assessing the level of social support and self efficacy towards exclusive breastfeeding among mothers and to find out the association between level of social support and level of self efficacy among breastfeeding mothers.

METHODS

A descriptive cross-sectional study with quantitative approach was conducted at Maternal and Child Health Clinic of Bheri hospital, Nepalgunj which is a major referral center in Lumbini Province. All the mothers who had infants below six months of age and were exclusively breast-feeding were the study population. The required sample size was calculated by using Cochran's formula, that is, $n = z^2pq/d^2$. The prevalence was taken from the previous study of social support and self efficacy for breastfeeding which was 99.2%.⁵ At 95% Confidence interval, 5% allowable error and assuming of 10 % non response rate, the calculated sample size was 153. Non-probability purposive sampling technique was used for selecting samples meeting the inclusion criteria of the study. Those mothers who were not exclusively breastfeeding their infants below six months of age and suffering from any kinds of physical and mental illness that was hindering in exclusive breastfeeding were excluded from the study. Babies having specific problems related to feeding like cleft lip or palate, congenital heart disease, or other severe illnesses were excluded in the study.

Data was collected through face to face interview using a structured questionnaire. The social support and self efficacy for breastfeeding were assessed by Exclusive Breastfeeding Social Support Scale (EBSSS) scale and Breast-feeding Self-efficacy Scale- Short Form (BSES-SF) respectively.⁶⁻⁸ The English versions of Exclusive Breastfeeding Social Support Scale (EBSSS) and Breast-feeding Self-efficacy Scale- Short Form (BSES-SF) scale were translated in Nepali language and back to English language by a bilingual expert. The Nepali versions of both scales was used in the study. The content validity of the research instrument was maintained by the review of literature and consultation with subject experts, pediatrician and nurses working in maternity ward. Pretesting of the instrument was done in 10% of the sample size i.e. 16 respondents at MCH clinic of Bheri Hospital meeting the inclusion criteria. The respondents involved in pretesting were excluded in the final study. The Cronbach alpha coefficient of 0.96 was

for Breastfeeding self-efficacy scale short form and 0.9 for Exclusive breastfeeding social support scale in this study.

Ethical approval was obtained from TUIOM IRC Ref: 166(6-11) E2 080/081. Data collection was done after obtaining written permission from hospital administration of Bheri Hospital, Nepalgunj. Each respondent were explained about the purpose of data collection and written informed consent was obtained before data collection. Respondents were assured about the confidentiality of the information by not sharing with other person and the information was solely be used for the purpose of research only. Anonymity was maintained by assuring the respondents that their names will not be disclosed in the report. Precaution was taken throughout the study in every step to safeguard the right and welfare of all respondents in the study. The duration of data collection with each respondent was completed within 15 minutes. Data was collected from December 2023 to February 2024. Data was coded and recorded and analysed using SPSS version 21. Frequency, percentage, mean and standard deviation was used to illustrate the sociodemographic characteristics of the respondents, social support and self-efficacy. The Chi-square test was used to measure the association between level of social support and level of self-efficacy towards exclusive breastfeeding.

RESULTS

A total of 153 mothers in early postpartum period and exclusively breastfeeding their infants were enrolled in the study. The sociodemographic characteristics of the respondents is shown in table 1.

Table 1. Socio-demographic Characteristics of Respondents. (n=153)

Characteristics	Number	Percent
Age of mothers in completed years		
<=22	28	18.3
22-27	56	36.6
28-32	43	28.1
>=33	26	17.0
Mean \pmSD=27.41\pm5.06		
Religion		
Hindu	130	85.0
Muslim	18	11.8
Christian	5	3.3

Table 1. Socio-demographic Characteristics of Respondents. (n=153)

Characteristics	Number	Percent
Ethnicity		
Dalit	14	9.2
Janajati	24	15.7
Madhesi	51	33.3
brahmin/chhetri	57	37.3
others (thakuri/giri/puri/yogi)	7	4.6
Occupation		
Housewife	110	71.9
govt service	22	14.4
Business	13	8.5
private job	8	5.2
Residence		
Rural	47	30.7
Urban	106	69.3
Educational level		
Illiterate	12	7.8
primary level	35	22.9
secondary level	48	31.4
bachelors&above	58	37.9

The breastfeeding related characteristics of the respondents as shown in Table 2 depicts majority (63.4%) of the respondents had initiated breastfeeding within first hour of birth, frequency of breastfeeding was 8-10 times/day among most (88.2%) of respondents and more than half (51.0%) of respondents had not done any prelacteal feeding to their infant.

Table 2. Breastfeeding related characteristics of Respondents. (n=153)

Characteristics	Number	Percent
Type of delivery		
Vaginal	100	65.4
CS	53	34.6
Place of delivery		
Hospital	149	97.4
Home	4	2.6
Number of Children		
One	60	39.2
Two	70	45.8
More than two	23	15.0

Table 2. Breastfeeding related characteristics of Respondents. (n=153)

Characteristics	Number	Percent
Time of breastfeeding		
within first hour	97	63.4
above one hour	56	36.6
Frequency of BF		
8-10 times/day	135	88.2
Less than 8 times/day	18	11.8
Prelacteal feeds		
Yes	75	49.0
No	78	51.0

Table 3 shows that the majority of responders (56.2%) had low social support for exclusive breastfeeding with median score 45 (IQR 26-49). Similarly, with a median score 60 (IQR 15-70), half (50.3%) of respondents expressed low confidence in their ability to breastfeed exclusively. Social support and self-efficacy were categorized as low and high support and low and high confidence, respectively, using the median score.

Table 3. Level of social support and self-efficacy towards exclusive breastfeeding among mothers. (n=153)

Level of Social support	Number	Percent
Low support	86	56.2
High support	67	43.8
Median score (IQR)= 45 (26-49)		
Level of Self efficacy		
Low confident	77	50.3
High confident	76	49.7
Median score (IQR)= 60 (15-70)		

Table 4 shows that there is significant statistical association between level of social support and frequency of breastfeeding of respondents with p value 0.02.

Table 4. Association between Level of Social Support and Breastfeeding related characteristics of Respondents. (n=153)

Characteristics	Level of social support		Chi square	p-value
	Low n (%)	High n (%)		
Initiation time of BF	51(52.6)	46(47.4)	1.42	0.2
Within first hour	35 (62.5)	(37.5)		
Above first hour				
Frequency of BF				
8-10 times/day	71(52.6)	64(47.4)	6.09	0.01
<8 times/day	15(83.3)	3(16.7)		
Prelacteal feeds				
Yes	46(61.3)	29(38.7)	1.56	0.2
No	40(51.3)	38(48.7)		

Level of significance < 0.05 at 95% confidence interval

Table 5 shows that there is significant statistical association between level of self-efficacy and frequency of breastfeeding with p value 0.01 and prelacteal feeding with p value 0.04. There is significant statistical association between level of social support and level of self-efficacy with p value <0.001 at 95% confidence interval.

Table 5. Association between Level of Self efficacy and Breastfeeding related characteristics and social support of Respondents. (N=153)

Characteristics	Level of self efficacy		Chi square	p-value
	Low n (%)	High n (%)		
Initiation time of BF				
Within first hour	44(45.4)	53(54.6)	2.6	0.1
Above first hour	33(58.9)	23(41.1)		
Frequency of BF				
8-10 times/day	63(46.7)	72(53.3)	6.14	0.01
<8 times/day	14(77.8)	4(22.2)		
Prelacteal feeds				
Yes	44(58.7)	31(41.3)	4.09	0.04
No	33(42.3)	45(57.7)		
Social support				
Low support	63 (81.8)	23 (30.3)	41.30	0.000
High support	14 (18.2)	53 (69.7)		

Level of significance < 0.05 at 95% confidence interval

DISCUSSION

Breastfeeding is a joyful and demanding task for women. Successful breastfeeding is influenced by a number of factors, but the two most crucial ones for sustaining breastfeeding are social support and self-efficacy.⁹ According to Albert Bandura, self-efficacy is the belief that one can control one's own actions and the circumstances that affect

one's life, providing the foundation for motivation, wellbeing, and personal success.¹⁰ Breastfeeding self-efficacy depends on the woman's ability or confidence in breastfeeding and affects her decision to continue.¹¹

According to the results of this study, half (50.3%) of the mothers showed low confidence and more than half (56.2%) of the mothers experienced low social support and self-efficacy for exclusive breastfeeding. The results of the study conducted in India, which revealed that fewer than half (43.3%) of postpartum moms had strong confidence in nursing, were found to be comparable to this one.¹² The current study's results were in line with an Indonesian study that revealed that the majority of participants had low social support (51.9%) and low breastfeeding self-efficacy (77.4%).¹³ The results of this study, however, differed from those of studies conducted in Nepal, which revealed that the majority of respondents (99.2%) had a high level of self-efficacy for breastfeeding and that 89.8% reported having a good level of social support for EBF practices.⁵ This may be due to the variation in cultural practices, awareness and geographical variations of the respondents.

The majority of respondents (65.4%) had given birth by spontaneous vaginal delivery, according to the study's findings. Nearly all of the respondents (97.4%) had given birth in a hospital. The majority of moms (63.4%) had started nursing within the first hour of giving delivery, which was comparable to the results found in a Nepalese mother (61.9%)¹⁴ and Turkish study (68.1%)¹⁵ but in contrast with the findings of an Indian study which showed only (26.3%) of respondents had initiated early breastfeeding¹⁶. The majority of the mothers (88.2%) in this study breastfed their babies eight to ten times a day, and more than half (51%) did not give them any prelacteal feeding. These results are consistent with an Indian study that indicated 33% of mothers did not give their babies any prelacteal feeding.¹⁶ However, a Nepalese study reported all of the respondents did not provided any prelacteal feeding to their infants.¹⁴

It was found that there is a substantial statistical correlation (p value <0.001) between the degree of social support and self-efficacy for exclusive breastfeeding. A research conducted in Nepal found that moms who received assistance from their husbands were ten times more likely to breastfeed.¹⁷ Similar findings was observed in a Chinese study which revealed family support ($\beta = 0.168$, $P < 0.001$), and social support from significant others ($\beta = 0.219$, $P < 0.001$) were positively associated with breastfeeding self-efficacy.¹⁸ The findings of this study also suggested significant association between

self efficacy and frequency of breastfeeding ($p=0.01$) and prelacteal feeding ($p= 0.04$).

Since the study is limited to only one setting, it can be replicated to other settings with large sample size.

CONCLUSIONS

It is concluded that there is low social support and low self-efficacy among mothers for exclusive breastfeeding attending to the MCH clinic in a hospital. It is also concluded that there is significant statistical association between social support and self efficacy. The results of this study also indicated a strong association between self-efficacy, prelacteal feeding and breastfeeding frequency. The results of this study may help hospital administrators in creating initiatives to improve breastfeeding self-efficacy through education, counseling, and ongoing support beginning during pregnancy and continuing throughout the postpartum period.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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