

THE IMPACT OF LACTATION EDUCATION AND FAMILY SUPPORT ON BREASTFEEDING CONFIDENCE IN THIRD TRIMESTER FIRST-TIME MOTHERS AT TARUS HEALTH CENTER, KUPANG

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ABSTRACT

Background: Breastfeeding is essential for providing newborns with necessary nutrients crucial for growth and development. Lactation management involves preparing mothers and families to support successful breastfeeding. Self-efficacy, or a mother's confidence in her ability to breastfeed, influences her decision to breastfeed and her response to challenges.

Method: This study employed a one-group pretest-posttest design, focusing on third-trimester primigravida mothers in the Tarus Community Health Center working area, Kupang Regency, with a population of 67. Using purposive sampling, the study evaluated the impact of education on lactation management and family support on breastfeeding self-efficacy.

Result: The Wilcoxon test results showed a significant improvement in self-efficacy after the intervention (Asym.Sig = 0.000, $p < 0.05$).

Conclusion: These findings suggest that providing education on lactation management and family support can significantly enhance breastfeeding self-efficacy in expectant mothers, thereby promoting successful breastfeeding practices.

Keywords: *family support, lactation management, self-efficacy*

INTRODUCTION

Breastfeeding is essential for providing the necessary nutrition for newborns, as breast milk contains proteins, carbohydrates, fats, sodium, potassium, and phosphorus that are crucial for the baby's growth and development^[1]. Effective lactation management, which begins during pregnancy and continues

after birth, is vital to support successful breastfeeding^[2,3].

Success in exclusive breastfeeding requires effective practices, where the mother and baby interact to ensure that breast milk is provided in the correct way and quantity^[4-6]. A key factor in this process is breastfeeding self-efficacy, which is the mother's confidence in her ability to breastfeed. This confidence

influences her decisions and responses to challenges during breastfeeding^[7].

Breastfeeding self-efficacy should be developed during pregnancy to enhance breastfeeding success. Higher self-efficacy encourages mothers to prepare adequately, initiate breastfeeding, and continue effectively. Conversely, low self-efficacy can lead to negative perceptions and decreased motivation, often resulting in the use of alternatives such as formula milk. Self-efficacy is influenced by four factors: previous successful breastfeeding experiences, observing others breastfeed, verbal reinforcement from influential people, and physiological responses. Understanding these factors can help improve breastfeeding self-efficacy and outcomes^[8-10].

METHODS

This study employs a one-group pretest-posttest design to assess the impact of an intervention on breastfeeding self-efficacy. The study population consists of primigravida mothers in their third trimester, residing in the working area of the Tarus Health Center, Kupang Regency, totaling 67 individuals. A sample of 40 participants was selected using purposive sampling, a nonprobability sampling technique chosen for its ability to target specific characteristics relevant to the study's aims.

Data collection involved a questionnaire administered both before and after the intervention (pretest and posttest) to measure changes in breastfeeding self-efficacy. The research was conducted in June 2022. The Wilcoxon signed-rank test was chosen for statistical analysis due to its suitability for comparing paired pretest and posttest data from the same subjects, especially when the data does not necessarily follow a normal distribution.

RESULT

Table 1. Frequency Distribution of Respondents Based on Age of Pregnant Women at Tarus Health Center, Central Kupang District.

Age	Frequency	Percentage (%)
≤ 20 Years	3	7.5
21-35 Years	36	90.0
> 35 years	1	2.5
Total	40	100

Source: Primary research data in 2022

Based on the data obtained in table 1, The majority of respondents (90%) were aged 21-35 years.

Table 2. Frequency Distribution of Respondents Based on Last Education at Tarus Health Center, Central Kupang District.

Last education	Frequency	Percentage (%)
Elementary School	1	2.5
Junior High School	9	22.5
Senior High School	23	57.5
PT (D3/D4/S1)	7	17.5
Total	40	100

Source: Primary research data in 2022

Based on the data obtained in table 2, Most respondents (57.5%) had completed high school education.

Table 3. Frequency Distribution of Respondents Based on Occupation at Tarus Health Center, Central Kupang District

Work	Frequency	Percentage (%)
Farmer/Housewife	31	77.5
Entrepreneur/self-employed/trader	7	17.5
Private employees	1	2.5
CivilServants (PNS/TNI/Polri)	1	2.5
Total	40	100

Source: Primary research data in 2022

A significant majority of respondents (77.5%) were farmers or housewives.

Table 4. Frequency Distribution of Respondents Based on the Number of ANC's in Tarus Health Center, Central Kupang District.

Number of ANC's	Frequency	Percentage (%)
< 6 times	7	17.5
6-8 times	25	62.5
> 8 times	8	20.0
Total	40	100

Source: Primary research data in 2022

Based on the data obtained in table 4.4 Most respondents (62.5%) attended 6-8 ANC sessions.

Based on the data obtained in table 5, Almost all respondents (97.5%) attended classes for pregnant women 1-3 times.

Table 5. Frequency Distribution of Respondents Based on Class of Pregnant Women at Tarus Health Center, Central Kupang District.

Pregnancy Class	Frequency	Percentage (%)
Never (0)	1	2.5
Yes (1-3) times	39	97.5
Total	40	100

Source: Primary research data in 2022

Table 6. Frequency Distribution Before Education Lactation Management and Family Support at the Tarus Health Center, Central Kupang District.

Before Education	Frequency	Percentage (%)
Not confident	23	57.5
Self-confident	17	42.5
Total	40	100

Source: Primary research data in 2022

Based on the data obtained in table 6, Before the education on lactation management and family support, 57.5% of respondents were not confident in their breastfeeding self-efficacy.

Table 7. Descriptive breastfeeding self-efficacy before lactation management education and family support

	N	Min.	Max.	Mean	Std. Dev
Total	40	30	80	48.28	12.932

Source: 2019 research primary data

The score results in table 7 of breastfeeding self-efficacy in third trimester primigravida mothers Before the intervention, breastfeeding self-efficacy scores ranged from 30 to 80, with a mean of 48.28 and a standard deviation of 12.932.

Table 8. Frequency Distribution After Education Lactation Management and Family Support at the Tarus Health Center, Central Kupang District.

After Education	Frequency	Percentage (%)
Not confident	1	2.5
Self-confident	39	97.5
Total	40	100

Source: Primary research data in 2022

Based on the data obtained in table 8, After the education on lactation management and family support, 97.5% of respondents were confident in their breastfeeding self-efficacy, showing confident breastfeeding self-efficacy.

Based on the data obtained in table 9, The Wilcoxon signed-rank test showed a Z coefficient of -4.690 and a p-value of 0.000, indicating a significant difference in breastfeeding self-efficacy before and after the intervention ($p < 0.05$).

Table 9. Statistical Test of Differences in Breastfeeding Self-Efficacy Before and After Education Lactation Management and Family Support at the Tarus Health Center, Central Kupang District

Breastfeeding Self-Efficacy	Z coefficient	Asymp.Sig. (2-tailed)
Before after	-4,690	0,000

Source: Primary research data in 2022

DISCUSSION

Self-efficacy is a person's belief in their ability to control their own functions and adapt to their environment^[11,12]. It develops gradually with increasing abilities and experiences^[13]. Family support is essential in forming self-efficacy, particularly in motivating mothers to breastfeed^[14].

In Table 8, data from 40 respondents show that the majority (55%) of those aged 21-35 years lacked confidence in breastfeeding self-efficacy before receiving education on lactation management and family support. This contradicts the expectation that maturity and increased knowledge come with age^[15]. Despite being in the 21-35 age range, respondents' self-efficacy was low prior to educational interventions.

Higher education levels generally enhance intellectual activities and the ability to assimilate new information^[17]. Thus, individuals with higher education are expected to have better knowledge and attitudes towards new values. However, respondents with less formal education showed hindered development in breastfeeding self-efficacy, emphasizing the need for targeted educational support.

Employment also plays a role in access to information. Those working in formal sectors have better access to health information^[17]. This study's findings align with the theory, as pregnant women working as farmers or housewives demonstrated lower confidence in their breastfeeding abilities due to limited access to information.

Breastfeeding self-efficacy (BSE) is a mother's confidence in her ability to breastfeed^[18]. High self-efficacy in breastfeeding mothers correlates with increased breastfeeding success, whereas low confidence results in lower success rates^[19]. Family support, including from husbands, parents, and other family members, is crucial in boosting mother's confidence and motivation to breastfeed^[20].

Education significantly impacts knowledge and self-efficacy. After receiving education, knowledge among third trimester primigravida mothers increased, which in turn improved their self-efficacy in breastfeeding, aligning with Wardani's findings on the influence of knowledge on breastfeeding self-efficacy¹¹.

The use of leaflets and educational videos as media for providing health education proved effective. These tools conveyed information clearly, increasing respondents' knowledge and self-efficacy. The leaflets covered benefits of breast milk, preparation for breastfeeding, and breast care during pregnancy. The educational video demonstrated breast care using a mannequin, helping respondents visualize and understand the process better.

Routine ANC check-ups combined with education on lactation management and family support improved understanding and confidence among TM III pregnant women. According to Azwar in Machfoedz (2015), health education aims not only to inform but also to instill confidence and willingness to adopt health recommendations¹². The difference in breastfeeding self-efficacy before and after education at the Community Health Center illustrates the effectiveness of health education in increasing pregnant women's knowledge and confidence.

In conclusion, family support, targeted education, and effective use of educational media are pivotal in enhancing breastfeeding self-efficacy among pregnant women. Ensuring access to information and support can significantly improve mothers' confidence and success in breastfeeding.

CONCLUSION

The study demonstrates that delivering education through leaflets and videos effectively provides breastfeeding mothers with essential information about lactation management, thus increasing

their knowledge. The crucial role of family support is also evident, as it boosts mothers' self-confidence, stabilizes their emotions, and provides significant motivation to breastfeed. By combining education and family support, the self-efficacy of breastfeeding mothers is significantly enhanced. High self-efficacy in breastfeeding mothers correlates with increased breastfeeding success. Therefore, it is essential to ensure that breastfeeding education and robust family support are integral parts of strategies to improve breastfeeding outcomes.

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