

A Study on Breast-feeding Self-Efficacy and Its Associated Factors Among Mothers

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Abstract

Introduction: The process through which a kid is fed human breast milk is known as breastfeeding. Breastfeeding has a significant impact on disease prevention and health promotion. It helps to increase bonding with baby and mother. Oestrogen, progesterone, prolactin, and oxytocin are the four primary hormones that contribute to the production of breastmilk. A modifiable element that can improve breastfeeding success and duration is breastfeeding self-efficacy. **Aim:** To evaluate mothers' self-efficacy for breastfeeding and the aspects that are related to it in order to advance both the mother's and the child's health. **Methodology:** A non-experimental exploratory research design and a quantitative research approach were employed with 250 mothers who had babies between the ages of 0 and 6 months and who visited the paediatric OPD of the DMCH in Ludhiana, Punjab, as the sample. Non-probability purposive sampling was used to gather the data. The breast-feeding self-efficacy of mothers was evaluated using a structured checklist of 27 items and the 14-item breast-feeding self-efficacy scale created by Dennis (1999). The interview technique was used to acquire quantitative data. Data were tabulated, and descriptive and inferential statistics were used for the analysis. (Using SPSS,20). **Result:** According to the survey, more than half of the moms (71%) were between the ages of 25 and 35, and 81.2% had graduated from college. 21.2% were working, 93.6% were living in joint family, 95.6% live with in-laws, 57.6% were vegetarian. Overall, 90.4% mothers had above average level of breast-feeding self-efficacy followed by 9.2% with average breast-feeding self-efficacy while (0.4%) mothers had below breast-feeding self-efficacy. The factors associated with breast-feeding self-efficacy were emotional changes during feed, feeling relief from engorgement, inadequate sleep, back and neck pain, fatigue and stress related to work load. **Conclusion:** The current study found that the majority of moms were confident in their ability to breastfeed. Breast-feeding self-efficacy was good among those who already had experience. Parity, number of live birth, type of delivery were found to be significantly associated with breast-feeding self-efficacy.

Keywords: Breast-feeding self-efficacy and associated factors.

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INTRODUCTION

Motherhood has the greatest potential influence in human life. The procedure through which a kid is fed human breast milk is known as breastfeeding or nursing. The baby may be fed breast milk directly from the mother's breast, expressed by hand, or pumped [1].

Breast-feeding confers numerous health benefits to both Mother and infant, mother milk is the most appropriate and best food for infant. It cannot be replaced by any other food [2]. The typical method of giving newborn infants the nutrients they need for healthy growth and development is through breastfeeding [3].

Infants receive the best nutrition from breast milk, which includes a nearly perfect balance of vitamins, proteins, fats, carbohydrates, and even white blood cells that fight infection in a variety of ways. They tend to have less constipation and are particularly beneficial in the battle against colic and gastrointestinal infections. Antibodies in breastmilk have anti-infective properties [4].

The American Academy of Paediatrics (AAP) states that breastfeeding is essential for preventing SIDS (sudden infant death syndrome). The research trials are still under process to prove that breastfeeding lower the risk of diabetes, obesity, and certain cancers as well, that needed [5]. Additionally, among mothers, breastfeeding burns extra calories, so it can help in losing pregnancy weight faster. It causes the production of the hormone oxytocin, which aids in the uterus' return to its pre-pregnancy size and may lessen postpartum uterine haemorrhage [6].

The concept of breast-feeding self-efficacy was introduced by Dr cindly-lee Dennis. On Bandura's (1997) social cognitive theory, it is based [7]. Self-efficacy is the evaluation of a person's capacity to carry out a particular job or objective, like breastfeeding [8]. Target accomplishment and self-efficacy are positively correlated. Self-efficacy must be true for all or most of an activity's component behaviours in order for persons with higher levels of self-efficacy to work longer and harder to attain their goals. It includes aspects like making enough milk, ensuring that the infant latches on properly, being in an adequate position, and establishing a strong bond [9].

Mothers' confidence in nursing is reflected in their maternal breastfeeding self-efficacy, which is a changeable factor that may increase breastfeeding rates. According to the hypothesis of breastfeeding self-efficacy, mothers who have higher BSE will experience better nursing results.

There are various Factors which may affect breastfeeding self-efficacy like personal physical, psychological and social [10].

breastfeeding self-efficacy is very essential to be developed in all mothers which may enhance the feed and fulfill the needs of mother and baby [11]. Breast-feeding self-efficacy is influenced by many factors physical, economical, psychological, social problems in mothers which ultimately lead to reduction in breast-feeding self-efficacy [12]. So, it should be initiated with health education, encouragement, motivational programs during the antenatal visits.

Objectives

1. To assess the breast-feeding self-efficacy among mothers.
2. To explore the associated factors of breast-feeding self-efficacy among mothers.
3. To determine whether certain socio-demographic factors and breastfeeding self-efficacy are related.
4. To plan & provide IEC material (pamphlets) about the measures to improve breast feeding self-efficacy among mothers.

METHOD AND MATERIAL

A descriptive exploratory design was considered appropriate for the present study as the breastfeeding self efficacy was assessed along with exploration of its associated factors among mothers. This study was carried out at Dayanand Medical College & Hospital Ludhiana's paediatrics OPD.

Target Papulation

Target population was the Breast-feeding mothers (whose baby were within 0–6 months) attending Paediatric O.P.D of tertiary care hospital, Ludhiana, Punjab which fulfill the inclusion and exclusion criteria

Inclusion Criteria

Mothers who were:

- willing to participate in the study.
- present during the period of data collection
- giving breast-feeding to their baby

Exclusion Criteria

Mothers who were:

- unable to respond
- suffering from any cognitively or neurosensory impaired condition.

Variables

Independent research variables were breastfeeding self efficacy and its associated factors physical and physiological factors, psychological and social factors.

Description of Tool

Tool consisted of 3 parts:

Part-I

- I. sociodemographic profile
- II. maternal profile
- III. clinical profile of new-born
- IV. breast-feeding profile

Part-II

Breast-feeding self-efficacy scale (BSES) by Dennis, 1999 to assess the breast-feeding self-efficacy

Part-III

Structured checklist to assess the associated factors regarding breast-feeding self-efficacy

Most of the mothers (71.6%) were in age group of 25–30 years, which was followed (19.2%) mothers in age group of 30–35. Most of the mothers (81.2%) were educated till graduate and above, which was followed by those educated till secondary level accounted to be 38 (15.2%), whereas almost same proportion of mothers were illiterate and educated till elementary level accounted to be 1.6% and 2% respectively. Majority of mothers (78.8%) were nonworking/homemakers whereas more than half of mothers were working. Maximum of them, (93.6%) belonged to joint family which was followed by (4.8%) from nuclear family. Also, 95.6% of mothers lived with her in laws, whereas same proportion of mothers stayed with her husband. More than half of mothers (57.6%) preferred vegetarian diet, followed by (36.3%) who preferred non vegetarian diet. Maximum of mothers (94%) were urban residents, whereas only 6% mothers were rural residents. Majority of mothers (84.4%) were supported by their mother-in-law in household work which was followed by 7.6% mothers supported by their own mothers. Major proportion of mothers (91.6%) belonged to upper middle class followed by 3.6% mothers from lower middle class (Table 1).

Table 1. Distribution of mothers as per their sociodemographic profile.

N = 250	
Variables	f%
Age of mother (in years)	
20–25	19 (7.6)
25–30	179 (71.6)
30–35	48 (19.2)
35–40	4 (1.6)

Variables	f%
Education of mother	
Illiterate	4 (1.6)
Elementary	5 (2.0)
Secondary	38 (15.2)
Graduate and above	203 (81.2)
Occupation	
Working	53 (21.2)
Non-working/homemaker	197 (78.8)
Type of family	
Joint	234 (93.6)
Nuclear	12 (4.8)
Extended	4 (1.6)
Living status	
With her husband only	4 (1.6)
With her in laws	239 (95.6)
With her parents	3 (1.2)
Separated/living alone	4 (1.6)
Dietary habits	
Vegetarian	144 (57.6)
Nonvegetarian	92 (36.8)
Lacto ova vegetarian	14 (5.6)
Habitat	
Rural	15 (6.0)
Urban	235 (94.0)
Supporting person	
Mother	19 (7.6)
Mother-in-law	211 (84.4)
Husband	10 (4.0)
Sister-in-law	5 (2.0)
Other	5 (2.0)
Socioeconomic status (as per kuppuswamy scale 2021)	
Upper class	7 (2.8)
Upper middle class	229 (91.6)
Lower middle class	9 (3.6)
Upper lower class	5 (2.0)

Mean age of mother (in years) = 27.4 ± 3.18

Table 2. Percentage & mean score of mothers according to levels of breast-feeding self-efficacy
N = 250

Levels of breast-feeding self-efficacy	Score	f (%)	Means ±SD	Mean%
Above average	47–70	226 (90.4)	51.5 ± 3.34	73.5
Average	24–46	23 (9.2)	40.5 ± 4.00	88.04
Below average	14–23	1 (0.4)	23.00 ± 00	100

Over all Mean score = 50.26 ± 5.35

Table 2 exhibited that more than half of the mothers (90.4%) had above average breast-feeding self-efficacy, 23 (9.2%) had average breast-feeding self-efficacy. Only (0.4%) had below average breast-feeding self-efficacy.

Table 3 Illustrated the factors associated with breast-feeding self-efficacy as per their rank order. It depicted that 98.4% mothers reported emotional changes during feed followed by 98% mothers reported feeling of relief from engorgement after feed and 96.4% of mothers shared inadequate sleep related to frequent awakening during night affect their breast-feeding self-efficacy and back and neck pain during feeding constituted to be 93.6% while 86.4% reported fatigue as factor to effect their breast-feeding self-efficacy.

Table 3. Percentage distribution of associated factors among mothers as per their rank order.

N = 250

Rank	Factors	F(%)
1	Emotional changes/mood swings	246 (98.4%)
2	Feeling of relief from engorgement after feed	245 (98%)
3	Inadequate sleep related to frequent awakening during night	241 (96.4%)
4	Back and neck pain during feeding	234 (93.6%)
5	Fatigue	218 (86.4%)
6	Stress related to workload	216 (86.4%)
7	Exhausted during breastfeed	200 (80.0%)
8	Frustration/irritability due to physiological changes	90 (36.0%)
9	Inadequate milk production	46 (18.4%)
10	Irrelevant activities during breastfeed (watching tv/reading/using internet/making calls)	37 (14.8%)
11	Abnormal Shape of the nipple (like inverted/flat/etc	27 (10%)
12	Discomfort due to extra weight gain	25 (10.0%)
13	Discomfort in breast/any breast complications	22 (91.2%)
14	Excessive crying of baby	21 (8.4)
15	Lack of knowledge regarding breast-feeding practices	20 (8.4%)
16	Feeling of embarrassment	16 (6.4%)
17	Improper LATCH	15 (6.0%)
18	Altered health status of baby	13 (5.2%)
19	Comfortable clothing	10 (4.0%)
20	Unwanted sex of baby	10 (4.0%)
21	Marital issues	3 (1.2%)

DISCUSSION AND CONCLUSION

The study revealed that more than half of the mothers (71.6%) belonged to the age group of 25–30 years. Most of the mothers (81.2%) studied up to graduate or above level and majority of Mothers (78.8%) were nonworking/homemakers. Maximum of them (93.6%) belonged to joint family. (95.6%) of mothers lived with her in laws and more than half of the mothers (57.6%) preferred vegetarian diet. Maximum of mothers (94%) were urban residents. Majority of mothers (84.4%) were supported by their mother-in-law. Major portion of mothers (91.6%) belonged to upper middle class.

The majority of moms (90.4%) had above average breastfeeding self-efficacy, followed by 9.2% of mothers with average self-efficacy, according to the survey. 1% had below average breast-feeding self-efficacy. Mean breastfeeding self efficacy score was 50.26 ± 5.35 . The mean age subjects was found to be 27.4 ± 3.18 (years) and they range from 25±30 years.

The findings were supported by the study which suggested that out of 30 primi mothers, half of them (73%) had good level of breastfeeding self-efficacy followed by (27%) had average level of breastfeeding self-efficacy, none of them had poor breastfeeding self-efficacy.

Findings of the present study reported that factors like Emotional changes/mood swings, Feeling of relief from engorgement after feed, Inadequate sleep related to frequent awakening during night, Back and neck pain during feeding, Fatigue, Stress related to workload, Exhausted during breastfeed, Frustration/irritability due to physiological changes.

The current study found no correlation between breastfeeding self-efficacy and any sociodemographic factor (as $p < 0.01$).

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