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MOTHERS' KNOWLEDGE ABOUT EXCLUSIVE BREASTFEEDING INCREASES SELF EFFICACY IN BREASTFEEDING TO MOTHERS POST SECTIO CAESAREA

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ABSTRACT
Breastfeeding is important interaction between mother and baby. Many mother have experience breastfeeding problems due to lack of knowledge and effect on the mother's psychology. Self-efficacy is one of the factors that influences the psychological level. Purpose to determine the relationship between the level of knowledge about breastfeeding and the level of self-efficacy in breastfeeding mothers after giving birth by caesarean section (SC). This research was conducted cross-sectionally on post-SC mothers at Wonosari Regional Hospital in August – October 2023 with accidental sampling method. Self-efficacy assessment was carried out using the Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF). Assessment of the level of knowledge of breast milk is carried out by assessing four components, namely the understanding, composition, benefits and impact of exclusive breast milk by breastfeeding mothers. Bivariate analysis in this study used statistical tests with the Kendall Tau B test with a p value <0.05 indicating significant results. A total of 58 post-SC pregnant women took part in this study. The average age of respondents was 29.45 ± 6.506 years with an average gestational age of 38.98 ± 0.805 weeks. The majority of respondents had junior high school education (43.1%), were multiparous (58.6%), and did not work (74.1%). As many as 87.9% of respondents had good knowledge with 81% of respondents having a high level of self-efficacy. Kendall Tau analysis obtained a true P value of 0.001 with p < 0.05 with a strength of relationship of 0.435. There is knowledge about breastfeeding increased of self-efficacy in post-SC mothers at Wonosari Regional Hospital.

Keywords: breastfeeding; caesarean section; knowledge; pregnancy; self-efficacy

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INTRODUCTION

Based on data from the World Health Organization, around 44% of babies aged 0–6 months receive exclusive breastfeeding worldwide or only two out of five babies receive exclusive breastfeeding and more than two-thirds receive complementary foods, indicating that the coverage of breastfeeding is still low (WHO, 2018; Ministry of Health of the Republic of Indonesia & UNICEF, 2020). Data from the Health Office of the Special Region of Yogyakarta (DI) Province in 2022 recorded the number of babies receiving exclusive breastfeeding at 82.08%. Gunung Kidul is one of the regencies in DIY that still has a low coverage of breastfeeding at 79%. (DIY Provincial Health Profile, 2022). The coverage of exclusive breastfeeding in Gunungkidul is still below the national exclusive breastfeeding coverage, which is 80% (Purnamasari, 2022).

Babies who do not receive exclusive breastfeeding have a higher risk of dying from diarrhea than babies who receive exclusive breastfeeding. Breast milk also has benefits to support the baby's immune system through the process of transferring the body's immune system to the baby. Breastfeeding has a protective effect on babies from chronic diseases that can develop in adulthood, such as hypertension, heart disease and diabetes (Yusrina & Devy, 2017). In addition to having benefits for babies, the breastfeeding process also provides benefits for mothers with improvements in health both in the short term (reduced symptoms of infection,

stress response, blood pressure, weight loss, better positive mood, and fertility control) and long term (reduced risk of heart disease, cancer, and metabolic disorders such as type 2 diabetes mellitus, fatty liver, to hypercholesterolemia (Muro-Valdez et al., 2023). Although breast milk has been widely studied for its benefits for both mothers and babies, the current coverage of breastfeeding is still low (Prasetyono, 2018).

One of the factors that influences mothers in providing exclusive breastfeeding is the mother's psychology and knowledge. Mothers' knowledge about exclusive breastfeeding is very important, because knowledge is related to the act of providing exclusive breastfeeding which is indicated by the mother's self-efficacy for breastfeeding (Herman et al., 2021). Maternal self-efficacy for breastfeeding is a mother's belief in her ability to breastfeed her baby. Increasing self-efficacy about breastfeeding can be done by improve maternal knowledge about breastfeeding (Angio, 2018). Although several studies have shown the benefits of education on breastfeeding knowledge can improve maternal self-efficacy, studies that specifically focus on mothers undergoing cesarean section (CS) are still limited, especially because of the trend of increasing delivery by cesarean section which is significantly one of the triggers for low exclusive breastfeeding worldwide and can affect the poor breastfeeding process and have an impact on breastfeeding success (Susilawati, 2019). The purpose of this study was to assess the relationship between the level of knowledge about breastfeeding for breastfeeding mothers and mothers with the CS delivery method in Wonosari, Gunungkidul, Indonesia. Seeing the effectiveness of both therapies, namely classical music and finger holding, in this study a combination of therapies was carried out on post-operative patients who experienced pain in the surgical treatment room. The aim of this study was to analyze the application of classical music therapy and finger holding techniques in patients experiencing post-operative pain in the surgical treatment room.

METHOD

This study uses a quantitative method that uses a correlation research design, with a cross-sectional approach. The population in this study were post-SC mothers at Wonosari Hospital in August - October 2023 as many as 137 patients. The sampling technique used the accidental sampling technique. The self-efficacy instrument used the Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF). BSES-SF consists of 14 question items with a Likert scale of 1 (not too sure) to 5 (always sure). The results of the Indonesian version of the BSES-SF were used in the population of pregnant women with a loading factor value of >0.5, the Indonesian version of the BSES-SF is valid for use in the population of pregnant women in Indonesia, the Indonesian version of the BSES-SF has a good internal reliability value (internal consistency), Cronbach's alpha 0.917. So the Indonesian version of the BSES-SF is valid and reliable for use in the population of pregnant women in Indonesia has a good internal reliability value (internal consistency), Cronbach's alpha 0.917 and Cronbach's Alpha if the item value is removed from 14 items >0.90. So the Indonesian version of the BSES-SF is valid and reliable for use in the population of pregnant women in Indonesia. The data analysis technique used Kendall Tau B.

RESULT

Table 1.
Average Age and Gestational Age of Respondents (n = 58)

Respondent characteristics	Min	Max	Mean	SD
Age	17	42	29,45	6,506
Gestational age	37	40	38,98	0,805

The results of the study on age and gestational age are listed in Table 1. The average age of respondents was 29.45 ± 6.506. While the average gestational age was 38.98 ± 0.805.

Table 2.
Frequency distribution of Education, Number of Children, Occupation, Knowledge and Efficacy of Respondents at Wonosari Regional Hospital in 2024 (n= 58)

Variable	Category	f	%
Education	Elementary School	9	15,5
	Junior High School	25	43,1
	High School	22	37,9
	College	2	3,4
Labor	Primipara	24	41,4
	Multipara	34	58,6
Occupation	House wife	43	74,1
	Private	15	25,9
Knowledge	Good	51	87,9
	Enough	5	8,6
	Less	2	3,4
Self efficacy	High	47	81
	Enough	5	8,6
	Low	6	10,4

Table 2 shows that the respondents with the most education are junior high school (43.1%), multipara as much as 58.6%, unemployed as much as 74.1%. The respondents' knowledge mostly has a good level of knowledge (87.9%) and self-efficacy is mostly good (81%).

Table 3.
Results of the Analysis of the Relationship between Breastfeeding Knowledge and Self-Efficacy in Post-Cesarean Section Mothers (n=58).

Knowledge	Self-Efficacy						Total		P Val	Tau
	High		Enough		Low		f	%		
	f	%	f	%	f	%				
Good	45	77,6	1	1,7	5	8,6	51	87,9	0,001	0,435
Enough	1	1,7	4	6,9	0	0	5	8,6		
Less	1	1,7	0	0	1	1,7	2	3,4		

Based on table 3, data obtained that respondents with good knowledge were 87.9% with the highest self-efficacy being high at 81%. While respondents with sufficient knowledge were 8.6% with the highest self-efficacy being sufficient at 6.9%. Respondents with less knowledge were 3.4% with the highest self-efficacy being low at 10.3%. The results of further analysis with Kendall Tau obtained a true P value of 0.001 with p <0.05 which means that there is a relationship between the level of knowledge and self-efficacy. While the strength of the relationship is 0.435 which indicates a moderate relationship strength.

DISCUSSION

The characteristics of the respondents in this study were an average age of 29.45±6.506 years with an age range of 17-42 years, but some patients under 20 years and over 35 years old could develop high-risk pregnancies (Sukma & Sari, 2020). Age differences that are too young (<20 years) or too old (>35 years) can affect delivery patterns because fetal development will not be optimal if the mother is too young or too old (Sukma & Sari, 2020). At a productive maternal age, the pattern of exclusive breastfeeding has a higher percentage than at an age that is too young or too old, requiring educational support in breastfeeding (Rahmawati & Wahyuningati, 2020). Therefore, the mother's age plays an important role in the success of exclusive breastfeeding for babies.

According to the researcher's assumption, productive age will not experience obstacles in the process of breastfeeding, but respondents aged <20 years also do not experience obstacles in breastfeeding. Breast milk has also come out and the breastfeeding position is also correct.

However, productive age has greater breastfeeding support due to the availability of support systems around them, either in the form of psychological or socioeconomic support (Pakilaran et al., 2022). At productive age (age 19-35 years), in addition to reproductive organs and hormones that are more ready for fetal development, it also provides time to fulfill supporting needs both internally (nutrition, knowledge, and self-efficacy) and externally (socioeconomic support) (Wong, Mou & Chien, 2021). In pregnancy at a non-productive age (<19 years or >35 years), in addition to increasing the potential for high-risk pregnancies such as pre-eclampsia, socioeconomic factors also cause lower support for breastfeeding so that the breastfeeding process is not optimal (Pakilaran et al., 2022; Weningtyas et al., 2024).

The average respondent had a gestational age of 38.98 ±0.805 months with a gestational age range between 37 weeks and 40 weeks which is included in the term gestational age. Aterm pregnancy is the age of a mother who is pregnant enough to give birth (Fathiyati, Octavia & Fairuza, 2020). One of the challenges in breastfeeding is that premature gestational age at birth makes it difficult for mothers to exclusively breastfeed their babies (Jonsdottir et al., 2021). However, a less than optimal gestational age can create a negative perspective for mothers because they give birth at a premature gestational age (Pennell et al., 2012). Mothers who give birth prematurely have challenges for their families because of the wrong timing and inadequate preparation and knowledge for breastfeeding (Pennell et al., 2012; Schwartz et al., 2015). Knowledge about childbirth also plays an important role in maternal self-efficacy, where mothers who have a low level of knowledge about childbirth are positively correlated with the level of efficacy (Schwartz et al., 2015). In addition, women with high-risk pregnancies tend to need to undergo CS and affect the mother's self-efficacy during the birth process (Tilden et al., 2016). In conditions of premature birth, pregnant women often have less knowledge about breast milk, which also affects their self-efficacy for breastfeeding (Pennell et al., 2012; Schwartz et al., 2015).

The majority of respondents in the study had a junior high school education level (25 respondents/43.1%), Although junior high school education is one of the primary education levels, junior high school education and its equivalent are included in low education levels which are at risk of underdeveloped cognitive functions, making it difficult to digest various information, especially information circulating in cyberspace via mobile phones (Casilang et al., 2020). The influence of the mother's high level of education will influence the decision to provide exclusive breastfeeding through better exposure and understanding of information to obtain information about the benefits of breastfeeding (Tariqujjaman et al., 2022). Another study by Lechosa-Muñiz et al (2020) also found that higher levels of education were associated with longer breastfeeding (Lechosa-Muñiz et al., 2020). Although the study is different from this study where the majority of respondents in this study had junior high and high school education, mothers with a good level of education (have attended school) have a better level of exclusive breastfeeding up to 1.167 times better than mothers who have no education/have never attended school (Laksono et al., 2021). Other studies also show a trend that mothers with higher education also have the ability to provide exclusive breastfeeding for longer than mothers with only formal education (Neves et al., 2021). Mothers with lower education tend to stop breastfeeding earlier, but this is also influenced by the mother's socioeconomic conditions which cause earlier cessation of breastfeeding (Laksono et al., 2021).

The respondents in this study were mostly multiparas at 58.6% which is also similar to studies in Denmark, Mexico, and Tanzania (Lindblad et al., 2022; Mazariegos et al., 2020; George, Mgongo & Rie, 2022). The relationship between multiparity and breast milk production through physiological changes in mothers with high parity is related to increased weight

during repeated pregnancies which can lead to excess weight, which provides important fat reserves in the breast milk production process (Mazariegos et al., 2020). Multiparity will be faster for breast milk production than primiparous mothers because multiparous mothers already have knowledge from breastfeeding experiences in previous pregnancies (Kurniawati, 2017). Previous breastfeeding experiences by multiparous mothers are one of the main predictors of the mother's level of self-efficacy for breastfeeding (Pennell et al., 2012; Schwartz et al., 2015). Multiparous mothers have knowledge about certain aspects of breastfeeding, including the benefits, barriers, and notes about breastfeeding based on previous breastfeeding experiences. The breastfeeding experience of multiparous mothers is more likely to show behavioral intentions to breastfeed based on more motivation to breastfeed, positive attitudes towards breastfeeding, and higher levels of breastfeeding benefits so that they have higher levels of self-efficacy in breastfeeding (Wu et al., 2021).

The results of the self-efficacy level study, as many as 47 breastfeeding mothers (81%) had a good level of self-efficacy and 6 breastfeeding mothers (10.3%) had a low level of self-efficacy. Self-efficacy is a person's belief in their competence so that it can increase their interest in certain activities (Manuntung, 2018) A mother's self-efficacy can differ based on the mother's experience of giving birth. In primiparous mothers, self-efficacy can be influenced by preparation for childbirth, income, anxiety, plans for exclusive breastfeeding, education and marital status (Corby, Kane & Dayus, 2021) Self-efficacy has been known to be related to the mental condition of breastfeeding mothers because it has a protective effect on stress responses by reducing the risk of depression, or mitigating the severity of symptoms of mental disorders through hormonal interactions in the body that affect the breastfeeding process (Dagla et al., 2021; Pezley et al., 2022). Several existing studies have shown that poor maternal mental health (depression, childhood trauma) has a negative correlation with breastfeeding success due to low self-efficacy (Pezley et al., 2022). A study by Shiraishi et al (2020) showed that mothers with high levels of self-efficacy were also accompanied by lower levels of cortisol, which is a biological marker of stress that plays an important role in breast milk production (Shiraishi et al., 2020).

The results of the statistical analysis found that the level of knowledge about breastfeeding was related to the level of maternal self-efficacy with a moderate relationship strength (Kendall Tau = 0.435). Similar results by Ayuningtyas et al (2023) research which also showed a significant relationship between the level of maternal self-efficacy had a significant influence on exclusive breastfeeding with a moderate relationship strength (Spearman = 0.495) (Ayuningtyas & Oktanasari, 2023). This relationship is also related to postpartum breastfeeding preparation that has been carried out through counseling both prenatally and antenatally (Shafaei, Mirghafourvand & Havizari, 2020). This relationship is related to the mother's cognitive process to process information based on the knowledge they have so that it has an impact on the decisions and actions to be taken (Henshaw et al., 2015; Ahmed, Taha & Elsharkawy, 2022). Breastfeeding mothers with high levels of self-efficacy tend to be able to set clear goals and use effective analytical thinking to achieve those goals (Henshaw et al., 2015; Ahmed, Taha & Elsharkawy, 2022). Breastfeeding mothers need a good level of knowledge, where this condition is related to various factors ranging from education level, parity, and breastfeeding intention during prenatal to increase self-efficacy (Wu et al., 2021). After giving birth, mothers often have to adapt to their new role as a mother so that they experience various changes both physiologically and psychologically (Wu et al., 2021).

Mothers who have good levels of self-efficacy and knowledge tend to continue breastfeeding after being discharged from the hospital by gaining knowledge about good breastfeeding techniques, early detection of breastfeeding problems, and several solutions to common

problems found when breastfeeding babies (Wu et al., 2021). Several problems during breastfeeding such as milk that is secreted for too long, unable to produce breast milk, to problems when the mother's nipples attach to the baby's mouth are also known to affect the mother's self-efficacy so that knowledge about breastfeeding problems is needed so that it does not have a negative impact when breastfeeding (Li et al., 2022). There are several shortcomings of this study, including the instrument in the form of a questionnaire on the self-efficacy of breastfeeding mothers which is not in accordance with the actual conditions faced by the respondents. The researcher set a target of data collection for one and a half months, but in the data collection process there was a decrease in the number of patients, which resulted in it being delayed to two months so that it did not meet the target.

CONCLUSION

The results of this study indicate that the characteristics of respondents in this study were 29.45 ± 6.506 years old, with a gestational age of 38.98 ± 0.805 weeks. The majority of respondents' education level was junior high school, and the majority of respondents' jobs were housewives. The level of knowledge of mothers who gave birth by CS about breastfeeding had a good level of knowledge and a high level of self-efficacy. The level of knowledge about breastfeeding has a significant relationship with self-efficacy in mothers who gave birth by CS at Wonosari Hospital.

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