

THE RELATIONSHIP BETWEEN MOTHER'S PERCEPTION OF PARENTAL SUPPORT TO MOTHER'S SELF-EFFICIENCY IN BREASTFEEDING

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Abstract: Breastfeeding is a form of interaction between a mother and her baby. The thing that becomes a factor of failure and success during breastfeeding is the mother's self-confidence or what is called self-efficacy. Other factors such as the support provided from parents are also the cause of the mother's success in breastfeeding. The purpose of this study was to find out whether there is a relationship between mother's perception of the support given by parents to mother's self-efficacy in breastfeeding in the Cakung District Health Center, East Jakarta. The research method uses a quantitative descriptive design with Pearson Correlations. The samples of this study were mothers who had babies aged 0-6 months and breastfed their babies and lived together at their homes in the Cakung District Health Center, East Jakarta. There were 97 respondents involved in the research. The results showed that most parents provided support to breastfeeding mothers in the Cakung District Health Center, East Jakarta, with a maximum score of 40 with a frequency of 1 respondent (1.0%) with an average of 29.21. The results of the self-efficacy of breastfeeding mothers in that area get a maximum value of 60 with a frequency of 3 respondents (3.1%) with an average of 47.30. There is a relationship between the support given by parents to the self-efficacy of mothers during breastfeeding in the Cakung District Health Center, East Jakarta, with a significant correlation of r count (Pearson Correlations) of $0.518 > r$ table 0.1975. There is a relationship between the support provided by parents to breastfeeding mothers in the Cakung District Health Center, East Jakarta.

Keywords: breastfeeding mother; self-efficacy; parental support

INTRODUCTION

The form of interaction that occurs when a mother gives milk to her baby is called breastfeeding. According to Mufdlilah,(2017)said that by breastfeeding the relationship between child and mother can be built safely and lovingly and many positive benefits can be obtained. The phenomenon in some communities related to breastfeeding, especially regarding exclusive breastfeeding, is still low(Isyti'aroh, Rofiqoh & Active, 2019). Pollard(in Suryaman & Girsang, 2020)said that there are many benefits and advantages of breastfeeding, but WHO's estimate of all babies in the world who get breast milk within 6 months is only 40%.

Ministry of Health of the Republic of Indonesia (2020) said that nationally in 2020, the coverage of babies with exclusive breastfeeding reached 66.01%. This figure has exceeded the Strategic Plan target for 2020 by 40%. A number of provinces in Indonesia have met the Strategic Plan targets, but there are still several provinces that have not met the Strategic Plan targets, namely West Papua (34%) and Maluku (37.2%). Breastfeeding with the highest rate was in West Nusa Tenggara Province (87.3%) for the Jakarta area (65.4%). Factors that cause failure and success in exclusive breastfeeding include parental support and the confidence of a mother in breastfeeding which is called self-efficacy.(Rahayu, 2018).

According to Bandura,(1994)self-efficacy, which is a self-confidence that shows a person's belief in his ability to carry out certain activities in realizing the results that are in accordance with what is dreamed of. Pramanik, Sumbara and Sholihatul (2020) said that self-efficacy has a big role for mothers who are breastfeeding. The results of a study conducted by Rahayu (2018) states that there is a positive relationship between self-efficacy and the success of exclusive breastfeeding for a mother who is breastfeeding.

The next factor that becomes a mother's success in breastfeeding her baby is coming from the family. According to Probowati et al (2020) said the role of parents is very big for nursing mothers. As the oldest person in the family, parents should give input and instructions to the child as much as possible regarding the care of the baby, one of which is feeding the baby. Research Oktavianto, Setyaningrum and Timiyatun (2018) said that the research participants who received help from their mother-in-law had a high degree of exclusive breastfeeding, in contrast to mothers who did not get encouragement from their mother-in-law.

The rate of breastfeeding in Jakarta is also increasing. East Jakarta itself for the breastfeeding rate is 74.32% (Jayani, 2021). The high rate of breastfeeding in the East Jakarta area made researchers want to see if there is a link between perceptions of breastfeeding mothers and the support provided by parents on mothers' self-efficacy in breastfeeding, especially in the Cakung District Health Center area, East Jakarta.

METHOD

Using a quantitative descriptive study and using a cross sectional design. The population in this study were all mothers who had babies aged 0-6 months in the Cakung District Health Center, East Jakarta. The research sample consisted of 97 respondents who were mothers who were breastfeeding and had babies aged 0-6 months and lived with their biological mothers or in-laws in one house in the Cakung area, East Jakarta. There are two variables in this study, namely the independent or independent variable in the form of parental support, while the dependent variable is the mother's self-efficacy in breastfeeding. The research began in early May 2022 in the Cakung District Health Center, East Jakarta. Data collection was carried out by collecting primary data and using questionnaires given to respondents. Before the questionnaires were distributed, the respondents were first given an explanation regarding the research to be carried out and signed an informed consent as a form of approval. Questionnaires were distributed in 2 ways, namely directly by visiting the respondents one by one to the house accompanied by the local regional cadre mother and distributing them online by filling in via the Google form link previously provided via the WhatsApp number. Prior to conducting the research, the researcher obtained ethical approval from the health research ethics committee of the PoltekkesKemenkes Jakarta III and obtained the ethical number LB.02.02/KEPK/010/2022 on May 9, 2022. Questionnaires were distributed in 2 ways, namely directly by visiting the respondents one by one to the house accompanied by the local regional cadre mother and distributing them online by filling in via the Google form link previously provided via the WhatsApp number. Prior to conducting the research, the researcher obtained ethical approval from the health research ethics committee of the PoltekkesKemenkes Jakarta III and obtained the ethical number LB.02.02/KEPK/010/2022 on May 9, 2022. Questionnaires were distributed in 2 ways, namely directly by visiting the respondents one by one to the house accompanied by the local regional cadre mother and distributing them online by filling in via the Google form link previously provided via the WhatsApp number. Prior to conducting the research, the researcher obtained ethical approval from the health research ethics committee of the PoltekkesKemenkes Jakarta III and obtained the ethical number LB.02.02/KEPK/010/2022 on May 9, 2022.

This study used 3 questionnaires as research instruments. The questionnaire used contains three groups of questions, namely the demographic data group (age, education, occupation, mother's income) the second contains statements about self-efficacy measurements and the third question about the support given by biological mothers/in-laws to breastfeeding mothers. The instrument used for self-efficacy variables in this study used instruments from the Breastfeeding Self-Efficacy Scale (BSES) based on the development of (Dennis and Faux, 1999) Translated by (Augustine, 2018). The total statements used are 12 statements and the total score is 12-60. For family support variables using the Family Support Questionnaire (FSQ) Family Support questionnaire based on the concept of social support put forward by (Biswas, 2010) developed and modified by (Angraini, 2018) and used to measure family support. Consists of 8 questions.

Univariate data analysis explained demographic data (age, education, income, occupation) and research variables, namely parental support and mother's self-efficacy in breastfeeding. Bivariate analysis was conducted to find out the relationship between variables and how strong the relationship is. Processing with Pearson correlation statistical test.

RESULTS AND DISCUSSION

Univariate analysis analyzed demographic data characteristics (age, education, occupation, income).

Table 1. Frequency distribution of characteristics of breastfeeding mothers based on age, occupation, education and income in May 2022 (n=97) respondents

Characteristics	Category	Frequency (n)	Percentage (%)
Age	< 25 years	30	30.9
	26-35 years	57	58.8
	> 35 years	10	10.3
Work	Not working/IRT	62	63.9
	Work	35	36.1
Education	Base	2	2.1
	Wow	59	60.8
	Tall	36	37.1
Income	Not enough	68	70.1
	More	29	29.9

Table 1. shows the percentage and number of respondents in the characteristics of breastfeeding mothers obtained, namely in the age characteristics more respondents aged 26-35 years as many as 57 respondents (58.8%). Utami explained that the age of 26-35 years is a safe age for reproduction and generally mothers who are at that age are able to do better lactation than mothers who are over 35 years old.(in Azhari et al., 2019). Researchers argue that age can affect a person's maturity to think as well do something in making a decision.

The employment status of more mothers who do not work/IRT is 62 respondents (63.9%). Mothers who don't work have a lot of time to take care of their children, especially in terms of breastfeeding and other household needs, whereas working mothers have relatively less time but can still give their milk by expressing it.(Rokmah, Rizal and Wahmurti, 2021).

Based on the level of education, most of the mothers were at the middle level (SMP-SMA/MA/SMK) as many as 59 respondents (60.8%) According to Notoadmojo in(Oktavianto, Setyaningrum and Timiyatun, 2018)the higher the level of education for someone, the easier it will be to obtain information that can ultimately affect the behavior of that person. Researchers argue that the higher the level of education a person has, the easier it will be to receive and understand the information he gets.

The income of the majority of mothers who earn less is 68 respondents (70.1%). According to Haryono and Setianingsih, high family income can affect the level of family consumption to ensure the availability of good nutritious food for postpartum mothers to breastfeed their babies.(in Warsini, 2015). The process of breastfeeding is basic in physiological terms for all mothers after they give birth, this does not look at whether the mother has an adequate income or not. According to the Indonesian Ministry of Health as disclosed by Haryono and Setianingsih, the benefits of breastfeeding in terms of the economy are due more economical or inexpensive and can motivate mothers to breastfeed their babies. This is one of the best food security options, especially for families with low income levels(in Warsini, 2015).

For parental support, it is divided into 2 forms of support, namely giving support and not giving support.

Table 2. Frequency distribution of parental support (n=97) of respondents

Variable	Frequency (n)	Percentage (%)
Parental support		
15	1	1.0
16	2	1.0
19	1	1.0
21	5	5.2
22	2	2.1
23	3	3.1
24	4	4.1
25	1	1.0
26	6	6.2
27	7	7.2
28	9	9.3
29	5	5.2
30	9	9.3
31	6	6.2
32	12	12.4
33	6	6.2
34	3	3.1
35	4	4.1
36	5	5.2
37	4	4.1
38	1	1.0
40	1	1.0
Means: 29.21		
Median: 29.71		
mode: 32		
Standard Deviation: 0.520		

Based on Table 2, it can be seen that the minimum value obtained based on the results of the parental support questionnaire on the mother's self-efficacy in breastfeeding is 15 with a frequency of 1 respondent (1.0%). The maximum value obtained based on the results of the parental support questionnaire on the mother's self-efficacy in breastfeeding is 40 with a frequency of 1 respondent (1.0%). The total average value obtained based on the results of the parental support questionnaire on the mother's self-efficacy in breastfeeding is 29.21.

The results of the research on breastfeeding mother respondents obtained a maximum score of 40 (received support) and a minimum score of 15 (not received support) with an average acquisition score of 29.21 who received support from parents or in-laws. The support provided by others has a role in the success or failure of breastfeeding mothers (Nurlinawati, Sahar and Permatasari, 2016). Families that provide support to mothers in giving breastfeeding examples are very useful as an effort to build mother's confidence in breastfeeding so as to support success in breastfeeding practice (Oktavianto, Timiyatun and Budiwati, 2021). According to Oktavianto's research (2021) if the support provided by the family around the mother has an influence in shaping the mother's self-confidence so that there is success in breastfeeding with successful breastfeeding (p value <0.05; r value = 0.601).

Table 3. Frequency distribution of mothers' self-efficacy in breastfeeding (n=97) of respondents

Variable	Frequency (n)	Percentage (%)
Mother's self-efficacy in breastfeeding		
31	1	1.0
36	2	2.1
37	2	2.1

38	2	2.1
39	2	2.1
40	1	1.0
41	1	1.0
42	4	4.1
43	4	4.1
44	6	6.2
45	4	4.1
46	8	8.2
47	13	13.4
48	18	18.6
49	5	5.2
50	8	8.2
51	1	1.0
52	1	1.0
53	2	2.1
54	1	1.0
55	1	1.0
57	1	1.0
58	5	5.2
59	1	1.0
60	3	3.1
Means: 47.30		
Median: 47.32		
mode: 48		
Standard Deviation: 0.567		

Based on Table 3, it can be seen that the minimum score obtained based on the results of the mother's self-efficacy questionnaire in breastfeeding was 31 with a frequency of 1 (1.0%). The maximum value obtained based on the results of the mother's self-efficacy questionnaire in breastfeeding is 60 with a frequency of 3 respondents (3.1%). The total average value obtained based on the results of the mother's self-efficacy questionnaire in breastfeeding is 47.30.

The results of research that has been carried out on breastfeeding mothers respondents get a maximum score of 60 (high self-efficacy) and a minimum score of 31 (low self-efficacy) with an average score of 47.30. According to Pradani(in Oktavianto, Timiyatun and Budiyati, 2021)Self-efficacy in breastfeeding is a mother's self-confidence in her ability to breastfeed and can be a factor in a mother's decision to breastfeed, the amount of effort given when breastfeeding, having a mindset that raises or lowers and responds in dealing with problems or difficulties when breastfeeding . Self-efficacy in breastfeeding will determine whether the mother will give her baby breast milk or not, as well as the amount of effort made to breastfeed her child and how the mother deals with problems during breastfeeding.(Safitri and Citra, 2019).

In accordance with the results of research conducted by Pramanik(Pramanik, Sumbara and Sholihatul, 2020)get the result that a low level of self-efficacy in breastfeeding mothers has an influence on not achieving breastfeeding for their babies. Mothers with high self-efficacy have high interest and participation in breastfeeding their babies. In accordance with the findings during field research, some mothers said that if they had given additional milk (formula milk) before their baby was 6 months old, it was due to low milk production and making mothers not feel confident that they could meet their baby's milk needs. The results of this study are in contrast to the research conducted by Rokmah(Rokmah, Rizal and Wahmurti, 2021)that those who get support from parents or in-laws have high self-efficacy by 80 people (86.9%) of a total of 92 respondents.

The mother's self-efficacy value is moderate because mothers in the area are independent and confident that they can breastfeed their babies along with advanced information technology and easy access. The high self-efficacy that

mothers have during breastfeeding will make the confidence that breastfeeding mothers have also higher and stronger so that they can successfully breastfeed their babies.(Vitasari, Sabrina and Ernawaty, 2018).

Table 4. Correlation of parental support on mothers' self-efficacy in breastfeeding (n=97) respondents

		Parental support	Self-efficacy of breastfeeding mothers
Parental support	<i>Pearson Correlation</i>	1	0.518
	Sig.		0.000
Self-efficacy of breastfeeding mothers	<i>Pearson Correlation</i>	0.518	1
	Sig.	0.000	

Based on Table 4. it is known that the value of Sig. (2-tailed) between Support (X) and Efficacy (Y) of $0.000 < 0.05$, which means that there is a significant correlation between the Support variable and the Efficacy variable. Based on the r count (Pearson Correlations) it is known that the r count value of parental or in-law support (X) with the mother's self-efficacy in breastfeeding (Y) is $0.518 > r$ table of 0.1975, it can be concluded that there is a relationship or correlation between the variables Support with Efficacy Variables. Because the r count or Pearson Correlations in this analysis is positive, it means that the relationship between the two variables is positive or in other words, the increasing support given by parents will also increase the self-efficacy of mothers in breastfeeding their babies.

This research is based on the results of research conducted by(Oktavianto, Timiyatun and Budiyati, 2021)that mothers who receive high support from their families have a good level of self-confidence with a result of 58.8% and the results of the Chi-Square test get a value of $p = 0.000$ where the value of $p < 0.05$, which means the relationship between the two variables of grandmother's support and the self-efficacy of breastfeeding mothers who have by primiparous mothers. The greater the support obtained for the mother to continue to be able to breastfeed her child, the greater the ability of the mother to be able to continue to breastfeed her baby Anggorowati in(Oktavianto, Timiyatun and Budiyati, 2021).

Forms of support and encouragement for breastfeeding mothers from people around their environment have an important role to create a sense of enthusiasm and confidence for mothers during breastfeeding. Especially the support provided by parents or parents-in-law, because the direction and guidance they provide is very important and certainly always expected for nursing mothers.(Oktavianto, Setyaningrum and Timiyatun, 2019)said that the support provided is not only in the form of motivation, but can be given such as taking concrete actions and solutions when breastfeeding mothers experience problems during breastfeeding. The support given will later make the mother's confidence grow. With the support of the family for breastfeeding mothers, it can increase the mother's self-efficacy during breastfeeding, whereas without the support provided by the family, the mother feels like she is fighting alone while she is breastfeeding her baby so that it can have an impact on the mother, namely the mother easily gives up on giving breast milk to her baby.(Vitasari, Sabrina and Ernawaty, 2018).

This research is also in line with research conducted by(Wardiah, Rilyani and Arizandi, 2021)with the results of his research the p value obtained was 0.011 where there was a relationship between family support and the self-efficacy of breastfeeding mothers in Bandar Lampung City in 2019. Another study conducted by(Njakatara and Namuwali, 2022)also stated that there was a strong correlation between family social support and primiparous mothers' self-efficacy in caring for their babies with a significance value of $p < 0.024$ which is smaller than $p < 0.05$.

CONCLUSION

Self-efficacy is important for each individual, in terms of breastfeeding, mother's self-efficacy is very important in improving the quality of breastfeeding for her baby. The results of the study found that most breastfeeding mothers had moderate self-efficacy. Besides that, the support given by parents to mothers during breastfeeding also has an influential impact; in research most mothers get support from parents during breastfeeding.

It is hoped that in the future this research can become information and reference in increasing family involvement such as parents, husbands and relatives in caring for breastfeeding mothers such as providing information and preparing the needs of mothers and their babies during breastfeeding in the right and correct way. As well as when making visits to homes during the postpartum program so that they can provide information related to breastfeeding to mothers and families.

It is also expected to be able to collaborate with other programs in health service centers such as the elderly program or the elderly Posyandu in the form of providing information related to the importance of breastfeeding for the elderly who live with mothers at their homes who have babies aged 0-6 months.

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