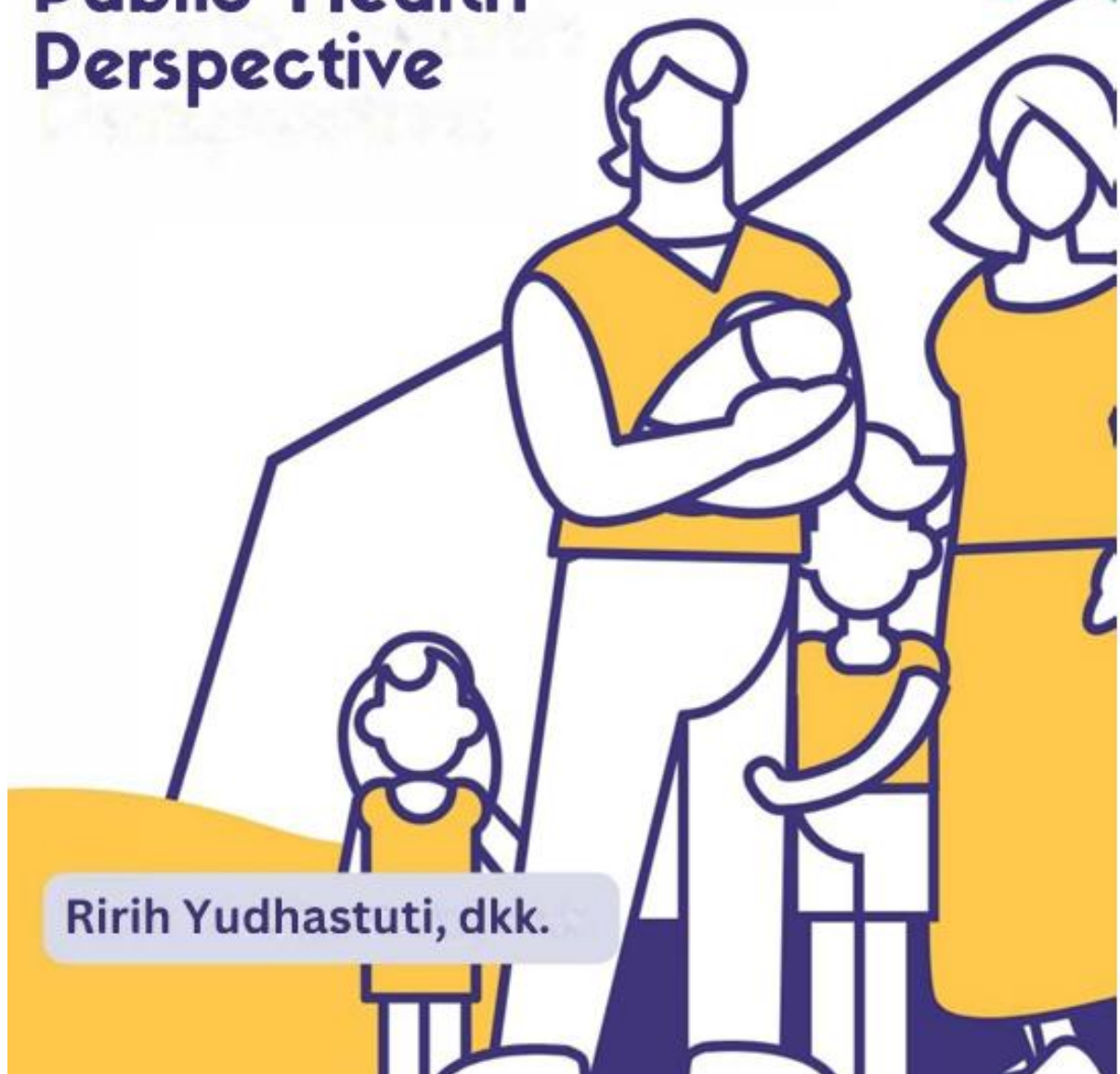
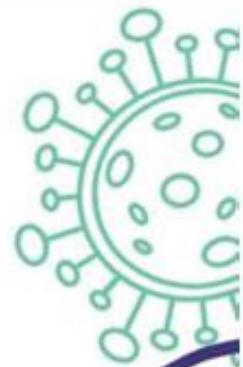


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Ririh Yudhastuti, dkk.

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Preparedness for Future Pandemic And Post Pandemic Recovery: Public Health Perspective

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EXPLORING ENACTIVE MASTERY EXPERIENCE, VICARIOUS EXPERIENCE, AND VERBAL PERSUASION AS SOURCES OF BREASTFEEDING SELF-EFFICACY

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Introduction

Only 56.9% of newborns aged less than 6 months in Indonesia were exclusively breastfed in 2021.¹ This proportion has fallen by 9.2% since 2020.² When compared to the results of the Indonesian Demographic and Health Survey (IDHS) five years ago, this statistic appears to be stagnant.³ Meanwhile, Indonesia sets a target of 80% in exclusive breastfeeding. This target is applied as one of the indicators of success in the acceleration program for stunting reduction in Indonesia.⁴ Referring to the National Medium Term Development Plan (RPJMN) 2020-2024, Indonesia has set a target of stunting prevalence in 2024 to decrease to 14%, while the prevalence of stunting in Indonesia in 2021 is still at 24.24%.^{5,6} A comprehensive effort is needed on an ongoing basis, one of which is specific intervention in the form of exclusive breastfeeding for infants less than 6 months old.⁴

Based on Basic Health Research (Riskesdas) 2018, 65.7% of mothers stated that the reason for not breastfeeding their babies was because breast milk did not come out.⁷ Milk production

is related to the letdown reflex. It is influenced by oxytocin released during nipple stimulation as well as psychological factors.⁸ If a mother is experiencing pain or emotional anguish, the oxytocin reaction may become repressed, which might instantly cause her milk to stop flowing regularly.⁹ Thus, when a mother lacks confidence in her capability to breastfeed, it could have unfavorable consequences like the termination of exclusive breastfeeding.¹⁰⁻¹²

A mother's confidence in her ability to breastfeed is called Breastfeeding Self-efficacy. Dennis developed the Breastfeeding Self-Efficacy Scale (BSES) which is now the Breastfeeding Self-Efficacy Scale – Short Form (BSES-SF) as a tool to assess breastfeeding confidence and inform interventions that may lower rates of premature breastfeeding cessation.^{13,14} Dennis formulated the breastfeeding self-efficacy theory based on Bandura's social cognitive theory. According to Bandura, self-efficacy is based on 4 sources, namely enactive mastery experience, vicarious experience, verbal persuasion, and physiological response (emotional and physical state). Dennis laid out these sources in the context of breastfeeding. Enactive mastery experience is described as a mother's experience in breastfeeding. This experience comes from moms' previous success with exclusive breastfeeding. In addition to performance results, conditional factors such as the difficulty of the job, the amount of effort put out, the amount of assistance required or received, and numerous aspects that may enhance or inhibit a specific performance are also taken into consideration when

determining perceived self-efficacy.¹³ In a longitudinal study in Canada, enactive mastery experience also includes the mother's experience in getting assistance or assistance from others related to breastfeeding. Breastfeeding self-efficacy of the mothers were impacted by this experience ($p=0.02$).¹² A Turkish study found differences in BSE scores between mothers who had breastfeeding experience and those who did not.¹⁵ Breastfeeding experiences such as Ever received any breastfeeding advice ($p=0.04$) and problems with breastfeeding ($p<0.001$) were found to be associated with low Breastfeeding Self-efficacy in an Indonesian study.¹⁶ Success at something is not the only factor that affects self-efficacy. Difficulties encountered, efforts, help from others, and other conditions that can help or hinder a person's ability to perform also contribute to self-efficacy.¹³ If we look closely, the experience variable only looks at whether or not the mother has breastfed in the past. However, these experiences did not explore other things that mothers experience during breastfeeding. Exploration is needed with the aim of getting an overview as a provision to carry out interventions to increase maternal breastfeeding self-efficacy.

For mothers who do not have experience, they can gain experience by observing other people, which is called vicarious experience.¹² Observations can be made directly, through a recorded file, or something printed.¹³ Anyone can be a source of observation, especially those closest to them, such as family, friends or neighbours. Vicarious experience can also be obtained by watching advertisements or videos in the

media. A study of breastfeeding mothers in Sampang, Indonesia, found a relationship between vicarious experience and level of breastfeeding self-efficacy ($p=0.01$).¹⁷ In Toronto, mothers who had seen videos of other mothers breastfeeding were shown to be associated with BSE-SF scores at 48 hours post-partum ($p<0.1$).¹² Now, formula milk advertisements are very easy to find both on television and social media, even in shopping centers. Information about mothers' observations of formula milk advertisements should also be explored to see their effect on breastfeeding self-efficacy.

Verbal persuasion refers to the encouragement that a person receives from others regarding her performance. Encouragement, praise, or advice can all be used to persuade. Close family members, friends, and health care providers can use verbal persuasion to influence the mother's breastfeeding self-efficacy.¹² But self-efficacy perceptions are more likely to be influenced by verbal persuasion when the speakers are more credible.¹³ According to study in Toronto, BSES-SF scores of women at 48 hours postpartum who received praise from their parents ($p=0.02$), especially their mothers ($p=0.01$), or their partners ($p=0.01$), had significantly higher than those who received praise from friends.¹² Therefore, encouragement, praise, and special advice from husbands to breastfeeding mothers are important to be investigated further.

Bekasi and Bogor are the 2 cities in West Java Province with the lowest proportion of exclusive breastfeeding.¹⁸ Studies

on sources of breastfeeding self-efficacy are still limited. The dimensions of the sources of self-efficacy have not been thoroughly investigated in earlier research. Therefore, this study aims to explore sources of breastfeeding self-efficacy including enactive mastery experience, vicarious experience and verbal persuasion, as well as their relationship with breastfeeding self-efficacy in breastfeeding mothers in the cities of Bekasi and Bogor.

Materials and Methods

This study is part of the research on Breastfeeding Self-efficacy in Bekasi and Bogor in 2021. A cross-sectional study design was used in this study. During the months of October and November 2021, researchers distributed online questionnaires via social media. As many as 80 breastfeeding mothers who lived in Bekasi and Bogor were willing to fill out online questionnaires. They were chosen incidentally. The instruments used in this study were a questionnaire containing the characteristics of the respondents, the Indonesian version of the Breastfeeding Self-efficacy Scale-Short form (BSES-SF) and questionnaire to explore enactive mastery experience, vicarious experience, and verbal persuasion. The BSES-SF has been tested for validity of $r \geq 0.5$ and reliability test with Cronbach Alpha 0.77.¹⁹ Enactive mastery experience, vicarious experience, and verbal persuasion questionnaire have been tested for validity and reliability with $r > 0.51$ and Cronbach's alpha of 0.870, 0.864, and 0.868, respectively.¹⁷ The collected data was processed using computer

software. Univariate analysis was carried out to find out the description of the respondent's characteristics, the mother's Breastfeeding Self-efficacy score, and the frequency distribution of each question regarding enactive mastery experience, vicarious experience, and verbal persuasion. Bivariate analysis with the Mann-Whitney test was conducted to see the difference in average Breastfeeding Self-efficacy scores based on sources of self-efficacy.

Results and Discussions

Results

Based on table 1, the average age of the respondents is 30.04 years old with the youngest age being 21 years old and the oldest being 40 years old. Most have graduated from high school (68.8%), not working (60%) and multiparous (58.8%). The average BSE score for mothers is 48.74 with a minimum score of 18 and a maximum score of 60.

Table 1. Respondent characteristics

Variable	n	%	M(SD)	Min-max
Age (years)			30.04 (4.6)	21-40
Education				
Junior high school	2	2.5		
Senior high school	23	28.8		
College	55	68.8		
Employment status				

Working	32	40.0		
Not working	48	60.0		
Parity				
Primiparous	33	41.3		
Multiparous	47	58.8		
BSE-score			48.74 (8.3)	18-60

Based on table 2, it is known that the univariate results of breastfeeding self-efficacy sources consist of questions about enactive mastery experience, vicarious experience and verbal persuasion. In the enactive mastery experience variable, most mothers had good experiences related to breastfeeding, such as had exclusively breastfed their babies (63.8%), sought information related to breastfeeding (97.5%) and fussy babies (92.5%), received help from their mothers (70%), and received teaching about breastfeeding (96.3%).

Table 2. Breastfeeding self-efficacy score by sources experiences of self-efficacy

Variable	Breastfeeding Self-efficacy Score		p
	N (%)	M	
<i>Enactive mastery experiences</i>			
I breastfed my baby every day for 6 months without any other food or drink.			
No	29 (36.3)	32.33	0.017
Yes	51 (63.8)	45.15	

I looked for information on how to properly breastfeed			
No	2 (2.5)	41.50	0.951
Yes	78 (97.5)	40.47	
I looked for information about why the baby is still fussy after being breastfed.			
No	6 (7.5)	65.83	0.05
Yes	74 (92.5)	38.45	
My own mother/in-law helped to take care of my baby			
No	24 (30)	49.15	0.029
Yes	56 (70)	36.79	
I got a proper breastfeeding lesson			
No	3 (3.8)	15.83	0.06
Yes	77 (96.3)	41.46	
<i>Vicarious Experiences</i>			
I've seen other mothers breastfeed directly			
No	3 (3.8)	31.50	0.493
Yes	77 (96.3)	40.85	
I've noticed advertisements for formula milk			
Yes	52 (65)	34.68	0.002
No	28 (35)	51.30	

I've seen breastfeeding videos/commercials

No	14 (17.5)	47.39	0.221
Yes	66 (82.5)	39.04	

I once had a direct conversation with a breastfeeding mother about breastfeeding success

No	6 (7.5)	47.08	0.470
Yes	74 (92.5)	39.97	

My family breastfed their baby exclusively

No	72 (90)	40.16	0.694
Yes	8 (10)	43.56	

My close friends breastfed their baby exclusively

No	77 (96.3)	40.66	0.761
Yes	3 (3.8)	36.50	

Verbal Persuasion

My husband advised me to breastfeed our baby

No	4 (5)	19.25	0.06
Yes	76 (95)	41.62	

My husband reminded me to eat nutritious food to increase milk production			
No	9 (11.3)	41.72	0.867
Yes	71 (88.8)	40.35	
My husband reminded me of some of the factors that might lead to insufficient breast milk supply			
No	25 (50)	46.78	0.103
Yes	25 (50)	37.65	
My husband motivated me to breastfeed our baby			
No	2 (2.5)	8.00	0.045
Yes	78 (97.5)	41.33	
My husband asked about my health condition so that I can breastfeed well			
No	15 (18.8)	50.33	0.069
Yes	65 (81.3)	38.23	

In the vicarious experience variable, most mothers had observed other people's experiences that are positively related to breastfeeding, such as seen a other mothers breastfeed directly (96.3%), watched breastfeeding videos (82.5%) and talked directly with breastfeeding mother about the success of breastfeeding (92.5%). However, respondents had also observed

negative things such as paying attention to formula milk advertisements (65%), having family (90%) and close friends (96.3%) who did not breastfeed exclusively.

In the verbal persuasion variable, most of the respondents had received advice (95%) and motivation (97.5%) from their husbands to continue breastfeeding. They also admitted that their husbands reminded them to maintain their health with nutritious intake and prevent problems related to milk supply.

Based on bivariate analysis, it is known that in the enactive mastery experience variable, there is a significant difference in BSE scores in mothers who did not breastfeed exclusively ($p = 0.017$) and did not seek information about fussy babies ($p = 0.05$) than those who had these experiences. They had lower BSE scores than those with these experiences. However, in contrast to mothers who received assistance to care for infants, BSE scores were lower in those who received assistance than those who did not ($p=0.029$). Furthermore, in the vicarious experience section, it is known that there is a significant difference in BSE scores in mothers who have ever noticed the formula milk advertisement ($p = 0.002$). Mothers who paid attention to formula milk advertisements had lower BSE scores than those who did not. In the verbal persuasion section, there is a significant difference in BSE scores in mothers who did not get motivation from their husbands ($p = 0.045$) than those who got them. Lower BSE scores were found in mothers who were not motivated by their husbands.

Discussion

The average BSE score of mothers in this study was in the same range as the study in Toronto, which was 48.80.¹² However, the BSE score of this study was lower than the study in Yogyakarta, Indonesia with a mean score of 56.4.²⁰ Based on the results of a study in Japan, mothers who had a score of less than or equal 50 were rated at risk for breastfeeding attrition.²¹ A higher cut-of-point was found in the results of the Portuguese study, cut-off scores of BSES-SF at 1, 3 and 6 months postpartum were 54, 55, and 57.²² In contrast to the findings of the Spanish study, the cut-off point for BSE was much higher, at 58.²³ When referring to the results of several studies, the average BSE score in this study was relatively low. For this reason, mothers need to be given interventions to increase their breastfeeding self-efficacy. The intervention provided can refer to sources of self-efficacy such as enactive mastery experience, vicarious experience and verbal persuasion.

Enactive mastery experience

Good performance as well as repeated failures on previous experiences can be the most influential source of efficacy factors.²⁴ Self-efficacy increases due to good experiences, while it can decrease due to failure.^{13,25} Low breastfeeding self-efficacy is more common in mothers who have failed to breastfeed exclusively. The success of the experience of breastfeeding, especially exclusive breastfeeding in the previous period, was related to the mother's breastfeeding self-efficacy.¹² Mothers are

more confident because they have succeeded in giving exclusive breastfeeding to their babies. This experience provides valuable lessons for mothers that can be applied when undergoing the lactation process for their next child. This is different for mothers who have no previous breastfeeding experience. Mothers usually feel unsure about the breastfeeding process that will be undertaken. Meanwhile, the experience of failing in exclusive breastfeeding can leave negative memories for the mother. At that time the mother may find obstacles or difficulties during breastfeeding so that she fails to breastfeed. This failure gives a negative impression on the breastfeeding process so that the mother is not sure or even reluctant to give breast milk to the next child.

However, obstacles faced, effort spent, support asked or received, and other factors that can encourage or hinder certain performance do have an impact on a person's self-efficacy.¹³ Having babies who are still fussy even though they have been breastfed seems to have an impact on breastfeeding self-efficacy. Mothers who never seek information about infant problems during lactation such as fussy babies can cause breastfeeding self-efficacy to be lower. Babies who continue to fuss are considered still hungry. Mothers may feel that the breast milk that has been given to their babies is not enough to meet the needs of the babies so that the mothers are not confident that they can breastfeed their babies well. Low breastfeeding self-efficacy perception decreased a mother's belief that she can produce sufficient milk for her infant.²⁶

When the baby cries and fusses, the mother must figure out why. Crying is a late symptom of hunger; Mothers must react quickly to signals to breastfeed their babies in order to minimize most of the crying events caused by hunger. Breastfeeding should be the primary technique for soothing newborn screams since it quickly and automatically offers the infant his mother's presence, nourishment, comfort, warmth, natural endorphins, and immunological protection. A newborn, on the other hand, cries to communicate a need, which might be for food, comfort, warmth, the presence of the mother, discomfort, illness, or terror. Other causes of crying should be checked out, including as hunger, sickness, and injury.⁸

In this study, women who received assistance from their mothers had lower breastfeeding self-efficacy. Similar results were found in a Toronto study, mothers who received professional assistance with breastfeeding difficulties early in the postpartum period had significantly lower BSES-SF scores than mothers who had not received assistance.¹² Mothers who receive help from others may have difficulty caring for their babies, such as breastfeeding difficulties. That is why their breastfeeding self-efficacy is lower than those who do not receive assistance. As a result, a mother's perception of her incapacity to deal with further breast-feeding difficulties may result in poor self-efficacy.¹² It is critical to assist women in having enjoyable breastfeeding experiences. Inviting mothers to develop strategies that they find effective may help to improve breastfeeding by making their approaches more aware and visible.²⁷

Vicarious experience

Most women in this study had seen other mother breastfeed but did not have an impact on breastfeeding self-efficacy. It's worth noting that only formula milk advertising influences breastfeeding self-efficacy. This finding is in line with Kingston, et al that role modeling only through videos had a significant impact on breastfeeding self-efficacy. Direct observation of other people breastfeeding or having family or friends who successfully breastfed had little effect on self-efficacy. This could be influenced by the responses of respondents who have mostly had that experience.¹² Meanwhile, observations of other formula-fed mothers can provide support for those who are having difficulty breastfeeding. This is because the community considers formula feeding to be commonplace. As a result, having vicarious experience with formula-feeding may 'enable' women to provide formula-feeds, lowering their chance of continuing to breastfeed.²⁸

Breast-milk substitute (BMS) marketing is still widespread around the world. Exposure to BMS marketing was strongly associated with more positive attitudes regarding formula milk feeding among women and the perceived demand for formula milks in place of breast milk. BMS marketing reduces the perceived value of breastfeeding and weakens women's confidence in their ability to breastfeed. Marketing capitalizes on feeding fears and expectations by positioning formula milk as a preferable alternative to breast milk.²⁹ Therefore, it is necessary to

control or limit the advertisement of formula milk as a protection for mothers so as not to reduce the mother's confidence to be able to exclusively breastfeed her baby.

Verbal persuasion

A third way to strengthen people's beliefs in their ability to succeed is through verbal persuasion.²⁵ This study showed that motivate from husband was the important thing to influence breastfeeding self-efficacy. In line with study by Kingston, et al, higher BSE scores were shown in mothers who received praise from their partners compared to other family members.¹² Mannion et al found similar results, with higher scores on breastfeeding self-efficacy reported in women who received positive partner support ($p < 0.019$) than those who received negative partner support.³⁰ Breastfeeding discussions and support from husbands are extremely beneficial to mothers.²⁷ As the main source of self-confidence for breastfeeding, husband's encouragement and emotional support is a key factor for breastfeeding mothers.¹²

This study had some limitations. The research data was collected incidentally through an online questionnaire distributed on the research team's social media, so the majority of the respondents have secondary and tertiary education levels. Other researchers are suggested to use probably sampling technique. Respondents in this study were mothers with children aged 6-24 months regardless of their exclusive breastfeeding status. More research is needed to determine the association

between the source of self-efficacy and exclusive breastfeeding since delivery.

Conclusions

There are differences in BSE scores based on the experience of the mother's source of self-efficacy. These experiences can be a strategy in increasing breastfeeding self-efficacy. Mothers, partners, family should increase their knowledge about breastfeeding and get involve supporting breastfeeding. In order to prevent decreasing of breastfeeding self-efficacy, the policymaker should supervise the formula milk promotion. More research is needed to determine the effect of specific interventions based on experience sources on breastfeeding self-efficacy.

Authors' contributions

Mizna Sabilla conceptualized the research, collected data, processed and analyzed data, and wrote and edited the main manuscript. Ratu Ayu Dewi Sartika reviewed data analysis results and edited article.

Disclosures

The publication of this article does not involve any conflicts of interest.

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