

# INTERRELATIONSHIP BETWEEN SOCIAL SUPPORT, KNOWLEDGE, ATTITUDE, SELF-EFFICACY, AND BREASTFEEDING PRACTICE: A LITERATURE REVIEW

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## Abstract

Social, environmental, and individual factors are common influencing factors in the decision of breastfeeding. This paper reports a systematic literature review about interrelationship between social support, knowledge, attitude, self-efficacy, and breastfeeding practice around the world. An online literature search was conducted in Science Direct, Cochrane Database of systematic reviews, PubMed, WileyInterScience, and SpringerLink. There are unique relationships between those factors above.

**Keywords:** social support, knowledge, attitude, self-efficacy, breastfeeding

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## Introduction

In Indonesia, where neonatal deaths represent more than 75% of under-five mortality, one newborn death occurs every five minutes (UNICEF, 2006). One significant contributing factor is the decreasing rate of early and exclusive breastfeeding practices. Scientific research from around the world suggest that initiation of breastfeeding within one hour after birth could prevent 22% of newborn deaths (Edmond *et al*, 2006) and that exclusive breastfeeding from birth to six months alone could prevent 13% of all deaths among children under five years of age (Jones *et al*, 2003).

Mothers need to know the skills and advantages of breastfeeding so that they can continue to feed their babies and keep up their milk supply. The knowledge about benefits and technique of breastfeed is very important for successful breastfeeding practice. Mother's knowledge was

identified as important in influencing infant feeding choice (Kong *et al*, 2004).

Allport (2008) stated that attitude is a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual response to all objects and situations with which it is related. An attitude characteristically provokes behavior that is favorable or unfavorable, affirmative or negative toward the object with which it is related. This double polarity in the direction of attitudes is often regarded as their most distinctive feature.

Mothers' attitude toward breastfeeding plays a role in the choice of feeding method (Kong *et al*, 2004). Parents of breastfeeding infants had more positive attitude towards breastfeeding than parents of formula feedings infants (Shaker *et al*, 2004). Kools *et al* (2005) stated that attitude predicted the initiation of breastfeeding.

According to House (1981), social support is the functional content of relationships that can be categorized into four broad types of supportive behaviors or acts: 1) Emotional support involves the provision of empathy, love, trust, and caring; 2) Instrumental support involves the provision of tangible aid and services that directly assist a person in need; 3) Informational support involves the provision of advice, suggestions, and information that a person can use to address problems; and 4) Appraisal support involves the provision of information that useful for self-evaluation purposes; in other words, constructive feedback and affirmation.

Social support can be provided by many types of people, both in one's informal network, such as family, friends; and in more formal helping network for example, health care professionals (McLeory *et al*, 2001). In addition, the effectiveness of support provided may depend on the source of the support (Agneessens *et al*, 2006).

Social support is one of modifiable factor that influence women's breastfeeding decision (Meedya *et al*, 2010). Social and environmental factors are common influencing factors in the decision of breastfeeding (Kong *et al*, 2004). Support from the social network influences successful breastfeeding (Tarkka *et al*, 1999). Breastfeeding intent is associated with positive having family, peer, and partner support breastfeeding. Breastfeeding intent is a very strong indicator of actual behavior.

Social support, knowledge, and attitude are important modifiable variables that influence breastfeeding practice (Meedya *et al*, 2010; Kong *et al*,

2004). However, there is still another essential variable that can influence breastfeeding practice; that is self-efficacy (Meedya *et al*, 2010). Self-efficacy defined as belief in one's capabilities to organize and execute the courses of action required to produce given attainments (Bandura, 1997).

Self-efficacy is a focal determinant because it affects health behavior both directly and by its influence on the other determinants. Efficacy beliefs influence goals and aspirations. The stronger the self-efficacy, the higher goals people set for themselves and the firmer their commitment to them. Self-efficacy beliefs shape the outcomes people expect their efforts to produce. Those of high efficacy expect to realize favorable outcomes. Those of low efficacy expect their efforts to bring poor outcomes (Bandura, 2004).

Self-efficacy was identified as modifiable factor that influence women's breastfeeding decision (Meedya *et al*, 2010). The breastfeeding self-efficacy was significantly related to breastfeeding outcomes. Mothers with high breastfeeding self-efficacy were significantly more likely to breastfed their babies exclusively than mothers with low breastfeeding self-efficacy (Varaei *et al*, 2009).

Social support, knowledge, attitude, and self-efficacy are factors that might influence breastfeeding practice (Kong *et al*, 2004; Kools *et al*, 2005; Meedya *et al*, 2010; Tarkka, *et al*, 1999). Those factors have been reported as important, modifiable factors that influence breastfeeding outcome.

There is a relationship between environment, cognitive and behavior (Bandura, 1986). From this perspective, a mother's behavior is both influenced

by and is influencing a person's personal factors (i.e. knowledge, attitude, and self efficacy) and the environment (i.e. social support). Bandura accepts the possibility of an individual behavior being conditioned through the use of consequences (Skinner, 1938). At the same time he recognizes that a person's behavior can influence the environment (Sternberg, 1988). The same is true of the relationship between personal factors such as cognitive skill or attitudes and behavior of the environment. Each can influence and be influenced by the other.

### **Methods**

An online literature search was conducted in Science Direct, Cochrane Database of systematic reviews, PubMed, WileyInterScience, and SpringerLink. The search strategy included the following keywords: breastfeeding, social, support, knowledge, attitude, and self-efficacy. Search limits included: English language, but there is no limit for years of publication or study.

### **Result and Discussion**

Dennis (2006) did the study to develop a multi-factorial predictive model of breastfeeding self-efficacy in the first week postpartum. As part of a longitudinal study, a population-based sample of 522 breastfeeding mothers in a health region near Vancouver, British Columbia completed mailed questionnaires at 1-week postpartum. Bivariate correlations were used to select variables for the multiple regression analysis. The best-fit regression model revealed eight variables that explained 54% of the variance in Breastfeeding Self Efficacy

Scale (BSES) scores at 1-week postpartum: maternal education, support from other women with children, type of delivery, satisfaction with labor pain relief, satisfaction with postpartum care, perceptions of breastfeeding progress, infant feeding method as planned, and maternal anxiety.

Otsuka *et al* (2008) conducted a cross-sectional study to examine the relationship between maternal perceptions of insufficient milk and breastfeeding confidence using the Breastfeeding Self-Efficacy Scale. Two hundred and sixty-two in-hospital breastfeeding mothers in Japan participated in this study.

Breastfeeding self-efficacy was measured in-hospital and perception of insufficient milk was measured at 4 weeks postpartum. The results showed that although most mothers intended to exclusively breastfeed, less than 40% were doing so at 4 weeks postpartum. Hierarchical multiple regression revealed that breastfeeding self-efficacy explained 21% of the variance in maternal perceptions of insufficient milk, and the contribution was independent of sociodemographic variables. Enhancing breastfeeding self-efficacy in the immediate postpartum period may reduce maternal perceptions of insufficient milk and the premature discontinuation or supplementation of breastfeeding.

Another study by Dunn *et al* (2006) conducted to determine vulnerable factors were associated with breastfeeding outcome at 6 weeks postpartum after controlling for age and education. The design of the study was secondary analysis of a cross-sectional telephone survey at 6 weeks

postpartum. The study was located in Ottawa-Carleton, Ontario, Canada. A proportionate, consecutive sample of breastfeeding women from each of four hospitals in the region (526/554, 95% response rate) were participated in this study. Stratified bivariate analyses were used to examine the relationship between each factor and breastfeeding outcome.

Multivariate logistic regression analyses examined relationships between all factors and breastfeeding outcome. The result showed that in the logistic regression analyses, confidence with breastfeeding (odds ratio: 1.85, 95% confidence interval: 1.50-2.27,  $p < .001$ ) was related to breastfeeding after controlling for age and education.

A prospective cohort study was conducted to determine the patterns of breastfeeding and factors associated with breastfeeding choice and duration among Canadian Aboriginal (Ojibwa) women from third trimester to 12 weeks postpartum (Martens *et al*, 1997). Thirty-six Treaty-status women, living in or near four Manitoba First Nations communities, were interviewed prenatally and subsequently gave birth to a live infant between December 1993 and June 1994.

The overall response rate was 98% of eligible women. Breastfeeding rates were 57% (initiated), 44% (week 1), 32% (week 4), and 18% (week 12). Multivariate modeling indicated "prenatal intent" and "breastfeeding confidence" as best predictors of breastfeeding choice.

A survey of a convenience sample of 305 female and male secondary school students in the Australian Capital Territory (ACT) was carried out to ascertain knowledge and attitudes about breastfeeding (Ellis,

1983). Over 50 per cent thought breastfeeding was an instinct and 87 per cent believed it was the most healthful infant feeding. Most had noticed at least one infant being breastfed and 64 per cent believed themselves to have been breastfed. 80 per cent intended to breastfeed their own infants in the future. Although only 15.6 per cent felt embarrassed to see an infant breastfeeding, breastfeeding in the presence of non-family males was unacceptable to about 80 per cent.

A study by Ingram *et al* (2009) aimed to evaluate the feasibility and acceptability of maternity care assistants (MCAs) involving fathers from economically deprived communities in antenatal breastfeeding discussions to equip them to provide support and encouragement. Eleven couples who took part in the intervention were interviewed postnatally. MCAs, midwives and midwifery managers gave their views on the intervention and role of MCAs in the community. The study showed that MCAs with appropriate training are very effective at delivering antenatal breastfeeding information, which both mothers and other family members value. MCAs found giving such breastfeeding support both enjoyable and fulfilling, while involving fathers and family members proved a practical way of encouraging them to be more supportive. The researchers concluded that involving fathers in breastfeeding support may start to increase knowledge and change attitudes towards breastfeeding in communities where formula feeding is seen as the normal way to feed a baby.

In the study in Glasgow, Dungy *et al*. (2008) also examined the

influence of women's social networks on infant feeding attitudes and decision. The social network group included friends ( $n = 11$ ), mothers ( $n = 10$ ), partners or husbands ( $n = 9$ ), and sisters or sisters-in-law ( $n = 9$ ). Result from this study showed that a social network positive towards breastfeeding was significantly associated with mothers' positive attitude toward breastfeeding. The researchers concluded that social network members may influence mother's feeding choices.

There is little understanding of the different elements of breastfeeding support strategies and the mechanisms by which support operates. Further, there is a paucity of qualitative research specifically reporting women's experiences and expectations of professional support (Sheehan *et al*, 2009). The findings are drawn from a grounded theory study exploring women's infant feeding decisions in the first 6 weeks post-birth. Participants were recruited from a variety of socio-demographic areas of Sydney and the NSW Central Coast, Australia in 2003–2004. The women in this study discussed aspects of what they considered helpful and/or unhelpful in terms of professional support. In addition, they also provided insight into aspects of interactions that were deemed important to them as new mothers learning to feed their babies. The results are presented in three sections: expecting support, experiencing support and evaluating support. The support behaviors are far more complex than simply increasing education and knowledge of infant feeding. They demonstrate the need for sensitive individualized care and show

that this type of support can increase women's confidence to breastfeed.

Leahy *et al* (2010) conducted an integrated literature review on maternal parental self-efficacy (MPSE) in the postpartum period. The data source was a literature search of CINAHL with full text and MEDLINE and PsycINFO from their start dates to February 2010. Inclusion criteria were English written research articles which reported the measurement of MPSE in the postpartum period. Articles were reviewed based on purpose, theoretical framework, data collection method, sample, main findings and nursing implications for maternal parenting. Data revealed a positive relationship between MPSE and social support. A variety of instruments to measure MPSE were used but the majorities were based on Bandura's framework.

## Conclusion

Findings from several previous studies are various. Most studies showed that social support influences self-efficacy. Social support also influences infant feeding choice.

Some studies that have been reviewed in this paper show that there are so many factors associated to breastfeeding practice. Even though numerous researchers into breastfeeding promotion have been done, a research on breastfeeding intervention is still relevant in Indonesia. Although the practice of breastfeeding is common, the practice of exclusive breastfeeding is very low. Additional research is still needed, especially to investigate the role of between social support, knowledge, attitudes, self-efficacy on breastfeeding.

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