



The Effect Of Sustainable Exclusive Breastfeeding Promotion On Mothers' Self-Efficacy: A Systematic Review From Rct And Quasy Experiment Studies

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Abstract. Breast milk (ASI) is the best food for babies, but the prevalence of breastfeeding is still not optimal. Health promotion worldwide focuses on improving breastfeeding behavior by increasing self-efficacy to provide exclusive breastfeeding to their babies. However, previous studies have reported that various health promotions encounter obstacles and are highly dependent on sustainability or other factors. The aim of this study was to provide a systematic review of various health promotion programs and the factors influencing their success in improving maternal breastfeeding self-efficacy. This systematic review will be conducted in accordance with the framework from PRISMA guidelines. The article search involved 3 databases, namely PUBMED, SCOPUS and Google Scholar. The keywords used were: ("Health Promotion" [Mesh]) AND "Breastfeeding" [Mesh] AND Self Efficacy. "Breastfeeding AND Health Promotion AND Self efficacy". Based on the review results, 8 articles were obtained with a total sample size of 671 breastfeeding mothers from Asia, Europe and the Middle East. This study reported that factors that influence success are maternal and partner knowledge, family support, previous breastfeeding history, and socio-ecological. Especially for working mothers, factors such as facilities, policies, and social support greatly influence the success of increasing self-efficacy and exclusive breastfeeding.

Keywords: Exclusive Breastfeeding, Health Promotion, Self Efficacy, Systematic Review

1 Introduction

Breast milk (Breast Milk) is the best food for babies, breast milk is the main source of energy and nutrition for babies which contains immune substances that provide protection against various diseases, contains enzymes that will help digestion, prevent hunger and malnutrition. [1]

Exclusive breastfeeding is carried out during the first 6 months of a child's life without adding or replacing it with other foods or drinks (except drugs, vitamins, and minerals).

This is part of the implementation of the gold standard for infant and child feeding (PMBA) recommended by WHO and UNICEF.[2]

The great benefits of breastfeeding have not been followed by high coverage. The coverage of exclusive breastfeeding in the United States is 54.7%, Japan 43.8%, Korea 18%, Cambodia 65.2%, Vietnam 24.3%, Myanmar 23.6%, and Indonesia 41.5%. The results of the study showed that the coverage of exclusive breastfeeding was low due to the mother's unsucces in exclusively breastfeeding. Furthermore, less than half of babies under 6 months of age get exclusive breastfeeding. Indonesia's exclusive breastfeeding coverage in 2022 was recorded at only 67.96%, down from 69.7% from 2021, indicating the need for more intensive support so that this coverage can increase.[3][4]

Lack of breastfeeding coverage can increase the morbidity rate of children. Based on previous research, the annual economic loss of pain in infants and toddlers reaches \$302 billion related to non-breastfeeding, stemming from lower cognitive impacts on educational attainment and future income potential, and direct health care costs associated with childhood morbidity.[5]

Factors that can support the act of breastfeeding effectively include self-confidence that you are able to breastfeed effectively. [6]Self efficacy It is a sense of confidence that a person has in something that has not been done that can increase motivation. [7]

2 Literature Review

Breastfeeding self efficacy is a sense of confidence possessed by mothers in terms of breastfeeding which can be a predictor of whether mothers will decide to breastfeed, how much effort will be made to breastfeed, whether they have a constructive or destructive mindset and how to respond to various problems and difficulties during breastfeeding.[8]

Some studies have found that mothers with higher levels of breastfeeding self-efficacy are more likely to breastfeed their newborns exclusively in the immediate postpartum period. In addition, education, knowledge, and experience of the mother are predisposing factors that have a positive effect on the success of exclusive breastfeeding, while IMD is a strong enabling factor for the success of exclusive breastfeeding. [9][10]

Breastfeeding education programs and support are needed to increase women's self-efficacy in breastfeeding. Increased access to breastfeeding counselors, active support for post-cesarean delivery mothers, and improved workplace support facilities are essential to increase self-efficacy in breastfeeding.[11]

Research on self-efficacy has been done a lot, but not many have highlighted what interventions are effective to increase maternal efficacy. The purpose of this review is to summarize and provide a review of effective interventions to improve the self-efficacy of breastfeeding mothers carried out by the role of health workers and non-health workers.

3 Methods

The proposed systematic review will be carried out in accordance with the framework of PRISMA-SR (McGowan, 2020). To get an overview of the implementation of health promotion to improve the self-efficacy of breastfeeding mothers to breastfeed their babies, we will include the results of a quality study published from January 2014 to August 2024.

3.1. Research Question

We formulated the following research questions: "will health promotion increase self-efficacy in breastfeeding mothers?" and "what factors affect the success of health promotion in increasing maternal self-efficacy to continue breastfeeding?".

3.2. Identify Relevant Studies

This scoping review includes relevant studies based on the Joanna Briggs Institute (JBI) protocol (Institute, 2015) with a critical assessment score of at least 60%. The search results of the article are presented in the summary source of Table 1. The search strategy using keywords and queries can be seen in figure 1 (PRISMA Flow Diagram). Literature searches will be carried out in two international databases, namely PubMed, and Scopus Database. The author will also include articles from reputable national journals and indexed with a minimum of sinta 3.

3.3. Selection of Relevant Studies

All authors will screen, review, and compile the research title and abstract according to the selection criteria. In this scoping review, we will include all studies that evaluate preventive or promotive programs related to efforts to increase breastfeeding through self-efficacy of breastfeeding mothers. The inclusion criteria are: articles with pure experimental design (RCT) or experimental quasy. Measure the mother's self-efficacy while still breastfeeding exclusively. The subjects gave breast milk either directly (direct breastfeeding) or milking. Healthy and has no contraindications in breastfeeding. The exclusion criteria of the study were: articles with cross sectional design or no intervention.

3.4. Inclusion and Exclusion Criteria with the PICO Approach

The population in the study must be mothers who have children aged 0-6 months or are included in the criteria for breastfeeding mothers when the study was conducted. Breastfeeding mothers who work outside the home for the purpose of earning income are also included in the research subject.

The interventions provided include the provision of health promotion in the form of counseling and education related to breastfeeding. Health promotion is provided by

health workers or non-trained health workers. Either face-to-face, virtually, or through print media. As a comparison, the group was given standard care or not given any health promotion efforts at all.

The main outcome measured was the mother's self-efficacy to continue breastfeeding and provide breast milk. The outcome assessment uses validated instruments, namely: The Breastfeeding Self-efficacy of Working Mothers Questionnaire or Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF).

3.5. Keywords

Searches on the pubmed database used the following combination of keywords: ("Health Promotion" [Mesh]) AND "Breastfeeding" [Mesh] AND Self Efficacy", on Pubmed we also sorted articles for RCTs only. The keyword in Scopus and google scholar searches is: "Breastfeeding AND Health Promotion AND Self efficacy".

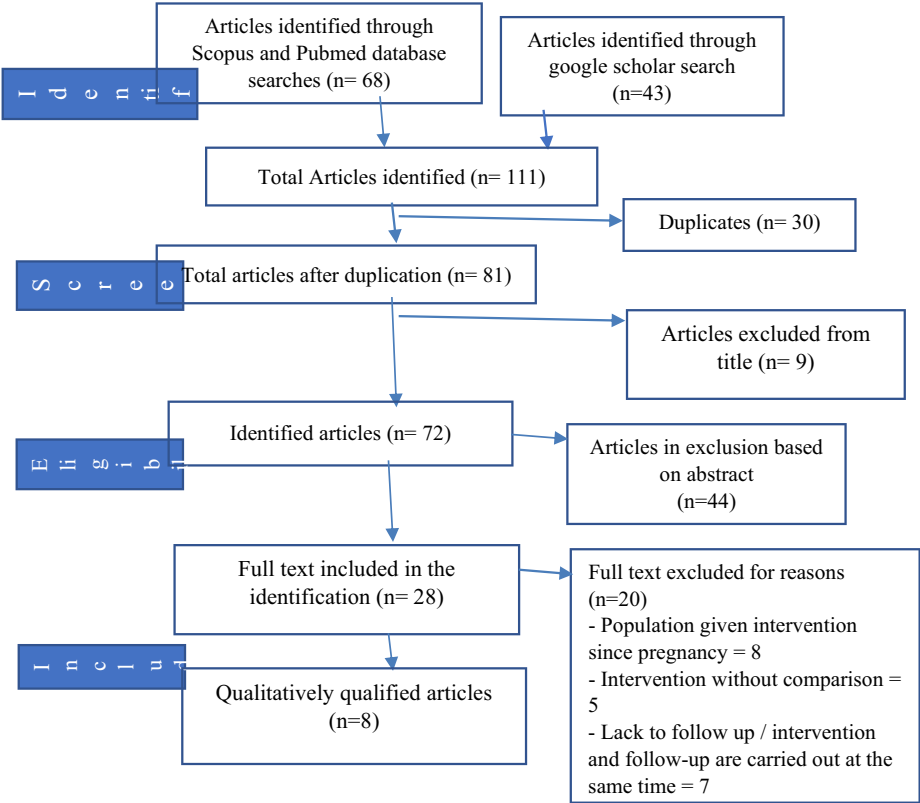


Figure 1 PRISMA Flow Diagram

4 Results and Discussion

Based on the search results, there are 111 articles from 3 databases, after the process of deleting double data, 81 articles will be screened for title and abstract. At the full text selection stage, 28 articles are obtained until at the end of the selection 8 articles will be discussed qualitatively (Figure 1).

Based on the results of the review, 8 articles were obtained with a sample of 671 breastfeeding mothers from Asia, Europe and the Middle East. The intervention was carried out either face-to-face individually and in pairs, or without face-to-face through telephone lines. [12] [13] [14] [15] [16][17]

The provision of interventions is carried out by health workers (midwives, doctors, or nurses) as well as non-health like cadres. The material provided was related to knowledge about breastfeeding, breastfeeding practices, how to provide breast milk for working mothers, various problems and how to handle disorders during breastfeeding. The intervention even involves sociocultural factors.[12]

Some factors that can affect the improvement of breastfeeding mothers' self-efficacy through intervention and education include maternal and partner knowledge, family support, previous breastfeeding history, and socio-ecology. Especially for working mothers, factors such as facilities, policies, and social support greatly affect the success of self-efficacy improvement and exclusive breastfeeding.

Table 1. Summary Source

Author	Subject and location	Intervention	Checklists	Result	Factors affecting self-efficacy
[14]	The 52 working breastfeeding mothers were divided into 26 intervention groups and 26 control groups. Research locations in Thailand	The CBPP (community based- breastfeeding promotion program) program is delivered by health volunteers, and health professionals. The 90-minute program was carried out for 2 weeks the program contained counseling and group education about all components of HBM, self-efficacy was given on days 8-14 postpartum	Single home visit within 1-2 weeks of giving birth without special breastfeeding knowledge/support for working mothers.	The Breastfeeding Self-efficacy of Working Mothers Questionnaire showed that self-efficacy in the intervention group increased significantly (mann whitney Z: 5.9; P value 0.000)	- Mother's knowledge about exclusive breastfeeding - Family support
[15]	The 69 samples were working breastfeeding mothers divided into the intervention group (36) and control (33). Research conducted in Japan	Breastfeeding support program carried out by health workers for 1 month consisting of: 1. education about breastfeeding. 2. Simulation. 3. Social skills training to adapt to working mothers who are not breastfeeding so as not to be affected	Non-technical skills (NTS) counseling on breastfeeding in the workplace without simulation and training	Breastfeeding support programs, including self-efficacy components for breastfeeding support. As a result, SBS scores improved after the intervention and at one-month follow-up. P value= 0.001	- Previous breastfeeding history, mothers with a previous breastfeeding history. - workplace facilities and policies
[13]	214 postpartum mothers were divided into 2 groups, 107 for the intervention and 107 for the control. Research conducted in Canada	The coparenting breastfeeding program is where married couples are given information about breastfeeding and watch videos by health workers in the postpartum room. The session lasted about 15 minutes. The intervention was followed up at home with	The intervention group received standard care with counseling and education alone, with no follow-up at home, book packages, videos, and websites	The Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF) showed that the mean score was higher for the intervention group in the father's self-efficacy score in	- Spouse support - Spouse knowledge

		email at week 1 and 3 postpartum and phone calls at week 2 postpartum. Respondents were also provided with co-parenting workbooks, videos, and websites developed by the authors that contain complete information about breastfeeding.	Providing standard breastfeeding information without counseling support and social factors	breastfeeding, there was a greater significant improvement during the first 6 weeks postpartum in the mean BSES-SF score in the intervention group compared to the control group ($P = 0.03$).	Promotion of breastfeeding using a socio-ecological framework can increase breastfeeding rates by meeting the needs of women in diverse sociocultural contexts.
[12]	The 112 breastfeeding mothers were divided into 2 groups: 58 breastfeeding counselling interventions and 54 control groups. The study was conducted in Mexico	Interpersonal counselling (IC) on factors that affect breastfeeding ranging from individuals, family support, support at work, and social factors such as the culture of formula feeding given by doctors and nurses	Providing standard breastfeeding information without counseling support and social factors	There was a 30% increase in exclusive breastfeeding at 2-month follow-up in the intervention group and a 15% decrease in the control group. Significant increase in self-efficacy in the intervention group p value = 0.046	- Spouse support - whether or not there are problems in previous breastfeeding - level of knowledge
[18]	108 pregnant women up to 4 months postpartum were divided into 54 intervention groups and 54 control groups. Research conducted in Iran	Counseling and booklet giving to groups of 5-7 people for 60-90 minutes. The counseling context includes knowledge about breastfeeding, common reasons for stopping breastfeeding, common breast disorders, nutrition and tips for pumping breast milk. Follow-up by phone and follow-up consultation is carried out for up to 4 months postpartum	Counseling is given when postpartum without booklets and follow-up via mobile phone	There was a significant difference in breastfeeding self-efficacy between the intervention and control groups at day 15 ($p < 0.001$), and the 2nd month ($p < 0.001$) and 4th month ($p < 0.001$) after childbirth	

[17]	The 90 postpartum/lactating mothers were divided into 2 groups, namely 45 interventions and 45 controls. The research was conducted in Turkey	Participants were given counseling by phone for 15–30 minutes. Telephone interviews were conducted by two researchers. The mothers were asked if they had problems breastfeeding, whether they needed support, how they fed their babies, and how well the babies were growing and developing. At the same time, they are encouraged to breastfeed.	Routine counseling was given at the hospital before returning home. However, no follow-up was carried out.	In the second (4 weeks) and third (12 weeks) implementation, the increase in the average scale score of the education group was quite high compared to the control group and the difference obtained was statistically significant ($p < 0.05$)	- Mother's knowledge - Spouse support - Support for health workers
[16]	The 32 postpartum mothers were divided into 2 groups, namely 16 interventions and 16 controls. The research was conducted in Portugal	The breastfeeding care plus (BCP) program is a 4-week home visit that aims to provide knowledge, assess, train and empower mothers and families in breastfeeding success which is carried out for 40–60 minutes. The activity was carried out by health workers (nurses and midwives)	Conventional care is provided in the form of counseling, training and education at health facilities according to the agreement for 20-30 minutes containing education and promotion for breastfeeding for mothers.	The intervention was shown to be effective in improving 'perceptions of self-efficacy in breastfeeding,' with higher scores found in the experimental group ($p < 0.001$).	- Mother and family knowledge - Mother and family support

4.1. Knowledge and Self-Efficacy

Knowledge is one of the components that affect behavior, including health behavior. Assistance by health cadres where during the assistance of mothers and families will be provided with education and behavioral monitoring, it can increase the knowledge of patients and families about the benefits of exclusive breastfeeding.[19][20]

These results are in line with a systematic review conducted that knowledge is the main factor that must be provided in education about breastfeeding is considered an influential factor in increasing self-efficacy. [21]

Knowledge can influence an individual's attitude towards an object. Increased knowledge can change an individual's attitude in a positive direction about a particular object or program. Knowledge transfer with the teaching process is a very important activity. From a cognitive perspective, it is explained that humans have the potential to absorb rational and irrational thoughts. Irrational thinking can cause emotional and behavioral disorders, so cognitive approaches are important to help individuals or groups develop positive behaviors to reduce irrational thinking that causes negative behavior.[1][22][23]

Including cognitive aspects are aspects related to knowledge, reasoning or thinking. The cognitive approach is a counseling design or approach that emphasizes aspects of thinking and mental processes in modifying behavior. This approach involves training, skill development, mind control, and other cognitive techniques. Cognitive includes thought processes, knowledge and perception.

4.2. Husband and Family Support

The theory of self-efficacy was developed by Albert Bandura, a Canadian psychologist who focused his attention on the role of cognitive processes in the acquisition and maintenance of behavior. According to social cognitive theory, self-efficacy is influenced by a person's personality and also the support of the surrounding environment.[24]

Mothers who get good support from their husbands, tend to breastfeed exclusively to their babies. The support provided by the husband to his wife can affect the desire and attitude of the mother in carrying out the fulfillment of nutrition for her baby in the form of exclusive breastfeeding.[25]

Support in breastfeeding can be provided by husbands, parents, families, the community and of course health workers or non-health workers such as cadres who are assigned to educate breastfeeding mothers, Self-efficacy of breastfeeding mothers is also obtained from the support of family and health workers, which includes praise, encouragement/motivation, positive advice and reinforcement to mothers to provide exclusive breastfeeding. This support will provide motivation and confidence in mothers so that they are confident to continue breastfeeding and breastfeeding regardless of the condition.[26]

4.3. Previous Breastfeeding History

Breastfeeding is a natural process that has a high success rate and does not require special equipment or expensive costs, but it requires patience, knowledge about breastfeeding, and support from the family to improve its success.[27]

Previous breastfeeding experience is also a factor that affects the self-efficacy of postpartum mothers in breastfeeding. A study conducted by stated that mothers who have breastfeeding experience will have higher self-efficacy than those who have no previous experience. Postpartum mothers who do not have breastfeeding experience tend to have experienced failure in exclusive breastfeeding so that motivation in breastfeeding is low. It can be concluded that mothers who do not have breastfeeding

4.4. Breastfeeding Facilities and Social Support for Working Breastfeeding Mothers

Work or school activities can be an obstacle to breastfeeding. The time of maternity leave varies greatly depending on the mother's financial situation. Mothers who are not given full maternity leave may result in the cessation of breastfeeding. Studies have shown that leave periods of less than 12 weeks negatively impact breastfeeding behaviour and practices and that leave periods of more than 12 weeks are associated with better health outcomes for mothers and their children. [30]

Failure in exclusive breastfeeding is more common in working women caused by various factors. Common workplace constraints discussed in the literature include a lack of adequate time and facilities for breastfeeding or expressing breast milk during the workday, long working hours, and unsupportive bosses and co-workers. [31][32]

Working mothers experience many obstacles such as the facilities, facilities, and infrastructure needed to sterilize and clean the equipment needed to express breast milk is the main obstacle to continuing breastfeeding after returning to work. This process is accompanied by other challenges, including a lack of storage space to express breast milk at work and a negative perception from co-workers and employers about mothers abandoning their work duties throughout the day to express breast milk. [33][34]

An important factor to promote breastfeeding in the workplace is the full support of the employer. This can be done through policy changes and openness to support breastfeeding routines in the workplace. Increased self-efficacy in the workplace is positively correlated with an increase in breastfeeding duration. Increasing the duration of maternity leave is another policy change that can be made to create a more supportive environment. [35]

5 Conclusions

This study reported that factors that influence success are maternal and partner knowledge, family support, previous breastfeeding history, and socio-ecological. Especially for working mothers, factors such as facilities, policies, and social support greatly influence the success of increasing self-efficacy and exclusive breastfeeding.

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