

The Model Of The Effect Of Husband And Peer Support With Breastfeeding Education Class For Pregnant Women On Mother's Self Efficacy And The Process Towards Breastfeeding in Samarinda In 2013

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Abstract:- Innocenti declaration in 1990 by the WHO aimed to support exclusive breastfeeding program. Peer support will facilitate the sharing process where a process towards breastfeeding occurs, according to the theory of Trans Theoretical Model (TTM). Mother has self efficacy. The aim of this study is to determine the effect of husband and peer support with breastfeeding education class for pregnant women on knowledge, process of change according to the theory of Trans Theoretical Model (TTM), self efficacy. The research is a quasi-experimental research. The study design was Non - Equivalent Control Group. The sampling technique used in this study was non-random with accidental sampling that met the inclusion criteria. Sample size was 20 cases and 20 controls. Independent Variable: The intervention of husband and peer support with breastfeeding education class for pregnant woman. Dependent Variable: Self efficacy. Bivariate analysis: Paired t test, Independent t test, Regression. Multivariate Analysis: Multiple regression. The results: knowledge on case - control $p = 0.001$, process of change $p = 0.002$ and self-efficacy $p = 0.007$. Conclusion: there was an effect of knowledge on the process of change and self efficacy. Suggestion: pregnant woman and husband share experiences regarding breastfeeding in order to improve knowledge.

Keywords:- Peer support, Process of Change, Self Efficacy, Decision to Breastfeeding.

I. INTRODUCTION

Innocent declaration in 1990 by the WHO aimed to support exclusive breastfeeding program. The benefits of breastfeeding for both mother and baby are generally known, but it has not followed with the intention and the decision to breastfeed, it is seen from the low coverage of breastfeeding which was 15.3% in 2010 (Susenas, 2010) being the target coverage of breastfeeding was 80% of the number of babies born. The intervention of breastfeeding education class with peer support is an effort to improve maternal knowledge through sharing. During the intervention, the process of social learning and information sharing (know-how) in the form of individual condition feedback occurs. Pregnant women will have self-efficacy and a process of change according to the theory of Trans Theoretical Model (TTM) towards the intention to breastfeed occurs.

The aim of this study is to determine the effect of husband and peer support with breastfeeding education class for pregnant women on knowledge, process of change according to the theory of Trans Theoretical Model (TTM), self efficacy.

Peer Support is a system of giving and receiving assistance based on key principles of respecting shared responsibility and mutual agreement on providing full support. Peer support is an approach in which a mother with practical breastfeeding experience personally offers support to other mothers. Such support by mother for mother has been running since the beginning of civilization, but recently it has been managed more formally and evaluated as an effort to increase support for breastfeeding women. Peer support is effective to increase initiation and duration of breastfeeding in the lower-middle group (Br J Gen Pract, 2006) [1]. The purpose of providing peer support is to encourage and support pregnant women to prepare for breastfeeding and to be positive towards breastfeeding.

Mother's knowledge on lactation management enhanced through Vicarious experiences (experiences gained through social model) is mothers who have successfully breastfed exclusively. This condition created a notion 'if they can breastfeed, i can do too'. The effect of modelling does not only set a social standard for someone to assess her ability, but also inspire, through behavior and ways of thinking of the models in transferring knowledge and teaching skills as well as effective strategies. Slowly, better ways would improve the perception of self-efficacy.

Pregnant women who have knowledge on lactation management will experience the process of change of new behaviour towards willing to breastfeed the baby. They would prepare various plans to support breastfeeding behavior.

Husbands with education on how to prevent and manage breastfeeding difficulties is significantly affect the achievement of full breastfeeding duration up to 6 months (Alfredo, 2005 [2]; Pisacane et al, 2005 [3]). Support from husband is needed in breastfeeding because husband has the authority over family decisions including breastfeeding (Tan, 2011) [4]. Fathers' role to get involved in maintaining this experience demonstrates the importance of helping them to recognize their unique contribution in parenting as a member of breastfeeding team (Rempel, 2011 [6]; Ramadani and Hadi, 2010 [7]). Encouragement to do their best, determination, and paternal commitment Husband's decision on the involvement of baby's intake, childcare and household tasks, as well as being the protector and provider of the family .

II. METHOD

The research is a quasi-experimental research. The study design was Non - Equivalent Control Group. The sampling technique used in this study was non-random (non probability) with accidental sampling. Sampling was performed by matching the control group to the treatment group regarding education and gestational age. The research was conducted in the Samarinda, East Borneo. The inclusion criteria were gravidatrimester III, low-risk pregnancy, giving birth in Samarinda, 1 month postpartum period in Samarinda, accompanied by husband during ANC, husband was willing to accompany during breastfeeding education classes and willing to be respondent. The sample size was 20 cases and 20 controls.

Independent Variable: The intervention of husband and peer support with breastfeeding education class. Inter-Dependent Variables: knowledge on lactation management, stages towards decision to breastfeed. Dependent Variable: Self efficacy. Measuring instrument: questionnaires. Bivariate analysis: Paired t test, Independent t test, Regression. Multivariate Analysis: Multiple regression.

III. RESEARCH RESULTS

Characteristics of Respondents.

Table 1.1 Characteristics of Respondents (Education, Pregnancy, ANC, Problems during Pregnancy, Occupation, Counseling,) Cases and Controls of Pregnant Women in Samarinda in 2013

CHARACTERISTICS OF RESPONDENTS	GROUP OF RESPONDENTS				TOTAL	%
	Case	%	Control	%		
EDUCATION:						
ELEMENTARY SCHOOL	2	10.0	3	15.0	5	12.5
JUNIOR HIGH SCHOOL	2	10.0	1	5.0	3	7.5
SENIOR HIGH SCHOOL	10	50.0	9	45.0	19	47.5
DIPLOMA	4	20.0	2	10.0	6	15.0
GRADUATE	2	10.0	5	25.0	7	17.5
Total	20	100.0	20	100.0	40	100.0
PREGNANCY:						
FIRST CHILD	13	65.0	7	35.5	20	50.0
SECOND CHILD	5	25.0	10	50.0	15	37.5
THIRD CHILD	1	5.0	2	10.0	3	7.5
FOURTH CHILD	1	5.0	0	0	1	2.5
OVER THAN FOURTH CHILD	0	0	1	5.0	1	2.5
Total	20	100.0	20	100.0	40	100.0
ANTENATAL CARE:						
FIRST	1	5.0	0	0	1	2.5
THIRD	1	5.0	1	5.0	2	5.0
OVER THAN FOURTH	18	90.0	19	95.0	37	92.5
Total	20	100.0	20	100.0	20	100.0
PROBLEMS DURING PREGNANCY:						
NO	11	55.0	12	60.0	23	57.5
YES	9	45.0	8	40.0	17	42.5
Total	20	100.0	20	100.0	40.0	100.0
OCCUPATION:						
HOUSEWIFE	8	40.0	11	55.0	19	47.5
TRADERS	2	10.0	0	0	2	5.0
ENTREPRENEUR	3	15.0	1	5.0	4	10.0
CIVIL SERVANT	3	15.0	4	20.0	7	17.5
EMPLOYEE	2	10.0	1	5.0	3	7.5

PRIVATE BUSINESS	2	10.0	3	15.0	5	12.5
Total	20	100.0	20	100.0	40	100.0
COUNSELING:						
NEVER	15	75.0	13	65.0	28	70.0
ONCE	5	25.0	2	10.0	7	17.5
TWICE	0	0	2	10.0	2	5.0
THREE TIMES	0	0	1	5.0	1	2.5
MORE THAN FOUR TIMES	0	0	2	5.0	2	5.0
Total	20	100.0	20	100.0	40	100.0

Table 1.1 shows that the percentage of respondents with higher education is 50% in case group and 50% in control group. Respondents of both groups already had sufficient education, having already completed the 9-year primary education, namely graduated from Junior High School (Act of The Republic of Indonesia No. 20, 2003), higher education makes the respondents easier to receive information.

Regarding the pregnancy, 13 (65%) of the respondents of the case group were having the pregnancy for their first child, characterized with high anxiety and lack of knowledge as they had not had the experience of pregnancy and breastfeeding yet. 10 (50%) of the respondents of control group were having the pregnancy for their second child, meaning that they already had the experience of pregnancy, childbirth, post partum period and breastfeeding.

Regarding the Antenatal Care, 18 (90%) of the respondents of case group and 19 (95%) of the respondents of control group had their antenatal care for more than four times. It is a good antenatal condition that meets the standard of Ministry of Health in which the coverage of K4 is at least 80%.

11 (55%) respondents of case group and 12 (60%) respondents of control group found no problems during pregnancy. Problems encountered by the respondents include, back pain, nausea, swollen legs, hypertension, pre-eclampsia, breech, placenta previa, anemia, dizziness, and vaginal discharge.

12 (60%) respondents of case group and 9 (45%) respondents of control group were working mothers.

15 (75%) respondents of case group and 13 (65%) respondents of control group did not receive counselling breastfeeding.

Table 1.2 Description Data (Age, Knowledge, Self Efficacy, and Process of Change) in Case and Control Groups in Amerindian 2013

VARIABLE	CASE			CONTROL		
	Mean	Min	Max	Mean	Min	Max
Age	28.25	18.00	37.00	28.55	20.00	39.00
Pre Test Knowledge	18.40	13.00	23.00	18.55	5.00	25.000
Post Test Knowledge	22.50	19.00	25.00	18.55	5.00	25.00
Self Efficacy	45.50	38.00	50.00	41.45	30.00	49.00
Process of Change	90.60	80.00	100.0	87.80	62.00	100.00

Table 1.2 indicates that the youngest respondent was 18 years old and the oldest was 39 years old. Respondents under 20 years old and over 35 years old were risk for pregnancy. Before reaching 20 years old, bio - psycho - social condition is not mature yet for the physiology of the reproductive system.

The mean of the knowledge of respondents was 20.52 in which the minimum was 5 and the maximum was 25. The mean of the pre test knowledge of the case group was 18.40 and increased to 22.50 in the post test. The mean of the knowledge of the control group was 18.55 in which the minimum was 5.00 and the maximum was 25.00. The knowledge here is the specific of lactation management which includes content, benefits for both mother and baby, breastfeeding positions, how to milking, storing breast milk, the danger of infant formula.

The mean of self efficacy was 43.5 in which the minimum was 30 and the maximum was 50. Most of the respondents had a high self efficacy regarding breastfeeding. It can be seen from the mean value of both case group and control group. Mother's self-efficacy is an important factor in the continuation of breastfeeding. Self-efficacy can be enhanced with the provision of breastfeeding education, involving the peer sharing to share knowledge (knowledge sharing), video playback, and practices as well as introducing physiological responses (fatigue, stress, anxiety), during breastfeeding and problems that arise.

The mean of the process of change was 90.6 in case group and 87.80 in control group, which means that the respondents in case group had reached higher stage of change compared to the ones in control group. In this study, the case group was already at the stage of action and the control group was at the stage of preparation.

IV. ANALYSIS OF THE RESULTS

Husband and peer support intervention with breastfeeding education class was proven to improve knowledge on lactation management where the result of pre - post test analysis was $p = 0.000$ and there was a difference between the knowledge of case group and control group in which $p = 0.001$. Knowledge on breastfeeding education affected the process of change according to the theory of transtheoretical model (TTM) where $p = 0.043$. Self-efficacy was affected by knowledge with $p = 0.002$ and process of change with $p = 0.007$. The most dominant variable to affect mother's self efficacy was knowledge with $p = 0.013$.

V. DISCUSSION

Knowledge is a supporting framework of successful breastfeeding. Breastfeeding education is given to pregnant women and their families so that they obtain knowledge, skills and positive attitudes towards breastfeeding.

Peer sharing intervention is a means for sharing knowledge which leads to the process of sharing information (know-how) to assist and collaborate with others (Kimble et al, 2010) [8].

Traditionally, pregnant women obtain knowledge on breastfeeding from their aunt, sister, grandmother, mother, and friends who already have experience in breastfeeding. In line with the development of formal and informal education as well as the development of science and technology, the traditional breastfeeding education shifted to complex education (BRJ Gen Pract 2006). The government officially supports this through public health education program. It is also supported by the community who are interested in breastfeeding / observer of breastfeeding such as: La Leche League International (LLLI), Australian Breastfeeding Association, Newborn Education Group, Indonesian Breastfeeding Mothers Association (AIMI), Association of Indonesian Breastfeeding Counsellor (IKAMI), and the Indonesian Lactation Center (SELASI). The results of this study suggest that intervention is aimed at improving knowledge on lactation management for mothers in the context of breastfeeding education campaign. The process of knowledge sharing is an effective method to deepen the learning process because it inspires individuals and helps them collaborate with others in order to solve problems, develop ideas and implement policies that lead to successful innovation. Significantly, the knowledge of respondents of case group and control group is increasing from the pre-test to the post test. Husbands with education on how to prevent and manage breastfeeding difficulties is significantly affect the achievement of full breastfeeding duration up to 6 months (Alfredo et al, 2005).

This study suggests that in social marketing, health practitioners need to include fathers in the strategy to increase feeding coverage. Communication with husband about anything undergone by pregnant women should be maintained and improved in order to establish mutual understanding and support from the family which could help overcome obstacles during breastfeeding.

Application of the model of stages of change in breastfeeding mothers can help provide practical strategies to design health promotion campaign (Maibach and Cotton, 1995 [19]). The implementation of the assessment of stages of change is effective to improve mother's knowledge as it provides information regarding the stage of change at which the mother is, so that further intervention can appropriately address the needs of breastfeeding mothers (Humphreys, Thomson, Miner, 1998 [10]).

In this study, knowledge affected the stages of change of the mothers. The respondents of the case group were already at the stage of action. It means that they looked for a real effort to achieve successful breastfeeding, so they decided to join the breastfeeding education class accompanied by their husband, be willing to have a home visit to be directly taught about the correct breastfeeding techniques. It was due to the fact that the mean of knowledge on the benefits of breastfeeding for both mother and baby was already good. However, some technical problems need solving such as attachment issues, breastfeeding positions, how to milking and storage. The process of change of the control group was at the stage of preparation which means that the respondents were involved in preparing efforts to breastfeed in the coming months.

The process of change in breastfeeding mothers is dynamic and affected by personal and environmental factors. Thus, a conducive condition is required so that the changes occurred do not lead to a lower stage.

According to Dennis (1999) [11] breastfeeding and self-efficacy are affected by four main sources of information: 1) Performance accomplishments (e.g, past breastfeeding experience, visual images, active teaching strategies, case studies, journals, and small group) , 2) Vicarious experiences (e.g, watching other women breastfeeding, educational videos, support groups, guest speakers, peer counsellors, identifying breastfeeding groups, practicing breastfeeding positions and seeing people who are similar to them, 3) Verbal persuasion (e.g, encouragement from significant others such as friends, family, and lactation consultants, educational videos, guest speakers, group activities, advice from health professionals and involving partners in this activity). Partners are taught to give compliment and encouragement in order to improve maternal confidence, 4) physiological responses (e.g, fatigue, stress, anxiety).

Mothers who are able to overcome self-doubt before giving birth, are able to change any negative perceptions about breastfeeding. This strategy also helps to establish a solid support system before the baby is born.

With self-efficacy, mothers move to a better nutritional care for their babies. Thus, it potentially reduces the increasing rate of premature weaning.

VI. CONCLUSION

Husband and peer support intervention with breastfeeding education class improves knowledge that will affect the process of change towards breastfeeding according to the theory of The Transtheoretical Model (TTM) and mother's self-efficacy.

It is suggested that pregnant women share their experience regarding breastfeeding with their husband in order to improve knowledge and the process of change according to the theory of The Transtheoretical Model (TTM) and mother's self-efficacy.

New findings in this study: 1) husband and peer support intervention with breastfeeding education class in order to share experience regarding breastfeeding effectively improves cognitive, affective, and psychomotor knowledge. 2) husband and peer support intervention with breastfeeding education class is an effective method for mothers to change towards breastfeeding according to the theory of The Transtheoretical Model (TTM) and it improves mother's self-efficacy. 3) The process of change in breastfeeding women, although they are already at the stage of action, they are highly influenced by significant others. 4) High self efficacy has not been able to establish the intention to breastfeed due to the negative stigma attached to breastfeeding such as breast milk produced is just a little on the first day and the second day, troublesome, can cause breast infections, working mother and additional infant formula is required.

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