CONTRIBUTIONS OF SOCIAL SUPPORT, KNOWLEDGE, ATTITUDE, AND SELF-EFFICACY ON BREASTFEEDING PRACTICE IN INDONESIA

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To my beloved husband, parents, and children for all their love and support

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ABSTRACT

This is a correlational study investigating the influence of social support, knowledge, attitude, and self-efficacy on breastfeeding practice among Indonesian working and nonworking mothers who participated in a mother support group (MSG) program. This current study is also examining a hypothesized model of relationship between social support, knowledge, attitude, self-efficacy in influencing breastfeeding practice. All of these variables were measured using questionnaires. All of the scales were translated into Indonesian language and the internal consistency reliability scores (Cronbach's alpha) were found to be above 0.7 for all scales. A total of 221 mothers with babies between 0-6 months who joined the MSG program participated in this study. Hierarchical multiple regression test was used to assess the influence of social support, knowledge, attitude, and self-efficacy on breastfeeding. In order to test the hypothesized model of relationship between social support, knowledge, attitude, self-efficacy, and breastfeeding practice, structural equation modeling (SEM) was used for the nonworking mothers and path analysis was used for the working mothers. The results showed that only knowledge has significant influence on breastfeeding practice among the non working mothers (beta= .21, p= .01). However among the working mothers, knowledge (beta= .23, p= .03), attitude (beta= .33, p= .01), and self-efficacy (beta= .45, p= .01) have significant influences on breastfeeding. Social support has no significant influence on breastfeeding in both types of mother. The results highlighted varying predictors of breastfeeding practice among working as compared to non working mothers. Nevertheless, MSG was seen as a suitable program to educate mothers in term of breastfeeding as the programme covers all the significant predictors found in this study.

ABSTRAK

Kajian ini berbentuk korelasi betujuan untuk menyelidik pengaruh sokongan sosial, pengetahuan, sikap, dan kepercayaan diri terhadap amalan penyusuan badan dalam kalangan ibu yang bekerja dan yang tidak bekerja di Indonesia yang mengambil bahagian dalam program kumpulan sokongan ibu (MSG). Kajian ini memeriksa model hipotesis hubungan antara sokongan sosial, pengetahuan, sikap, dan kepercayaan diri dalam mempengaruhi amalan penyusuan. Semua pemboleh ubah diukur dengan menggunakan soal selidik. Semua skala telah diterjemahkan ke dalam Bahasa Indonesia. Kebolehpercayaan ketekalan skor dalaman (Alfa Cronbach) didapati melebihi 0.7 untuk semua skala. Sejumlah 221 orang ibu yang mempunyai bayi antara 0-6 bulan yang menyertai program MSG mengambil bahagian dalam kajian ini. Regresi bertingkat (*hierarchical multiple regression*) telah digunakan untuk menilai pengaruh sokongan bagi menguji hipotesis model hubungan antara sokongan sosial, pengetahuan, sikap, kepercayaan diri dan amalan penyusuan, pemodelan persamaan struktur (SEM) digunakan untuk ibu yang tidak bekerja dan analisis jalur digunakan untuk ibu yang bekerja. Keputusan menunjukkan bahawa hanya pengetahuan mempunyai pengaruh yang signifikan terhadap amalan penyusuan dalam kalangan ibu yang tidak bekerja (beta= .21, p= .01). Bagi ibu yang bekerja pula, pengetahuan (beta= .23, p= .03), sikap (beta= .33, p= .01), dan kepercayaan diri (beta= .45, p= .01) mempunyai pengaruh yang signifikan terhadap amalan penyusuan. Sokongan sosial tidak mempunyai pengaruh yang signifikan terhadap amalan penyusuan bagi kedua-dua kumpulan ibu tersebut. Keputusan menunjukkan pelbagai faktor peramal tentang amalan penyusuan dalam kalangan ibu yang bekerja berbanding dengan ibu yang tidak bekerja. Walau bagaimanapun, MSG dilihat sebagai program yang sesuai untuk mendidik ibu-ibu dalam hal penyusuan sebagai program yang meliputi semua peramal penting yang ditemukan dalam kajian ini.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

WHO	-	World Health Organization
UNICEF	-	United Nation Children's Fund
SCT	-	Social Cognitive Theory
SDT	-	Social Development Theory
IBM	-	Integrated Behavior Model
MSG	-	Mother Support Group
ZPD	-	Zone of Proximal Development
ASI	-	*Air Susu Ibu*
Puskesmas	-	*Pusat Kesehatan Masyarakat*
CFA	-	Confirmatory Factor Analysis

LIST OF APPENDICES

CHAPTER 1

INTRODUCTION

1.1 Introduction

One of the Indonesian health objectives set forth by the Department of Health is that by the year 2010, the proportion of mothers who exclusively breastfeed their infants should increase to 80% (Indonesian Ministry of Health, 2003). Currently the percentage of those who are exclusively breastfeeding is about 32% (Statistic Central Bureau, 2007). This study examines the relationship between social support, knowledge, attitude, self-efficacy, and breastfeeding among Indonesian mothers in mother support group program (MSG).

Endorsement for breastfeeding has come from the World Health Organization, the International Pediatric Association, the British Department of Health and Social Security, the American Association of Public Health, and the Academy of Pediatrics. The justification for breastfeeding as the infant feeding method of choice continues to be well documented in the scientific literature. Significant nutritional, anti-allergenic, immunological and psychological benefits of breast milk have been identified. Many studies have described the unique advantages of human milk (Chezem et al, 2003; Kim 1994; Ball & Bennet, 2001; Labbok, Perez, & Valdes, 1994;). According to Chezem et al. (2003), nutrients percentage contained in breast milk are exactly suits the needs of the infant to grow and develop. Moreover, over six months following birth, breast milk transformed from colostrums

into mature milk, which protects the infant from gastrointestinal tract and respiratory organs infections, as well as providing protection during the development of the immune system while the immune system (Chezem et al, 2003).

Clinical experiments have established the value of breastfeeding in preventing otitis media, gastroenteritis, asthma, shigella infection, and a variety of other diseases. For the mother, lactation facilitates a faster return to a pre-pregnant weight while suppressing ovulation for many. The economic advantage and the enhancement of the mother-infant bond have also been discussed as important benefits to breastfeeding (Ball & Bennet, 2001; Labbok, Perez, & Valdes, 1994). Furthermore, demonstration the mother's love to the infant during the breastfeeding process contributes to the development of a healthy personality in an infant (Kim, 1994).

The infant feeding decision is complex and involves the influence of psychological, social, and economic factors, and health care system. Several authors have identified education and social support as the key factors in the promotion of breastfeeding. Due to lack of knowledge, sociocultural, economic, and personal reasons, women may choose to bottle-feed completely. Those who do intend to breastfeed may supplement too early with formula, thus undermining the establishment of lactation, or have potentially remediable problems that lead to premature discontinuation of breastfeeding (Avery, Duckett, Dodgson, Savik & Henly, 1998). Added to the problem is the fact that in some hospital practices, attitudes of health care personnel and aggressive marketing of commercial formula encourage the choice of formula feeding.

It is recommended by the WHO/UNICEF to have the infant exclusively breastfed for approximately the first 6 month postpartum (after birth) before gradually be introduced to complementary food while the breastfeeding is continued until 2 years or more (WHO, 2003). Albeit many researches around the factors affecting breastfeeding duration has been done in the past decade, including maternal demographics, attitudes and beliefs, and hospital practices (Dennis, 2002), most

countries failed to meet the WHO recommendation for exclusive breastfeeding (WHO, 2001). In Indonesia, where the majority of mothers initiated breastfeeding, only 32% of mothers provide exclusive breastfeeding for 6 months to their infants (Statistic Central Bureau, 2007), and only 50.12% breastfed up to 24 months (Indonesian Ministry of Health, 2007).

Dennis (2002) maintained that non-modifiable demographic variables such as maternal age, marital status, educational level, and socioeconomic status contributed to premature breastfeeding discontinuations (Dennis, 2002). Therefore, in order to effectively improve low breastfeeding duration rates, reliably assessing high-risk women and identifying predisposing factors are amenable to intervention (Dennis and Faux, 1999).

In order to address poor breastfeeding practice, prediction of high-risk mothers should be based on modifiable variables instead of non-modifiable ones. That way, the modifiable variables may guide the development and evaluation of intervention. On the other hand, a well-designed intervention may as well improve modifiable variables rather than non-modifiable variables (Janke, 1994).

Several programs have been implemented to promote breastfeeding in Indonesia through program providers (Indonesian Ministry of Health, 2005-2008). These programs contributed to the change of general knowledge and attitudes towards breastfeeding, but they failed to significantly increase the exclusive breastfeeding rate. This may be attributable to the previous educational that failed to encourage the active participation of ordinary mothers to solve or cope with the problems or difficulties during breastfeeding. Thus, a topic-oriented educational approach that supports mothers to identify problems in the actual breastfeeding process and actively discover solutions is needed; it could serve the purpose better than unilateral education programs to improve the knowledge of breastfeeding skills methods.

An empowerment program might increase a mother's perceived control over her environment by encouraging active participation based on her requests regarding the content and the program implementation, by designing a mother-oriented program, and by helping them to determine the suitable solution (Dunst et el, 1998). Consequently, improvement of the rate of breastfeeding will be produced by an empowerment program which (1) based on the requests of mothers who are willingly conduct breastfeeding, (2) helps to host mothers to share their problems regarding to breastfeeding, and (3) provide mothers with practical knowledge and skills related to breastfeeding.

1.2 Background

In Indonesia, where 75% of under-five mortality is represented by neo-natal deaths, a newborn death occurs every five minutes (UNICEF, 2006). The decrease of early and exclusive breastfeeding practice can be considered as a significant contributing factor. It is suggested that initiation of breastfeeding within an hour after birth could prevent 22% of newborn deaths (Edmond et al, 2006), and 13% of all deaths among children under five years of age can be prevented by exclusive breastfeeding from birth to six months alone (Jones et al, 2003).

A mother support group (MSG) program has been conducted as a pilot project to promote breastfeeding, especially exclusive breastfeeding in Indonesia. The mother support group program is based on community empowerment. In the mother support group, mothers can share with each other about breastfeeding and other health problems. Eligibility is the main principle in this program, so that they feel free to speak and share each other.

The mother support group (MSG) program aims to facilitate the creation of supportive social environment for early initiation to breastfeeding and exclusive breastfeeding from birth to six months (Mercy Corps, 2009). The objective of this

program is improving knowledge, skills, and attitudes and practices regarding early initiation and exclusive breastfeeding in communities.

Under those objectives, several peer-mothers in the community were trained to facilitate the MSG. The training meant to enrich selected young mothers in the community in terms of knowledge and skills to organize and facilitate group learning among pregnant and nursing women in their neighborhoods.

The objectives set by the MSG for improving breastfeeding practice which includes knowledge, skills, and attitude are modifiable variables that can be changed to enhance breastfeeding practice; partially exclusive breastfeeding baby the age of 0-6 months (Mercy Corps, 2009).

Knowledge is the theoretical or practical understanding of a subject acquired by a person through experience or education (Oxford English Dictionary, 2009). There are several types of knowledge. Declarative knowledge is knowledge about *what*; it is knowledge about facts, terms, concepts, and generalizations. Procedural knowledge is knowledge about *how*; it is knowledge about procedures or problem-solving methods. Conditional knowledge refers to the knowledge of both what and how related to the subject. It involves knowing the necessary information and its application in the right situation (O'Donnel et al, 2009).

There are several constructs of knowledge about breastfeeding. Knowledge about the skills and advantages of breastfeeding are very important for mothers, so that they can continue to feed their babies and keep up their milk supply. The knowledge about benefits and technique of breastfeeding is very essential for successful breastfeeding practice as well as knowledge about problem with breastfeeding. Mother's knowledge was identified as important in influencing infant feeding choice (Kong & Lee, 2004).

There are several constructs of knowledge about breastfeeding. 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 breastfeeding is very important for successful breastfeeding practice. Mother's knowledge was identified as important in influencing infant feeding choice (Kong & Lee, 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 stimulates behavior that is favorable or unfavorable, affirmative or negative toward the related object. 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 & Lee, 2004). Parents of breastfeeding infants had more positive attitude towards breastfeeding than parents of formula feedings infants (Shaker, Scott, & Reid, 2004). Kools et al (2005) stated that attitude predicted the initiation of breastfeeding.

MSG program provides social support for mother in term of breastfeeding practice. According to House (1981), social support is the functional content of relationships. It can be categorized into four broad types of supportive behaviors or acts: 1) Emotional support; 2) Instrumental support; 3) Informational support; and 4) Appraisal support. Emotional support involves the provision of love, empathy, trust, and caring. Instrumental support covers tangible aid and services that directly assist a person in need. Informational support involves the provision of suggestions, advice, and information that a person can use to solve problems. Appraisal support covers information that valuable for self-evaluation purposes; in other words, constructive feedback and affirmation is required in order to make sure that the social support meets its purpose.

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, Gottlieb, & Heaney, 2001). In addition, the effectiveness of support provided may depend on the source of the support (Agneessens, Waege, & Lievens, 2006).

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

Social support may increase knowledge and changes attitudes towards breastfeeding (Ingram and Johnson, 2009). Social support was significantly associated with mother's positive attitude toward breastfeeding (Dungy et al, 2008). Sheehan and others (2009) concluded that social support can increase women's self-efficacy to breastfeed. Knowledge, attitude, and self-efficacy are seen as mediating variables between social support and breastfeeding.

Social support, knowledge, and attitude are important modifiable variables that influence breastfeeding practice (Meedya et al, 2010; Kong & Lee, 2004). However, there is still another essential variable that can influence breastfeeding practice; that is self-efficacy (Meedya et al, 2010). According to Bandura (1997) self-efficacy refers to belief in one's capabilities to organize and execute the courses of action required to produce given attainments.

Self-efficacy is a focal determinant due to its effects on health behavior, both directly and indirectly by its influence on the other determinants. It influence goals and aspirations; therefore, the stronger it is, the higher the goals people set for themselves and the firmer their commitment towards the goals. Self-efficacy shapes

the outcomes people expect from their effort. While individuals with high efficacy expect to realize favorable outcomes, individuals with low efficacy expect their efforts to bring poor outcomes (Bandura, 2004).

The breastfeeding self-efficacy was significantly related to breastfeeding outcomes. Mothers with high breastfeeding self-efficacy were significantly more likely to breastfeed their babies exclusively than mothers with low breastfeeding self-efficacy (Blyth et al, 2002; Varaei et al. 2009).

Bandura's social learning theory indicates that effective intervention must be related to development of self-efficacy, or confidence (1977). Education can be tailored to promote maternal self-efficacy, and also transfer of knowledge for the sake of knowledge acquisition. With adequate knowledge and self-efficacy, the mother has the capacity to preserve, and problem-solve and find point of reference as needed when difficulties arise, providing a means for extending the period of breastfeeding exclusivity and duration.

Although many researchers studied about factors affecting breastfeeding practice, there is lack of the study that examines the interrelationship between social support, knowledge, attitude, self-efficacy and breastfeeding practice. There is also lack of a comprehensive study that combines social cognitive theory SCT, social development theory (SDT), and integrated behavioral model (IBM) in term of breastfeeding promotion and education. This research offers a combination theoretical approach (SCT, SDT, and IBM) and comprehensive perspective of breastfeeding education that includes five main variables: social support, knowledge, attitude, self-efficacy, and breastfeeding practice.

One important aspect that also needs to be included when studying factors affecting breastfeeding is demographic transition. Demographic transition is the change in the human condition from high mortality and high fertility to low mortality and low fertility (Caldwell, 2006).

Demographic transition has become a dramatic global phenomenon. The key benefits of the demographic transition for women relate to their reduction in fertility (Dyson, 2001). Fertility decline may well open up new educational and employment opportunities outside the domestic sphere for many women. By reducing the conflict between domestic responsibilities and work has facilitated women's entry into the labour market (Bauer, 2001). This means that childbearing and childrearing take up a much smaller proportion of women's lives. This fact is leaving them more free to pursue other previously unattainable activities such us education and employment (McNay, 2005).

Women nowadays are empowered with education and good position in the labour market. Importantly, more women are having higher education, and this has far reaching implications on marriage and family formation such as doing household and maternal roles (Mahari, 2011). Improvements in the position of women are commonly seen as key facilitators of demographic change, via modification of their child bearing and care-giving behavior (Jejeebhoy, 1995).

In Indonesia, there has been a significant increase in the trend of women's participation in the labour force. In 1950 there was only 30.6% on female labour force participation, and until 1999 the female labour force participation increased significantly to 53.2% (McNay, 2005). Due to this situation, women are challenged to balance between family and career development. As women are mostly involved in economy, they have to cope with multiple roles therefore balancing motherhood and career will a tough task (Mahari, 2011). For employing mother, practicing breastfeeding will also be a challenging task. Mother's employment status may affect breastfeeding practice. Maternal employment has been shown to negatively influence breastfeeding decision (Dunn et al, 2004).

The study is focusing on social support, knowledge, attitude, and self-efficacy in influencing breastfeeding practice. Due to possible influence of mother employment status on breastfeeding practice, there is a need to study the effect of the variables into working versus non working mothers. Those variables are part of

environment, cognitive and behavior domain. 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 accepted the possibility of an individual behavior being conditioned through the use of consequences (Skinner, 1938); however, it is recognized that a person's behavior might influence the environment (Sternberg, 1988). Relationship between personal factors, such as cognitive skill or attitudes and behavior of the environment might function as similar to behavior as well. Thus, each can influence and be influenced by the others.

This research also offers a comprehensive model of interrelationship between social support, knowledge, attitude, self-efficacy, and breastfeeding practice on working and non working mother. There is also lack of studies that discuss about the effect of demographic transition to breastfeeding practice. This study tried to touch this area. The study put a special attention toward breastfeeding practice among working and nonworking mother. This topic is also very interesting and important to enhance the body of knowledge on the area of health education.

1.3 Problem Statement

Currently the percentage of those who are exclusively breastfeeding in Indonesia is about 32 percent. This figure is very far from the Indonesian health objective set forth by the Department of Health in which by the year 2010, the proportion of mothers who exclusively breastfeed their infants should increase to 80 percent.

Social support, knowledge, attitude, and self-efficacy are modifiable variables that important influencing breastfeeding practice. The study is focusing on social

support, knowledge, attitude, and self-efficacy in influencing breastfeeding practice. Those variables are part of social environment, cognitive and behavior domain.

The quantitative part of this research investigates the influence of social support, knowledge, attitude, self-efficacy, on breastfeeding practice. This study is focusing on examining the interrelationships between social support, knowledge, attitude, self efficacy, and breastfeeding among Indonesian mothers who participated in MSG program.

1.4 Research Objectives

There are primary and secondary objectives set for this research. In general, objectives of the research are to investigate social support, knowledge, attitude and self-efficacy among working and non working mothers attending MSG.

Specificity, the primary objectives are:

(i). To investigate the level of social support, knowledge, attitude, self-efficacy, and breastfeeding among working and non working mothers who have attended MSG.

(ii). To investigate the influences of social support, knowledge, attitude, self-efficacy on breastfeeding among working and non working mothers.

(iii). To investigate the influence of social support on knowledge, attitude, and self-efficacy among working and non working mothers.

(iv). To investigate the influence of knowledge on self-efficacy and attitude among working and non working mothers.

(v). To investigate the influence of self-efficacy on attitude among working and non working mothers.

(vi). To investigate the influence of constructs of knowledge (problem with breastfeeding and exclusive breastfeeding; breastfeeding advantages; effective feeding; and colostrum) on breastfeeding among working and non working mothers.

(vii). To investigate the influence of constructs of attitude (affective attitude toward breastfeeding; cognitive attitude toward breastfeeding; negative attitude toward breastfeeding; and attitude toward exclusive breastfeeding) on breastfeeding among working and non working mothers.

The secondary objective is:

To test the goodness of fit of a hypothesized model of relationship between social support, knowledge, attitude, self-efficacy in influencing breastfeeding practice among working and nonworking mothers.

1.5 Research Questions

This study is designed to answer the following research questions:

(i). What are the levels of social support, knowledge, attitude, self-efficacy, and breastfeeding among working and nonworking mothers who have attended MSG?

(ii). Do social support, knowledge, attitude, and self-efficacy have significant influences on breastfeeding among working and nonworking mothers?

(iii). Does social support have significant influence on knowledge, self-efficacy, and attitude among working and nonworking mothers?

(iv). Does knowledge have significant influence on self-efficacy and attitude among working and nonworking mothers?

(v). Does self-efficacy have significant influence on attitude among working and nonworking mothers?

(vi). Do constructs of knowledge (problem with breastfeeding and exclusive breastfeeding; breastfeeding advantages; effective feeding; and colostrum) have significant influence on breastfeeding among working and non working mothers?

(vii). Do constructs of attitude (affective attitude toward breastfeeding; cognitive attitude toward breastfeeding; negative attitude toward breastfeeding; and attitude toward exclusive breastfeeding) have significant influence on breastfeeding among working and non working mothers?

(viii). Is the model of relationship between social support, knowledge, self-efficacy, and attitude in influencing breastfeeding practice fit among working and nonworking mothers?

1.6 Null Hypotheses

There are several null hypotheses (Ho) as the guidance to answer the research questions. The null hypotheses are:

Ho(i) Social support, knowledge, attitude, and self-efficacy have no significant influences on breastfeeding among working and nonworking mothers.

Ho(ii) Social support has no significant influence on knowledge, attitude, and self-efficacy among working and nonworking mothers.

Ho(iii) Knowledge has no significant influence on self-efficacy and attitude among working and nonworking mothers.

Ho(iv) Self-efficacy has no significant influence on attitude among working and nonworking mothers.

Ho(v) Constructs of knowledge (problem with breastfeeding and exclusive breastfeeding; breastfeeding advantages; effective feeding; and colostrum) have no significant influence on breastfeeding among working and nonworking mothers.

Ho(vi) Constructs of attitude (affective attitude toward breastfeeding; cognitive attitude toward breastfeeding; negative attitude toward breastfeeding; and attitude toward exclusive breastfeeding) have no significant influence on breastfeeding among working and nonworking mothers.

A hypothesized model of relationship between social support, knowledge, attitude, self-efficacy, and breastfeeding among working and nonworking mothers is tested. The model explains how social support influences knowledge, attitude, self-efficacy, and breastfeeding. The model also explains the interrelationship between knowledge, attitude, and self-efficacy (Figure 1.1).

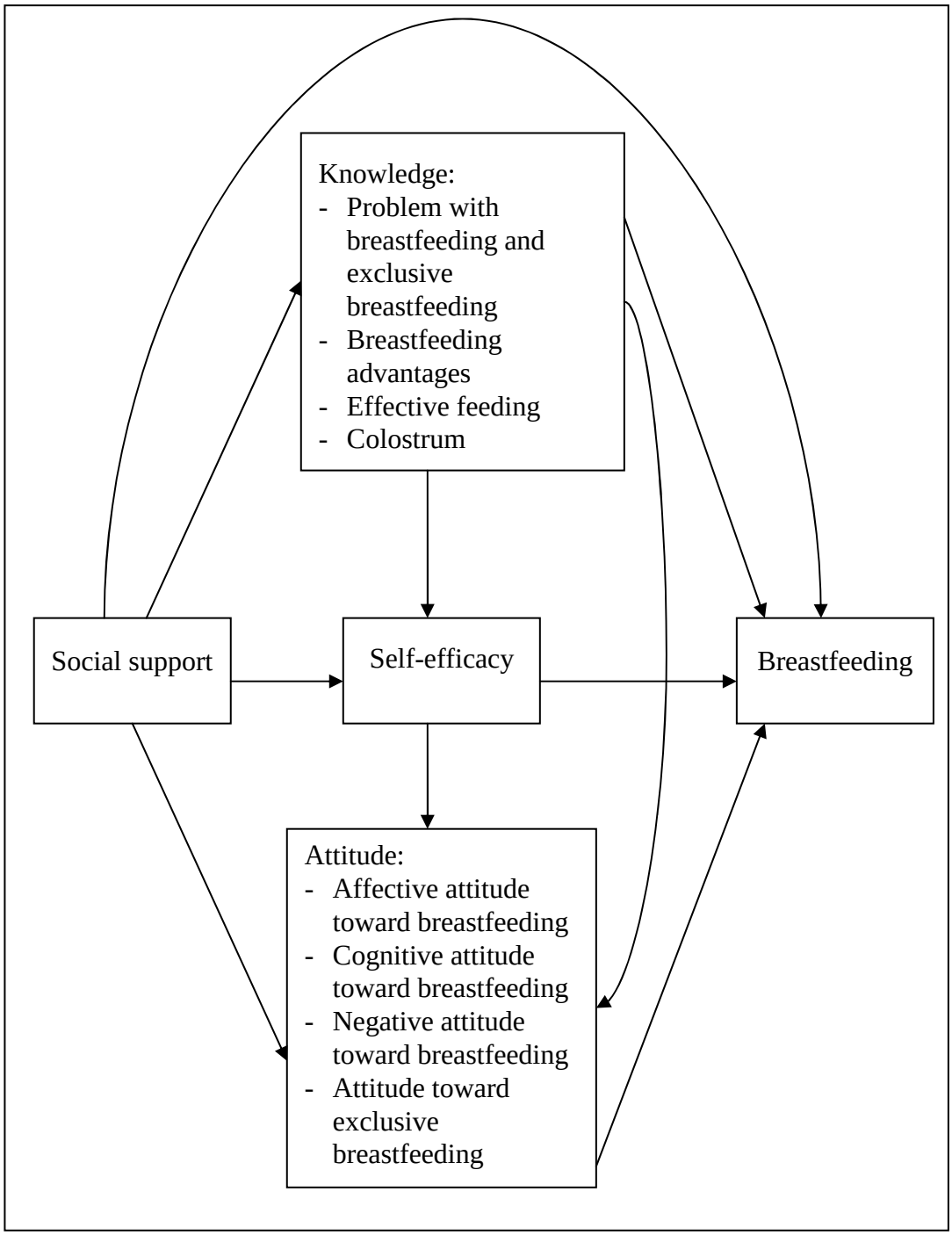

Figure 1.1 The hypothesized model of relationship between social support, knowledge, attitude, and self-efficacy in influencing breastfeeding practice among working and nonworking mothers

1.7 The Importance of the Study

The MSG pilot project was conducted in order to develop a model of sustainable and effective breastfeeding promotion and protection program, which is replicable throughout the archipelago of Indonesia. The aim can be achieved by (1) improving the skills, attitude, knowledge, and practices in early and exclusive breastfeeding among public and private health care providers; including households and communities; (2) create/strengthen/implement policies that facilitates, supports and protect early and exclusive breastfeeding practices (Mercy Corps, 2009).

Identification of effective breastfeeding strategies for clearly defined populations can facilitate the local government for the development of quality program, higher breastfeeding rates (especially exclusive breastfeeding rates) and lower morbidity and mortality rates among infants.

The sustainability of an empowerment program like mother support group can help mother, family and community to enhance their health and quality of life. It is a process through which individuals, communities, and organizations change their social environments. They gain a sense of mastery, improved equity, and enhanced quality of life (Minkler & Wllerstein, 1997).

The finding of this research will help Mercy Corps and the Indonesian government to enhance the quality of this program, so it can be adopted all around Indonesia as a suitable model for breastfeeding education. This study is an independent view to see the program scientifically, so it will be more objective.

From the literature review, the researcher found lack of report on SCT-SDT, and IBM collaboration in breastfeeding education study around the world. It is hoped

that the findings of this study may direct towards the scope where role changes are required to further enhance the quality and progress of the mothers' breastfeeding behavior.

The results of the study will also enhance the body of knowledge. Stone (2011) criticized that SCT has two limitations. The first limitation is the theory's comprehensiveness and complexity makes it difficult to operational. The second one is many applications of the SCT focus on one or two constructs, such as self-efficacy, while ignoring the others.

The results from this current study filled the gap and showed that the SCT is suitable to operational as theoretical framework for this study. Also, the fit model of relationship between social support, knowledge, attitude, self-efficacy, and breastfeeding practice seems to provide a whole constructs and elements of SCT applications (social environment, cognitive/ personal, and behavior).

1.8 Scope and Limitation of The Study

The population of this study is a group of mother with babies between the ages of 0-6 months who are registered at "MSG register". Mother who are unregistered, or those who have current psychiatric problems, have planned to place the baby for foster care or adoption, are excluded from the study. Women are not excluded from the study on criteria related to other health problems, age, number of children (parity), and education level. This study is focusing on the mothers who have baby 0-6 months, which are located in the area of Kasihan, Bantul, Yogyakarta, Indonesia.

Although there can be other variables influencing breastfeeding, the variables focused in this study are social support, knowledge, attitude, and self-efficacy because those variables are the main variables that are important in MSG program and related to the focus of SCT,SDT, and IBM. There is no control on extraneous variables, such as social economic status, past experience, or any dispositional variables that might influence in term of the variables mentioned in this study.

This study is going to see the application of education out of the class room. It is the application of education in the real community. Education works so far in the real action to enhance the quality of life.

1.9 Theoretical Framework

In view of theoretical perspectives, it is believed that no single theory can represent the interrelationship between social support, knowledge, attitude, self-efficacy, and breastfeeding. Bandura's social cognitive theory (SCT), Vygotsky's social development theory (SDT), and integrated behavior model (IBM) are the three theories as the basis of this study. In the context of the study, the researcher recognize that each theory mentioned above has some contribute to this study thus the need to put forward the two theories to support the study.

Building on previous theorization and research by Miller and Dollard (1941) and Rotter (1954), Social Cognitive Theory (SCT) was first known as social learning theory, as it was based on the operation of established principles of learning within the human social context (Bandura, 1977).

SCT emphasizes reciprocal determinism in the interaction between people and their environments (Bandura, 1986). SCT maintained that human behavior is the product of the dynamic interplay of personal, behavioral, and environmental influences (Bandura, 1989). Even though it recognizes how environment shapes behavior, this theory focuses on individuals' potential abilities to change and construct their environments to suit their own purposes. Additionally, SCT emphasizes the human capacity to collective action. It enables individuals to work together in organizations and social systems to achieve environmental changes that benefit the entire group. Refers to Bandura (1977), planned protection and promotion of breastfeeding can be viewed as illustrations of the reciprocal determinisms; as societies (mothers and motivator) seek to control the environmental and social factors (social support) that influence mother personal factors (knowledge, attitude, and self-efficacy) and behavior (breastfeeding practice).

According to the point of view of reciprocal determinism, individuals' behavior is influenced by and is influencing their personal factors and the environment. Bandura agreed that that it is possible to modify individuals' behavior through conditioning by using consequences (Skinner, 1938). Furthermore, he recognized that a person's behavior might influence the environment (Sternberg, 1988). Similarly, relationship between personal factors (such as cognitive skill or attitudes and behavior) and environment is considered reciprocal.

There is a relationship between environment, cognitive and behavior (Bandura, 1986). Theoretically, social support strengthens knowledge, attitude, and self-efficacy of mothers; finally improve breastfeeding. In brief, social support improves breastfeeding through, knowledge, attitude, and self- efficacy.

SCT identifies four major ways in which knowledge and self-efficacy can be developed (Bandura, 2004): (1) mastery experience; (2) social modeling; (3) improving physical and emotional states; and (4) verbal persuasion.

Mastery experience is enabling the person to succeed in attainable but increasingly challenging performances of desired behaviors (Bandura, 2004). The experience of performance mastery is the strongest influence on self-efficacy belief; for example, successfully past breastfeeding experience will strongly influences on mother's breastfeeding self-efficacy.

Social modeling means to showing the person that others like themselves can do it (Bandura, 2004), such as showing the other MSG mothers practicing breastfeeding successfully. This should include detailed demonstrations of the small steps taken in the attainment of a complex objective.

Improving physical and emotional states are making sure people are well-rested and relaxed before attempting a new behavior. This can include efforts to reduce stress and depression while building positive emotions-as when "fear" is re-labeled as "excitement" (Bandura, 2004). Joining MSG improves physical and emotional states.

Verbal persuasion is telling the person that he or she can do it. Strong encouragement can boost knowledge and confidence enough to induce the first efforts toward behavior change (Bandura, 2004). Strong encouragement and verbal persuasion from motivator and other MSG mothers can boost knowledge and confidence enough to induce the first effort toward breastfeeding behavior change.

Mother support group has targeted changes in social support (environment), knowledge, attitude, and self efficacy (cognitive) to enhance breastfeeding practice (behavior) (Figure 1.2). Social support (environment) gains mothers' mother competence to breastfeed the baby (behavior) through knowledge, attitude and self-efficacy (cognitive). If mother has high social support, knowledge, attitude and self-

efficacy, she will be strong enough to solve any breastfeeding problems, and she will do a good breastfeeding practice.

Bandura (1977) maintained that self-efficacy is an important health-related predictor. Self-efficacy refers to an individual's confidence in her/his perceived ability to perform a specific task or behavior (Bandura, 1977). Self-efficacy consisted of two parts: (1) outcome expectancy, the belief that a given behavior will produce a particular outcome; and (2) self-efficacy expectancy, an individual's conviction that one can successfully perform certain tasks or behavior to produce the desired outcome (Bandura, 1977; Wutke & Dennis, 2007). These self-efficacy expectancies influence individuals' behaviors in terms of how much effort they might show, how long they persist when faced with obstacles, and whether they undertake self debilitating or self-encouraging cognitions.

In line with Bandura, the breastfeeding self-efficacy concept was developed by Dennis (1999) (Blyth et al, 2002). Breastfeeding self-efficacy refers to a mother's confidence in her ability to breastfeed her infant. It is considered as an important variable in breastfeeding outcomes as it contributes to: (1) whether a mother chooses to breastfeed or not, (2) how much effort she will expend, (3) whether she will have self enhancing or self-defeating thought patterns, and (4) how she will emotionally respond to breastfeeding difficulties (Dennis, 1999; Wutke & Dennis, 2007).

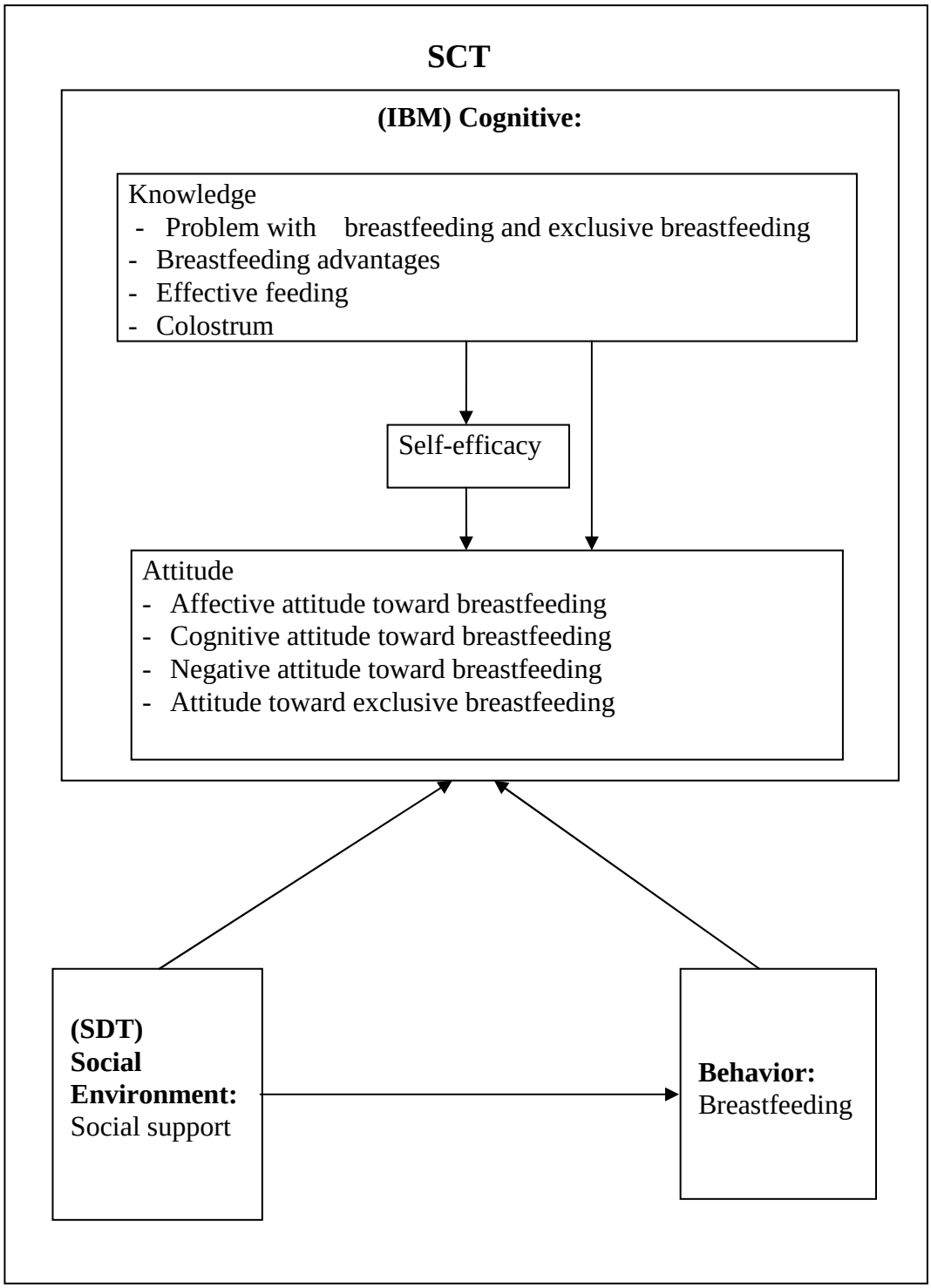

Figure 1.2 Theoretical framework

Social support, knowledge, attitude, and self-efficacy can be manipulated, and subtle manipulation of them can affect breastfeeding behavior. Manipulating these

variables to mothers could be done by giving them information and support, such as the mother support group.

Another theory that bases this study is the social development theory (SDT) by Vygotsky (1978). SDT argues that social interaction precedes development; consciousness and cognition is the end product of socialization and social behavior. Social interaction plays a fundamental role in the process of cognitive development (Vygotsky, 1978). The social cognition learning model asserts that culture is the prime determinant of individual development. Vygotsky focused on the connections between people and the sociocultural context in which they act and interact in shared experiences (Crawford, 1996).

Interactions with surrounding culture and social agents, such as family and more competent peers, contribute significantly to a mother's intellectual development (Doolittle, 1997). Another idea concerns what Vygotsky termed as the zone of proximal development (ZPD). According to Vygotsky (1929), the zone of proximal development is a level of competence on a task in which the person cannot yet master the task on his or her own but can perform the task with appropriate guidance and support from a more capable partner. In this study, appropriate guidance and support from family and friend can help mother to perform breastfeeding practice. Assistance comes from a more competent mother or family member who can recognize the mother's current level of functioning and the kind of performance that might be possible, and provide appropriate support.

Joining MSG gains mother's chance to get guidance and support provided by a motivator and peer during MSG interaction (scaffolding). It will help mother to advance the mother's current level of skill and understanding about breastfeeding.

Another theory that bases this study is Montana and Kasprzyk's (2008) integrated behavioral model (IBM). IBM was built based on two main theories; those are Theory of Reasoned Action (Fishbean, 1967) and Theory of Planned Behavior (Fishbean & Ajzen, 1975). According to the IBM, a particular behavior is most likely to occur if a person has the knowledge, and there is no serious environmental constraint preventing the performance.

Personal agency is described as bringing one's influence to bear on one's own functioning and environmental events (Bandura, 2006). In IBM, self-efficacy is one of the components that form personal agency. Self-efficacy is one's degree of confidence in the ability to perform the behavior in the face of various obstacles or challenges. The stronger one's beliefs that one can perform the behavior despite various specific barriers, the greater one's self-efficacy about carrying out the behavior (Montana and Kasprzyk, 2008). To design effective interventions to influence behavioral intentions, it is important first to determine the degree to which that intention is influenced by attitude and self-efficacy.

The stronger one's beliefs that performing the behavior will lead to positive outcomes and prevent negative outcomes, the more favorable one's attitude will be toward performing the behavior. The stronger one's beliefs that specific individuals or group think that one should perform the behavior or that others performing the behavior, the stronger one's perception of social pressure to carry out the behavior (Montana and Kasprzyk, 2008).

1.10 Conceptual Framework

Based on the findings, a model of relationship between social support, knowledge, attitude, self-efficacy, and breastfeeding is tested. The model explains

how social support influence knowledge, attitude, self-efficacy, and breastfeeding. The model also explains the interrelationship between knowledge, attitude, and self-efficacy (Figure 1.3).

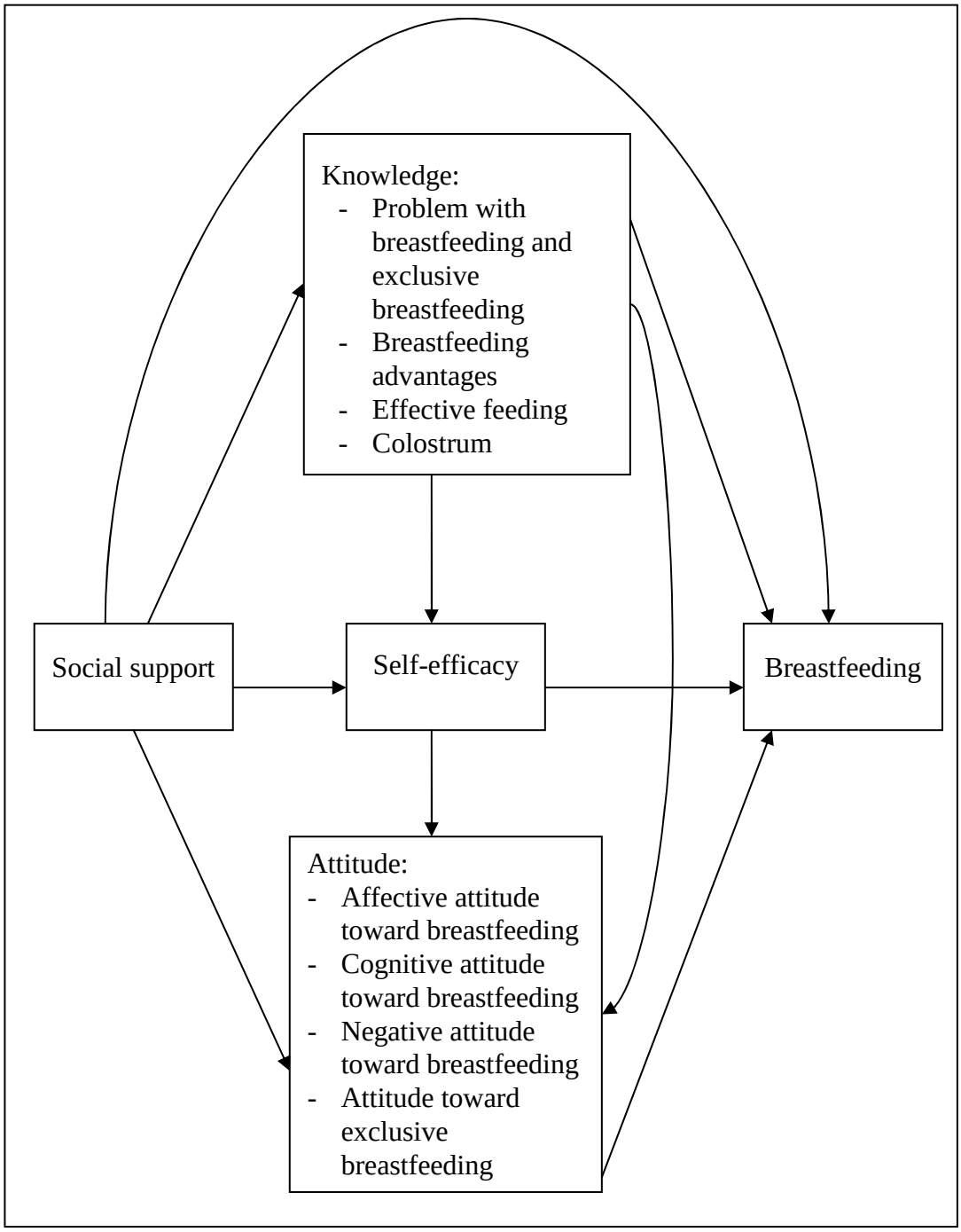

Figure 1.3 Conceptual framework

Conceptually, social support strengthens knowledge, attitude, and self-efficacy of mothers; finally improve breastfeeding. In brief, social support improves breastfeeding through, knowledge, attitude, and self- efficacy.

Social support gains mothers' mother competence to breastfeed the baby through knowledge, attitude and self-efficacy. If mother has high social support, knowledge, attitude and self-efficacy, she will be strong enough to solve any breastfeeding problems, and she will do a good breastfeeding practice.

1.11 Definition of Key Terms

Several key terms will be conceptually and operationally defined in this section. Those key terms are the mother support group, social support, knowledge, attitude, self-efficacy, and breastfeeding.

1.11.1 Mother Support Group

Support group is a group formed to provide its members with support in dealing with and information regarding a specific problem (Webster's New World College Dictionary, 2009). It is also defined as a group of people with common experiences and concerns who provide emotional and moral support for one another (Merriam-Webster Online Dictionary, 2009). "Mother support is any support provided to mothers for the purpose of improving breastfeeding practices for both mother and infant and young child" (World Alliance for Breastfeeding Action, 2007). Mothers need the support of evidence-based public health policies, health providers, employers, friends, family, the community, and particularly that of other women and

mothers. The support needed varies from mother to mother but generally includes accurate and timely information to help her build confidence; sound recommendations based on up-to-date research; compassionate care before, during and after childbirth; empathy and active listening, hands-on assistance and practical guidance (World Alliance for Breastfeeding Action, 2007) .

In this study, the mother support group is the program that provides mothers with emotional support, physical comfort, and understanding; and enables them to take positive action about breastfeeding.

1.11.2 Breastfeeding

Breastfeeding is a child feeding method where the child receives some breast milk but can also receive any food or liquid including non-human milk (Webb et al, 2002).

Exclusive breastfeeding refers to “the practice of feeding only breast milk (expressed breast milk is included) and allows the infant to receive vitamins, minerals or medicine; whereas water, breast milk substitutes, other liquids and solid foods are excluded” (WHO, 2004). In 2001, WHO changed its recommendation for exclusive breastfeeding from four to six months of age to exclusive breastfeeding until six months of age (WHO, 2001).

In this study, exclusive breastfeeding is the practice of feeding only breast milk (including expressed breast milk) and allows the baby to receive vitamins, minerals or medicine since birth to time of the data collection (1-6 months). High breastfeeding is the practice of feeding breast milk as the predominant source of infant nourishment. Partial breastfeeding is the practice of feeding breast milk and any food or liquid.

1.11.3 Social Support

Social support refers to “assistance available to individuals and groups from within communities that can provide a buffer against adverse life events and living conditions, and can provide a positive resource to enhance the quality of life” (Nutbeam, 1986). Social support may include emotional support, information sharing and the provision of material resources and services. It is recognized as an important determinant of health, and an essential element of social capital (Nutbeam, 1986). In this study, social support refers to breastfeeding support from another MSG members and motivators.

1.11.4 Knowledge

There are some types of knowledge. Declarative knowledge is knowledge about *what*. Procedural knowledge is knowledge about *how*. Conditional knowledge involves knowledge of both what and how. It involves knowing the necessary information and how to apply it in the right situation (O’Donnel et al, 2009).

In this study, breastfeeding knowledge is mother’s understanding about breastfeeding. There were four constructs of knowledge that are examined in this study, they are knowledge about:

(i). Problem with breastfeeding and exclusive breastfeeding refers to knowledge about what is the problem with breastfeeding and how to solve; and knowledge about what is exclusive breastfeeding.

(ii). Breastfeeding advantages refers to knowledge about breastfeeding advantages for babies and mothers.

(iii). Effective feeding refers to knowledge about how to give effective feeding to babies/ techniques and skill for effective breastfeeding.

(iv). Colostrum refers to knowledge about what is colostrums and the benefit of colostrum.

1.11.5 Attitude

Attitude toward behavior is defined as a person's overall favorableness or unfavorableness toward performing the behavior. Many theorists have described attitude as composed of affective and cognitive dimensions (Triandis, 1980; Fishbein, 2007; French et al, 2005).

Experiential attitudes or affect is the individual's emotional response to the idea of performing a recommended behavior. Instrumental attitude is cognitively based, determined by beliefs about outcomes of behavioral performance (Fishbein, 2007). Affective component of attitude refers to feelings, emotions, or drives associated to an attitude object. Cognitive component of attitude refers to beliefs, judgments, or thoughts associated with an attitude object Drolet & Aaker, 2002).

In this study, attitude is mother's emotional response to breastfeeding. There are four constructs of attitude in this present study:

(i). Affective attitude toward breastfeeding refers to feelings, emotions, or drives associated to breastfeeding.

(ii). Cognitive attitude toward breastfeeding refers to beliefs, judgments, or thoughts associated with breastfeeding.

(iii). Negative attitude toward breastfeeding refers to negative/ unfavorable feelings, emotions, drives, beliefs, judgments, or thoughts associated with breastfeeding.

(iv). Attitude toward exclusive breastfeeding refers to a mother's overall favorableness or unfavorableness toward performing exclusive breastfeeding.

1.11.6 Self-efficacy

Self-efficacy is defined as a person's belief about ones personal competence in a particular subject and situation (Von Der Haar, 2005; Woolfolk, 2007).

According to Dennis (1999), breastfeeding self-efficacy refers to a mother's perceived ability to breastfeed her new infant. Self-efficacy is one's degree of confidence in the ability to perform the behavior in the face of various obstacles or challenges (Montana and Kasprzyk, 2008).

In this study, self-efficacy is mother's belief about their ability to breastfeed the baby.

1.11.7 Working mother

Working is involved in or deriving from labor; engaged in or directed toward work, especially as an employee (Dictionary.com, 2010). Working is "with work", i.e. were in paid employment or self-employment (International Labour Organization, 1982).

In this study, working mother is a mother working out home for salary/ money; or studying.

1.11.8 Non working mother

Non-working is not involved in or deriving from labor; not engaged in or directed toward work, especially as an employee (Dictionary.com, 2010). Non-working is "without work", i.e. were not in paid employment or self-employment (International Labour Organization, 1982).

In this study, non-working mother is a mother not working out home for salary/ money; or not studying. She is a full time housewife.

1.12 Conclusion

In this chapter, the background, objectives, questions, hypotheses, the importance, scope and limitation, theoretical framework, conceptual framework of the study and the definitions of variables involved have been discussed. The next chapter will include discussion on the theories and literature behind related theories and previous research that has been done.

The main expected outcome of this study is the finding of a fit and suitable model to promote breastfeeding behavior based on the SCT, SDT, and IBM among working and non working mothers. It will be a new model in the area of health education and promotion with the novelty of theories combination used as the theoretical framework in this study.

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