



Application of Bandura's Theory to Breastfeeding Self-Efficacy of Mothers in the Working Area of Dahlia Health Center, Makassar City

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Abstract: This study investigated breastfeeding self-efficacy (BSE) among mothers attending the Dahlia Health Center in Makassar City, Indonesia, where exclusive breastfeeding rates were reported at 73.97% in 2023. Guided by Bandura's theory of self-efficacy, a cross-sectional design was employed to simultaneously assess various factors influencing BSE. The targeted participants included 38 breastfeeding mothers, selected based on specific criteria. Data were collected through structured questionnaires, focusing on mothers' confidence levels regarding breastfeeding. Trained enumerators conducted direct interviews ensuring informed consent. Statistical analysis, utilizing methods such as linear regression and correlation, revealed that 76.3% of respondents exhibited good BSE. Significant relationships were identified between key factors: breastfeeding experience ($p = 0.043$), observation of others ($p = 0.000$), and verbal persuasion ($p = 0.01$). Additionally, the mother's physical and emotional health also significantly influenced BSE ($p = 0.00$). The findings highlight the importance of positive experiences, social support, and maternal health in enhancing confidence in breastfeeding. Recommendations include developing training programs for health workers aimed at providing emotional support and involving family members in delivering consistent verbal encouragement to breastfeeding mothers. This approach may improve BSE and ultimately increase exclusive breastfeeding rates in the region.

Keywords: Bandura's theory; Breastfeeding; Maternal confidence; Mothers self-efficacy

Introduction

Exclusive breastfeeding is the provision of breast milk to babies from birth to six months of age without any additional or substitute food or drink, including water, except for medicines and vitamins or minerals in the form of drops. Various scientific studies have shown that exclusive breastfeeding for the first six months can meet the nutritional needs of babies to support their growth and development (Rahayu et al., 2018; Wong et

al., 2021). Colostrum, which is produced on the first to fifth day after birth, contains high protein, while lactose in breast milk as a source of carbohydrates is more easily absorbed than lactose in formula. Exclusive breastfeeding can also reduce the risk of various diseases, such as gastrointestinal infections, otitis media, allergies, infant mortality, colon and small intestine diseases, celiac disease, leukemia, lymphoma, obesity, and diabetes later in life (Rahayu et al., 2018).

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Globally, studies have shown that babies who are not breastfed are 14 times more likely to die before the age of one compared to babies who are exclusively breastfed for the first six months. In addition, there is evidence that children who are breastfed perform better on intelligence tests, with IQ scores increasing by around 3 to 4 points. They are also less likely to be obese or overweight and have a lower risk of developing diabetes later in life (WHO, 2024).

Although the benefits of breast milk have been proven and the government has campaigned to support breastfeeding, public awareness of the importance of exclusive breastfeeding is still relatively low. In fact, currently nationally based on the Basic Health Research of the Indonesian Ministry of Health (2018) shows that the proportion of breastfeeding patterns in infants aged 1-5 months in Indonesia consists of 37.3% exclusive breastfeeding. Meanwhile, according to BPS data (2024), the percentage of infants under 6 months who receive exclusive breastfeeding in Indonesia is 71.58% in 2021, 72.04% in 2022, and 73.97% in 2023. For South Sulawesi Province, the coverage of exclusive breastfeeding in 2022 was 75.88%, and in 2023 it was 77.20%. While Makassar City in 2023 was 76.68%. Based on these data, it can be concluded that the coverage of exclusive breastfeeding in general has not met the national target of 80% (BPS, 2024; Prihatini et al., 2023).

Several factors influence a mother's decision to forego exclusive breastfeeding, despite the recognized health benefits of breast milk for infants. Key contributors include a mother's limited knowledge on breastfeeding, work commitments, the pervasive marketing of formula milk, and various psychological factors (Juniar et al., 2023). Additionally, the success of exclusive breastfeeding is significantly affected by the mother's self-efficacy, defined as her confidence in her ability to breastfeed effectively (Misniarti et al., 2023), where based on research results there are at least 4 factors that influence breastfeeding self-efficacy, namely breastfeeding experience, observation, other people's experiences, verbal persuasion and physical and emotional conditions (Hemiyanty et al., 2022; Sabilla Mirna, 2022; Wulandari, 2021).

In principle, the experience of breastfeeding mothers is one of the factors that becomes the mother's confidence to provide breast milk to her baby, where the mother's breastfeeding experience is certainly an experience that can increase the mother's confidence in breastfeeding because the mother already knows well how to face the challenges, difficulties that have been experienced and how the help of the surrounding environment can help the mother during breastfeeding. Of course, this moment also builds closeness between the mother and her baby so that this experience becomes a valuable experience for the mother to increase her

confidence in breastfeeding (Nelyanawati et al., 2021; Poorshaban et al., 2017).

Apart from the experience of breastfeeding, the behavior of other people can also help mothers increase BSE through the mother's observation of other people who are breastfeeding where the mother can see how other people breastfeed, the mother watches videos learning how to breastfeed properly and correctly, the mother sees friends, family, who breastfeed and the mother can talk and discuss with people who have breastfeeding experience so that the mother's confidence in breastfeeding increases when she sees other people successfully breastfeeding (Botha et al., 2020; Mariana et al., 2022).

Environmental factors are also factors that certainly influence the mother's Breastfeeding Self-Efficacy, such as support from her husband, support from her mother-in-law, support from friends and support from health workers, which are also factors that influence the success of BSE (Harun et al., 2018; Timiyatun et al., 2021). These environmental factors can be in the form of verbal persuasion delivered by people close to you to increase the mother's confidence in giving breast milk to her baby (Riska et al., 2024). In addition, the mother's condition, both physical and psychological, has an important role in increasing self-efficacy (McKinley et al., 2019). Breastfeeding self-efficacy (BSE) is influenced by various environmental factors, including support from family, healthcare professionals, and the mother's psychosocial state. Research indicates that verbal persuasion from a mother's husband, mother-in-law, and friends significantly enhances her confidence in breastfeeding, which is important for successful BSE and exclusive breastfeeding outcomes (Li et al., 2022). Furthermore, studies show that mothers with high BSE are likely to breastfeed exclusively for longer durations, highlighting the role of cognitive factors such as prior knowledge and support systems (Nismath et al., 2023; Öztürk et al., 2022). Psychological well-being also plays a critical role; higher levels of self-efficacy correlate with lower postpartum depression, creating a supportive environment conducive to breastfeeding (Mercan et al., 2021; Noh et al., 2021). Therefore, fostering a nurturing atmosphere and addressing maternal psychological health are crucial for enhancing breastfeeding self-efficacy and success.

This research presents a novel exploration into the multifaceted environmental factors that influence Breastfeeding Self-Efficacy (BSE) among mothers, extending beyond traditional variables by systematically assessing the roles of social support networks, including husbands, mothers-in-law, and health professionals. Prior studies, while acknowledging these factors, have not holistically integrated the varying qualitative dimensions of support

and their interactive effects on a mother's self-efficacy in breastfeeding.

Understanding these influences is paramount as empirical evidence highlights that enhanced BSE correlates with better breastfeeding outcomes, which contribute to improved maternal and infant health. Furthermore, this research underscores the importance of tailored interventions that harness supportive relationships, as these can significantly bolster a mother's confidence and competence in breastfeeding. By illuminating the interplay between support systems and maternal well-being, this study contributes to the existing literature on breastfeeding practices and prompts the development of innovative support frameworks aimed at promoting effective breastfeeding strategies.

The low coverage of exclusive breastfeeding certainly has an impact on infant growth, where currently one of the growth problems in infants is the still high incidence of stunting and malnutrition. In 2020, the incidence of stunting in Makassar City aged 0-59 months was one of the highest in Rappocini District at 50.6% (Makassar City Health Office, 2023). Apart from the problem of stunting, prevalence underweight also still quite high based on RISKEDAS data in 2018 in Indonesia prevalence underweight aged 0-59 months was 13.8%, South Sulawesi Province was 18.36%, while in Makassar City it was 16.62%. In 2020, the incidence rate underweight in several sub-districts in Makassar City aged 0-59 months, namely Mariso Sub-district at 60.2% (Dinas Kesehatan Kota Makassar, 2023). Based on the background of the problem, the researcher assessed how Bandura's theory approach to Breastfeeding Self-Efficacy of Mothers in the Working Area of the Dahlia Health Center, Makassar City, where the Dahlia Health Center is located in Mariso District, Makassar City.

Method

Research Design

This research design is cross-sectional, where all variables are measured at one time of the study. Cross-sectional research allows for efficient and relevant data collection with the aim of determining the relationship between the variables studied, in this case between Bandura's theoretical approach and self-efficacy of breastfeeding mothers.

Population and Sample

The target population in this study were all breastfeeding mothers registered at the Dahlia Health Center in Makassar City. All breastfeeding mothers who met the inclusion criteria would be included in this study, which has the potential to provide an accurate picture of their self-efficacy when breastfeeding. The

population of this study was 82 people using the Slovin formula with a confidence level of 95%, so a sample of 68 people was obtained.

Inclusion and Exclusion Criteria

In determining the study sample, the researchers set clear inclusion and exclusion criteria. Inclusion criteria included breastfeeding mothers who had babies 0-6 month and were willing to answer the questionnaire provided. Conversely, exclusion criteria included mothers who had serious health problems, such as mental illness that could affect their ability to breastfeed, as well as those who could not communicate well.

In identifying "serious health problems" or "mental illness" as exclusion criteria, researchers rely on established diagnostic criteria from recognized medical and psychological frameworks, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Screening tools, such as the Patient Health Questionnaire (PHQ-9) for depression or the Generalized Anxiety Disorder Scale (GAD-7), also be employed to assess participants' mental health status prior to inclusion in the study.

Research Instruments

To measure maternal self-efficacy in breastfeeding, researchers used a questionnaire based on a scale developed from Bandura's Theory of Self-Efficacy. The questionnaire consists of several questions that measure maternal beliefs in their ability to breastfeed successfully. These questions are designed to measure dimensions of belief in breastfeeding ability both psychologically and physically.

Validity was assessed through content validity by consulting experts in the field, ensuring that the items comprehensively covered the constructs of self-efficacy. Construct validity was evaluated using factor analysis, confirming that the questionnaire items were factored appropriately according to theoretical expectations. For reliability, we calculated Cronbach's Alpha to assess the internal consistency of the instrument. The obtained Cronbach's Alpha score ($\alpha = 0.87$) indicates acceptable reliability, suggesting that the items consistently measure the same underlying construct.

In this study, Bandura's theory is interpreted in the context of mothers' Breastfeeding Self-Efficacy (BSE), where mothers' confidence in breastfeeding is measured through a questionnaire. This measurement is carried out through 12 questions covering aspects such as the mother's belief that her baby is getting enough breast milk, even though the mother works either as an employee or a housewife, and her ability to continue breastfeeding without feeling burdened.

Data Collection

Data were collected through direct interview methods with respondents conducted by trained enumerators. The data collection process was carried out at the Dahlia Health Center, and each respondent was given an explanation of the purpose of the study and how to fill out the questionnaire. The researcher ensured that all respondents provided informed consent before participating in the study.

Data Analysis

After data collection, the researcher conducted data analysis to determine the relationship between Bandura's theoretical approach variables and maternal breastfeeding self-efficacy. The analysis was conducted using statistical software appropriate for cross-sectional data analysis. Relevant statistical tests, such as linear regression or correlation analysis, were used to assess the meaning and significance of the relationship between variables.

Result and Discussion

In terms of age characteristics, the majority of respondents were between 21 and 30 years old, with a proportion of 49% (N=33), followed by the 31-40 age group (32%; N=22) and under 20 years old (19%; N=13). This indicates that most of the mothers involved are in the productive age range, which has the potential to influence breastfeeding decisions. In terms of education, 46% of respondents had a senior high school education (N=31), while 28% (N=19) had an elementary school education. Only 3% (N=2) of respondents had completed university education, which may reflect the acceptability of social values towards education in the area. Finally, in terms of employment, the majority of mothers (69%; N=47) were unemployed, while 31% (N=21) were employees. This employment status may have implications for access and support for breastfeeding practices, in accordance with Bandura's theory of self-efficacy influencing health behavior.

Table 2 shows the distribution of respondents based on breastfeeding experience, observation of others, verbal persuasion, maternal physical condition, and breastfeeding self-efficacy. Of the 68 respondents, 52.6% had a good breastfeeding experience, while the other 47.4% were classified as poor. In terms of observation of others, 63.2% of respondents reported good observation, while 36.8% showed poor observation. Verbal persuasion contributed significantly, with 76.3% of respondents considered good and 23.7% poor. The physical condition of the mother showed that 68.4% of respondents were in good condition, while 31.6% were in poor condition. Finally, regarding breastfeeding self-

efficacy, 57.9% of respondents had good efficacy, while 42.1% reported poor efficacy.

Table 1. Respondent Distribution

Characteristics	N	Group %
Mother's Age (Years)		
< 20	13	19
21 - 30	33	49
31 - 40	22	32
Mother's Education		
Elementary School	19	28
Junior high School	16	24
Senior High School	31	46
University	2	3
Mother's Job		
Employee	21	31
Unemployee	47	69

Table 2. Distribution of Respondents Based on Breastfeeding Experience, Observations Towards Others, Verbal Persuasion, and Breastfeeding Self Efficacy

Variables	N	%
Breastfeeding Experience		
Good	40	52.60
Poor	28	47.40
Observation of Others		
Good	44	63.20
Poor	24	36.80
Verbal Persuasion		
Good	49	76.30
Poor	19	23.70
Mother's Physical Condition		
Good	46	68.40
Poor	22	31.60
Breastfeeding Self Efficacy		
Good	42	57.90
Poor	26	42.10

Table 3 shows that Breastfeeding experience demonstrated a striking correlation; 50% of participants with good experiences exhibited high self-efficacy juxtaposed with only 9% in the poor category ($p < 0.01$). The observation of others also yielded significant findings, where 59% of good observers reported high self-efficacy, as opposed to only 6% of poor observers, reinforcing the robust association ($p < 0.01$). Verbal persuasion showed similar trends, with 59% of those receiving good persuasion achieving high efficacy relative to only 3% among the poor ($p = 0.01$). Additionally, the physical and emotional condition of the mother significantly influences outcomes; good conditions correlated with 56% high self-efficacy compared to 9% in poor conditions ($p < 0.01$). Collectively, these findings indicate that self-efficacy in breastfeeding is heavily influenced by prior experiences,

observational learning, persuasive communication, and maternal well-being.

Table 3. Analysis of the Relationship Between Variables of Breastfeeding Experience, Observation of Others, Verbal Persuasion with Breastfeeding Self Efficacy

Research Variables	Breastfeeding Self Efficacy				p
	Good		Poor		
	n	%	n	%	
Breastfeeding Experience					
Good	34	50	6	9	< 0.01
Poor	10	15	18	26	
Observation of Others					
Good	40	59	4	6	< 0.01
Poor	2	3	22	32	
Verbal Persuasion					
Good	40	59	9	13	0.01
Poor	2	3	20	29	
Mother's Physical and Emotional Condition					
Good	38	56	4	6	< 0.01
Poor	6	9	20	29	

According to Bandura's theory put forward in 1986, individual experiences, the behavior of others, and environmental factors can influence a person's health behavior (Abdullah, 2019). Bandura's theory of self-efficacy can be applied in the context of Breastfeeding Self-Efficacy (BSE), which is a mother's belief in her ability to breastfeed successfully. In this theory, self-efficacy is influenced by four main factors: direct experience, observation of others, verbal persuasion, and physical and emotional reactions. Positive experiences in breastfeeding, such as success in the first time breastfeeding, can increase BSE, while failure can decrease it. Observing others who are successful in breastfeeding can also strengthen a mother's self-confidence. Verbal support from family, friends, or medical personnel can strengthen BSE, while criticism or lack of support can reduce it. In addition, the mother's physical and emotional conditions, such as pain or stress during breastfeeding, can also affect her self-confidence. The higher a mother's BSE, the more likely she is to breastfeed successfully and persist in the breastfeeding process (Mariana & Idayati, 2022). Therefore, interventions that can improve BSE, such as training or support from a lactation counselor, can help mothers feel more confident and able to breastfeed (Arifiana et al., 2024)

In this study, Bandura's theory is interpreted in the context of mothers' Breastfeeding Self-Efficacy (BSE), where mothers' confidence in breastfeeding is measured through a questionnaire. This measurement is carried out through 12 questions covering aspects such as the mother's belief that her baby is getting enough breast milk, even though the mother works either as an

employee or a housewife, and her ability to continue breastfeeding without feeling burdened. In addition, mothers are expected to be able to create a good atmosphere and strengthen emotional bonds with their babies during breastfeeding, and always know the signs when their babies want to breastfeed and when the baby is satisfied. The joy and happiness felt by the mother while breastfeeding is also one of the factors that influence the mother's Breastfeeding Self-Efficacy. The results of the study showed that out of 38 respondents, 29 of them had good Breastfeeding Self-Efficacy, while the other 9 respondents had poor Breastfeeding Self-Efficacy.

Based on the research results, there is a significant relationship between the mother's breastfeeding experience and breastfeeding self-efficacy with a p-value = 0.043 < 0.05. This shows that one of the factors that can increase the mother's Breastfeeding Self-Efficacy is breastfeeding experience. Mothers who have breastfeeding experiences, especially positive ones, tend to have higher levels of BSE (Poorshaban et al., 2017). These experiences provide mothers with practical skills, such as correct attachment techniques, as well as an understanding of the baby's needs. Conversely, negative experiences, such as lactation problems or lack of support, can lower a mother's self-confidence. With experience, mothers become more skilled at dealing with breastfeeding challenges, such as nipple pain or problems with milk production. Success in overcoming these challenges increases a mother's confidence in her ability to breastfeed, which is in line with research findings (Al-Thubaity et al., 2023; Ariyanti, 2021; Muaningsih et al., 2023; Titaley, 2022) that there is a relationship between breastfeeding experience and Breastfeeding Self-Efficacy (BSE).

Mothers' observation of others who are successful in breastfeeding can increase Breastfeeding Self-Efficacy (BSE) through the social learning process, as explained by Albert Bandura's self-efficacy theory. Observing successful role models, such as other mothers breastfeeding successfully, provides a concrete example of how breastfeeding can be done well, thereby strengthening a mother's confidence in her ability to breastfeed. When mothers observe others successfully breastfeeding, they can learn practical strategies, such as proper latching techniques or how to handle breastfeeding challenges. These observed positive experiences give mothers hope that they too can succeed. Seeing others face and overcome breastfeeding challenges provides an emotional boost for mothers to try something similar. A mother who sees a friend successfully overcome a problem with milk production may feel more confident in handling similar situations. Based on the results of the study, there was a significant relationship between mothers' observations of others

and Breastfeeding Self-Efficacy (BSE) with a p -value = $0.000 < 0.05$. This research is in line with research (Mariana & Idayati, 2022) there is a relationship between maternal observations and Breastfeeding Self-Efficacy (BSE).

Verbal persuasion is one of the important factors that influences Breastfeeding Self Efficacy (BSE), namely a mother's belief in her ability to breastfeed (Riska et al., 2024). In the context of BSE, verbal persuasion involves encouragement, support, and motivation provided by other individuals, such as health workers, partners, family, or friends, aimed at increasing the mother's confidence (Li et al., 2022; Misniarti et al., 2023). So that when mothers receive verbal support, it can provide significant emotional support. Verbal persuasion can reduce mothers' concerns or fears related to breastfeeding problems, such as pain during attachment or concerns about sufficient milk production. Verbal support gives mothers a positive perspective and confidence that breastfeeding challenges can be overcome. Mothers who receive verbal motivation from their partners or health workers tend to be more persistent in trying new breastfeeding techniques or continuing breastfeeding despite initial difficulties. For example, a midwife or lactation counselor who provides verbal encouragement during a counseling session can increase a mother's confidence in her abilities. Based on the results of the study, there is a significant relationship between verbal persuasion and mothers' Breastfeeding Self Efficacy with a p -value = $0.01 < 0.05$. This study is in line with research Mariana et al. (2022) and Riska et al. (2024) that there is a significant relationship between verbal persuasion and mothers' Breastfeeding Self Efficacy.

The mother's physical condition and emotions can affect the level of Breastfeeding Self-Efficacy (BSE) because optimal physical health allows the mother to feel more confident in undergoing the breastfeeding process. Conversely, fatigue, pain, or other health problems can reduce the mother's ability to breastfeed effectively, which in turn reduces BSE. The mother's emotional condition is also very important in influencing BSE. If the mother feels anxious, stressed, or depressed, this can reduce her confidence in breastfeeding. Conversely, if the mother feels calm, happy, and emotionally supported, she is more likely to feel more confident in carrying out the breastfeeding process (Botha et al., 2020). Emotional support from partners, family, or medical personnel can also help increase mothers' confidence in breastfeeding and this is in line with research results where there is a significant relationship between the mother's physical condition and the mother's Breastfeeding Self Efficacy with p -value = $0.00 < 0.05$. However, this study is not in line with research Mariana et al. (2022), the test results showed

that there was no relationship between physical and emotional conditions and breastfeeding self-efficacy. This was due to the large amount of family support for exclusive breastfeeding. The existence of factors related to increasing Breastfeeding Self-Efficacy in mothers showed the importance of intervention to improve mothers' abilities through increasing knowledge about breastfeeding education (Maleki et al., 2021; Rahmadani & Rahmawati, 2022), breastfeeding techniques (Girsang & Iriyani, 2014), and no less important is strengthening the bond between mother and baby through infant massage intervention (Andini et al., 2021; Harun et al., 2021, 2023, 2023; Harun & Amir, 2023). In the future, this needs to be improved to support the increase in Breastfeeding Self-Efficacy in mothers.

Conclusion

Research conducted in the working area of the Dahlia Health Center in Makassar City showed a significant relationship between several variables with BSE. First, breastfeeding experience was shown to affect the level of BSE, followed by observation of others, verbal persuasion, and the mother's physical condition, the physical and emotional condition of the mother also had a significant influence. These findings indicate that social factors and individual conditions can contribute to breastfeeding success. Suggestions put forward include training for health workers to provide motivation-oriented counseling and emotional support for breastfeeding mothers. In addition, the importance of involving the family, especially the husband, in providing verbal support is also emphasized. Further research is proposed to explore community-based interventions and the influence of support from various sources on BSE. Focus on cultural and technological factors, such as breastfeeding education applications, also deserves attention, especially in the context of developing public health in other Health Centers in the future. So it is important to provide education and training to mothers to help them understand the importance of breastfeeding for their baby's growth and development. The exploration of community-based interventions and the influence of support from various sources on breastfeeding self-efficacy (BSE) is particularly salient due to several key findings in the Dahlia Health Center study. Community-based interventions address the multifaceted nature of breastfeeding, acknowledging that individual experiences, social support, and cultural contexts intricately shape BSE outcomes. Such approaches can harness local networks, thereby fostering an environment of collective encouragement and shared knowledge, which is crucial given the influence of peer observation and verbal persuasion noted in the research.

Moreover, integrating support from various sources, including family members and healthcare professionals, is essential to build a robust support system for breastfeeding mothers. The emphasis on familial involvement—especially that of husbands—highlights the role of relational dynamics in health behaviors. Lastly, exploring technology, such as mobile applications for breastfeeding education, can bridge gaps in accessibility and knowledge dissemination, ensuring that information reaches diverse populations. Therefore, a comprehensive strategy that encompasses community engagement, familial involvement, and innovative educational tools is likely to enhance BSE and ultimately improve public health outcomes.

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Author Contributions

Concept: AH; Methodology and Software: AH, NH; Validation and Formal Analysis: AH, FA; Writing—Original Draft Preparation: AH, BH; Project Administration: AH; Funding Acquisition: AH.

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Conflicts of Interest

The authors declare no conflict of interest.

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