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EFFECT OF SOCIAL SUPPORT ON BREASTFEEDING SELF-EFFICACY

***Oznur Korukcu**

Assistant Professor, Akdeniz University, Faculty of Nursing, Antalya, Turkey

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ABSTRACT

Mothers might need social support in early period after childbirth and who have adequate social support adapt to breastfeeding easier. This descriptive study aimed to determine the effect of breastfeeding education on social support and breastfeeding self-efficacy in Turkish women. The research data were collected in Antalya Training and Research Hospital between February and May 2016. Breastfeeding Self-Efficacy Short Form Scale was used for data collection. In this study, it was observed that mother's perceptions of breastfeeding self-efficacy with social support were higher than women without social support.

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INTRODUCTION

World Health Organization (WHO) recommendations, babies should only be breastfed during the first 6 months of life (WHO, 2016). According to data of Turkey Demographic and Health Survey (TDHS, 2013) in 57.9% of the babies are fully breastfed for 0-1 months of life. Failure to complete breastfeeding can result in reduced milk excretion, breast problems, baby rejection, and premature termination of breastfeeding (Tokat and Okumuş, 2013). Breastfeeding is a way that facilitates a close, loving relationship between mother and baby (Alus-Tokat *et al.,* 2010). For this reason, the perception of breastfeeding self-efficacy of the mother is important. Breastfeeding self-efficacy is the qualification that the mother feels about the breastfeeding (Dennis, 1999; Tokat and Okumuş, 2013). The self-efficacy perception of breastfeeding shows that your mother will breastfeed, how much effort he will make, how he feels about breastfeeding, and how he or she can cope emotionally with difficulties in this process (Otsuka *et al.,* 2008).

Corresponding author:* **Oznur Korukcu,
Assistant Professor, Akdeniz University, Faculty of Nursing, Antalya, Turkey.

Especially among primiparous women, postpartum period is expressed as a stressful period that requires changes in social life, and adaptation to this period requires social support (Javadifar *et al.,* 2016). cial support in the postpartum period includes support for baby care provided by her husband and immediate surroundings, helping in the housework, and emotional support (Abdollahi *et al.,* 2016). The woman anticipates support especially from her husband during this period, and providing adequate support has a positive effect on the physical and mental well-being of the woman (Cheng and Pickler, 2009). 'Baby friendly' hospitals program has been initiated in order to encourage breastfeeding to become a successful and established practice in the hospitals where delivery services are provided within the scope of the Ministry of Health's efforts to encourage the breastfeeding and to acquire knowledge and proper habits about breastfeeding (Durduran and Bodur, 2013). Families with maternity services are informed about maternal breastfeeding and breastfeeding since pregnancy and hospitals that help them to breastfeed their babies immediately after birth and help them to breastfeed their mothers and their mothers with updated information are called 'Baby Friendly Hospital' (Kutlu *et al.,* 2007; Durduran and Bodur, 2013). It is thought that antennas need social support in early childbirth and mothers who have adequate social support are easier to breastfeed. This study was conducted to determine the effects of breastfeeding education

given in the Baby Friendly Hospital program on breastfeeding self - efficacy level of early and late social support of mothers.

METARIALS AND METHODS

Aim

This study aimed to determine the effect of breastfeeding education on status of social support and breastfeeding self-efficacy in Turkish women and examine the extent to which perceived social support and sociodemographic variables explain breastfeeding self-efficacy.

Data collection and setting

The research data were collected in Antalya Training and Research Hospital between February and May 2016. Questionnaire forms were applied after routine breastfeeding training of mothers who were in postpartum period was given in Antalya Training and Research Hospital.

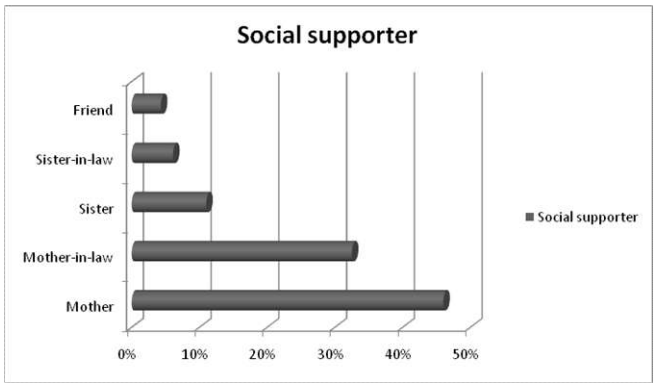

Figure 1. Mothers' social supporter

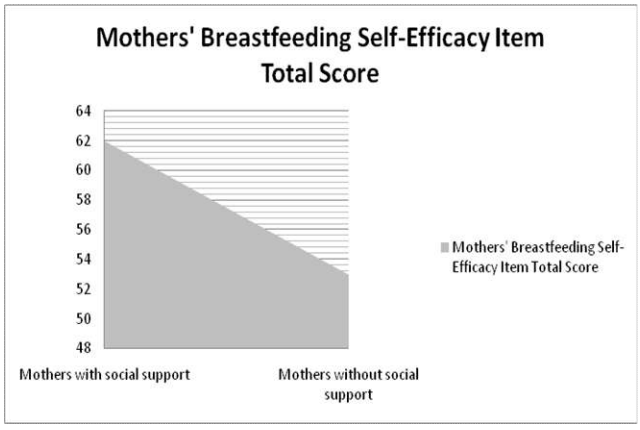

Figure 2. Mothers' Breastfeeding Self-Efficacy Scale items total score

Instruments

In order to assess the socio-demographic and gestational characteristics of the participants, Personal Information form developed from literature by the researcher was used in the study. In addition, the Breastfeeding Self-Efficacy Short Form Scale was used to determine breastfeeding self-efficacy levels of mothers with and without social support. Breastfeeding Self-Efficacy Short Form created by Dennis in 2003. The scale consisted of 14 items that assessed breastfeeding self-efficacy. The scale is a 5-point Likert-type and the items rated as 1= "absolutely sure" and 5 = "always sure".

The lowest score that can be taken from the scale is 14, the highest score is 70. Higher scores mean higher breastfeeding self-efficacy. Dennis (2003) notes that it is appropriate to use it in postpartum period. Alus-Tokat, Okumus and Dennis (2010) conducted Turkish reliability validity study of the Breastfeeding Self-Efficacy Short form Scale and they found that the scale was appropriate for Turkish culture by finding a Cranach alpha value of 0.86.

Ethical Dimension

Ethical approval was obtained from the Ethical Committee of the Antalya Training and Research Hospital that follows international standards and the principles adopted by the World Medical Association Declaration of Helsinki. Before starting the study, the author obtained a permission from the responsible physician and breastfeeding nurses at the hospital where the mothers were cared in the postpartum period. Then, mothers' permissions were obtained. The study had no risk on the mothers.

Data Analyses

The socio-demographic characteristics of the participants were determined by number and percentage. Nonparametric tests were performed because the comparison did not fit the normal distribution. Kreskas Wallis and Mann Whitney U tests were used to determine the mothers' breastfeeding self-efficacy perception.

RESULTS

Features of the participants

The mean age of the participating mothers was 27.7±5.66 and their spouses were 32.2±5.99. It was determined that all of the participants had term birth (38.1±1.87). It was seen that most of the participants were primary school graduates and did not work. Approximately 83% of both those who have and have not social support stated that they planned their pregnancies. Sixty-one percent of the participants had a cesarean section. It was determined that 83.8% of babies had birth weight between 2500-4000g (Table 1). Above half of the participants (59.9%) had a relative who would support her during the postpartum period. Forty-six percent of mothers with social support had their own mothers, 32.5% had mother-in-law, 11% had a sister, 6.1% had a sister-in-law and 4.3% had a friend with them in their postpartum room (Figure 1). The total number of pregnancies with social support was 2.26±1.30, while those without social support were 2.05±1.16 (Table 1).

Breastfeeding self-efficacy level

Participants' breastfeeding self-efficacy total score was determined as 58.7±8.45. It was found that breastfeeding self-efficacy perceptions of mothers with a close relatives and social support were higher (62.17±6.51) than those without social support (53.71 ± 8.71) (Figure 2) and the difference between them was statistically significant ($p<0.05$). Furthermore, the difference between the mothers who were educated about prenatal breastfeeding and those who did not breastfeeding self-efficacy perceptions was statistically significant (Table 2). It has been determined that there is no effect of the way of delivery and the expectation of pregnancy on the breastfeeding self-efficacy level.

Table 1. Sociodemographic features

	Women with social support (n=163)		Women without social support (n=109)		Total (n=272)	
Sociodemographic features	$\bar{X}$ ±SD		$\bar{X}$ ±SD		$\bar{X}$ ±SD	
Age of mother	27.9±5.56		27.4±5.80		27.7±5.66	
Age of partner	32.8±5.90		31.2±6.01		32.2 ±5.99	
Birth week	38.5±2.06		38.8±1.53		38.1±1.87	
Total pregnancy number	2.26±1.30		1.8±1.01		2.08±1.21	
Living child number	2.05±1.16		1.6±0.93		1.89±1.09	
Sociodemographic features	%	n	%	n	%	n
Education						
Not literally	11.0	18	6.4	7	9.2	25
Literally	4.3	7	2.8	3	3.7	10
Primary school	50.3	82	61.4	67	54.8	149
High school	24.5	40	19.3	21	22.4	61
College	9.8	16	10.0	11	9.9	27
Working						
Yes	11.7	19	9.2	10	10.7	29
No	88.3	144	90.8	99	89.3	243
Planned/no planned pregnancy						
Planned	83.4	136	82.6	90	83.1	226
No planned	16.6	27	17.4	19	16.9	46
Got breastfeeding education in pregnancy						
Yes	77.3	126	73.4	80	75.7	206
No	22.7	37	26.6	29	24.3	66
Birth preference						
Spontaneous vaginal birth	27.7	44	39.4	43	32.0	87
Vaginal birth with epidural analgesia	7.4	12	6.4	7	7.0	19
Cesarean section	65.3	107	54.1	59	61.0	166
Gender of baby						
Female	59.5	97	56.0	61	58.1	158
Male	40.5	66	44.0	48	41.9	114
Birth weight of baby						
2500g and under	9.2	15	10.1	11	9.6	26
Between 2500-4000g	82.2	134	86.2	94	83.8	228
4001 and above	8.6	14	3.7	4	6.6	18

Table 2. Breastfeeding self-efficacy level of the participants

Features	Level of breastfeeding self-efficacy	
	$\bar{X}$ ±SD	p
Social support		
Yes	62.17±6.51	
No	53.71±8.71	.00
Birth preference		
Spontaneous vaginal birth	56.68±10.00	.20
Vaginal birth with epidural analgesia	59.8±6.32	
Cesarean section	59.6±8.21	
Got breastfeeding education in pregnancy		
Yes	59.56±8.37	
No	56.33±8.31	.00
Planned/no planned pregnancy		
Planned	58.41±8.56	
No planned	60.60±7.73	.08
Gender of baby		
Female	59.51±8.81	
Male	57.76±7.85	.08
Working		
Yes	60.75±8.89	
No	58.54±8.39	.19
Birth weight of baby		
2500g and under	56.33±8.31	
Between 2500-4000g	58.85±7.50	
4001 and above	61.33±9.76	.19

It was determined that the baby's gender and birth weight had no effect on the breast self-efficacy perception of the mothers (Table 2). The breastfeeding self-efficacy perception of mother-in-law was 59.51±8.81, while that of male was 57.76±7.85. In addition, the mothers' self-efficacy perception of the mothers who worked in an income-generating job was 60.75±8.89, while those who did not gave 58.54±8.39.

DISCUSSION

It would not be wrong to say that social support has a positive effect on breastfeeding self-efficacy perception after childbirth. In this study, it was observed that mother's social support perceptio8ns of breastfeeding self-efficacy (62.17±6.51) were higher than those without social support (53.71±8.71). As the same results with us, Farid van and colleagues stated that there was a significant relationship

between breastfeeding self-efficacy and social support. Taylor and Sirois (2012) suggest that social support involves a person's perception of the availability of individuals that care for them. In additional in a qualitative study by Barona- Vilar *et al*. (2009), it was reported that women with high social support were more successful in breastfeeding. On the other hand, Bowman (2013) and Sinha *et al.* (2015) have shown that social support does not have a significant effect on exclusive breastfeeding. Many factors may influence a mother's self-efficacy about breastfeeding; such as parity, mode of delivery, body mass index (BMI), smoking, breast or nipple abnormalities, surgery, illness, anxiety, and stress (Rabiepoor *et al.,* 2017). There may also be infant characteristics that contribute to breastfeeding initiation such as gestational age, weight at birth, intrinsic disease, suckling ability, and temperament (Cakmak and Kuguoglu, 2007). Rabiepoor *et al.* (2017) stated that the type of delivery can affect breastfeeding self-efficacy. Regan *et al.* (2013) stated that cesarean delivery has been associated with decreased breastfeeding initiation, while in our study we determined that the mothers' self-efficacy perception of breastfeeding mothers was slightly lower than that of cesarean deliveries, but there was no effect on the breastfeeding self-efficacy level of the way of delivery.

Conclusion

The results of the study show that social support has a positive effect on breastfeeding self-efficacy perception after childbirth. Considering the relationship between social support and breastfeeding self-efficacy, breastfeeding practice can be promoted by sensitizing family and society to support breastfeeding women.

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