The Intention for Providing Exclusive Breastfeeding Associated from Self-Leadership and Psychological Capital of Mother

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Abstract

Intention is a crucial for influencing a mother's decision to breastfeeding. With the high breastfeeding intentions, mothers can help achieve the government program, namely exclusive breastfeeding for 6 months, with seeing the importance of influencing mother's behavior in breastfeeding, it is necessary to study the mother's intention to provide exclusive breastfeeding. This research was conducted in the city of Surabaya with the researcher's consideration, there are still many mothers who do not provide exclusively breastfeeding, so the achievement of exclusive breastfeeding in the city of Surabaya still not fulfill the target. The purpose of this research is to examine the intention to provide exclusive breastfeeding in terms of selfleadership and psychological capital of mothers in the city of Surabaya. This research used a quantities approach with observational research and was classified as a cross sectional. The sample of this research were pregnant women of 108 respondents. The independent variables of this research were education, attitude, age, occupation, parity, knowledge, breastfeeding self-efficacy, self-leadership, psychological capital, and family support. Whereas, the dependent variable is the mother's intention to provide exclusive breastfeeding. The research was obtained through a questionnaire. This research used a logistic regression test with the purpose to identify the factors that influencing between the independent variable on the dependent variable. The results showed that the factors that influenced the intention to provide exclusive breastfeeding were psychological capital (Sig. 0.000, B = 4.255), self-leadership (sig = 0.015, B = 3.482), breastfeeding selfefficacy (sig = 0.004, B = 5.627) and family support (sig = 0.041, B = 2.142). The conclusion is mother's ability to lead herself, has an important role in the paradigm and psychological capital of mother's in their behavior, one of the intentions to provide exclusive breastfeeding behavior. Consequently, it is imperative for mother to have strong self-leadership as well as a mother's psychological capital in intending to do something and realizing that intention in a real action.

Keywords: Intention, exclusive breastfeeding, self-leadership, psychological capital.

Introduction

Breastfeeding is widely recognized as beneficial for the physical health and emotional welfare of infants, childhood, and mother^{1,2,3}. Breastfeeding is not only saving the life and the economy of the family, but also

Corresponding author: Nyoman Anita Damayanti nyoman.ad@fkm.unair.ac.id becomes the foundation of life. Not only as a foundation for children's development and growth, breastfeeding is also an important key to achieving the Sustainable Development Goals (SDGs). This long-term health started from preganancy to two years of age which is known as the first 1000 days of life (1000 HPK) in the framework of the national movement for nutrition awareness in order to accelerate nutrition improvement⁴. But, even so there are still many mothers who do not give exclusive breastfeeding to tjeir babies^{5,6}.

The World Health Organization (WHO) targets at least 50% exclusive breastfeeding for 6 months in 2025. It was found that only 40% of all babies under 6 months were exclusively breastfeed for up to 2 years⁷. Based on the results of the 2018 basic health research, the proportion of breastfeeding patterns for infants aged 0-5 months in Indonesia was 37.3% exclusive breastfeeding. 9.3% partial breastfeeding, and 3.3% predominant breastfeeding⁸. Data from East Java Province shows that coverage of babies who receive exclusive breastfeeding in 2016 is 74.5%. This coverage increased to 75.7% in 2017 and 76.8% in 2018. Whereas, the coverage of infants who were exclusively breastfeeding in the city of Surabaya in 2016 was 65.10% this achievement increased in 2017 and become 71.53% and 71.62% in 20189. Although the achievement of exclusive breastfeeding in the last three years both in East Java and in the City of Surabaya has increased, the data is still below the target set, namely 80%¹⁰.

Mothers have a main role in the success of the exclusive breastfeeding program. The support from external parties including health workers, community/ breastfeeding support groups, and families has been done a lot. Many researches have proven the role of external parties in exclusive breastfeeding. However, until now, the achievement of exclusive breastfeeding, both in the world and in Indonesia, has not fulfill the target. Consequently, a mother must have a strong independence in motivating and leading herself (Self leadership) for giving exclusive breastfeeding. The any obstacles that occur if the mother has a high commitment to the importance of exclusive breastfeeding and its enormous benefits for mothers, babies and the environment, it will be easily brushed aside if the mother has the ability to direct herself and lead herself in the successfully of exclusive breastfeeding.

This study was conducted in the city of Surabaya with the researcher's consideration that there are still many mothers who do not provide exclusive breastfeeding so that the achievement of exclusive breastfeeding in the city of Surabaya still not fulfill the target. The results of this research are expected to provide information about the problems of breastfeeding intention that exist in the community and become a reference in the problem-solving plan for the low level of exclusive breastfeeding.

Materials and Methods

This research used a quantitative approach with an analytic observational type, because the researcher does not give any treatment to the respondents¹¹. The research design was classified as a cross sectional. The population in this research were all pregnant women in the Wonokromo District, Surabaya. Sampling was done by simple random sampling with a sample of 108 respondents. The independent variables of this study were education, attitude, age, occupation, parity, knowledge, breastfeeding self-efficacy, self-leadership, psychological capital and family support. Whereas, the dependent variable is the mother's intention to provide exclusive breastfeeding. Data collection using a questionnaire. Data processing techniques through the process of editing, coding, entry, and analysis. The study was analyzed using SPSS 22 software, using the multivariate logistic regression test method. The variable is said to be influential if the significance value is <0.05.

Results and Discussion

Based on the data collection that has been done, descriptive analysis will be presented through the frequency distribution of respondents' responses to the research variables, it can be seen in the table below:

Table 1.	Frequency distribution of	f respondents'	responses t	o researcl	h variables.

Variable	Category	Frequency	Percentage (%)
	Basic (SD/SMP)	50	46.3%
Education	Secondary (SMA/SMK)	45	41.7%
	Academy (University)	13	12%

Cont... Table 1. Frequency distribution of respondents' responses to research variables.

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Attitude	Deficient	48	44.4%
rititude	Good	60	55.6%
Aga	20-35 years old	81	75%
Age	>35 years old	27	25%
0	Not working	8	7.4%
Occupation	Working	100	92.6%
	Nulliparous	52	48.1%
Parity	Primiparous	46	42.6%
	Multiparous	10	9.35%
	Deficient	13	12%
Knowledge	Enough	47	43.5%
	Good	48	44.4%
Breastfeeding self-	Deficient	55	50.9%
efficacy	Good	53	49.1%
0.161 1.1.	Deficient	62	57.4%
Self-Leadership	Good	46	42.6%
D 11 : 10 : 1	Deficient	60	55.6%
Psychological Capital	Good	48	44.4%
	Deficient	9	8.3%
Family Support	Enough	83	76.9%
	Good	16	14.8%
Mother's intention to	Deficient	72	66.7%
provide the exclusive breastfeeding	Good	36	33.3%

Based on the Table 1, it is found that almost half of the 108 respondents (46.3%) have a basic education, most (55.6%) have good attitudes, most (75%) are aged between 20-35 years where at this age they are productive. For women, almost all (92.6%) worked, a small proportion (9.35%) had more than 2 children (multiparous), almost half (44.4%) had a good level of knowledge and almost half (43.5%) %) also have sufficient knowledge, while for the variable self-efficacy of breastfeeding, respondents have almost the same belief, namely good breastfeeding self-efficacy (49.1%) and respondents who have deficient self-efficacy of breastfeeding as much as 50.9%. Furthermore, for the self-leadership variable, most (57.4%) had the ability to influence themselves who were less willing to provide exclusive breastfeeding. Likewise, with the psychological capital variable, most (55.6%) had deficient psychological capital in recommending exclusive breastfeeding. Next, from 108 respondents, it was found that almost all of them (76.9%) received support from their families in their intention to provide exclusive breastfeeding. Whereas, for the intention variable, most (66.7%) had deficient intention of giving exclusive breastfeeding.

According to the Indonesian Ministry of Health (2011), the factors that cause low breast milk coverage can come from mother, baby and environmental. These factors include maternal knowledge regarding the benefits of breastfeeding and how to breastfeed a baby properly, lactation counseling services and support from staff that are not yet optimal, socio-cultural perceptions related to breastfeeding, lack of partner support and family support, and conditions of working mothers. which can cause reluctance of mothers to breastfeed, so that in the end the mother's motivation to give breast

milk is less. In addition, several other factors that contribute to age, mother's parity level, motivation and experience are also factors that influence whether or not mothers provide exclusive breastfeeding¹².

The research related to the low level of exclusive breastfeeding and the factors that influence it are also widely conducted in developing countries. The results of research in Gambia in 2018 explained that the low level of exclusive breastfeeding was influenced by factors of age, education, occupation, parity, counseling from health workers, attitudes, knowledge, family support and the intention of the mother in breastfeeding¹³. In Myanmar, only 24% of mothers to provide exclusive breastfeeding. The most important factor is the mother's intention to exclusively breastfeed. This intention is also influenced by education, employment, knowledge, selfefficacy and breastfeeding facilities in the public space¹⁴. In Bangladesh, it shows that 83.9% of mothers intend to provide exclusive breastfeeding, while the factors that influence the mother's intention to provide exclusive breastfeeding are knowledge, attitudes and self-efficacy. The results of this study also emphasize the importance of proper counseling about exclusive breastfeeding¹⁵.

Table 2. Logistic regression analysis of variables affecting mother's intention to provide exclusive breastfeeding.

Variable	В	SE	p-Value	Hosmer and Lemeshow test
Psychologycal capital	4.255	0.786	0.000	
Self-Leadership	3.482	1.426	0.015	
Breastfeeding self-efficacy	5.627	1.974	0.004	0.881
Family Support	2.142	1.047	0.041	
Attitude	2.802	1.443	0.049	

Note: B: Slope of a line; SE: Std. Error of the Estimate

Based on the Table 2 above, the results of the logistic regression analysis show that the variables that significantly influence mother's intention to provide exclusive breastfeeding are psychological capital, self-leadership, breastfeeding self-efficacy, family support and attitude, where the five variables are significant with

a *p*-value <0.05, only the attitude variable is close to 0.05. In addition, the variables in Table 1 explain that psychological capital, self-leadership, breastfeeding self-efficacy and family support are mostly in the deficient category, only the attitude variables are mostly in the good category. Whereas, the mother's

intention to provide exclusive breastfeeding was also found in a deficient category. This illustrates that if the psychological capital, self-leadership, breastfeeding selfefficacy and family support are in the low category, then the mother's intention to provide exclusive breastfeeding will also decrease, and vice versa if psychological capital, self-leadership, breastfeeding self-efficacy and family support are in good categories. then the mother's intention to provide exclusive breastfeeding will also increase.

Based on the Table 2, the variable that most influences the mother's intention in giving exclusive breastfeeding is the mother's psychological capital. This is in accordance with the research of Klainin and Arthur (2009) that the mother's intention to provide exclusive breastfeeding is influenced by the psychological capital of the mother, the results of the study reveal that 3.5-63.3% of women in Asia experience psychological disorders after childbirth, with the lowest prevalence in Malaysia and the highest in Pakistan¹⁶. Psychological disorders that occur in pregnant and breastfeeding women will affect the relationship between mother and baby and breastfeeding patterns. Consequently, psychological capital needs to be strengthened from an early age, during pregnancy to reduce the negative influence of psychological conditions that can affect exclusive breastfeeding¹⁷.

Another research found that there are still mothers who feel less optimistic about the amount of breast milk produced. So that the reality becomes like this, mothers really have an experience problem in producing a breast milk. The small amount of breast milk that comes out is the main reason mothers choose not to exclusively breastfeed. Even though biologically only 2-5% make it difficult for mothers to give a breast milk. The remaining 95-98% of mothers can produce sufficient milk for their babies.

According to Dennis (2010), the high breastfeeding self efficacy shows a mother's high self-confidence in breastfeeding. So, if a mother has a high level of breastfeeding self-efficacy, exclusive breastfeeding is maintained. In this study, the selfefficacy of breastfeeding was in the deficient category, So it will affecting the mother's intention to provide exclusive breastfeeding as well.

Yu and Ko's research, 2017 found that there is a positive relationship between self-leadership and performance, it means that if a person's self-leadership increases, the performance displayed will also increase¹⁸. Research by Sahin, 2010 also found that self-leadership has a positive relationship with performance. This shows that the higher the level of self-leadership will affect the higher the performance. Tambunan and Ciputra's research, 2007 shows that self-leadership strategies have a positive and significant effect on self-efficacy; Likewise, self-efficacy has a positive and significant effect on performance; and lastly is that self-efficacy mediates the relationship between self-leadership and work success, in this case, is exclusive breastfeeding¹⁹.

Conclusion

In summary, the ability of mothers to lead themselves has an important role in the paradigm and psychological capital of mothers in behavior, one of the intentions to provide exclusive breastfeeding behavior²⁰. Consequently, it is very important for a mother to have a strong self-leadership as well as a mother's psychological capital in intending to do something and realizing that intention in real action.

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