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# THE EFFECT OF SELF LEADERSHIP AND PSYCHOLOGICAL CAPITAL ON MOTHERS' INTENTION IN GIVING EXCLUSIVE BREAST MILK

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# THE EFFECT OF SELF LEADERSHIP AND PSYCHOLOGICAL CAPITAL ON MOTHERS' INTENTION IN GIVING EXCLUSIVE BREAST MILK

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## ABSTRACT

*Intention is very important in affecting mother's decision to breastfeed. The high level mothers' intention to breastfeed can help them achieve the exclusive breastfeeding program for 6 months. The purpose of this study was to examine the mother 'intention to give exclusive breastfeeding in terms of self-leadership and psychological capital in Surabaya City. This research applied a quantitative approach through observational research and is classified as cross-sectional. The sample in this study was 108 pregnant women. The independent variables of this study were education, attitudes, age, occupation, parity, knowledge, breastfeeding self-efficacy, self-leadership, psychological capital, and family support. Meanwhile, the dependent variable was the mothers' intention to give exclusive breastfeeding. The results of the study were obtained through a questionnaire used logistic regression analysis. The results showed that the factors that influenced the mothers' intention to give exclusive breastfeeding were psychological capital (Sig=0.000, B=4.255), self-leadership (Sig=0.015, B=3.482), breastfeeding self-efficacy (Sig=0.004, B=5.627) and family support (Sig=0.041, B=2.142). Psychological capital factors, self-leadership, and breastfeeding self-efficacy more significant role than the external factors of family supports. It is concluded that the capacity of mother to lead her own have an important role to the paradigm and maternal psychological capital, in this case affect mothers intention to give exclusive breastfeeding. Therefore, it becomes very important to have a mother strong self-leadership, good capital psychology, and high confidence in the intention of doing something and realize these intentions into real action.*

**Keywords:** Self-leadership, Psychological Capital, Breastfeeding Self-Efficacy, Intention, Exclusive Breastfeeding.

## INTRODUCTION

Breastfeeding is widely recognized as beneficial for the physical health and emotional well-being of infants, childhood, and mothers (Butte et al., 2002; Ip et al., 2007; Insaf et al., 2011). Breastfeeding does not only save lives and family economy, but also the foundation of life. It is not only a foundation for the development and growth of children, but also an important key to achieve sustainable development goals (SDGs). This long-term health starts from pregnancy until the child is 2 years old, known as the first 1000 days of life (1000 HPK) in the

context of the national movement for nutrition awareness in accelerating nutrition improvement rates (Kemenkokesra, 2012). However, there are still many mothers who do not exclusively breastfeed their babies (Dias & Scott et al., 2006).

The World Health Organization (WHO) targets at least 50% of exclusive breastfeeding for 6 months by 2025. Data were obtained that only 40% of all infants less than 6 months are exclusively breastfed and 45% are breastfed for up to 2 years (World Alliance for Breastfeeding Action, 2019). Based on the results of Basic Health Research (Riskesdas) in 2018, the proportion of pattern of breastfeeding in infants aged 0-5 months in Indonesia was exclusive breastfeeding by 37.3%, partial breastfeeding by 9.3%, and predominant breastfeeding by 3.3% (World Alliance for Breastfeeding Action, 2019). Data from East Java province revealed that the coverage of infants who received exclusive breastfeeding in 2016 was 74.5%. The coverage increased to 75.7% in 2017 and 76.8% in 2018. Meanwhile, the coverage of infants who received exclusive breastfeeding in Surabaya City in 2016 was 65.10%. This achievement increased in 2017 to 71.53% and 71.62% in 2018 (East Java provincial health office, 2017). Although the achievement of exclusive breastfeeding in the last three years both in East Java and Surabaya City has increased, this data are still below the set target of 80% (Coordinating ministry for people's welfare, 2013).

The success in giving exclusive breastfeeding is affected by many factors, such as intention. The intention of breastfeeding is a strong predictor and can potentially be modified from the breastfeeding behavior. The important thing needed to know is that intention is significantly correlated with behavior. Therefore, using an intention as a predictor to perform the behavior is the right step in designing health promotion. An intention is vital in affecting the mothers' decision in breastfeeding. The mothers' high intention to breastfeed can help achieve the government program, namely 6-month exclusive breastfeeding (Bai et al., 2011).

An intention is someone's action in formulating a plan to be able to show specific future achievement consciously or not. The intention that is formed by commitment strength in performing will emerge an expectation that behavior will be actualized even though having no commitment or plan (A'yuni, 2012).

The result of a study conducted in Gambia in 2018 explained that the low rate of exclusive breastfeeding was affected by age, education, profession, parity, counseling from medical officers, behavior, knowledge, family support, and mothers' intention in giving breast milk (Senghore et al., 2018; Nisa et al., 2020). In Myanmar, the proportion of mothers who give breastfeeding was only 24%. The primary factor is the mothers' intention to give exclusive breastfeeding. This intention is also affected by education, profession, knowledge, self-efficacy, and breastfeeding facilities in public places (Hmone et al., 2017). In Bangladesh, around 83.9% of mothers intended to give exclusive breastfeeding; the factors that affected the mothers' intention in giving exclusive breastfeeding were knowledge, behavior, and self-efficacy. The result of this study also emphasized the importance of the appropriate counseling on exclusive breast milk (Thomas et al., 2015).

A person will have a strong intention if the information he has is strong enough to convince him that the behavior is worth doing. The intention that someone already has, should be strengthened by increasing knowledge about breastfeeding, whether regarding its advantages, composition, benefits, and virtues. Intention is very important in influencing the mothers' decision to breastfeed. With a high level of breastfeeding mothers' intention, it can help achieve the government's program, namely exclusive breastfeeding for 6 months. By looking at the

importance of intention in influencing the behavior of mothers to breastfeed, research to examine the intentions of breastfeeding mothers in pregnant women and postpartum mothers is needed.

Mothers have a major role in the success of the exclusive breastfeeding program. There has been a lot of support from external parties, including health workers, community/breastfeeding support groups, and families. Many studies 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 met the target. Therefore, a mother must have strong independence in motivating and leading herself (self-leadership) in giving exclusive breastfeeding. Any obstacles that occur if the mother has a high commitment to the importance of exclusive breastfeeding and its enormous benefits for the mother, baby and the environment, will be easily overcome if the mother has the ability to direct herself and lead herself in the success of exclusive breastfeeding.

The objective of this study was to identify the factors affecting the mothers' intention in breastfeeding, namely education, age, profession, parity, knowledge, breastfeeding self-efficacy, self-leadership, psychological capital, and family support. The result of this study was expected to be information on the most dominant factor in affecting the intention of breastfeeding among the society and became a reference in a problem-solving plan of the low rate of exclusive breastfeeding.

## MATERIALS AND METHODS

The study used a quantitative approach with an analytical observational type, because the researcher did not give any treatment to the respondents (Notoadmodjo, 2012). The research design was classified as cross-sectional. The population in this study was all pregnant women in Wonokromo Village area, Surabaya. The study was located in Wonokromo urban village, Surabaya, due to many mothers who did not give exclusive breastfeeding; so, the exclusive breastfeeding achievement in Surabaya city did not meet the target yet. Sampling was done by simple random sampling with a sample size of 108 respondents. The independent variables of this study were education, attitudes, age, occupation, parity, knowledge, breastfeeding self-efficacy, self-leadership, psychological capital, and family support. Meanwhile, the dependent variable was the mothers' intention to give exclusive breastfeeding. Data were collected using questionnaire with likert scale. Data processing was done through the process of editing, coding, entry, and analysis. The study was analyzed using SPSS 22 software, particularly through multivariate logistic regression test method. The variable is considered to be influential if the significance value is  $<0.05$ .

## RESULTS AND DISCUSSION

Based on the data collection that has been carried out, a descriptive analysis is presented through the frequency distribution of respondents' responses to research variables, which can be seen in the Table 1 below:



**Table 1**  
**FREQUENCY DISTRIBUTION OF RESPONDENTS' RESPONSES TO RESEARCH VARIABLES**

Variable	Category	Frequency	Percentage (%)
Education	Basic (elementary/junior high)	50	41.7
	Intermediate (SMA/SMK)	45	46.3
	Higher (University)	13	12
Attitude	Poor	48	33.4
	Good	60	66.6
Age	20-35 years old	81	80
	>35 years old	27	20
Profession	Does not work	8	27.4
	Work	100	72.6
parity	Nullipara	52	38.1
	Primipara	46	52.6
	Multipara	10	9.35
Knowledge	Not enough	13	10
	Enough	47	40.5
	Good	48	49.4
Breastfeeding self-efficacy	Poor	55	20.9
	Well	53	79.1
Self-leadership	Poor	62	37.4
	Well	46	62.6
Psychological capital	Poor	60	25.6
	Well	48	74.4
Family support	Not enough	9	8.3
	Enough	83	26.9
	Well	16	74.8
Mothers' intention to give exclusive breastfeeding	Poor	72	13.7
	Well	36	86.3

Source: Primary data, 2021

Based on Table 1 it was found that among 108 respondents, almost half (41.7%) have basic education, most (66.6%) of them have good attitudes, most (80%) of them were between 20-35 years old which is a productive age for woman to work, most (72.6%) of them worked, a few (9.35%) of them have more than 2 children (multipara), almost half (49.4%) of them have a good level of knowledge and almost half (40.5%) of them also have sufficient knowledge. Meanwhile, for the breastfeeding self-efficacy variable, most of the respondents had good breastfeeding self-efficacy (79.1%). Furthermore, for the self-leadership variable, most (62.6%) of them had the ability to influence themselves who were less likely to give exclusive breastfeeding. Likewise with psychological capital variable, most (74.4 %) of them had less psychological capital in intending to give exclusive breastfeeding. Furthermore, from 108 respondents, it was found that most (74.8 %) of them received support from their families in their intention to give exclusive breastfeeding. As for the intention variable, almost all (86.3 %) had good intentions in providing exclusive breastfeeding.

The logistic regression analysis method used in this study was Forward Stepwise (Wald). This method eliminated the independent variables step by step into a group of 'variables not in the equation' and selected the independent variables into the variables in the equation. The result of the 'variables not in the equation' and the 'variables in the equation' is as follows:

		Score	df	Sig.	
Step 1	Variables	Education	0.596	1	0.44
		Behavior	4.426	1	0.035
		Age	0.496	1	0.481
		Profession	0.001	1	0.972
		Pregnant_Child	0.808	1	0.369
		Knowledge	0.212	1	0.645
		Breastfeeding_SE	27.948	1	0
		SelfLeadership	27.356	1	0
	Fam_Supp	7.172	1	0.007	
	Overall Statistics	44.059	9	0	
Step 6	Variables	Education	0.016	1	0.898
		Profession	0.048	1	0.827
		Parity	0.643	1	0.423
		Knowledge	2.019	1	0.155
	Overall Statistics	2.033	4	0.73	

Source: Primary data, 2021

In step 6 or the last step in the Tables 2 and 3 for the “*variables not in the equation*”, it can be inferred that the independent variables that are not included in the logistic regression analysis equation are education, profession, pregnant-child, and knowledge. Therefore, it can be inferred that the four independent variables do not significantly affect the intention of giving exclusive breastfeeding.

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 <sup>a</sup>	Psychological	4.255	0.786	29.287	1	0	70.429
	Constant	-3.367	0.719	21.921	1	0	0.034
...	...						
Step 6 <sup>f</sup>	Behavior	19.68	3663.917	0	1	0.996	3.52E+08
	Age	-20.104	3663.917	0	1	0.996	0
	Breastfeeding_SE	23.29	3663.917	0	1	0.995	1.30E+10
	SelfLeadership	4.752	2.061	5.315	1	0.021	115.784
	Psychological	4.295	1.628	6.957	1	0.008	73.298
	Family Support	2.26	1.289	3.072	1	0.08	9.582
	Constant	-31.492	3663.92	0	1	0.993	0

Source: Primary data, 2021.

The result in the 6<sup>th</sup> last step in the “*variables in the equation*” shows that the variables with a significant effect are Self-Leadership, psychological, and constant because it has a Sig. value (alpha) of less than 0.05. Then, family support is categorized as fairly significant since the value is 0.094 (not significantly different from 0.05). Meanwhile, behavior, age, and breastfeeding self-efficacy did not significantly affect the intention of exclusive breastfeeding since it had a sig. value that was not notably far from 0.05. As consideration for model improvement, the variable with the lowest coefficient value was age (with a coefficient value of -20.1) not included in or eliminated in the model.

The next process was reprocessing the logistic regression model by eliminating age. The following is the analysis result of independent variables included in the model; it is summarized in the Table 4 and 5 of variables in the equation as follows:

		<b>B</b>	<b>S.E.</b>	<b>Wald</b>	<b>df</b>	<b>Sig.</b>	<b>Exp(B)</b>
Step 1 <sup>a</sup>	Psychological	4.255	0.786	29.287	1	0	70.429
	Constant	-3.367	0.719	21.921	1	0	0.034
Step 5 <sup>e</sup>	Behavior	2.802	1.443	3.773	1	0.049	16.477
	Breastfeeding_SE	5.627	1.974	8.128	1	0.004	277.899
	SelfLeadership	3.482	1.426	5.965	1	0.015	32.533
	Psychological	4.252	1.362	9.748	1	0.002	70.215
	Family Support	2.142	1.047	4.187	1	0.041	8.515
	Constant	-13.22	3.841	11.846	1	0.001	0

Source: Primary data, 2021

The result in the last fifth step in the “variables in the equation” shows that the variables with a significant effect are Behavior, Breastfeeding Self-efficacy, Self-Leadership, Psychological, Family Support, and Constant. In a condition where all variables are significant with a Sig. value of  $\geq 0.05$ , the result of this second process shows that 5 independent variables significantly affect the intention of exclusive breastfeeding. Since all variables in the equation have a significant effect, the result in this second process is the result of the final logistic regression analysis. The result description of the final logistic regression analysis for the factors affecting the intention of exclusive breastfeeding is shown below.

<b>Step</b>	<b>Chi-square</b>	<b>df</b>	<b>Sig.</b>
1	0	0	.
2	0.142	2	0.932
3	1.055	4	0.901
4	4.608	6	0.595
5	2.387	6	0.881

Source: Primary data, 2021

Based on the result of the Hosmer-Lemeshow Test in the last step or step 5 and over, the Sig. value of 0.881 is greater than the significance level ( $\alpha$ ) of 0.05. It can be inferred that the logistic regression model ( $H_0$ ) is accepted. It means that the model resulted from the factors affecting the intention of exclusive breastfeeding is a fit model.

## DISCUSSION

Based on result above, the analysis results of logistic regression showed that the variables that significantly affected the mothers' intentions in giving breast milk are psychological capital, self-leadership, breast feeding self-efficacy, family support and attitude, in which these five variables are significant with a  $p$ -value  $< 0.05$ , only the attitude variable is close to 0.05. Additionally, these variables as described in Table before show that psychological capital, self-leadership, breastfeeding self-efficacy and families support were mostly in the poor category, only the attitude variable was mostly in both categories. Meanwhile, the mothers' intention to



give exclusive breastfeeding was also found in a poor category. This illustrates that if psychological capital, self-leadership, breastfeeding self-efficacy and families support were in the poor category, the intention of mothers in breastfeeding exclusively also decreased. However, if psychological capital, self-leadership, breastfeeding self-efficacy and family support in either category, the intention mothers in exclusive breastfeeding will also increase.

Based on result the variables that most influence the intentions of the mother in giving exclusive breastfeeding are maternal psychological capital. This is in accordance with the research conducted by that the mothers' intention to give exclusive breastfeeding is influenced by the mother's psychological capital. The results of the study revealed that 3.5-63.3% of women in Asia experienced psychological disorders after delivery, with lowest prevalence in Malaysia and the highest in Pakistan (Klainin & Arthur, 2009). Psychological disorders that occur in pregnant and breastfeeding women will affect the relationship between mother and baby and the pattern of breastfeeding. Therefore, psychological capital needs to be strengthened from an early age, namely during pregnancy to reduce the negative influence of psychological conditions that can affect exclusive breastfeeding (Taveras et al., 2003).

Other studies have found that there are still mothers who feel less optimistic about the amount of milk they produce. So that mothers really experience problems in producing breast milk. The amount of milk that comes out is small and this becomes the main reason for mothers choosing not to give exclusive breastfeeding. Whereas, there is only 2-5% biological possibility of mothers to have difficulty breastfeeding. The remaining 95-98% of mothers can produce enough breast milk for their babies.

According to Dennis (2010) high breastfeeding self-efficacy indicates a high confidence in themselves in terms of breast-feeding mothers. So if a mother has a high level of breastfeeding self-efficacy, then exclusive breastfeeding will be maintained. In this study, breastfeeding self-efficacy in the category of less so that it affects the mothers' intention to give exclusive breastfeeding also becomes poor.

Meanwhile, self-leadership theory explains the process of a person in influencing himself to influence the self-direction and self-motivation needed to carry out work (Yu & Ko, 2017). The theory of self-leadership is used to find out whether the mother has carried out the process of influencing herself to achieve self-motivation, one of which is the motivation to give exclusive breastfeeding. Through this theory, it is expected to have the ability identify the intentions of pregnant women and post-partum mothers in giving exclusive breastfeeding.

Research performed found that there was a positive relationship between self-leadership and performance, meaning that if self-leadership of a person increases the displayed performance will also increase. Research conducted by Sahin (2010) also found that self-leadership has a positive relationship with performance. This shows that the higher the level of self-leadership, the higher its effect on the performance. Furthermore, research carried out by Tambunan & Ciputra (2007) resulted that self-leadership strategy has a positive and significant effect on self-efficacy, and self-efficacy has a positive and significant effect on performance; and the last is that self-efficacy mediates the relationship between self-leadership and job success in this case is exclusive breastfeeding (Tambunan, 2007).

According to the Ministry of Health of the Republic of Indonesia (2011), factors that cause low breastfeeding coverage can come from maternal, infant, and environmental factors. These factors include the low knowledge of mothers regarding the benefits of breastfeeding and how to breastfeed their babies properly, lactation counselling services and support from staff that

are not optimal, socio-cultural perceptions related to breastfeeding, lack of husband and family support, and the condition of working mothers that can cause breastfeeding problems, the reluctance of mothers to breastfeed cause the mother's less motivation in giving breast milk (Fikawati & Syafi 2011). In addition, several other factors such as age, maternal parity level, motivation and experience are also factors that influence the success or failure of mothers in exclusive breastfeeding (Utari et al., 2014). Beside physical condition a maternal nutritional status play an important dominants factor on malnutrition of children under age 5 year (Mishu et al., 2020; Chowdhury et al., 2020).

## CONCLUSION

The ability of the mother to lead her has an important role to the paradigm and maternal psychological capital in the act, one of which is the intention of exclusive breastfeeding and breastfeeding practices. Therefore, it becomes very important for the mothers to have a strong self-leadership, good psychological capital and high beliefs in themselves in intending to do something and realize these intentions into real action.

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