

THE EFFECT OF ATTACHMENT AND BREASTFEEDING SELF-EFFICACY ON MOTHERS' EXCLUSIVE BREASTFEEDING BEHAVIOR

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Abstract

Exclusive breastfeeding achievement is still a national problem, thus it is important to conduct studies related to breastfeeding behavior, particularly studying of mental or psychological aspects. This study aims to explain the influence of maternal attachment and breastfeeding self-efficacy (BSE) on exclusive breastfeeding behavior. The research method uses quantitative techniques, using binary logistic regression tests. Data collection techniques use attachment scales, BSE scales and maternal breastfeeding behavior questionnaires. Reliability tests with Cronbach alpha are certain: attachment scale = 0.883 and BSE scale = 0.921. The results of the study prove that there is a joint influence of attachment and BSE variables on exclusive breastfeeding behavior. The influence given is 14.9%. However, the analysis of the influence of each independent variable (X1 and X2) on Y (independent) shows that the BSE variable has a significant effect on exclusive breastfeeding behavior, while the attachment variable does not have a significant effect on exclusive breastfeeding behavior.

Keywords: *Self-efficacious breastfeeding, secure attachment, exclusive breastfeeding*

INTRODUCTION

One of the global strategies initiated by WHO and UNICEF to reduce infant and neonatal mortality rates is the provision of exclusive breastfeeding. The United Nation Children's Fund (UNICEF) and the World Health Organization (WHO) recommend that children should only be breastfed for at least six months because breast milk is not contaminated and contains many nutrients needed by children at that age. Various studies have examined the benefits of providing exclusive breastfeeding in terms of reducing infant mortality, reducing infant morbidity, optimizing infant growth, helping the development of children's intelligence, and helping to extend the interval between pregnancies for mothers. Breast milk contains colostrum which is rich in antibodies because it contains protein for the immune system.

Based on the 2018 Basic Health Research, the achievement of exclusive breastfeeding in Indonesia is 37.3%. This figure is still far from the government's target of 80%. Furthermore, the results of the 2018 Riskesdas, the five (5) highest provinces for exclusive breastfeeding in Indonesia are Babel, Gorontalo, North Sulawesi, Bali and North Sumatra. North Sumatra is included in the top 5 provinces implementing exclusive breastfeeding (March 2018, Riskesdas Ministry of Health of the Republic of Indonesia), however, the distribution of achievements is quite fluctuating, namely the highest Exclusive Breastfeeding is in three districts, namely West Nias (81.30%), Sibolga (60.54%) and Samosir (54.62%), while the three lowest districts/cities are North Nias (1.17%), Nias (5.68%) and Tanjung Balai (9.68%). Thus, the problem of exclusive breastfeeding still needs attention, especially in North Sumatra.

The conceptual framework put forward by UNICEF (1997) explains that nutrition, health, and care factors are 3 factors that play a role in supporting optimal child growth and development. Engle et al (1997) stated that parenting patterns are manifested in 6 activities, including one of which is in terms of providing breast milk and complementary foods for children. Green (1984), explains one form of healthy behavior study including parenting health behavior, where he explains that healthy parenting behavior is every health action, prevention, risk, disease, self-care, sick role, displayed by a person with the aim of ensuring, maintaining, improving the health of the child (starting from the womb), which is under the responsibility of the adult. Thus, providing exclusive breastfeeding is a healthy parenting behavior that must be optimized. Brown and Arnott (2014), studied the influence of parenting

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behavior on the duration of breastfeeding. Where the results of their study showed that the duration of breastfeeding was significantly related to parenting style or parenting behavior. The results of the study explained that up to the first six weeks, showed a high correlation between baby care factors and baby breastfeeding behavior. It is further explained that the behavior of caring for babies is related to efforts to improve the mother's behavior in breastfeeding, namely maintaining closeness with the baby, even as close as possible, skin-to-skin is the key to the level of closeness, determining the duration of breastfeeding for the first six weeks. The mother's responsive reactions to signs of hunger (wanting to breastfeed) will increase prolactin production so that breast milk is produced, thus research suggests that the mother and baby are in the same room. In the behavior of caring for babies, the level of closeness or attachment of the mother (primary caregiver) in responding to the child is explained a lot through the exploration of attachment behavior, which plays an important role in the mother's early care.

The psychological quality of a child or baby's life will greatly depend on the intensive care given by the mother in early life. During the childcare process, an emotional bond will be formed in the interaction between mother and child which is often referred to as attachment. Attachment is an emotional bond that forms between mother and baby since birth. According to Bowlby (in Pertiwi, 2018), attachment explains the quality of the relationship between parents and babies and defines it as an unlimited affection to bind someone to each other, and across space and time. Attachment focuses on the positive function of the bond to survive and maintain the life of each individual. Attachment is an unlimited affection to bind someone to each other, in an individual's feelings, behavior, and thoughts about their relationship that is influenced by interpersonal experiences (mother-child relationships). Strong attachment can increase the mother's motivation to provide exclusive breastfeeding because the mother feels more connected to her baby. According to Bowlby (1969), attachment develops through repeated interactions between mother and baby, which creates a sense of security and trust. Factors that influence attachment between mother and baby include skin-to-skin contact after birth, mother's responsiveness to baby's cries, and support from the surrounding environment. Such attachment expressions where the mother gives positive responses lead to secure attachment. While mothers who are less responsive to the baby's needs and are less able to develop comfortable touch quality with the baby tend to lead to a less good type of attachment or are called insecure attachment.

According to attachment theory, through early attachment experiences, children develop internal working models or schemas about themselves, others, and the world (Bowlby, 1982). These schemas appear to be relatively stable from infancy to adulthood, shaping expectations about future relationships and interactions with others (Lewis et al., 2000; Waters et al., 2000a, 2000b). Adult attachment styles play a role in affect regulation, stress management, and help-seeking behavior (Brumariu, 2015; Collins and Feeney, 2000; Mikulincer and Florian, 1998; Mikulincer and Orbach, 1995; Scharfe, 2012; Wilkinson and Scherl, 2006). In stressful situations, adults with insecure attachment styles tend to experience more negative emotions and increased levels of psychological distress than adults with secure attachment styles. They are more likely to deny these symptoms or be afraid to ask for help. In contrast, adults with a secure attachment style appear to evaluate stressful events positively and seek support and comfort from others. Therefore, adult attachment style may influence maternal experiences during pregnancy, childbirth, and especially the initiation and continuation of breastfeeding (Scharfe, 2012; Wilkinson and Scherl, 2006). Secure attachment experiences serve as protective inner resources that help mothers adjust to the demands of the parenting role (Wilkinson and Scherl, 2006). Women who are securely attached adapt better to breastfeeding-related stress because they appraise the task more positively, have confidence in managing breastfeeding and seek help from their partner, parents or professionals (Scharfe, 2012; Wilkinson and Scherl, 2006). In contrast, women who are insecurely attached show higher anxiety during pregnancy, childbirth and perceive the task or obligation to breastfeed as stressful (Mikulincer and Florian, 1998), experience more negative emotions when the baby cries (Groh et al., 2012), have problems accurately identifying infant distress cues (Scharfe, 2012), and feel less comfortable with emotions and physicality.

This secure attachment will potentially shape a mother's attitude towards breastfeeding, including how the mother forms her attitude regarding her level of belief in breastfeeding or breastfeeding self-efficacy. In the study, it was found that psychological factors, namely maternal self-efficacy in breastfeeding, play a very important role in the success of mothers in providing exclusive breastfeeding. Maternal self-efficacy in breastfeeding is known as breastfeeding self-efficacy. *Breastfeeding self-efficacy* is the mother's belief in her ability to breastfeed (Dennis, 1999). This concept was developed based on Bandura's self-efficacy theory which states that individuals who have high confidence in their abilities are more likely to achieve success in a task. Several studies have shown how BSE is closely related to the success of mothers in exclusive breastfeeding (Ayuningtias & Oktanasari, 2023).

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Attachment and breastfeeding self-efficacy play an important role in the success of mothers in breastfeeding. High breastfeeding self-efficacy can increase mothers' confidence in facing breastfeeding challenges, while strong attachment between mother and baby can strengthen mothers' motivation to provide exclusive breastfeeding. Thus, this study aims to analyze the effect of maternal attachment and breastfeeding self-efficacy on exclusive breastfeeding behavior.

RESEARCH METHODS

This study used a quantitative method with a cross-sectional design. Data were collected through the maternal attachment scale and the BSE scale developed by the researcher. The reliability of the maternal attachment scale using Cronbach's Alpha was 0.883; while the BSE scale was 0.921. The criteria for the research subjects were breastfeeding mothers who had babies aged 6-12 months in the North Sumatra region. The research variables were breastfeeding self-efficacy, maternal attachment, and exclusive breastfeeding behavior. Data analysis was carried out using SPSS binary logistic regression to see the relationship between two independent variables and one dependent variable. The research was conducted from May to September 2024. The distribution of the questionnaire took place over approximately 5 months, both online and offline.

RESULTS

The research subjects were 88 respondents, spread across several regions in North Sumatra, namely Medan City, Samosir, Humbang, Sedang Bedagai, Deli Serdang, Nias, Labuhan Batu and Padangsidempuan. Data processing used binary logistic regression. Binary logistic regression is a statistical analysis method that describes the relationship between dependent variables that have two or more categories of independent variables on a category or interval scale (Hosmer and Lemeshow, 1989). Logistic regression is a nonlinear regression, used to explain the relationship between X and Y which is nonlinear, the abnormality of the distribution of Y, the diversity of non-constant responses that cannot be explained by the usual linear model (Agresti, 1996). If a logistic regression test is carried out with the assumption of classical regression, there will be bias from the original estimate. Thus, no classical regression assumption test was carried out. The results of the binary logistic regression test of the effect of attachment and BSE on exclusive breastfeeding behavior show that:

Table 1. Omnibus Tests of Model Coefficients

	Chi-square	df	Sig.
Step	9,619	2	.008
Step 1 Block	9,619	2	.008
Model	9,619	2	.008

The research hypothesis is:

H0: there is no X variable that significantly influences the Y variable.

H1: there is at least one variable X that influences variable Y.

With Significance Level: $\alpha = 0.05$ Test Criteria: Reject H0 if the sig value $< \alpha$ (0.05) From the omnibus test above, it can be seen that sig = 0.008 Decision: Reject H0 because the sig value = 0.008 $< \alpha = 0.05$

Conclusion It can be seen that the G2 value is 9.619 with a p-value of 0.008 (Model) which means that with a 5% confidence level, there is at least one X variable that significantly affects the Y variable. So it can be concluded that the model can be used for further analysis.

Table 2. Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	97.404 ^a	.106	.149

a. Estimation terminated at iteration number 4 because parameter estimates changed by less than .001.

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Thus further testing was carried out. Model Summary according to table 2. From the table above, it can be seen that the model by entering two independent variables has changed the parameter estimate (-2 Log likelihood) by 97.404. If you look at the R-square value of 0.106 or 10.6% (Cox & Snell) and 0.149 or 14.9% (Nagelkerke R Square). Thus, it can be interpreted that with two variables, namely Attachment and BSE, the behavior of exclusive breastfeeding can be explained by 14.9%.

Variables in the Equation								
	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Step 1 ^a								
X1	.045	.036	1.568	1	.210	1.046	.975	1.121
X2	-.066	.025	6.794	1	.009	.936	.891	.984
Constant	.646	2.191	.087	1	.768	1.907		

a. Variable(s) entered on step 1: X1, X2.

Variabel	Estimasi	SE	WALD		Sig	Keputusan
Attachment	0,045	0,036	1,568	3,841	0,210	Ho diterima
BSE	-0,066	0.025	6,794	3,841	0,009	Ho ditolak

At the significance level $\alpha = 0.05$ for the Attachment variable H_0 is accepted, then the regression coefficient value is equal to 0 (zero) so that this variable has no effect on Y. And for the BSE variable H_0 is rejected, then the regression coefficient value is not equal to 0 (zero) so that the BSE variable has an effect on Y.

DISCUSSION

Secure maternal attachment has been a major focus in the study of child development and breastfeeding behavior. Several studies have shown that a strong and healthy emotional attachment of a mother to her infant can influence the success of breastfeeding, both in terms of early initiation and duration of breastfeeding. A study by Britton, Britton, and Gronwaldt (2006) found that the duration of breastfeeding was positively correlated with the quality of infant attachment, where mothers who breastfed longer tended to show higher sensitivity in responding to their infants' needs. Similarly, Kim and Froh (2012) concluded that mothers with a secure attachment style were more likely to initiate and maintain breastfeeding longer than mothers with an insecure attachment style. Another study by Tharner et al. (2012) also confirmed that breastfeeding practices were closely related to increased maternal sensitivity, which in turn strengthened the formation of secure attachment between mother and child. These results suggest that breastfeeding is not only a biological activity, but also an important means of building a strong affective relationship between mother and infant. Although a small number of studies (e.g., Else-Quest & Hyde, 2006) suggest that the relationship is not always linear and may be influenced by external factors such as postpartum depression or social support, the majority of findings continue to support that secure maternal attachment plays a significant role in promoting positive breastfeeding behaviors. Of the four studies that examined maternal attachment and breastfeeding, three found a significant association between mother-secure attachment and breastfeeding behaviors.

Mothers with secure attachments were more likely to initiate breastfeeding and preferred breastfeeding to bottle-feeding than mothers with insecure attachments. The findings in this study support the evidence that the type of secure attachment displayed by mothers to their infants plays a role in maternal breastfeeding or may contribute; where the results of the study showed that maternal attachment variables and breastfeeding self-efficacy together influence mothers' exclusive breastfeeding behavior. Furthermore, it is suspected that the tendency for mothers' secure attachment may play a role in breastfeeding behavior. However, more prospective studies are needed to draw stronger conclusions (Linde, et al 2020). Several studies have found that mothers who breastfeed and mothers who formula/bottle-feed do not differ in their attachment behavior (Ventura, 2017). In this study, it was found that the tendency of secure attachment did not have a significant effect on the behavior of providing exclusive breastfeeding for up to six months, but when combined with BSE, the tendency of secure attachment had a significant effect on the practice of exclusive breastfeeding for up to 6 months. Thus, further studies are needed to explain how maternal attachment to infants plays an important role in the success of mothers providing exclusive breastfeeding.

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CONCLUSION AND SUGGESTIONS

Mothers' behaviors related to early care need to be continuously studied in terms of explaining their role in the success of mothers in providing exclusive breastfeeding. This study specifically examines the role of attachment and breastfeeding self-efficacy. The results of this study prove that mothers who have high BSE accompanied by a tendency for secure attachment will have a greater influence, namely 16.4%, on the success of providing exclusive breastfeeding. While if only the BSE variable also has an influence of 10 percent. Thus, there is a role of secure attachment contribution to increasing exclusive breastfeeding behavior by 6.4% in mothers who have higher BSE. Thus, further studies are needed on the role of attachment or early care in the practice of exclusive breastfeeding so that a more comprehensive explanation is obtained.

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