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Does Spiritual Health Correlate With Breastfeeding Mother's Self-Efficacy In The Sub-District Area?

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ABSTRACT

Spiritual health is an aspect that can provide motivation and purpose for someone to achieve their goals even in a difficult situation. One of the factors supporting the success of breastfeeding is the mother's self-efficacy. Self-efficacy gives mothers confidence and strong motivation even in a difficult situation. This study aimed to determine the correlation between spiritual health and breastfeeding self-efficacy. This analytical correlational study used a cross-sectional approach. The study was conducted in October 2019 in Soreang Sub-district, Bandung Regency, one of the rural areas in Bandung Regency. The subjects of the study were chosen by cluster random sampling method and selected 52 subjects from 13 Posyandu in Soreang sub-districts. The primary data were obtained using instruments in the form of questionnaires. The level of the spiritual health of the subjects was obtained using Spiritual Health Inventory questionnaire. The level of breastfeeding self-efficacy of the subjects was obtained using the Breastfeeding Self-Efficacy Scale. Spearman rank correlation analysis indicated there is a correlation between spiritual health with breastfeeding self-efficacy, ($p=0.029$ $r=0.303$). According to the studied data, breastfeeding self-efficacy and spiritual health are correlated among breastfeeding mothers in Soreang Sub-district.

Keywords: *Breastfeeding mother; breastfeeding self-efficacy; spiritual health*

INTRODUCTION

According to the World Health Organization (WHO), breastfeeding is a normal way of providing the nutrition for the infant's growth and development¹. The WHO recommends to exclusively breastfeed until the baby is 6 months old, then encourages the mother to continue to breastfeed accompanied by appropriate complementary foods until the baby is 2 years old or more².

Breast milk provides benefits for sensory and cognitive development and protects the babies against chronic diseases and infections. Breastfeeding also gives advantages for the mother's health and well-being, and one of these advantages is that it can reduce the risk of breast cancer and ovarian cancer².

The Ministry of Health of Indonesia in 2018 shows the number of exclusive breastfeeding coverage in Indonesia is 37.3%³. West Java Province is in the 21st place among other provinces. Data from the West Java Provincial Health Office in 2017 showed that Bandung Regency is one of the regencies with the lowest exclusive breastfeeding coverage in West Java Province at 20.34%⁴. The early breastfeeding initiation effort and the breast milk exclusive program are

programs of the nation and Bandung regency in order to reduce the number of stunting in Bandung regency. In 2016 the target of Bandung Regency to reduce the prevalence of stunting in children under two years in 2016 was 12% with the achievement of around 7.98% which shows good results⁵. One of the factors that influence the success of breastfeeding is the mother's self-efficacy for breastfeeding. Self-efficacy is a person's confidence in their ability to do something to meet a goal⁶. Breastfeeding self-efficacy refers to a mother's confidence in her ability to breastfeed and determines whether the mother will breastfeed or not, how much effort the mother will use, whether the mother will have a thought pattern that builds or damages, and how the mother responds to the various problems and difficulties while breastfeeding⁷. According to the WHO, spiritual health refers to a part of individuals who reach out and strive for meaning in their life. This is something that is intangible and goes beyond a person's physiology and psychology⁸. Spiritual health is also the fourth dimension of health after physical, mental, and social where this fourth dimension has a very essential and beneficial role in motivating humans to attain all of the aspects in their life^{9,10}. The spiritual dimension is also very important in motivating people in maintaining the success of reaching

a person's goals, so that spirituality and self-efficacy are determined as strong motivations^{9,11}.

Previous research was conducted by Didarloo et al.⁹ in Iran to see the relationship between spiritual health with breastfeeding self-efficacy. The results showed there is a relationship between spiritual health and breastfeeding self-efficacy. As far as we know, in Indonesia there has never been any research conducted to see the correlation between the two variables. This study aimed to determine the correlation between spiritual health with breastfeeding self-efficacy in breastfeeding mothers in Soreang sub-district, Bandung Regency, one of the rural areas in Bandung Regency. The selection of research areas is based on the low level of exclusive breastfeeding coverage in Bandung Regency which was 20.34%. The result of the study is expected to provide an overview of the correlation between the two variables, so that it is expected that the interventions can be made using a spiritual approach in the future.

SUBJECTS AND METHODS

This correlational analytic observational study used a cross-sectional approach to determine the correlation between spiritual health and breastfeeding self-efficacy in breastfeeding mothers in Soreang Sub-district, Bandung Regency, one of the rural areas in Bandung Regency. The minimum sample was determined using the formula for correlation analytics' samples with alpha (α) 5% and beta (β) 10% (power level 90%), with the r value that is considered significant at 0.5 so that the minimum sample is 37 people. To minimize the mistakes that occur during the process of data collection the sample was expanded up to 50 subjects. During the data collection there were 52 subjects. The sample was selected by cluster random sampling method. The randomization process was done by using the RAND function in the Microsoft Excel application and included 13 *Posyandu* in six villages that could meet the number of samples needed which was 50 subjects of breastfeeding mothers. The subjects who participated in the study were breastfeeding mothers who were selected according to the inclusion criteria. The inclusion criteria were: a mother who was breastfeeding child aged 0-6 months in Soreang sub-district, Bandung Regency, a Muslim, and willing to participate in the study after completing the informed consent form. The exclusion criteria were: a mother unable to read and write, not completing the research, also mother and baby who have diseases that can prevent breast-feeding.

In this study, there were two variables. The first variable is the spiritual health of breastfeeding mothers as an independent variable. The level of spiritual health was measured using an instrument in the form of a questionnaire namely Spiritual Health Inventory (SHI)¹². The questionnaire contained 28 questions that had been developed and tested on 25 respondents then the validity and reliability of the questionnaire were tested with the results of Cronbach's alpha value of 0.828. Spiritual health variable is categorized into high and low. Categorization was done by using a cut-off median value if the data were not normally distributed and using the mean if the data were normally distributed

with used the Kolmogorov Smirnov test as the normality test. The second variable was the dependent variable which is breastfeeding self-efficacy.

The level of breastfeeding self-efficacy was measured using an instrument in the form of a questionnaire namely the Breastfeeding Self-Efficacy Scale (BSES) developed by Dennis⁷ which contains 33 questions to measure the level of breastfeeding self-efficacy in breastfeeding mothers. The BSES questionnaire used in this study had done a validity test before in a study conducted at the Faculty of Psychology at Universitas Padjadjaran in 2015 with Cronbach's alpha of 0.9414. This variable was categorized into very high, high, moderate and low with the categorization obtained from the scores as follows: 33-57 indicates low breastfeeding self-efficacy, 58-82 indicates moderate breastfeeding self-efficacy, 83-106 indicates high breastfeeding self-efficacy, and 107-132 indicates very high breastfeeding self-efficacy¹³.

The study was conducted in October 2019 after it obtained ethics approval from the Health Research Ethics Committee of the Faculty of Medicine, Universitas Padjadjaran under number: 1047/UN6.KEP/EC/2019. The primary data that were obtained were then analyzed using the Spearman Rank correlation as a statistical test to analyze the correlation between spiritual health and breastfeeding self-efficacy. Correlation between variables were considered significant if $p < 0.05$. The strength of correlation (r) was based on Guilford, which is 0.0 - < 0.2 = very weak; 0.2-0.4 = weak; 0.4- < 0.7 = moderate, 0.7- < 0.9 = strong, and 0.9-1.0 = very strong. The analyzing processes were performed using the IBM SPSS® application version 20 (IBM Corp., Armonk, NY).

RESULTS AND DISCUSSION

Table 1 shows the information about the distribution of the respondents' characteristics frequency in breastfeeding mothers. The majority of breastfeeding mothers are in the age group between 20-25 that is 42 mothers or 80.8% from the total of research subjects' group. The education of the research subject group was dominated by high school graduates that included 20 mothers or 38.5%. The majority of breastfeeding mothers in this research group have experienced breastfeeding their children exclusively that is 33 mothers or 63,5% and the other 19 mothers have not experienced breastfeeding their children exclusively or maybe never have the experience at all. The majority of breastfeeding mothers are 48 mothers or 92.3% are not working or as housewives. Most of the subjects in this research have married status except one person has a marital status of death divorce. Most of the subjects have income level above the minimum wage. Characteristics of subjects' distribution from 52 respondent are described in the Table 1.

Table 1. Frequency distribution of characteristics in subjects

	Frequency (n)	Percentage (%)
Age (Year)		
- < 20 years	1	1.9
- 20-35 years	42	80.8
- > 35 years	9	17.3
Education		
- Elementary school/equal	10	19.2
- Middle school/equal	15	28.8
- High school/equal	20	38.5
- Collage	7	13.5
Exclusive Breastfeeding Experience		
- Ever	33	63.5
- Never	19	36.5
Employment		
- Work	4	7.7
- Housewife	48	92.3
Marital Status		
- Single	0	0
- Married	51	98
- Divorce	0	0
- Death Divorce	1	2
Income Level		
- Equal with minimum wage	0	0
- Above minimum wage	27	51.9
- Under minimum wage	25	48.1

Based on Table 2, the level of spiritual health in research subjects divided into two groups that are high and low. The majority of the subjects have a high level of spiritual health that is 29 subjects or 55.8%.

Table 2. Frequency distribution of spiritual health level in subjects

Spiritual Health	Frequency (n)	Percentage (%)
High	29	55.8
Low	23	44.2

Based on Table 3, the levels of breastfeeding self-efficacy were divided into four groups that are very high, high, moderate, and low. More than half of the research subjects have a very high level of breastfeeding self-efficacy that is 31 subjects or 59.6%.

Table 3. Frequency distribution of breastfeeding self-efficacy level in subjects

Breastfeeding self-efficacy	Frequency (n)	Percentage (%)
Very High	31	59.6
High	20	38.5
Moderate	1	1.9
Low	0	0

Based on Table 4 below with the use of the Rank Spearman correlation statistic tests, there was a significant correlation between spiritual health variable and breastfeeding self-efficacy in breastfeeding mothers. The analyzed result shows $p=0.029$ ($p<0.05$) which indicates a correlation between spiritual health and breastfeeding self-efficacy

in breastfeeding mothers in Soreang Sub-district with the strength of correlation of 0.303 which means the correlation's strength between the variables is low.

The purpose of this study was to determine the relationship between spiritual health and breastfeeding self-efficacy among breastfeeding moms in Soreang subdistrict, Bandung Province. Based on the distribution of the data, the majority of breastfeeding moms are between the ages of 20 and 35, or 42 individuals or 80.8%, which is the optimal age to reproduce. One subject is younger than 20 years of age. It indicates that the person is at a high risk for high-risk pregnancies, including anemia, preeclampsia, and premature birth¹⁴. The majority of research subjects, consisting of 20 subjects or 38.5%, had completed high school. A high degree of education increases the duration of breastfeeding¹⁵. The majority of responders, 33 or 63.5%, previously had exclusive breastfeeding experience. According to Bandura's hypothesis and developed by Dennis, direct nursing experience is one of the variables that can promote breastfeeding self-efficacy. Moreover, it can lengthen the duration of breastfeeding^{7,15}. There are 55 individuals, or 98% of the research subjects, who are married, and 51.9% of the subjects have high earnings. The presence of a spouse and a good income are characteristics that contribute to a longer duration of breastfeeding¹⁵. A total of 48 participants are housewives.

Table 4. Correlation of spiritual health with breastfeeding self-efficacy in subjects

Spiritual Health	Breastfeeding Self-Efficacy				p*	Correlation Coefficient	95% CI†	
	Very High	High	Moderate	Low			Upper	Lower
High	21	8	0	0	0.029	0.303	0.554	0.054
Low	10	12	1	0				

* : rho (2 tailed-significance)

† ; CI, confidence interval

According to the WHO, breastfeeding is the best way to provide food to infants for infant's growth and development. The WHO recommends mothers around the world to exclusively breastfeed their children in the first 6 months of life¹⁶. Exclusive breastfeeding will provide protection from lower respiratory tract infections, diarrhea, allergies, asthma, sudden infant death syndrome (SIDS), atopic disease, optimizing infant growth and reducing mortality^{17,18}. One of the influential factors in breastfeeding is psychosocial factors. These psychosocial factors are the strength of the mother's intention to breastfeed, the level of the mother's self-efficacy for breastfeeding, and the level of support from the partner and family¹⁵. According to Bandura from the Social Learning Theory, self-efficacy is a cognitive process of an individual's confidence in their ability to manage motivation, thought processes, emotional status, and social environment in carrying out a specific action or in other ways. Also, it is an individual's trust and belief in their ability to achieve goals and complete work^{9,19}. This trust will affect someone's motivation to do something and survive in difficult conditions²⁰. From Bandura's theory of self-efficacy, and according to Dennis breastfeeding self-efficacy refers to a mother's confidence in her ability to breastfeed her infant and it will determine whether a mother chooses to breastfeed or not, how much effort she will expend, whether she will have self-enhancing or self-defeating thought patterns, and how she will respond to breastfeeding difficulties⁷. There are four main factors that can influence breastfeeding self-efficacy, which are: previous experiences, vicarious experiences, verbal persuasion, and physiological responses⁷. Spiritual health is the fourth dimension of health after physical, mental, and social¹⁰. This spiritual health refers to a part of the individual who reaches out and strives to reach their life's meaning in a way that is very effective and has a role for human growth and development^{8,9}. The spiritual dimension provides motivation for humans to achieve all aspects of life⁹. This dimension is able to provide meaning, hope, and comfort even in the difficult situations. This dimension also helps people to be able to respect themselves and life which is one of the important aspects to fight in a difficulty, provide motivation to find other ways to fight the difficulties, and provide strength²¹. Spirituality and self-efficacy are connected, since spirituality and self-efficacy are in a set as a strong motivation for someone to achieve goals in all aspects of life regardless of the difficulties¹¹. The results showed that there was a correlation between spiritual health and breastfeeding self-efficacy with the results of statistical tests showing a significance number of $p = 0.029$ ($p < 0.05$) with a correlation strength (r) of 0.303 which showed a weak correlation's strength between the two variables. This means that women with high spiritual health will have a high level of breastfeeding self-efficacy. The results of this study match the results of previous study conducted by Didarloo et al. which showed a relationship between spiritual health and breastfeeding self-efficacy⁹. Limitations in this research include considering other confounding variables such as age, breastfeeding experience, education level, and income level, so we do not know to what extent which factors can influence spiritual health or breastfeeding self-efficacy. For further research,

it is recommended the study to be done again by using a larger sample size in other areas with wider coverage. In addition, it is also recommended for further research to consider the confounding variables that may affect the outcomes and independent variable.

CONCLUSIONS

Spiritual health is significantly correlated with breastfeeding self-efficacy. Generally, the results indicate that the higher the spiritual health of a mother who is breastfeeding, the higher the level of breastfeeding self-efficacy of the mother. This finding can be used as a basis for conducting health education from the spiritual dimension to increase breastfeeding self-efficacy.

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