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Effectiveness of Demonstration Cum Health Education Regarding Breastfeeding Self-Efficacy Among Primiparous Mothers

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Keywords

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Abstract

Breastfeeding is a crucial way to provide the best nutrition for the healthy development of newborns. It's important to encourage breastfeeding among mothers because it benefits both the baby's and the mother's health. By boosting their confidence in breastfeeding, mothers can improve their self-efficacy and ultimately, their breastfeeding outcomes. This study aimed to determine the effectiveness of a breastfeeding self-efficacy program for first-time mothers. The researchers used a quantitative approach and a pre-experimental design with one group, pre-test, and post-test. The sample consisted of 80 first-time mothers who attended a tertiary care hospital in Vadodara. The data was collected through a tool with two parts: demographic data and a breastfeeding self-efficacy scale. The results showed a significant improvement in the breastfeeding self-efficacy level among the first-time mothers after the intervention. Before the intervention, 67.5% of the mothers had inadequate self-efficacy, 27.5% had moderate self-efficacy, and 5% had adequate self-efficacy. After the intervention, 43.75% had moderate self-efficacy, and 56.25% had adequate self-efficacy. The study concluded that the demonstration and health education program were effective in improving the breastfeeding self-efficacy score among first-time mothers.

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1. Introduction

Motherhood is a profound emotion that cannot be equaled by any other feeling; it creates a special and unbreakable bond between the mother and her child. The birth of a child is a significant and precious event for any family, and it brings a sense of fulfillment and wholeness to the mother as a woman. Therefore, it is essential for the mother to have a healthy baby. In Indian culture, motherhood is considered a mesmerizing event, as the mother not only gives birth to the baby but also nurtures the child. [1] Breastfeeding is an art, and there is no substitute for human milk when it comes to feeding babies. Breastfeeding helps to create an unforgettable connection between the mother and her child. Despite efforts by health systems to promote and support breastfeeding in line with the World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) policies, globally, only 44% of infants initiate breastfeeding within the first hour after birth, and only 40% of all infants under six months of age are exclusively breastfed. Additionally, only 45% of children are still breastfeeding at two years of age. [2] To enhance breastfeeding outcomes for mothers, healthcare providers should consider factors like the mother's knowledge and self-confidence. According to Dennis, the longer a mother exclusively breastfeeds, the higher her self-efficacy in breastfeeding. [3] Self-efficacy is a key concept in Bandura's social cognitive theory, which suggests that educational strategies and interventions can improve knowledge and skills and increase self-efficacy and empowerment. [4,5] Breastfeeding self-efficacy interventions are essential for improving outcomes, but their effectiveness may be affected by circumstances, especially in hospitals with inadequate infant feeding practices. Therefore, the objective was to assess the impact of demonstration cum health education on breastfeeding self-efficacy. [6]

2. Methodology

The study was conducted in a tertiary care hospital in Vadodara and used a pre-experimental research design with a quantitative approach. Data was collected from 80 primiparous mothers using a non-probability purposive sampling technique. Formal permission was obtained from the hospital authority and the institution's ethical committee. The sample was

selected based on specific criteria. Two tools were used to collect data: Section-I contained socio-demographic variables of the study's subjects, and Section-II was the Breastfeeding Self-efficacy Scale-Short Form (BSES-SF) [7]. Frequency and percentage distribution were used to describe the socio-demographic data and breastfeeding self-efficacy among primiparous mothers. Mean, mean difference, standard deviation, and t-test were used to describe the effectiveness of demonstration cum health education on breastfeeding self-efficacy. Chi-square was used to find the association between breastfeeding self-efficacy score and socio-demographic variables. Paired t-test was used for pre-test and post-test of breastfeeding self-efficacy. The data was analyzed using SPSS statistical software version 22.

3. Result:

The result Shows that the distribution of 80 samples Above data indicate the highest percentage (51.30%) of Primiparous mothers were in the age group of 25-35 years, 95.0% (76 samples) belongs married, 88.8% (71 samples) were household, 77.5% (62 samples) were Hindu, 56.3% (45 samples) were using side lying position while feeding, 57.5% (46 samples) were belongs to nuclear family, 53.8% (43 samples) were educated secondary, 68.8% (55 samples) were giving demand feeding, 68.8% (55 samples) had normal nipple and 53.8% (43samples) had delivered the baby via caesarean section.

The pre-test scores described that majority of 54(67.5%) of Primiparous mothers inadequate score (score: 1-14) while 22(27.5%) Primiparous mothers had moderate score (score: 15-28) none of the 04(05%) Primiparous mothers had adequate(score: 29-42). In the pre-test Breastfeeding Self-efficacy scores regarding Primiparous mothers the mean score was 1.3750. The post-test scores after the administration of demonstration cum health education depicts that none of the Primiparous mothers had inadequate Breastfeeding Self-efficacy score (score: 1-14) while 8(10%) Primiparous mothers had moderate Breastfeeding Self-efficacy score (score: 15-28) and 72(90%) Primiparous mothers had Breastfeeding Self-efficacy score (score: 29-42). In the post-test Breastfeeding Self-efficacy scores regarding Primiparous mothers the mean score was 2.5625.

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Table 1: Comparison between pre test and post test Self-efficacy score among Primiparous mother regarding breast feeding.

Breastfeeding Self-efficacy	Mean	SD	Paired t value
Pre-test	1.38	0.58	14.892
Post-test	2.56	0.49	

The study showed that demonstrating and providing health education to first-time mothers was effective in improving their breastfeeding self-efficacy. This was demonstrated by the mean difference between pre-test and post-test breastfeeding self-efficacy scores, which was 1.1875, and the standard deviation of the pre-test (0.581) and post-test (0.499). The post-test mean score of 2.5625 was higher than the pre-test mean score of 1.3750. The calculated "t" value of 14.89 confirms the effectiveness of the intervention in improving breastfeeding self-efficacy among first-time mothers.

The study found that there was no significant correlation (at a significance level of $p < 0.05$) between the Breastfeeding Self-efficacy score and selected demographic variables such as the age of mothers, occupational status, religion, maternal position of feeding, type of family, frequency of feeding, type of nipple, and mode of delivery. However, there was a significant association with marital status and educational status, although the calculated p-value was greater than the 0.05 level of significance for the sample.

4. Discussion

This research found that teaching and health education given to first-time mothers can impact their level of confidence in breastfeeding. Similar results were reported in studies conducted by Wu DS et al and Liu L et al, which found that educational interventions and breastfeeding support programs can increase self-efficacy scores in new mothers.[8,9] Shafaei et al also found that counseling, support, and prenatal training can influence breastfeeding self-efficacy,[10] while Parsa et al stated that breastfeeding counseling can have a significant effect on the continuation of breastfeeding by increasing self-efficacy scores.[11]

Modi et al used four counseling sessions for mothers, and while some studies suggest that smaller support groups are more effective, having more supporters or resources available can increase client satisfaction. [12, 13] Therefore, having access to support resources when needed can be useful. [14]

Breastfeeding self-efficacy is an important factor that can influence a mother's decision to initiate and continue breastfeeding. Self-efficacy is a psychological construct that refers to a person's belief in their ability to perform a specific task or behavior successfully. [15-17] In the context of breastfeeding, self-efficacy refers to a mother's confidence in her ability to breastfeed her baby and overcome any difficulties that may arise. [18] Studies have shown that higher levels of breastfeeding self-efficacy are associated with higher rates of breastfeeding initiation and longer duration of breastfeeding. [19-20] On the other hand, lower levels of self-efficacy are associated with early cessation of breastfeeding and switching to formula feeding. [21,22] Several factors can affect a mother's breastfeeding self-efficacy, including previous experience with breastfeeding, social support, cultural beliefs, and access to resources such as lactation consultants and peer support groups. Healthcare providers can play an essential role in supporting mothers to improve their breastfeeding self-efficacy. This can be achieved by providing education and counseling on breastfeeding techniques, addressing common concerns and challenges that mothers may face, and connecting them with support groups and resources. [23-26] Overall, improving breastfeeding self-efficacy can contribute to better breastfeeding outcomes and promote the health and well-being of both the mother and the baby.

5. Conclusion:

In conclusion, the available evidence suggests that demonstration and health education programs can improve breastfeeding self-efficacy in primiparous mothers. Breastfeeding self-efficacy has been shown to be an important predictor of breastfeeding duration, which is associated with numerous health benefits for both mother and baby. Therefore, it is important to provide adequate support and education to mothers to help them establish successful breastfeeding practices. Such interventions can include counseling, support, and prenatal training, as well as peer support and access to support resources. Ultimately, improving

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breastfeeding self-efficacy can contribute to better breastfeeding outcomes and promote the health and well-being of mothers and babies.

Conflicts of interest

There are no conflicts of interest.

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