The Breastfeeding Readiness Score In Bangka Belitung Province

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ABSTRACT

Background: Exclusive breastfeeding in Indonesia is still a challenge in several regions. Socialization and provision of information from various sides have not had a direct impact. Many factors influence the success of breastfeeding, one of which is the mother's belief in providing breast milk. The breastfeeding readiness scale is one of the tools to assess the readiness of mothers in providing exclusive breastfeeding.
Purpose: This study aims to determine the effectiveness of the breastfeeding readiness scale in Bangka Belitung Province.
Method: The study was cross-sectional. The number of respondents involved was 185 respondents who met the inclusion criteria, namely having children aged 0-6 months. The analysis was carried out univariately and bivariately using SPSS.
Results: of the 185 respondents, 67% of them had children> 1, most mothers were in the reproductive age of 20-35 years, namely 78%, with an average of having further education of 57.3%. The majority of mothers did not work at 88.6%, 65% of mothers had experience of exclusive breastfeeding. Of the 185 mothers, 70% of them still exclusively breastfeed their babies, and the scale of readiness of breastfeeding mothers mostly has a very high score of 53%, but there are still mothers who have a very low score of 5 people. There is a relationship between parity (p-value 0,0036), previous breastfeeding experience (p-value < 0,001) and exclusive breastfeeding (p value <0,000) with the scale of readiness to breastfeed. There is no relationship between education, age, occupation and type of delivery with the scale of readiness to breastfeed. **Conclusion:** The scale of readiness to breastfeed can effectively be used as a detection tool to assess the success of breastfeeding mothers. There is a need to develop a breastfeeding readiness scale in the form of an application so that it is easy for mothers and health workers to use.
Keywords: *Exclusive breastfeeding; Breastfeeding mothers; Breastfeeding readiness scale*

BACKGROUND

Indonesia's exclusive breastfeeding coverage in 2022 was recorded at only 61.5%, while Bangka Belitung's was 51.8%, below the national average, indicating the need for more intensive support so that this coverage can increase (World Health Organization Regional Office for the Eastern Mediterranean, 2022). The highest coverage was achieved by the Bangka Regency at 82.33%, while the lowest was in the West Bangka Regency at 52.88% (Hodnett et al., 2013). Many factors can inhibit exclusive breastfeeding, one of which is the mother's unpreparedness to provide breast milk. Self-efficacy in breastfeeding mothers is a supporting factor for exclusive breastfeeding, while postpartum depression is a risk factor inhibiting exclusive breastfeeding (Vieira et al., 2018). Zheng's study stated that since 6 - 12 mg postpartum, the level of self-efficacy and social support statistically increased, and the risk of postpartum statistically decreased (Zheng et al., 2018). Increasing the mother's confidence in providing breast milk can be done in various ways, including motivation, nutrition, family support, and social support. Research conducted in 2021 and 2022 produced a breastfeeding readiness scale that was by the characteristics of the community in Bangka Belitung province (Damayani et al., 2023) so it is necessary to analyze the effectiveness of the breastfeeding readiness scale which is expected to be able to identify early on the level of mother's readiness to breastfeed her baby.

OBJECTIVE

This study aims to determine the effectiveness of the breastfeeding readiness scale in Bangka Belitung Province.
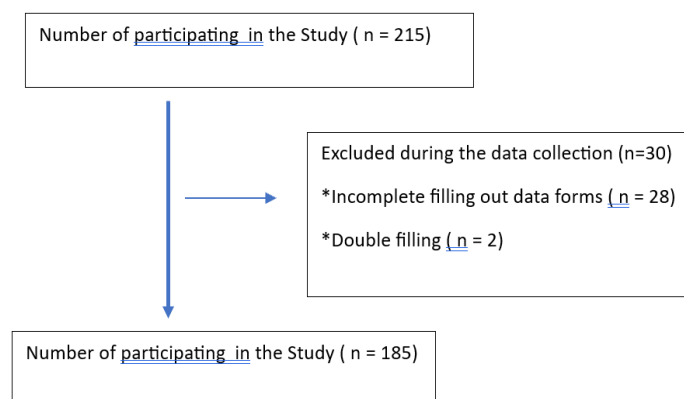
METHODS

Number of participating in the Study (n = 215)

Excluded during the data collection (n=30)

*Incomplete filling out data forms (n = 28)

*Double filling (n = 2)

Number of participating in the Study (n = 185)

Pig. Flow diagram of the study participant

The research method is cross-sectional. Sampling was conducted at 8 health centers in 3 districts that have the lowest exclusive breastfeeding coverage. The sampling technique used the simple random sampling method. The number of respondents in the study was 185. The inclusion criteria for the study were mothers who had children <6 months and

were domiciled in the Bangka Belitung province. This study was conducted in April - June 2024. Data collection using a valid and reliable breastfeeding readiness scale questionnaire.(Harsanti & Diah Damayani, 2023) This study was conducted after obtaining a certificate of ethical eligibility no. 27 / EC / KEPK-PKP / VIII / 2024 and a permit from the Kesbangpol of Bangka Belitung Province no. 503 / 10 / KESBANGPOL / DPMPTS / 2024. Licensing administration was also conducted at Central Bangka, West Bangka, and South Bangka Health Offices. The analysis was carried out univariately and bivariately using the SPSS tool.

RESULTS
Results describe the significant findings of the study. It should be clear, concise and can be in the form of texts or graphics. Please provide some introduction for the information presented on tables or images.

Table 1. Characteristic of respondents

Characteristic		Frequency	Percentage
Parity	1	61	33.0
	>1	124	67.0
Education	Primary	52	28.1
	Advance	106	57.3
	High	27	14.6
Age	< 20 years	16	8.6
	20-35 years	145	78.4
	> 35 years	24	13.0
Occupation	Housewife	164	88.6
	Working mother	21	11.4
Delivery type	Spontaneus	136	73.5
	Sectio Cesarea	49	26.5
Breastfeeding experience	Yes	120	64.9
	No	65	35.1
Exclusive breastfeeding	Yes	131	70.8
	No	54	29.2
Breastfeeding readiness scale	Very low	5	2.7
	Low	1	.5
	Average	23	12.4
	High	58	31.4
	Very High	98	53.0

From table 5.1, data is obtained that out of 185 respondents, 67% of them have > 1 child, most of the mothers are in the reproductive age of 20 - 35 years, which is 78%, with an average of having further education of 57.3%. The majority of mothers do not work, which is 88.6%, 65% of mothers have experience of exclusive breastfeeding. Currently, out of 185 mothers, 70% of them are still giving exclusive breastfeeding to their babies, and the scale of readiness of mothers to breastfeed most of them already have a very high score, which is 53%, but there are still mothers who have a very low score, which is 5 people.

Breast feeding readiness scale

		Very low	Low	Average	High	Very High	Total	P-values
Parity	1	3	0	11	24	23	61	0,036*
	> 1	2	1	12	34	75	124	
Education	Primary	1	0	9	15	27	52	
	Advance	3	1	13	36	53	106	0,719
	High	1	0	1	7	18	27	
Age	< 20 years	0	0	3	9	4	16	
	20-35 years	4	1	17	42	81	145	0,48
	>35 years	1	0	3	7	13	24	
Occupation	Housewife	5	1	22	54	82	164	0,245
	Working	0	0	1	4	16	21	
Type of birth	Spontaneus	4	1	16	43	72	136	0,956
	Sectio cesarea	1	0	7	15	26	49	
Breastfeeding Experience	Yes	3	0	8	32	77	120	0,000*
	No	2	1	15	26	21	65	
Exclusive Breastfeeding	Yes	4	0	10	37	80	131	0,001*
	No	1	1	13	21	18	54	

From the table above, several variables have a relationship to the breastfeeding readiness scale. Parity, previous breastfeeding experience and exclusive breastfeeding have a relationship to the breastfeeding readiness scale. While the variables Education, Age, Occupation and Type of Childbirth are not related to the breastfeeding readiness scale.

Breastfeeding Readiness Scale in Bangka Belitung Province
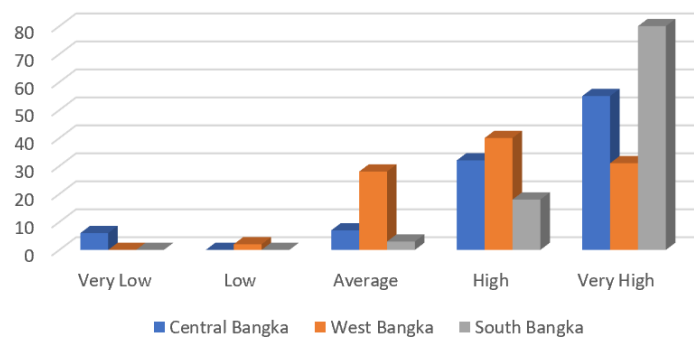
From the picture above, it can be seen that in Central Bangka Regency, there are still respondents with very low scores, while in South Bangka Regency, there are no respondents with low and very low scores. This result indicates that respondents in South Bangka are more ready to breastfeed their babies. In general, the 3 regencies have had high and very high average scores.

DISCUSSION

This study found that there was a relationship between maternal parity and the breastfeeding readiness scale with a p value of 0.036. Multiparous mothers tend to meet other breastfeeding mothers in breastfeeding groups, thereby increasing mothers' confidence in providing exclusive breastfeeding (McCarthy et al., 2024). This is not in

line with the results of previous studies which stated that there was no relationship between parity and maternal readiness to breastfeed (Bülbül & Menekşe, 2024).

This study stated that there was no relationship between maternal education and the breastfeeding readiness scale with a p value of 0.719. This is different from previous studies which found that mothers who are highly educated and have a good perception of breastfeeding are more likely to motivate and/or be confident in providing exclusive breastfeeding (Mohd et al., 2021). Different from other research results that emotional intelligence does not affect breastfeeding self-efficacy (Ngo et al., 2019; The Action Study Team et al., 2016). Even though emotional intelligence is important in respect of self awareness, understanding one-s own emotion, empathizing, expressing emotions, and coping with stress (Berens, 2015).

From the table above, data is obtained that there is no relationship between maternal age and the breastfeeding readiness scale with a p value of 0.480. This is inline with the results of another studies which stated that there was no relationship between maternal age and breastfeeding behavior (Ishak et al., 2014). This is because information and environmental support can be accessed by all mothers regardless of age.

The results of this study stated that there was no relationship between maternal occupation and the breastfeeding readiness scale with a p value of 0.245. This is in line with previous studies which stated that there was no significant difference between the BSES SF score and employment status and income (Huang et al., 2019). Meanwhile, other studies state that sometimes working mothers often feel uncomfortable breastfeeding in public places, which causes failure to provide exclusive breastfeeding (Safari et al., 2018).

From the above data, it was obtained that there was no relationship between the type of delivery and the breastfeeding readiness scale with a p value of 0.956. This is different from what was obtained by previous studies that there was a significant relationship between perceptions of labor control and maternal self-efficacy in breastfeeding. In line with research by Coates et al, which found that mothers who experienced traumatic childbirth tended to have negative experiences in the postnatal period and experienced problems while breastfeeding (Coates et al., 2014).

This study states that there is a relationship between the experience of exclusive breastfeeding and the breastfeeding readiness scale with a p value <0.000. This is in accordance with previous research which stated that previous breastfeeding experience is positively correlated with the initiation and duration of subsequent breastfeeding (Huang et al., 2019). There is a relationship between exclusive breastfeeding and the breastfeeding readiness scale with a p value of 0.001. This is in line with previous research which stated that the mother's willingness to breastfeed her baby is the strongest indicator of the success of exclusive breastfeeding (Rivi et al., 2020).

CONCLUSION

The breastfeeding readiness scale can effectively be used as a reference to assess the mother's breastfeeding success. There is a need to develop a breastfeeding readiness scale in the form of an application so that it is easy for mothers and health workers to use.

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