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The Relationship Between Social Support and Breastfeeding Self-Efficacy in Primiparous Pregnant Women

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ABSTRACT

Purpose: Study was conducted to evaluate the relationship between social support and breastfeeding efficacy in primiparous pregnant women.

Methods: The study, which was carried out as a descriptive and relational screening, was completed with the participation of 350 pregnant women who met the inclusion criteria. In the collection of the study data, a questionnaire form, Prenatal Breastfeeding Self Efficacy Scale, and Multidimensional Scale of Perceived Social Support were employed.

Results: In the present study, a positive relationship was determined between the pregnant women's breastfeeding self-efficacy and perceived social support.

Conclusion: As a result of the study, it was concluded that as the social support provided to pregnant women in the prenatal period increased, their breastfeeding self efficacy also increased.

Keywords: Perceived social support, breastfeeding self-efficacy, prenatal.

ÖZET

Amaç: Çalışma, primipar gebelerde algılanan sosyal desteğin prenatal emzirme öz yeterliliği ile ilişkisini değerlendirmek amacıyla yapılmıştır.

Gereç ve Yöntem: Tanımlayıcı ve ilişki arayıcı tipte yapılan çalışma, araştırmaya alınma kriterlerini taşıyan 350 gebe ile tamamlanmıştır. Verilerin toplanmasında; anket formu, Prenatal Emzirme Öz Yeterliliği Ölçeği ve Çok Boyutlu Algılanan Sosyal Destek Ölçeği kullanılmıştır.

Bulgular: Çalışma sonucunda, prenatal emzirme öz yeterliliği ve algılanan sosyal destek arasında pozitif bir ilişki bulunmuştur.

Sonuç: Gebelere prenatal dönemde sağlanan sosyal destek arttıkça emzirme öz yeterliklerininde arttığı sonucuna ulaşılmıştır.

Anahtar Kelimeler: Algılanan sosyal destek, emzirme öz yeterliliği, prenatal.

Breastfeeding self-efficacy is defined as "an indicator of the mother's thoughts regarding breastfeeding, her decision to breastfeed, and her ability to cope with breastfeeding problems." Mother's wish to breastfed and her decision to do it in the prenatal period are very important in terms of the development of breastfeeding self-efficacy. Breastfeeding self-efficacy in the prenatal period is affected by various factors such as receiving breastfeeding consultancy, experience, and mother's educational and economic status. One of these factors is social support (1,2).

The prenatal period is one of the periods in the woman's life in which she needs social support the most. Supporting the pregnant women in the prenatal period is very important for their adaptation to this process which hosts a variety of physiological and psychological changes. Pregnant women with solid social support systems can overcome various stress factors more easily, can adapt to motherhood with less difficulty, and thus their breastfeeding self-efficacy develops in a healthy way. Pregnant women whose breastfeeding self-efficacy develops healthily experience the breastfeeding process with joy and positively (3-5). Hence, the study was conducted to evaluate the relationship between social support and breastfeeding efficacy in primiparous pregnant women.

Material and Methods

The study has a descriptive and relational screening design. The population of the study consisted of all pregnant women who presented to the pregnancy outpatient clinic of a university hospital in Turkey. In the post hoc analysis performed with 350 individuals with G*Power (3.1.9.2) software, according to R^2:0.14 value, which was obtained in the regression analysis in which four independent variables were determined to be effective on the pregnant women's Prenatal Breastfeeding Self-Efficacy Scale scores, accepted as the primary result of the study, impact size was found to be f^2=0.16 (moderate impact) and power 1.00 (100%), and the sample size of the study being considered adequate, it was decided to complete the study with 350 individuals. Pregnant women who were 18 years old and above, who were literate in Turkish, who conceived spontaneously, who had a healthy fetus, who were in the last trimester of pregnancy, and who did not have a health problem (based on self-report) were included in the study.

In collecting the study data, a questionnaire form, Prenatal Breastfeeding Self-Efficacy Scale, and Multidimensional Perceived Social Support Scale were used. Questionnaire Form consists of 15 questions inquiring about pregnant women's sociodemographic characteristics, obstetric characteristics, and social support status.

Prenatal Breastfeeding Self-Efficacy Scale (PBSES) was developed by Wells, et al. (2006) in order to determine perceived breastfeeding self-efficacy levels of pregnant women in the prenatal period (6). The Turkish validity and reliability study of the scale was conducted by Aydin and Pasinlioglu (2018). The minimum and maximum scores to be obtained from the scale are 20 and 100. A high score obtained shows high breastfeeding self-efficacy. In the study by Aydin and Pasinlioglu (2018), the Cronbach's alpha coefficient of the scale was found as 0.85 (7). In the present study, this value was determined to be 0.96.

Multidimensional Perceived Social Support Scale (MPSSS) scale was developed by Zimet, et al. in 1990 (8). The 12-item scale evaluates the adequacy of the social support received from three different sources (family, friends, and a significant other). The lowest and highest scores to be obtained from the subscales are 4 and 28. The minimum and maximum scores to be obtained from the total scale ranges between 12 and 84. A high score obtained indicates a high level of social support. In the study conducted by Eker and Arkar (2001), the Cronbach's alpha coefficient of the scale was determined to be between 0.80 and 0.95 (9). In the current study, the Cronbach's alpha coefficient of the total scale was found as 0.90, while it was found to be 0.85 for the family subscale, 0.84 for the friend subscale, and 0.93 for the significant other subscale.

The study data were collected by the researcher between 01 March 2020 – 01 June 2020 through random sampling method, which is one of improbable sampling methods. The purpose of the study was explained to the pregnant women, who came to the hospital for routine follow-up, after their examination, and their verbal consents were taken prior to data collection.

Ethical approval for the study was obtained from Necmettin Erbakan University Meram School of Medicine, Non-Drug and Non-Medical Device Research Ethics Committee (approval date/number; 23.10.2020/2872).

The data obtained from the study were analyzed in computer environment through SPSS 20 (Statistical Package for the Social Sciences) software. The descriptive statistics were presented as number, percentage, mean, and

standard deviation. The compliance of the numerical data to normal distribution was evaluated with Skewness (between -1.73 and -0.34) and Kurtosis (between -1.04 and 1.88), and it was determined to have normal distribution. In the comparison between the difference between the PBSES mean scores of the pregnant women according to independent variables, independent groups One-Way ANOVA (Advanced analysis Tukey HSD) analysis was used in variables with three or more groups.Independent variables which had an impact on the pregnant women's PBSES mean scores in the primary analysis were evaluated through multiple linear regression (backward method) analysis. Significance level was accepted as $p<0.05$.

Results

When the sociodemographic characteristics of the pregnant women were examined, it was determined that 58% were in the age range of 26-35 years, 64.9% had university education and above, and 53.7% were employed. The majorities of the pregnant women (69.4%) lived in the city center, were married for less than five years (64.3%), had a nuclear family (92.3%), and evaluated their monthly income level as "moderate" (55.4%). The pregnant women's mean week of pregnancy was 32.18±3.90, and 81.4% conceived intentionally. 75.4% of the pregnant women reported that they received social support at a sufficient level, and of these women, 88.9% received social support from their spouses, 70.6% from their families, 40.3% from their friends, 30% from physicians, and 27.4% from nurses (Table 1).

Table 1: Social Support Features during Pregnancy

Social Support Features (n= 350)	n	%
Status of receiving adequate support in pregnancy		
Yes	264	75.4
No	86	24.6
Husband support		
Yes	311	88.9
No	39	11.1
Family support		
Yes	247	70,6
No	103	29,4
Friend support		
Yes	141	40.3
No	209	59.7
Doctor support		
Yes	105	30.0
No	245	70.0
Nurse support		
Yes	96	27.4
No	254	72.6

The pregnant women's PBSES mean score was found as 73.46±17.78. Their MPSSS total scale mean score was determined to be 67.54±13.83, the family subscale mean score as 24.75±4.46, the friends subscale mean score as 22.54±5.39 and the significant other subscale mean score as 20.26±7.20 (Table 2).

Table 2. MPSSS and PBSES Scores of Pregnants

MPSSS and PBSES Scores (n= 350)	$\bar{X} \pm SS$	Max.-Min
PBSES (Total)	73.46±17.78	24-100
MPSSS (Total)	67.54±13.83	15-84
MPSSS subscale score		
Family	24.75±4.46	4-28
Friend	22.54±5.39	5-28
Significant other	20.26±7.20	4-28

It was determined that there was moderate and positive relationship between MPSSS total scale mean score and the family subscale mean score and PBSES mean score, and that the relationship was statistically very significant ($p<0.001$, Table 3). It was also determined that there was a weak and positive correlation between the pregnant women's MPSSS friends and significant other subscales and PBSES mean score, and that the relationship was very significant in the friends dimension ($p<0.001$), significant in the significant other dimension ($p<0.05$, $p<0.001$). As the pregnant women's mean scores on the subscales of friends and the significant other increased, their PBSES mean score also increased (Table 3).

Table 3: The Relationship Between PBSES Scores and MPSSS Scores of Pregnants

Scores (n= 350)	PBSES	
	r*	p
MPSSS (Total)	0,26	**0,000**
MPSSS subscale		
Family	0,30	**0,000**
Friend	0,24	**0,000**
Significant other	0,14	**0,012**

r: Pearson regression test*

As a result of the evaluation of 11 independent variables, which were determined to have an effect on the pregnant women's PBSES, through multiple linear regression analysis (backward method), a high level relationship was found between MPSSS total mean score and its subscales (r:0.69-0.86, p<0.000/total score, tolerance:0.000, VIF was not calculated). Hence, in the regression analyses, MPSSS total score was not included in the model due to autocorrelation, but subscale scores were included. Between the other independent variables included in the regression model, a high level autocorrelation was not found according to correlation analysis and collinearity statistics.

Among the variables included in the regression model, six independent variables, which are status of receiving adequate support in pregnancy, MPSSS significant other subscale score, status of receiving support from friends in pregnancy, employment status, family type, and status of receiving nurse support in pregnancy, were excluded from the regression model respectively as they did not have an adequate impact on the pregnant women's PBSES score (p>0.05).

The order of significance of the four variables which remained in the model and had a significant effect on the pregnant women's PBSES score according to β coefficient (from the most significant to the least) was found as MPSSS family support subscale score, status of receiving support from the doctor in pregnancy (p<0.01), status of receiving support from the family in pregnancy, and MPSSS friend support subscale (p<0.05). These four independent variables explain the change in PBSES score (variance) by 14% (Table 4).

One point increase in the pregnant women's in MPSSS family support subscale leads to an increase of 0.87 point in their PBSES score, and one point increase in the friend support subscale causes an increase of 0.39 point in their PBSES score. PBSES score of the pregnant women who received doctor support is 5.89 points more compared to those who did not receive doctor support and PBSES score of the pregnant women who received family support is 5.07 points higher in comparison to those who did not receive family support (Table 4).

Discussion

Pregnancy is the period in which women need social support the most. Especially the social support status of primiparous pregnant women is one of the most important factors affecting adjustment to this challenging process (10). Healthy development of breastfeeding self-efficacy in the prenatal period enables the pregnant women to manage the breastfeeding process successfully (4).

In the present study, the pregnant women stated that they received the most support from spouse, family, and friends. Similarly, Toptas, et al. (2019) also reported that pregnant women received the most support from their spouses (11). In another study, Izadirad (2017) determined that primiparous pregnant women received social support from their spouses and families the most (12).

In the present study, the pregnant women's PBSES total mean score was found as 73.46±17.78. This mean score was reported as 76.65±15.27 in another study conducted in Turkey, 70.0±11.9 in a study conducted in Malaysia, and 70±11.9 in a study conducted in Saudi Arabia (2,13,14).

Table 4: The Effects of Independent Variables on the Pregnant Women's PBSES Scores: Multiple Linear Regression Analysis Results

Independent Variables (n= 350)	**β**	**SS**	**β**	**t**	**p**	**95% Confidence Interval for B Tolerance**		**Collinearity statistics**	
								VIF	
(Sabit)	38,06	5,36		7,102	**0,000**	27,52	48,60		
MPSSS family*	0,87	0,25	0,21	3,508	**0,001**	0,38	1,35	0,688	1,453
Doctor support	5,89	1,95	0,15	3,020	**0,003**	2,05	9,73	0,954	1,048
Family support	5,07	2,06	0,13	2,459	**0,014**	1,01	9,12	0,861	1,162
MPSSS friend *	0,39	0,19	0,12	2,062	**0,040**	0,02	0,76	0,747	1,339

** subscale score*

The pregnant women's MPSSS mean score was found as 67.54±13.83 in the present study. This value was reported to be 61.77±15.06 in a study conducted in Turkey, 65.74±13.04 in a study conducted in the United Kingdom, and 66.22 ± 13.97 in a study conducted in China (15-17). Matvenko Sikar (2021) reported a significant decrease in perceived social support in pregnant women in the COVID-19 pandemic (18).

In the present study, a positive relationship was determined between the pregnant women's breastfeeding self-efficacy and perceived social support. Similarly, in studies conducted, a positive correlation was found between the pregnant women's breastfeeding self-efficacy and perceived social support (2, 19).

Limitations

The use of improbable sampling method is a limitation of the study. Due to the COVID-19 pandemic, the participants who met the inclusion criteria and volunteered to participate in the study could be selected through improbable sampling method. Another limitation of the study is that as the study was conducted as a relational screening research, it reports the relationship between breastfeeding self-efficacy and social support, but it cannot make a causal inference between these two variables. Besides, as only primiparous pregnant women who presented to the pregnancy outpatient clinic of a university hospital in Turkey participated in the study, the results cannot be generalized to all primiparous pregnant women.

Conclusions

There exists a positive relationship between pregnant women's breastfeeding self-efficacy and their perceived social support levels. MPSSS family and friend support subscales, and the variables of status of receiving physician support in pregnancy and the status of receiving support from the family affect pregnant women's breastfeeding self-efficacy. It can be recommended that nurses should create social support programs by evaluating primiparous pregnant women's opinions on breastfeeding, their expectations, their status of social support, and their prenatal breastfeeding self-efficacy while providing care for them.

Declarations

Conflict of İnterest

The authors have no conflicts of interest to declare.

Financial Disclosure

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Ethical Committee Approval

The ethics committee of the Necmettin Erbakan University approved this protocol (approval date/number; 23.10.2020/2872)

Availability of Data and Material (Data Transparency)

The datasets analyzed during the current study are available from the corresponding author on reasonable request.

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