

ASSOCIATION BETWEEN ONLINE SOCIAL SUPPORT ON FACEBOOK AND BREASTFEEDING SELF-EFFICACY

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Abstract

Breastfeeding is considered a practical and sustainable strategy to maternal and child health, the consequences of which are contributing to health, social and economic development. But in reality, breastfeeding rate in Indonesia is still not optimal because the national coverage is still below the national and global targets set by the government and the World Health Organization which targets 50% exclusive breastfeeding rate. Social support is a positive factor in increasing breastfeeding coverage. As information and communication technology advances, social support is not only provided in the mothers' surrounding environment, has extended online through social media such as Facebook. The purpose of this study was to investigate the association between online social support and breastfeeding self-efficacy. The study used a quantitative approach with purposive sampling method on members of the largest Facebook group on breastfeeding in Indonesia. Data was analyzed using Spearman's Rank method. The results showed significant association between online social support and breastfeeding self-efficacy, with communication activeness and communication effectiveness having positive correlations while support access pattern, social support level and types of support communicated had no correlations with breastfeeding self-efficacy. Thus, it can be concluded that the higher social support obtained online through Facebook, the higher the breastfeeding self-efficacy, which in turn can contribute to the adherence of breastfeeding behaviour. Suggestions for further research are to improve sampling techniques and include other variables that can influence breastfeeding such as actual breastfeeding practice and breastfeeding intention as well as patterns of media use and offline social support obtained.

Keywords: breastfeeding, health communication, social support, self-efficacy, social media

Introduction

Breastfeeding is one of the ways to improve maternal and child health and consequently provide a nation with quality human resources for its development. After conducting a 30-year breastfeeding study, Cesar Victora stated that "breastfeeding is not just a matter of health; it's a matter of human capital" (UNICEF Connect, 2015). Breastfeeding is a long term investment which will provide healthier, stronger and more productive adults for generations to come (Victora et al, 2016). Numerous studies have shown that breastfeeding offers many benefits both for the child and mother. Breastfed children have lower morbidity and mortality due to both communicable diseases (diarrhea, pneumonia and other respiratory infections, ear infections) and noncommunicable diseases (allergies, asthma, obesity, cancer, sudden infant death syndrome) with growing evidence suggesting that breastfed children have higher intelligence and emotional quotients than non-breastfed children (Victora et al., 2016). For the mother, breastfeeding can prevent breast cancer, diabetes and ovarian cancer, reduce the risk of postnatal depression thus improving maternal mental health and can improve birth spacing (Hahn-Holbrook, Schetter, & Haselton, 2013; Victora et al., 2016). Furthermore, according to Victora (2016), worldwide scaling up of breastfeeding can contribute to reducing 823000 child deaths and 20000 breast cancer deaths every year.

A study supported by UNICEF has found that optimal breastfeeding practices in Indonesia can save trillions of dollars from annual wage losses and health system expenditures and household health spendings (Walters et al., 2016). Despite this, even though 96% of Indonesian infants have ever been breastfed, only 42% were exclusively breastfed – that is, consuming breastmilk only for the first six months of life (BPS, BKKBN, Kemenkes, & ICF International, 2013). The number is still below the global target for maternal, infant and young child nutrition which is 50% exclusive breastfeeding (World Health Organization, 2015).

To understand why breastfeeding rate is still low, it is useful to comprehend what factors affect the breastfeeding behaviour in mothers. Meedya et al (2010) stated that sociodemographic, biophysical and psychosocial factors influence breastfeeding behaviour of mothers. They also stated that while sociodemographic and biophysical factors are difficult to modify, psychosocial factors can still be shaped through behavior change communication, specifically health communication. In the age of networked communication technologies, health communication has evolved to incorporate new media as a main component to reach their communication goals.

Social media, the most recent form of new media, is seen to be beneficial in communicating health issues targeting women and specifically mothers. Women's communities have moved to the virtual space thus exchange of support and the need to connect are now facilitated by technology such as social media (Valtchanov, Parry, Glover, & Mulcahy, 2014). Community health communication are increasingly mediated by technology, replacing geographically-bound traditional tight-knit communities that seemed to fade due to higher mobility of women who are working and engaging more activity outside the home (Drentea & Moren-Cross, 2005). Social media is readily available at any time, which is useful for mothers who feel isolated at home due to child-rearing to gain support, connections, advice and social interaction with other adults (Gibson & Hanson, 2013; Valtchanov et al., 2014). The experience of motherhood mediated by Internet and social media allows women to feel connected with information and support from their virtual networks (Valtchanov et al., 2014). Research on technology use for breastfeeding communication revealed that technology can impact breastfeeding behaviour through the provision of information and support. Information and support received online can help mothers with infants to breastfeed exclusively and minimize the use of formula (Newby, Brodribb, Ware, & Davies, 2015). In the case of Indonesia, social media, specifically Facebook, is a potential tool for health communication since social media use accounts for 87.13% of Internet use even though the national Internet penetration still stands at 54.68% (APJII, 2018). Furthermore, Indonesia is the fourth largest country on Facebook, and Facebook use still surpasses all other social media (Statista, 2018).

From the above information we can see that health communication can influence attitudes, perception, knowledge, and social norms which act as precursors in behavior change. Communication then becomes a key component in behavior change as communication involves creating, collecting and sharing health information. This communication process also allows persuasive messages to be devised and then disseminated through major channels to provide the target audience the relevant health information that can positively influence their health knowledge, attitude and behavior (Neuhauser & Kreps, 2003). Therefore, studying communication behavior is a crucial part in a health behavior change intervention.

Social support is a communication behavior, where it is perceived that social support is the verbal and nonverbal communication between sender and receiver which reduces uncertainty about a situation, self, other self, or relationships, and functions to increase perception on personal control of someone's experience (Albrecht & Alderman, 1987; Albrecht & Goldsmith, 2003). Extensive literature have reported that social support has positive influence on health (Braithwaite, Waldron, & Finn, 1999; Gray, 2013; Oh, Lauckner, Boehmer, Fewins-Bliss, & Li, 2013). Social support is broadly defined as the exchange of resource or assistance by members in a community (Cohen & Hoberman, 1983). It can be categorized into two broad types: "nurturant" support and "action facilitating" support (Cutrona & Suhr, 1992). Nurturant support is the type that helps with coping without necessarily solving the problem hence more emotional in nature, giving encouragement and increasing self-esteem, whereas action facilitating support intends to solve the problem causing stress through giving information or tangible actions (Selby, Van Mierlo, Voci, Parent, & Cunningham, 2010). Social support is vital in determining breastfeeding success. In the era where many mothers are digital natives then the manifestation of social support has moved to cyberspace facilitated by technology (Gray 2013; Audelo 2014; Valtchanov *et al.* 2014). Thus the term "online social support" was coined to refer to the social support uniquely obtained through the Internet. Burman (2013) found that online social support can be an alternative to increase breastfeeding self-efficacy – another psychosocial factor vital in breastfeeding. Through a mixed-methods content analysis on an online breastfeeding forum, Gray (2013) identified the types of social support and the information sought or given through those support. It was found that social support in a breastfeeding forum were informational in nature and centered towards managing physical breastfeeding struggles (Gray, 2013).

Social support can shape the personal cognitive factor in behaviour change such as self-efficacy. Bandura stated this in social cognitive theory, where he postulated that behaviour, environment (social

support) and cognitive factors like self-efficacy all influence one another in what he termed triadic reciprocity (Bandura, 1986). Self-efficacy as part of social cognitive theory is a person's ability to carry out tasks or behaviors that can be changed through 1) mastery experience; 2) social modeling, 3) verbal persuasion and 4) improving physical and emotional states (Handayani 2012).

In breastfeeding, self-efficacy is an important factor that determines the success of breastfeeding (Kingston, Dennis and Sword 2007; Burman 2012). In the context of breastfeeding, Noel-Weiss, Bassett and Cragg (2006: 349) define breastfeeding self-efficacy as women's confidence in their ability to breastfeed. Self-efficacy is significantly associated with breastfeeding rates, where mothers with high self-efficacy breastfeeding are significantly more likely to succeed in carrying out exclusive breastfeeding than mothers with low breastfeeding self-efficacy (Handayani, Kosnin & Jiar 2009). Based on the self-breastfeeding efficacy framework developed by Dennis (1999), self-efficacy influences thoughts and actions through four processes, namely 1) choice of behaviour or whether a mother decides to breastfeed or choose other actions that she considers easier, 2) effort and persistence or how far the mother intends and mobilizes her efforts in the process of breastfeeding, 3) thought patterns related to the mother's way of thinking whether it leads to self-confidence or negativity that leads to feeling defeated, 4) emotional reactions namely how the mother will respond emotionally against the difficulty of breastfeeding (C. L. Dennis, 1999). Thus, a mother can begin to make efforts to change breastfeeding behaviour, start breastfeeding and continue to maintain effective breastfeeding behaviour.

The importance of breastfeeding self-efficacy related to mother's self-confidence can be explained physiologically. One of the hormones that affect the release of breast milk is the hormone oxytocin. This hormone is released by the brain and enters the bloodstream towards the breast and makes the milk flow, this is called the oxytocin reflex or let down reflex. Oxytocin reflexes are not only influenced by the baby's suction in the breast, but are also influenced by the mother's thoughts, feelings and sensations. Imagining a baby with affection, the sensation of carrying, seeing or hearing a baby's voice, and feeling happy and confident to be able to give milk to her baby will help the oxytocin reflex. Conversely, negative feelings such as pain, anxiety, stress or doubt will inhibit reflexes and make the breasts appear to stop producing milk. Support and comfort to help mothers feel calm and keep babies breastfeeding will make breast milk flow again (Sentra Laktasi Indonesia, 2016). Thus looking at breastfeeding self-efficacy is important as a predictor of maternal behaviour related to breastfeeding.

Therefore, this present study was conducted with the aim to investigate the relationship between online social support in a Facebook group and breastfeeding self-efficacy. In doing so, the following research question served as a guide in the research:

RQ1. What is the association between online social support and breastfeeding self-efficacy?

In answering the research question, we proposed a hypothesis to be tested which is as follows:

H₁. There is a significant correlation between online social support and breastfeeding self-efficacy.

Methods

The study used quantitative methodology with positivistic approach to address the research questions. Research was conducted on April to June 2018. Data collection was done using online survey. Samples were selected using purposive sampling method on the members of a Facebook group maintained by an association of breastfeeding mothers. This group was selected as it is the largest group on breastfeeding in Bahasa Indonesia with about 219,000 members at the time of research. Sample size was obtained by taking into account the data needed for a correlational analysis with is a minimum of 10 times the number of variables to be computed or a minimum of 30 (Siddiqui, 2013; Sugiyono, 2013). The final sample consisted of 66 respondents selected to be analyzed.

The study used a questionnaire with Likert-scale type questions on: 1) online social support with indicators measuring support access patterns, communication activeness, communication effectiveness and the type of support communicated; 2) breastfeeding self-efficacy and breastfeeding practice. The online social support questionnaire was developed by the researchers. The breastfeeding self-efficacy questionnaire

was developed based on previously tested instrument namely the *Breastfeeding Self-Efficacy Scale-Short Form* (BSES-SF) developed by Dennis (2003) which generated a score with a maximum of 70. All instruments were translated into Bahasa Indonesia and the questions were worded to suit Indonesian readers. The instruments' validity range from $0.255 - 0.931 > r_{0.05} = 0.374$ and the reliability coefficient is 0.865 for the online social support variable and 0.824 for the breastfeeding self-efficacy variable, showing the instrument is valid and re-liable to be used. The data obtained from the questionnaires were analyzed using SPSS 23 for descriptive statistics and correlational analysis using Spearman's Rank method.

Results

Respondent characteristics

The respondents in this research were mothers aged between 20 to 29 years old (N=30, 45.5%), 30 to 39 years old (N=35, 53%) and 1 aged over 40 years old (1.5%) with high educational qualifications that are Diploma/Bachelors (N=49, 74.2%) and Postgraduate (N=10, 15.2%). Most of the respondents had infant children aged 0-6 months (N=31, 47.0%) while others had children aged 7-12 months (N=12, 18.2%), 13-24 months (N=17, 25.8%) and over 24 months (N=6, 9.1%). The respondents were mainly working mothers with full time employment (N=32, 48.5%) and part time employment (N=9, 13.6%), while the rest were unemployed (N=24, 37.9%). The majority of respondents were new to breastfeeding (N=37, 56.1%) while 43.9% (N=29) had previous breastfeeding experience. The majority of respondents had favorable breastfeeding practice as reported by the high number of respondents who practiced exclusive breastfeeding (88%) and beginning solid feeding only after their infant is 6 months old (100%). However, only 26% reported practicing early initiation of breastfeeding during birth and only 29% reported practicing breastfeeding for 2 years, although the latter result were probably due to the fact that the majority of respondents were still breastfeeding infants less than 12 months hence this question did not apply to them (66%). Breastfeeding self-efficacy was measured using a translated version of BSES-SF yielding the mean score of breastfeeding self-efficacy (SD) to be 53.8 (6.5).

Online social support was measured using 5 indicators namely: 1) support access pattern, 2) communication activeness, 3) communication effectiveness, 4) level of social support and 5) type of support communicated. Support access pattern measured how long the respondent had been a member of the Facebook group, how they accessed the group (directly or indirectly through News Feed) and how often they accessed the group in a week. Results showed that 63% were in the medium range of support access pattern. Communication activeness measured how often they and how often interacted in exchanging support through publishing posts, comments, or Reactions (Likes), which gave the majority reported having low communication activeness (36%). However the majority of respondents reported the communication effectiveness as high (56%) and the social support level also as high (46%). The type of support communicated in the group were perceived as more nurturant (56%) rather than action-facilitating support (44%).

Association of online social support and breastfeeding self-efficacy

Results from correlational analysis using Spearman's Rank method showed the correlation coefficient $r=0.252$ with $p=0.041 < 0.05$ thus the hypothesis is supported and the null hypothesis rejected. We further examined the association between the indicators of online social support to see which ones had correlations with breastfeeding self-efficacy. The results of the correlational analysis is presented in Table 1. Based on the results, the indicators of online social support which had associations with breastfeeding self-efficacy were communication activeness and communication effectiveness. While support access pattern, social support level and type of support communicated did not have any correlation to breastfeeding self-efficacy.

Table 1. Correlation coefficient (r) of online social support and its indicators with breastfeeding self-efficacy

<i>Online social support</i>	<i>Breastfeeding self-efficacy</i>
<i>Online social support</i>	<i>0.252* (p=0.041)</i>
– <i>Support access pattern</i>	<i>0.229 (p=0.064)</i>
– <i>Communication activeness</i>	<i>0.396** (p=0.001)</i>
– <i>Communication effectiveness</i>	<i>0.288* (p=0.019)</i>

– <i>Social support level</i>	<i>0.174 (p=0.162)</i>
– <i>Type of support communicated</i>	<i>0.059 (p=-.376)</i>

**statistically significant at 99% CI
 *statistically significant at 95% CI

Discussion

The present study aimed to investigate whether social media can play a role in breastfeeding communication particularly through mediating breastfeeding support in increasing breastfeeding self-efficacy. Results showed that there is a weak but positive correlation between online social support and breastfeeding self-efficacy. This proves Bandura's triadic reciprocity in social cognitive theory where there is a reciprocal relationship between support and cognitive factor such as self-efficacy (Pajares, 2016). Facebook, as a platform for health communication, can then be used to positively encourage behaviour change through increasing self-efficacy. According to Bandura, using social cognitive theory, there are two ways in which health communication can shape behaviour: the direct pathway and connected through social systems, and that most changes occurred in the socially mediated pathway (Bandura, 2004, 2008). The interesting phenomena about social media is that it not only served the purpose of informing, modelling, motivating and guiding as in the direct pathway, but the interactive nature of social media makes it also influencing behaviour change through the socially mediated pathway, hence the positive association between online social support—that is uniquely obtained only through social media—and breastfeeding self-efficacy as a precursor of breastfeeding behaviour change.

Furthermore, the correlations between online social support and breastfeeding self-efficacy were through communication activeness and communication effectiveness, whereas support access pattern, social support level and type of support communicated had no significant correlation with breastfeeding self-efficacy. This could be an indication that the relationship between online social support and breastfeeding self-efficacy were more strengthened by the quality rather than the quantity of the communication, since support access pattern that measured duration, frequency, and intensity and social support level were not correlated with breastfeeding self-efficacy. It can be said that the level of engagement and the quality of interaction with each other mattered more in increasing self-efficacy rather than merely accessing the site but not actively participating. Being active and engaged in social support communication can increase self-efficacy, thus increasing the positive behavior change (Bandura 2004b). As proven by Oh *et al* (2013), there are positive associations between having health concerns, seeking and perceiving social support from Facebook, and enhanced health self-efficacy, thus increasing their confidence in managing health, and in this case, in managing the success of breastfeeding.

High communication activeness level, marked by the level of interaction in the group such as how often they post, comment or give Reaction (Likes) and the intention of visiting the Group Site or click and read through personal News Feed (rather than just read through the News Feed then scroll down to read something else), was positively associated with breastfeeding self-efficacy. This means that if the member is more active communicating and interacting in the group, then her breastfeeding self-efficacy is also likely to be higher. This is in line with the findings of Nurfirdauzi & Sutopo (2014) who studied the same Facebook group and found that the higher the role of Facebook group as communication medium, the higher the positive perception of breastfeeding mothers in implementing the exclusive breastfeeding program, in this case the perception is one that is in line with scientific evidence from the government, researchers, and pro-breastfeeding health professionals.

Other than that, communication effectiveness which measured how far the level of support sought matches the level of support given, is also positively associated with breastfeeding self-efficacy. The more effective the communication, meaning that the support given matches with the support sought, then the higher the breastfeeding self-efficacy. This proves Cutrona and Russell's *Optimal Matching Theory* where social support will be effective if the support given matches the support sought (Cutrona & Russell, 1990). The results also indicated that the more effective the communication between members in the group, the more confident she is in breastfeeding her baby. The Facebook group is the largest group on breastfeeding in Indonesia, it is a closed group where members have to be approved the group administrators prior to joining. The group is moderated by volunteers who are mostly trained breastfeeding counsellors who make sure all content in the group is as credible as possible. This may account for the positive relationship between online

social support in this particular group with breastfeeding self-efficacy. As noted by Jin, Phua & Lee (2015), the higher the popularity (number of likes) of a user-generated content on Facebook, the higher the source credibility and breastfeeding self-efficacy.

Another important finding to note is that the respondents perceived the type of support communicated as more nurturant than action facilitating. The findings addresses the theoretical underpinnings of women's communication, where we have established that the nature of women's communication as generally supportive. Pew Research Center's report on parents' social media use found that mothers are more active on Facebook for the purpose of exchanging support on social media (Duggan, Lenhart, Lampe, & Ellison, 2015). As suggested by Deetjen and Powell (2016), in online support groups for health where the participants were mostly women, emotional support became the most abundant type exchanged. This is again due to the nature of women's communication which are emotion-focused (Mo, Malik, & Coulson, 2009). Whereas Cutrona and Russell (1990) also stated that having a health issue requires emotional support (Oh et al., 2013). If breastfeeding is viewed as a health issue, then the results supports this since it was found that the respondents perceived more nurturant or emotional support is exchanged in the group. Since the type of support communicated is not significantly associated with breastfeeding self-efficacy, this could be an indication that both nurturant or action facilitating support exchanged online social support may be beneficial in increasing breastfeeding self-efficacy, regardless of the type.

Conclusion

Facebook group in an interactive and effective media for communication and exchange of social support on breastfeeding. Interventions on increasing the rate of breastfeeding should consider the use of social media as they can mediate the breastfeeding support not adequately provided offline. Based on the analysis presented in the previous sections, it can be concluded that online social support has positive significant association with breastfeeding self-efficacy. The indicators of online social support namely communication activeness and communication effectiveness are significantly correlated with breastfeeding self-efficacy, whereas support access pattern, social support level and types of support communicated had no correlation with breastfeeding self-efficacy. Thus, we can conclude that Facebook use especially activeness in Facebook groups on breastfeeding can positively increase breastfeeding self-efficacy, and that the quality of communication plays more part in determining breastfeeding self-efficacy compared to the quantity of communication.

It is expected that the results of this research can contribute in maximizing the use of social media in increasing the adherence to breastfeeding behavior, since little research had been reported that quantitatively associate social media use with breastfeeding. It is suggested that further research utilized more samples so that more variables that may affect breastfeeding can be used, such as individual characteristics, environmental/offline social support, and the patterns of general Facebook use.

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