

Designing Breastfeeding Self Efficacy tool: Validity evaluation

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ABSTRACT

Background: Breastfeeding is a cultural, physiological practice that gives newborns with cardinal nutritional support, required immunity and helps in growth and developmental. It is advised by World Health Organization (WHO) and Indian Academy of Paediatrics, to breastfeed the infant exclusively for the first six months of life. Numerous papers explore the benefits of breastfeeding for infants, mothers, and society, as well as the issues and approaches to promote sustain and support breastfeeding internationally. Breastfeeding is the natural and optimal way to nourish infants. It provides the perfect balance of nutrients while also offering immunological benefits that formula feeding cannot replicate. Despite its numerous advantages, many mothers face challenges that prevent exclusive breastfeeding. These challenges are multiple, it could range from inadequate milk production, inadequate knowledge, cultural practices, reluctance of the mother, mothers' confidence in feeding, issues in sustaining breastfeeding, maternity leave period, demands at workplace and there can be few more. Therefore, it is importance to know mothers efficacy and ability to breastfeed her infant. Mothers' ability needs to be studied to know the issues faced by her. A measurable tool needs to be developed catering to the specific needs of the mothers, hence a specific tool relating to the Self Efficacy of the mothers was the aim of the present in done.

Methodology: The study was conducted in two phases. Phase I was completed with qualitative analysis of the in- depth interviews done with postnatal mothers who were exclusively breastfeeding. This paper was aimed at testing the tool constructed on the basis of the qualitative data. A quantitative research approach was adopted for the second phase of the study. Approval was received from IEC. Non-probability purposive sampling technique was used to recruit samples. Inclusion criteria was restricted to mothers who were feeding up to two years. Exclusion criteria developed was for the mothers who had breast engorgement, and the mothers who babies were in the NICU.

Result: Phase second involved the development of Breastfeeding Efficacy Scale; Validity of the tool was done and the S-CVI calculated was 0.87. Reliability of the tool was achieved, and the r value was calculated to be 0.91

Conclusion: The Breastfeeding Efficacy tool developed was validated tested for its reliability. The scores achieved its consistency and relevance.

Keywords: Breastfeeding efficacy tool, Validation, evaluation

1. INTRODUCTION

A mother's confidence and self-efficacy in breastfeeding play a crucial role in determining the success and duration of breastfeeding. Maternal self-efficacy refers to a mother's belief in her ability to breastfeed effectively. Higher self-efficacy is associated with increased breastfeeding rates, longer breastfeeding duration, and a more positive breastfeeding experience. Factors influencing breastfeeding self-efficacy include adequate knowledge, social support, positive past experiences, and access to professional lactation support. Healthcare providers and family members can play a vital role in enhancing maternal confidence by providing education, encouragement, and problem-solving strategies to overcome breastfeeding challenges.

To know what the mothers feels or experiences is to be studied. Qualitative studies have brought about the issues, challenges the mother faces. The same issues if ones needs to know on a larger population specific tool needs to be designed. Though there are may tool available Internationally somehow they miss out on aspects relevant to the specific study setting.

Need of the study:

Breastfeeding efficacy scales are essential for assessing and supporting breastfeeding mothers. They help in multiple ways, including predicting breastfeeding success, helps detect issues such as latch problems, low milk supply concerns, or maternal anxiety, supports early interventions by healthcare professionals. Enables lactation consultants, nurses, and midwives to tailor education and support, improves breastfeeding outcomes by addressing individual needs. Enhancing maternal confidence by supporting mothers, reinforcing their capabilities and encouraging for continued breastfeeding, reducing anxiety and promoting positive breastfeeding experiences. Hence the study aimed to develop & validate Breastfeeding Self Efficacy tool.

Aim of the study: To develop and validate Breastfeeding Self Efficacy tool for postnatal mothers.

2. METHODOLOGY

Research approach was quantitative which involved construction and validation of the tool.. The study setting was urban community areas of a metropolitan city. Sample consisted of postnatal mothers. Samples were recruited by Nonprobability purposive sampling technique for the study. Validity was done by experts in the field of obstetrics & Gynaecology Nursing, Breastfeeding Consultants, Independent Midwifery Practitioners. Sample size was 50 postnatal mothers for reliability of the tool was done with fifteen experts who validated the tool constructed. Inclusion criteria for validation of the tool were health care professionals.

3. DESCRIPTION OF THE TOOL CONSTRUCTED

Breastfeeding Efficacy tool was constructed on a four point Likert scale with opinion to be marked on the four point scale. Statements were directed towards the efficacy of the mothers feeding the infant. The instrument developed had items stated to assess the efficacy. Items listed were

S.N	Item	Mean	SD
1	Feeling of first time you breastfed your baby is wonderful	3.8	0.86
2	Confidence of handling your baby soon after delivery	4.1	0.91
3	Ensured that mother's milk is sufficient for your baby	3.7	0.88
4	Formula milk can be a substitute for feeding your baby	4.2	
5	Able to maintain correct position of the baby while feeding	4.1	0.91
6	Ensured that baby is effectively suckling	4.2	0.94
7	Feel confident to feed the child	3.9	0.89
8	Comfortable feeding the child in public place with ensured privacy	4.1	0.91
9	Content with my breastfeeding practices	4.1	0.91
10	Ready to give sufficient time to my baby to breastfeed	3.8	0.86
11	Ensure proper latching and effective suckling	3.6	0.85
12	Ensure proper hygiene practices	3.9	0.89
13	Breastfeeding is challenging at times	4.1	0.91

Validity of the tool was done and the S-CVI calculated was 0.87. Reliability of the tool was achieved, and the r value was calculated to be 0.91

4. DISCUSSION

The present findings reveal that the Breastfeeding efficacy tool constructed was validated and was found to be reliable as per the reliability score. There are various tools available with validity scores done through construct & content validity, however all these are done at various settings. The present tool was constructed through the experiences of lactating women who were from similar settings but various cultural background. Also, the analysis revealed that there were peculiar problems identified with these women and have been recognized as a factor leading towards efficacy of postnatal women towards breastfeeding

5. CONCLUSION

Breastfeeding is a very personal aspect and its effects the initiation, establishment and sustenance which is an important parameter to judge efficacy. When one tries to measure the efficacy of breastfeeding various factors need to be evaluated to study it in-depth. Breastfeeding self-efficacy affects breastfeeding initiation and duration and is therefore an important construct to measure. Breastfeeding self-efficacy should be measured in a transparent, consistent, and replicable way to continue advancing our collective knowledge of this construct and its effect on breastfeeding rates. The cultural background, length of breastfeeding, mode of delivery and willingness of the mother are crucial to know. Tools constructed should be as per the population, geographical identity and cultural influence. Therefore, a single tool may not be efficient to know mother self-efficacy towards breastfeeding. Hence research needs to be done to find an equilibrium between the many tools available.

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