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MARITAL SATISFACTION AND PRENATAL BREASTFEEDING SELF-EFFICACY IN LATE ANTENATAL PERIOD IN A LOW-INCOME MUNICIPALITY

Artemio M. Gonzales Jr., RN, RM, MPH
Midwifery Department; College of Arts, Sciences and Technology; Occidental Mindoro State College

ABSTRACT

All women should be offered support to breastfeed their babies to increase the duration and exclusivity of breastfeeding. This study aims to assess the level of marital satisfaction and its influence to prenatal breastfeeding self-efficacy in the first time mothers in late pregnancy period. A descriptive correlational was conducted among 128 prim gravid women who agreed to participate and had prenatal care check-up in the barangay health center at the time of data gathering. The instruments used were 15-item Marital Adjustment Test (MAT) and 14-item Breastfeeding Self efficacy Scale-Short Form (BSES-SF). The study revealed that have a high level of marital satisfaction (112.05± 21.83). Prenatal mother responded in the study were highly confident and has high self-efficacy in breastfeeding their first unborn child (4.55±.51). Lastly, it was found out that there is no significant correlation marital satisfaction and prenatal breastfeeding self-efficacy (β=-.052, p value=.280). The study suggests incorporating co-parenting intervention involving father's involvement and assistance with breastfeeding when creating interventions in breastfeeding.

Keywords: *BFSE, breastfeeding, breastfeeding confidence, marital satisfaction*

1. INTRODUCTION

In 2012, the World Health Assembly Resolution 65.6 endorsed a comprehensive implementation plan on maternal, infant and young child nutrition (WHO, 2012), which specified six global nutrition targets for 2025 (WHO, 2014).

All women should be offered support to breastfeed their babies to increase the duration and exclusivity of breastfeeding. Support is likely to be more effective in settings with high initiation rates, so efforts to increase the uptake of breastfeeding should be in place. Support may be offered either by professional or lay/peer supporters, or a combination of both. Strategies that rely mainly on face-to-face support are more likely to succeed (Renfrew, McCormick, Wade, Quinn & Dowswell, 2012). Although health care professionals offer timely support to breastfeeding women (Bäckström, Wahn & Ekström, 2010; Radzyminski, & Callister, 2015), the more constant presence and immediate support of the baby's father, or mother's partner offers opportunity to influence the maintenance and duration of breastfeeding.

Father or partner has been identified as an influencing factor in the maternal decision making (Ghose et al., 2017). If the mother feels that the father's attitude towards breastfeeding is positive and supportive there is a greater likelihood that she will continue breastfeeding (Mannion, Hobbs, McDonald & Tough, 2013). This study aims to assess the level of marital satisfaction and its influence to prenatal breastfeeding self-efficacy of the first time mothers in late pregnancy period.

2. MATERIALS AND METHODS

a. Research Design

The research design of the study is a descriptive correlational to determine the relationship between the marital satisfaction and the level of prenatal breastfeeding self-efficacy of the primigravid mothers.

b. Research Population and Data Collection

Respondents of the study consisted of (128) primigravid women who agreed to participate and had prenatal care check-up in the barangay health center at the time of data gathering. Systematic sampling was used in the selection of the primigravid women who consented to participate in this study.

2.3. Research Instrument and Data Analysis

The questionnaire was composed of socio-demographic section, 15-item Marital Adjustment Test (Locke & Wallace, 1959) and 14-item Breastfeeding Self efficacy Scale (Dennis, 2003). Descriptive statistics used included percentages and frequencies for demographic profile and mean for BFSE. Pearson's correlation coefficient was utilized to test the relationships between the samples' marital satisfaction to correlate with BFSE of the respondents. Fisher's t test was utilized to determine the significance of correlations. A p value of equal to or less than .05 was considered statistically significant.

3. RESULTS AND DISCUSSION

3.1. Profile of the Respondents

Data shows that most of the young adult ages 19-24 (45.8%). It also reveals that the respondents were unmarried (53.1%) reached high school graduate and high school and college graduate (both 25.8%), earning ≤ 7,890 and considered poor (66.4%) and most had met the national prenatal visit minimum requirement (42.2%).

3.2. Marital Satisfaction in Late Pregnancy

The results show that the respondents have a high level of marital satisfaction (MAT scores; 112.05± 21.83). The consistency in the relationship between spouses is also important for the baby to understand relationship connections (Mutlu, Erkut, Yıldırım & Gündoğdu, 2018). Further, it was also demonstrated that family functions especially, problem solving, communications and family roles as well as marital adjustment can explain more than half of the quality of life in women (Basharpoor & Sheykholeslami 2015). Lastly in a couple expecting their first child, both women and partners' coping behaviors contributed to higher marital adjustment, suggesting that risks for marital dissatisfaction may exist for couples not able to implement adaptive strategies, or for those unsatisfied with the implemented coping behaviors Molgora, Acquati, Fenaroli & Saita, 2019).

Table 1. Marital satisfaction in late pregnancy.

Marital Satisfaction	Mean	Standard Deviation
(Marital Adjustment Score)	112.05	21.83

3.3. Prenatal Breastfeeding Self-Efficacy in Late Pregnancy

The results reveled that prenatal mother responded in the study were highly confident and has self-efficacy in breastfeeding their first unborn child (4.55±.51). It was also revealed that the respondents were both highly confident in breastfeeding technique (4.47±.44) and intrapersonal thought in breastfeeding (4.59±.52).

Table 2. Prenatal breastfeeding self-efficacy.

BFSE Sub-scale	Mean	SD	Interpretation
Technique	4.47	.44	Highly Confident
Intrapersonal Thoughts	4.59	.52	Highly Confident
OVERALL BFSE	4.55	.51	Highly Confident

Legend: highly confident (4.40-5.00); confident (3.40-4.19); moderately confident (2.60-3.39); not confident (1.80-2.59); and highly not confident (1.00-1.79).

The results from the current the study are consistent with the original BSES-SF study of Dennis, et al (2003) and provide evidence that the BSES-SF is reliable measure of breastfeeding self-efficacyin the study area. Pollard and Guill (2009), conclude that the score on BSES-SF was statistically significant predictor of breastfeeding length. The use of the BSES-SF as the baseline assessment tool to identify women who was at high risk of weaning was also suggested. Health care professionals can readily see the areas in which self-efficacy is low prenatally and help to empower the new mother to breastfeed successfully during the postpartum period. While previous research has found higher breastfeeding knowledge to positively impact both breastfeeding outcomes and breastfeeding intention (Cottrell & Detman, 2013), few studies have investigated the impact of breastfeeding knowledge on breastfeeding self-efficacy.

3.4. Correlation between Marital Satisfaction and Prenatal Breastfeeding Self-Efficacy

The results revealed that there is no significant correlation marital satisfaction and prenatal breastfeeding self-efficacy (β=-.052, p value=.280). On the other hand, it also showed that there is a significantly negative and weak downhill linear relationship (β=-.148, p value=.047) between marital satisfaction scores and intrapersonal thoughts in breastfeeding among prenatal mothers in their late post-partum period. On the contrary, in other studies it was shown that women who reported active/positive support from their partners scored higher on the BSES than those reporting ambivalent/negative partner support when we controlled for previous breastfeeding experience and age of infant (Mannion, Hobbs, McDonald & Tough, 2013; Abbass-Dick, Stern, Nelson, Watson, & Dennis, 2015). The studies suggested that a coparenting intervention involving fathers warrants additional investigation to assess significant improvements in breastfeeding duration, paternal breastfeeding self-efficacy, and maternal perceptions of paternal involvement and assistance with breastfeeding. Lastly, Dennis, Brennenstuhl, and Abbass-Dick (2018) suggested to conduct future studies to measure of breastfeeding self-efficacy among fathers, especially following hospital discharge.

Table 3. Correlation between marital satisfaction and prenatal breastfeeding self-efficacy.

BFSE Scores	**MAT Score**	
	Beta coefficient	p value
Technique	-.078	.190
Intrapersonal thoughts	-.148	.047
Prenatal BFSE	-.052	.280

*. Correlation is significant at the 0.05 level (1-tailed).

4. CONCLUSION

The result shows that the respondents have a high level of marital satisfaction. Prenatal mother responded in the study were highly confident and has self-efficacy in breastfeeding their first unborn child. Lastly, there is no significant correlation marital satisfaction and prenatal breastfeeding self-efficacy.

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