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THE ROLE OF SOCIAL SUPPORT, KNOWLEDGE, ATTITUDE, AND SELF-EFFICACY IN BREASTFEEDING: SOCIAL COGNITIVE PERSPECTIVE

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Abstrak

Sangat jarang penelitian terkait promosi ASI di Indonesia yang menggunakan pendekatan social cognitive theory (SCT). Makalah ini menyajikan pendekatan sosial kognitif sebagai perspektif baru dalam promosi dan edukasi ASI yang meliputi lima variabel: dukungan sosial, pengetahuan, sikap, kepercayaan diri, dan menyusui. Peran/ kontribusi dari dukungan sosial, pengetahuan, sikap, kepercayaan diri, terhadap menyusui dijelaskan secara gamblang dengan SCT. Dari perspektif SCT, menyusui dipengaruhi oleh faktor personal ibu (pengetahuan, sikap, dan kepercayaan diri) serta lingkungan (dukungan sosial).

Keywords: social, cognitive, breastfeeding

A mother support group (MSG) program has been conducted as a pilot project to promote breastfeeding, especially exclusive breastfeeding in Indonesia. The mother support group program is based on community empowerment. In the mother support group, mothers can share with each other about breastfeeding and other health problems. Eligibility is the main principle in this program, so that they feel free to speak and share each other.

The mother support group (MSG) program aims to facilitate the creation of supportive social environment for early initiation to breastfeeding and exclusive breastfeeding from birth to six months (Mercy Corps, 2009). The objective of this program is improving knowledge, skills, and attitudes and practices regarding early initiation and exclusive breastfeeding in communities.

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Under those objectives, several peer-mothers in the community were trained to facilitate the MSG. The training aims to equip selected young mothers in the community with sufficient knowledge and skills to organize and facilitate group learning among pregnant and nursing women in their neighborhoods.

The objectives set by the MSG for improving breastfeeding practice which includes knowledge, skill, and attitude are modifiable variables that can be change to enhance breastfeeding practice; partially exclusive breastfeeding baby the age of 0-6 months.

Social support, knowledge, attitude, and self-efficacy are factors that might influence breastfeeding practice (Kong & Lee, 2004; Kools et al, 2005; Meedya et al, 2010; Tarkka, Paunonen, & Laippala, 1999). Those factors have been reported as important, modifiable factors that influence breastfeeding outcome.

There is a relationship between environment, cognitive and behavior (Bandura, 1986). From this perspective, a mother's behavior is both influenced by and is influencing a person's personal factors (i.e. knowledge, attitude, and self efficacy) and the environment (i.e. social support). Bandura accepts the possibility of an individual behavior being conditioned through the use of consequences (Skinner, 1938). At the same time he recognizes that a person's behavior can influence the environment (Sternberg, 1988). The same is true of the relationship between personal factors such as cognitive skill or attitudes and behavior of the environment. Each can influence and be influenced by the other.

Social cognitive theory

Social cognitive theory extends the conception of human agency to collective agency (Bandura, 2000 & 2001). People do not operate as isolates. They work together to improve the quality of their lives. Their shared beliefs in their collective efficacy to accomplish social change play a key role in the policy and public health promotion (Bandura, 2004).

An important concept developed by Bandura (1986) is that of reciprocal determinism. From this perspective, a person's behavior is both influenced by and is influencing a person's personal factors (i.e. knowledge, attitude, and self efficacy) and the environment (i.e. social support). Bandura accepts the possibility of an individual behavior being conditioned through the use of consequences (Skinner, 1938). At the same time he recognizes that a person's behavior can influence the environment (Sternberg, 1988). The same is true of the relationship between personal factors such as cognitive skill or attitudes and behavior of the environment. Each can influence and be influenced by the other.

SCT emphasizes reciprocal determinism in the interaction between people and their environments. SCT posits that human behavior is the product of the dynamic interplay of personal, behavioral, and environmental influences. Although it recognizes how environment shapes behavior, this theory focuses on people potential abilities to alter and construct environments to suit purposes they devise for themselves. In addition to a person's individual capacity to interact with their environment, SCT emphasizes the human capacity to collective action. This enables individuals to work together in organizations and social systems to achieve environmental changes that benefit the entire group (Bandura, 1989). According to Bandura (1977), planned protection and promotion of breastfeeding can be viewed as illustrations of these reciprocal deter-

minisms, as societies seek to control the environmental and social factors that influence mother behavior and breastfeeding outcomes.

The SCT explains behavior in terms of a triadic, dynamic and reciprocal interaction of environment, personal factors, and behavior. However, this reciprocal interaction does not imply that all sources of influence are of equal strength. The SCT recognizes that some sources of influence are stronger than others and they do not all occur simultaneously. The interaction between the three factors will differ based on the individual, the particular behavior being examined, and the specific situation in which the behavior occurs (Bandura, 1989).

The person-behavior interaction involves the bi-directional influences of one's thoughts, emotions, and biological properties and one's actions (Bandura 1977; 1986; 1989). For example, a person's expectations, beliefs, self-perceptions, goals, and intention give shape and direction to behavior. However, the behavior that is carried out will then affect one's thoughts and emotions.

A bi-directional interaction also occurs between the environment and personal characteristics (Bandura 1977; 1986; 1989). In this process, human expectations, beliefs and cognitive competencies are developed and modified by social influences and physical structures within the environment (Bandura, 1986).

The final interaction occurs between behavior and the environment. Bandura contends that people are both products of their environment (Bandura 1977; 1986; 1989). A person's behavior will determine the aspects of their environment to which they are exposed, and behavior is, in turn, modified by that environment. The environment partly determines which forms of one's behavior are developed and activated (Bandura, 1989).

The relative influence of the three interlocking factors varies in different individuals and different situations. In a reciprocal interaction process, one and the same event can be a stimulus, a response, or an environmental reinforcer, depending on where in the sequence begin the analysis. Thus it is useless to search for an ultimate environmental cause of behavior. Moreover, chance encounters frequently play a role in shaping the course of a human life. In a chance encounter, each separate chain of events has its own causal determinants, but their occurrence together arises fortuitously. The science of psychology can not predict the likelihood of chance encounters, but it can clarify the factors that influence their impact (Bandura, 1986).

The social cognitive theory has been successfully applied to health education previously (Parcel and Baranowski, 1981). According to this explanatory model, self-efficacy for a specific task or behavior reflects an individual's perception of their own abilities, which in turn determines the individual's intention to attempt and continue certain behaviors. The amount of effort a person is willing to expend on efforts, their persistence in the face of difficulty, and their thought processes and emotional responses surrounding their performance are all direct consequences of their perceived self-efficacy. The social learning theory model provides excellent direction for design and evaluation of education to promote breastfeeding (Dennis, 2002).

Building on previous theorization and research by Miller and Dollard (1941) and Rotter (1954), Social Cognitive Theory (SCT) was first known as social learning theory, as it was based on the operation of

established principles of learning within the human social context (Bandura, 1977).

SCT emphasizes reciprocal determinism in the interaction between people and their environments. SCT posits that human behavior is the product of the dynamic interplay of personal, behavioral, and environmental influences. Although it recognizes how environment shapes behavior, this theory focuses on people potential abilities to alter and construct environments to suit purposes they devise for themselves. In addition to a person's individual capacity to interact with their environment, SCT emphasizes the human capacity to collective action. This enables individuals to work together in organizations and social systems to achieve environmental changes that benefit the entire group. According to Bandura (1977), planned protection and promotion of breastfeeding can be viewed as illustrations of these kind reciprocal determinisms, as societies seek to control the environmental and social factors that influence mother behavior and breastfeeding outcomes.

From reciprocal determinism perspective, a person's behavior is both influenced by and is influencing a person's personal factors and the environment. Bandura accepts the possibility of an individual behavior being conditioned through the use of consequences (Skinner, 1938). At the same time he recognizes that a person's behavior can impact the environment (Sternberg, 1988). The same is true of the relationship between personal factors such as cognitive skill or attitudes and behavior of the environment. Each can impact and be impacted by the other.

SCT identifies four major ways in which knowledge and self-efficacy can be developed (Bandura, 2004): (1) mastery experience, enabling the person to succeed in attainable but increasingly challenging performances of desired behaviors. The experience of performance mastery is the strongest influence on self-efficacy belief; (2) social modeling, showing the person that others like themselves can do it. This should include detailed demonstrations of the small steps taken in the attainment of a complex objective; (3) improving physical and emotional states, making sure people are well-rested and relaxed before attempting a new behavior. This can include efforts to reduce stress and depression while building positive emotions-as when "fear" is re-labeled as "excitement"; and (4) verbal persuasion, telling the person that he or she can do it. Strong encouragement can boost knowledge and confidence enough to induce the first efforts toward behavior change. Mother support group has targeted changes in peer support, knowledge, attitude, and self efficacy to enhance breastfeeding behavior (Figure 1).

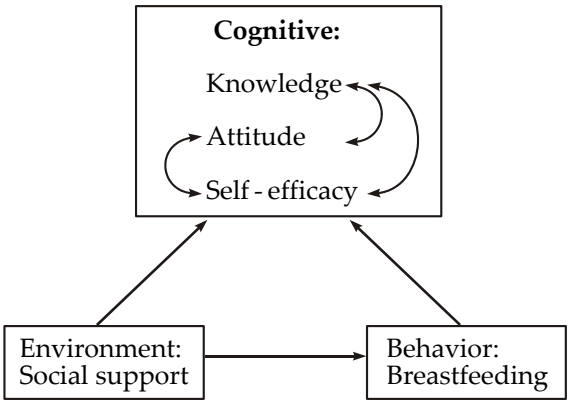

Figure 1: Theoretical framework

To promote the conceptual development of breastfeeding self-efficacy, Bandura's (1977) social cognitive theory and self-efficacy concept may be used. According to Bandura, self-efficacy is an important health-related predictor. Self-efficacy is defined as an individual's confidence in her perceived ability to perform a specific task or behavior (Bandura, 1977). Self-efficacy is composed of two parts: (1)

outcome expectancy, the belief that a given behavior will produce a particular outcome; and (2) self-efficacy expectancy, an individual's conviction that one can successfully perform certain tasks or behavior to produce the desired outcome (Bandura, 1977). These self-efficacy expectancies influence behaviors individuals engage in, how much effort they expend, how long they persist when faced with obstacles, and whether they undertake self debilitating or self-encouraging cognitions.

Following Bandura, Dennis (1999) developed the breastfeeding self-efficacy concept. Breastfeeding self-efficacy refers to a mother confidence in her ability to breastfeed her infant. It is an important variable in breastfeeding outcomes as it predicts: (1) whether a mother chooses to breastfeed or not, (2) how much effort she will expend, (3) whether she will have self enhancing or self-defeating thought patterns, and (4) how she will emotionally respond to breastfeeding difficulties (Dennis, 1999).

Social support, knowledge, attitude, and self-efficacy can be manipulated, and subtle manipulation of them can affect breastfeeding behavior. Manipulating these variables to mothers could be done by giving them information and support, such as the mother support group.

Conclusion

The role of social support, knowledge, attitude, and self-efficacy in breastfeeding is clearly explained by SCT. From SCT perspective, breastfeeding is influenced by mother's personal factors (knowledge and attitude) and the environment (social support).

This paper explores the application SCT in breastfeeding education field. It is another form of psychology application to promote health behavior for enhancing quality of life. It will be very useful to improve the body of knowledge; this is the new cross-application of psychology and public health field.

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