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Predictors of breastfeeding self-efficacy during the covid-19 pandemic

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ABSTRACT

Background: Breastfeeding self-efficacy (BSE) is a strong predictor of the duration of breastfeeding. The aim of this study is to determine the predictors of BSE in breastfeeding mothers during the Covid-19 pandemic.
Methods: A cross-sectional study was conducted with 300 breastfeeding mothers who breastfed during the Covid-19 pandemic. Convenience sampling was used to recruit participants. A battery of online questionnaires measured sociodemographic and obstetric characteristics, breastfeeding self-efficacy, spouse postpartum social support, perceived social support, anxiety and depression, and fear of Covid-19. Data were analyzed using Pearson correlation coefficients, one-way ANOVA, and multivariable linear regression via stepwise method. The significance level in this study was $\alpha = 0.05$.
Results: The mean BSE score among participants was 58.19 ± 10.48 (out of 70). Spouse postpartum social support ($\beta = 0.732$, $p = 0.04$), intention to breastfeed ($\beta = 0.17$, $p = 0.001$), use of formula while breastfeeding ($\beta = -0.09$, $p < 0.001$), and depression ($\beta = -0.11$, $p < 0.001$) were significant predictors of BSE. However, fear of Covid-19 was not significantly correlated with BSE ($p = 0.514$).
Conclusion: The results of the present study showed that fear of Covid-19 was not a significant predictor of BSE, while spouse postpartum social support and having the intention of breastfeeding were positively associated with BSE. Depression and simultaneous use of formula in feeding the infant was negatively associated with BSE during Covid-19. Overall, breastfeeding can be encouraged through counseling to improve receiving spousal support, increasing breastfeeding intent, and reducing depression.

1. Introduction

The World Health Organization (WHO) recommends breastfeeding initiation in the first hour after birth, exclusive breastfeeding for up to 6 months, and continuation of breastfeeding until the child is 2 years old (WHO, 2003). Health organizations, including the Centers for Disease Control and Prevention (CDC), WHO, and the American Academy of Pediatrics (AAP), recommend exclusive breastfeeding for the first 4–6 months after birth (Kornides and Kitsantas, 2013). Breastfeeding has both short- and long-term benefits for mothers and infants (Jaafar et al., 2016). The Lancet Breastfeeding Series (2016) reported that breastfeeding could prevent approximately 823,000 child deaths annually (Victora et al., 2016). Breastfeeding reduces of morbidity and mortality due to diarrhea by 64% and the severity of respiratory infections and its hospitalization by 70% (Eidelman and Schanler, 2012). This demonstrates the protective benefits of breastfeeding and the repercussions when it is not undertaken (Lubbe et al., 2020). Although a large percentage of women start exclusive breastfeeding after childbirth, this rate decreases as the infant grows older (Woldeamanuel, 2020). The exclusive breastfeeding rate in Iran has been reported as 56.8% four months after childbirth and 27.7% after six months. One of the goals of global nutrition policies is to increase exclusive breastfeeding in the first 6 months after childbirth by at least 50% by 2025 (WHO, 2014).

An approach to achieve this goal is to focus on the factors that affect mothers' breastfeeding. Many factors, such as age, marital status, income, smoking, type of delivery, previous breastfeeding experience, social support, and domestic violence, are related to exclusive breastfeeding (Barona-Vilar et al., 2009; Yılmaz et al., 2017). An important

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