

Hypnobreastfeeding with a self-efficacy module for breastfeeding postpartum mothers, Kendari City, Indonesia

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ABSTRACT

Hypnobreastfeeding is beneficial for both the baby's and mother's health, but lack of preparation and environmental support can decrease the mother's confidence in breastfeeding. The mother's lack of preparation for breastfeeding her baby combined with environmental influences made her less confident. The aim was to analyze the effectiveness of hypnobreastfeeding via WhatsApp with a module on breastfeeding self-efficacy among postpartum mothers. This study used a quasi-experimental design with a control group before and after the intervention, focusing on Kendari city, Indonesia. This study was conducted from January to May 2024 using simple random sampling. The study sample comprised 130 postpartum mothers. The subjects were tested using a pre-test and post-test. The data analysis was performed using the Wilcoxon's test. The median self-efficacy score before the intervention (pre-test) was 16, with a minimum value of 12 and a maximum of 48. The median self-efficacy score for the intervention group (post-test) was 46, with a minimum value of 20 and a maximum of 58. The median self-efficacy score of the group before the intervention (pre-test) was lower than after the intervention (post-test). There was a difference in the self-efficacy scores of the control group between the pre- and post-test, with a value of $p = 0.000$. In conclusion, intervention had a positive impact on increasing self-efficacy levels compared to the control group. The improved self-efficacy levels could potentially lead to better performance in various activities. The findings could have important policy implications for implementing similar interventions in other settings to enhance self-efficacy.

Key words:

hypnobreastfeeding; self-efficacy; module; breastfeeding; postpartum mothers

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INTRODUCTION

Mothers breastfeed their babies within the first hour after giving birth and continue until the first 6 months of the baby's life.¹ Complementary foods with adequate and safe nutrition are introduced when the baby is six months old with continued breastfeeding for up to two years or more.² The Sustainable Development Goals (SDGs) target is to end preventable deaths of infants and toddlers by 2030, with all countries trying to reduce the Neonatal Mortality Rate to at least 12 per 1,000 Live Births by exclusively breastfeeding.³

Mothers' psychological condition accounted for 80% of the causes of breastfeeding failure. Stress in breastfeeding mothers results in the reduced secretion of oxytocin and prolactin (hormones that produce breast milk).⁴ The mother's lack of preparation for breastfeeding her baby combined with environmental influences, makes her less confident.⁵ This caused the mother to believe that she could not breastfeed. Subconsciously, the mother's mind inhibits breast-milk production. The subconscious mind influences 82% of an individual's life. Insufficient breast milk production makes mothers increasingly less confident in breastfeeding their babies and the babies become fussy. When breast milk production decreases, the mother provides complementary foods, so breast milk further decreases until it does not come out at all; this is called lactation failure.⁶

One of the factors that determines the success of breastfeeding is the mother's condition, such as self-confidence or belief in providing breast milk.⁷ Self-efficacy influences exclusive breastfeeding. Self-confidence, also called self-efficacy, describes a person's belief in their ability to perform certain actions to achieve expected or desired results.⁸ Breastfeeding self-efficacy is a mother's belief regarding her

ability to breastfeed her baby, and influences the mother's decision to breastfeed, how much effort is expended, the ability to improve, and how to respond emotionally to breastfeeding difficulties.⁹

Previous research shows that there is a significant effect of hypnobreastfeeding on the smoothness of breastfeeding in postpartum mothers, with a p value of 0.001.¹⁰ According to a study, there is an effect of hypnobreastfeeding technique on milk production, with a p value of $0.001 < 0.05$. Postpartum mothers should increase their knowledge and experience in an effort to increase breast milk production so that mothers can give breast milk optimally.¹¹ Other research showed that there are differences in the attitude of the breastfeeding mothers ($p = 0.012$) and the underweight status of children aged 0–6 months ($p = 0.000$) before and after the implementation of hypnobreastfeeding therapy.¹²

Hypnobreastfeeding is a technique of autohypnosis (self-hypnosis), which is a natural effort to instill positive intentions, mental suggestions, or subconscious thoughts in preparing for and undergoing the breastfeeding or lactation process so that mothers can enjoy the breastfeeding experience and problems during the breastfeeding period do not occur. In hypnobreastfeeding, the desired changes are anything that makes the breastfeeding process easier and smoother through the implantation of positive affirmations about breastfeeding, for example, "I am able to give breast milk to my baby" or "My breast milk will flow freely for him".¹²

This study aimed to determine whether hypnobreastfeeding through WhatsApp can positively impact postpartum mothers' self-efficacy during breastfeeding. This study contributes to the understanding of innovative methods for supporting and improving breastfeeding practices among new mothers. By utilizing

technology such as WhatsApp for hypnobreastfeeding, researchers hope to provide accessible and convenient support to postpartum mothers. The findings of this study may also inform future interventions aimed at enhancing breastfeeding self-efficacy in similar populations.

METHOD

This study used an intervention design with a quasi-experimental design, namely, pre- and post-tests, in the intervention and control groups. The treatment group was given intervention in the form of hypnobreastfeeding for 10 min in the morning and evening for 40 days, starting from day 1 to day 40 postpartum. The control group was given breastfeeding knowledge by nurses. To ensure that there was no contamination of data, respondents were accompanied by researchers and research assistants (nurses and midwives) and were given specific instructions. Breastfeeding confidence was also assessed. This study was conducted in Kendari, Southeast Sulawesi, Indonesia.

This study was conducted between January and May 2024. Researchers

employed a simple Random Sampling technique using a lottery. This was intended to ensure that every subject who met the criteria had an equal opportunity to be selected for the intervention group. The participants were pretested using a questionnaire about self-efficacy in breastfeeding, which assessed the mother's confidence in breastfeeding before being given hypnobreastfeeding. After 40 days, a post-test was conducted using a questionnaire for both groups.

The inclusion criteria were postpartum mothers who were willing to be respondents to the study and agreed to provide informed consent, mothers who gave birth normally, and postpartum mothers who were in good health. The exclusion criteria were mothers who gave birth by caesarean section and postpartum mothers suffering from an illness that made it impossible to participate in research activities. The study sample was comprised of 130 breastfeeding mothers who gave birth normally. The instruments used were a control sheet and questionnaire to assess self-efficacy in breastfeeding. The maximum self-efficacy score is 60 with the categories High: 48-60, Medium: 36-48, Low: 24-36, and Very low: 12-24.

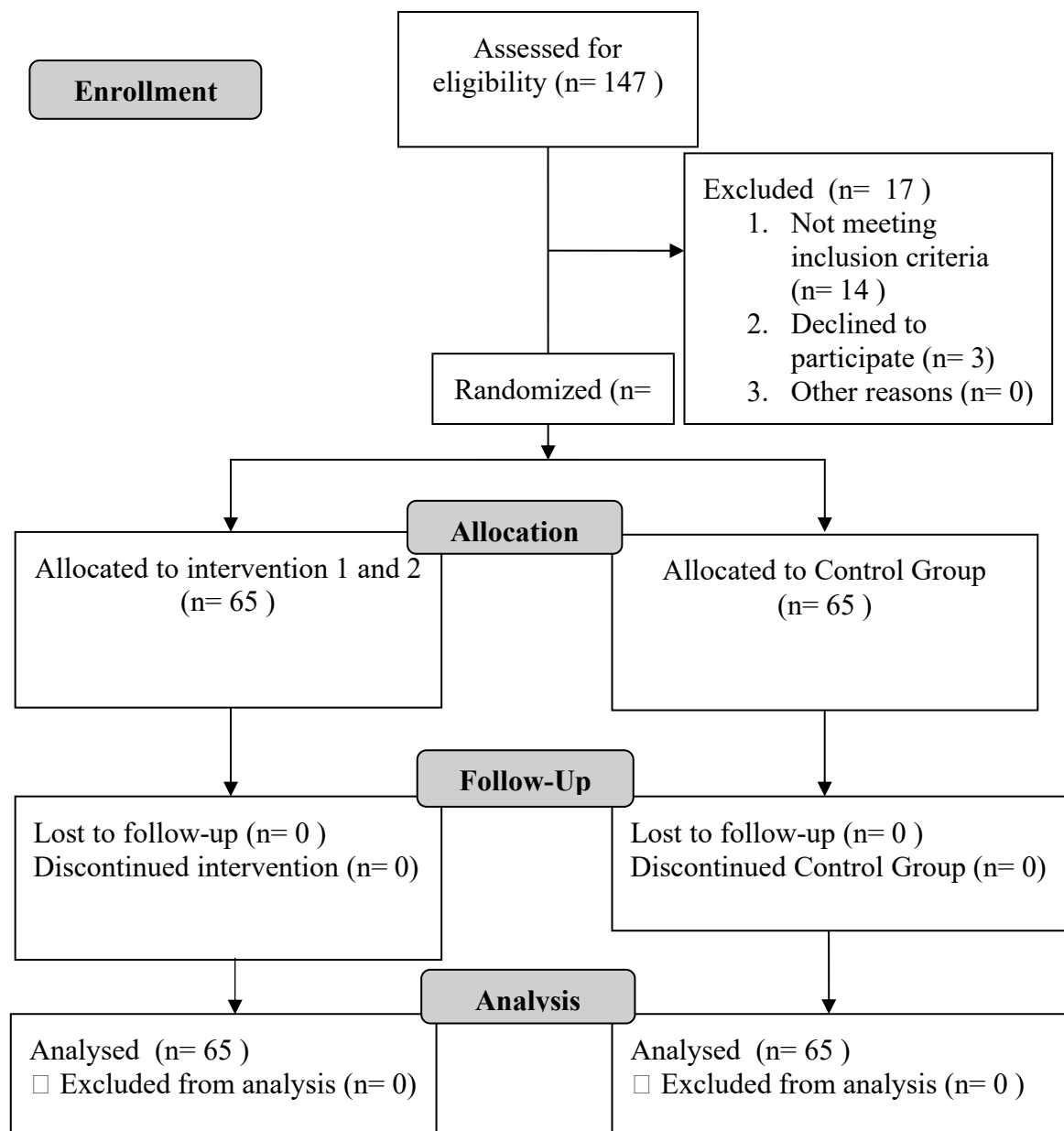


Figure 1. Consort Diagram

The data were analyzed using Univariate and Bivariate analyses. Univariate analysis was performed to describe the research variables by creating a frequency distribution table and a tabular data distribution. A univariate analysis was performed to determine the characteristics of each variable. The results of the analysis are narrated and tabulated. The level of significance was set at $P \leq 0.05$. The Mann-

Whitney U test and Wilcoxon test were used to determine the effects and differences between groups.

This study was approved by the Kendari Ministry of Health Polytechnic Ethics Committee (number LB.05.01/Etik//2024). Informed consent was obtained from all participants. First, we explained the goals, processes, and benefits to the participants. Second, we provided

participants with time to clarify or ask questions related to the study. Written informed consent was obtained from all participants before the study was conducted.

RESULTS

Table 1 shows that the ages of the respondents varied, starting from the

youngest, namely 16 years, to the oldest at 45 years. The mother's education level is dominated by elementary school. There are more mothers who work than mothers who only focus on being housewives. The majority of mother respondents are dominated by the primipara category. The test of homogeneity of all categories shows that the sample is homogeneous, with a value of >0.05 .

Table 1. Frequency Distribution of Respondents

Variable	Control		Intervention		Test of sample homogeneity
	Frequency	%	Frequency	%	
Age (Years)					
16-20	7	11	9	14	0.895
21-25	15	23	17	25	
26-30	23	35	13	20	
31-35	8	12	9	14	
36-40	8	12	13	20	
41-45	4	7	4	7	
Total	65	100	65	100	
Education					
Elementary School	32	49	26	40	0.877
Junior High School	18	28	20	31	
Senior High School	12	18	14	21	
University	3	5	5	8	
Total	65	100	65	100	
Status					
Working	46	71	42	65	0.858
Housewife	19	29	23	35	
Total	65	100	65	100	
Parity					
Primipara	43	67	41	63	0.930
Multiparous	22	33	24	37	
Total	65	100	65	100	

Table 2 shows the self-efficacy scores for the control and intervention groups as seen from several descriptive statistical values. The table shows that in the control group, self-efficacy scores decreased in the absence of intervention, where the mean value at the pretest was

23.51, decreasing to 22.76 at the post-test. Furthermore, in the intervention group, the self-efficacy scores increased after the intervention. The mean value at the pretest was 19.38, which increased to 43.51 at the post-test.

Table 2. Descriptive of Self-Efficacy Scores in the Control and Intervention Groups

Descriptive statistics	Control		Intervention	
	Pretest	Posttest	Pretest	Posttest
Mean	23.51	22.76	19.38	43.51
Median	20.00	20.00	16.00	46.00
Std. Deviation	9,527	8,998	10,026	9,236
Range	36	34	36	38
Minimum	12	14	12	20
Maximum	48	48	48	58

Table 3 shows that self-efficacy in the control group during the pre- and post-tests was higher in the negative category, namely 46 respondents (70.0%) and 45 respondents (69.0%), respectively. Self-efficacy in the intervention group during

the pretest was higher in the negative category (48 respondents, 73.8%). Different results were shown after the intervention (post-test): self-efficacy was mostly in the positive category, namely 49 respondents (75.4%).

Table 3. Frequency Distribution Based on Category Self-Efficacy in the Control Group

Control Group				
Self-Efficacy	Pretest		Posttest	
	n	%	n	%
Negative	46	70.0	45	69.0
Positive	19	30.0	20	31.0
Total	65	100.0	65	100.0
Intervention Group				
Negative	48	73.8	16	24.6
Positive	17	26.2	49	75.4
Total	65	100.0	65	100.0

Table 4 shows that the median self-efficacy score of the control group at the pre-test was 20, with a minimum value of 12 and a maximum of 48. Meanwhile, the

median self-efficacy score for the control group at the post-test was 20, with a minimum value of 14 and a maximum of 48. A comparison of the median values between

the control data of the two groups during the pre- and post-test can be seen; there were no differences in scores. The results of statistical tests using the Wilcoxon test yielded a p-value of 0.375. There was no difference in the self-efficacy scores of the control group between the pre- and post-test.

The median self-efficacy score before the intervention (pre-test) was 16, with a minimum value of 12 and a maximum of 48. The median self-efficacy score for the intervention group (post-test) was 46, with a minimum value of 20 and a maximum of

58. A comparison of the median values between the two groups before (pre-test) and after (post-test) the intervention showed that there were differences in scores. The median self-efficacy score of the group before the intervention (pre-test) was lower than after the intervention (post-test). The results of the statistical tests using the Wilcoxon test yielded a p-value of 0.000. There was a difference in the self-efficacy scores of the control group at the pre-test and post-test ($p = 0.000$).

Table 4. Differences in self-efficacy scores for the control and intervention groups (Pre-Post test)

Group	Median (Min-Max)	p value
Pretest_Control Group	20 (12-48)	0.375*
Posttest_Control Group	20 (14-48)	
Pretest_Intervention Group	16 (12-48)	0,000**
Posttest_Intervention Group	46 (20-58)	

Wilcoxon test

*Control Group: increase = 16; decreasing= 22; fixed= 7

**Intervention Group: increased = 43; decreasing= 1; fixed= 1

Table 5 shows that the results of the statistical tests show that the comparison of self-efficacy scores between the intervention group and the control group yielded $p\text{-value} = 0.000 < \alpha (0.05)$, which means that there was a difference in

self-efficacy scores between the control and intervention groups. Thus, it can be said that there is an influence of hypnobreastfeeding on maternal self-efficacy.

Table 5. Comparison of Changes Self Efficacy Score Between Control and Intervention Groups

Variable	Intervention	Control	p value
	Median (Min-Max)	Median (Min-Max)	
Self Efficacy Score	30 (-2-38)	0 (-26-32)	0,000

Mann-Whitney U test

DISCUSSION

Based on the research results, there is a difference in self-efficacy in breastfeeding before and after being given hypnobreastfeeding ($p = 0.000$), which means there is a significant difference between efficacy in breastfeeding before and after the intervention. In hypnobehavioural feeding, relaxation is achieved when the body and mind are calm. The relaxation atmosphere created was supported by a calm room/atmosphere using music accompanied by positive sentences in terms of increasing self-efficacy for relaxation plus aromatherapy, a guide to muscle, breath, and mind relaxation.¹³

To relax for smooth breastfeeding, known as the hypnobreastfeeding technique, a natural method to use subconscious energy to ensure the breastfeeding process runs safely and smoothly by using sentences of affirmation or positive suggestions when the mother is in a very relaxed state or concentrates on a thing/state of hypnosis. By adopting this method, the mother can produce sufficient breast milk for the baby's growth and development needs.¹¹ Hypnobreastfeeding via WhatsApp affects breast milk expression, and mothers' thoughts, feelings, and sensations influence their reflection on breast milk (oxytocin).¹⁴ This hormone causes the muscle cells that surround the milk-making ducts to shrink or contract, so that the milk is pushed out of the milk-producing ducts and flows ready to be sucked by the baby. Oxytocin is often referred to as the "love hormone" because it is released during moments of bonding and intimacy. This hormone plays a crucial role in breastfeeding by facilitating the let-down reflex, allowing milk to flow easily for the baby to consume.¹⁵

The interval for hypnobreastfeeding in this study was twice a day before going

to bed and when waking up for 5-10 minutes, and it was proven to increase the mother's confidence in breastfeeding her baby.^{16 14} This proves that the frequency of hypnobreastfeeding carried out more often can increase the mother's confidence in breastfeeding, so that with frequent breastfeeding, the mother's milk production increases.

Incorporating hypnobreastfeeding into a mother's daily routine can have a positive impact on her breastfeeding experiences. By boosting confidence and potentially increasing milk production, hypnobreastfeeding may be beneficial for new mothers.^{11,17}

The study found that the median self-efficacy score before and after the intervention was significantly different. The pre-test group had a lower score, while the post-test group had a higher score. The Wilcoxon test revealed a significant difference in self-efficacy scores between the two groups. The connection between program outcomes and self-efficacy levels was established, suggesting that the intervention had a positive impact on participants' confidence in their abilities. This indicates that increasing self-efficacy may lead to improved program outcomes.

Hypnobreastfeeding is a natural method that instills the intention in the subconscious mind to produce enough breast milk to meet the baby's needs.¹² Hypnobreastfeeding relaxation can provide a feeling of relaxation, comfort, and calm during breastfeeding, so that the entire system in the body will run much more perfectly, making the breastfeeding process meaningful and enjoyable for both mother and baby.¹¹ The advantages and benefits that can be obtained from the use of hypnosis in hypnobreastfeeding are that it is a relatively simple means of relaxation that is used so that it is easily understood and practiced by many people, including the subject (breastfeeding mothers) and with sufficient assistance from a therapist

(midwife), and it can nourish the elements of action, behavior, desire, enthusiasm, motivation, initiative, bad habits, etc., as well as preparing mothers to be successful during breastfeeding, preparing babies to become healthy, intelligent and creative future generations.¹⁴

Mothers' self-confidence or self-efficacy in breastfeeding must be considered in terms of their perceived ability to provide breast milk and the expected results that will be achieved by providing breast milk.^{18,19} If a mother is confident about breastfeeding and is successful, self-efficacy for breastfeeding will increase. Conversely, if the mother's confidence in breastfeeding is low, breastfeeding success will also be low. Low self-efficacy can result in a low commitment to breastfeeding. Mothers' low resilience in overcoming obstacles that arise when breastfeeding and focusing on the negative aspects of breastfeeding have a direct impact on babies who cannot benefit from breastfeeding.¹⁸ The self-confidence of mothers who feel they do not have sufficient breast milk production to meet the baby's needs is the main factor in mothers not giving breast milk or stopping breastfeeding prematurely, thus determining the success of breastfeeding.^{7,20}

Hypnobreastfeeding offers several benefits. First, it can reduce anxiety and stress experienced by new mothers (baby blues).²¹ With hypnobreastfeeding, it is hoped that the mother will be able to focus more on positive things so that later the mother can feel more comfortable carrying out her role as a mother.²² Hypnobreastfeeding can reduce the fussiness of babies; when the mother is calm, the baby will automatically calm down and cry less frequently.²³ The four hypnobreastfeeding techniques can help mothers to successfully breastfeeding.¹⁴ In reality, many mothers still experience obstacles in breastfeeding their babies. Even though breastfeeding activity is a

natural process that every mother will undergo, preparing pregnant women for breastfeeding can influence the success of breastfeeding.^{24,25}

Mothers with high self-efficacy provided breast milk for a longer duration than those with low self-efficacy, and there was a positive correlation between self-efficacy on the first day postpartum and breastfeeding duration at two months postpartum. Postpartum mothers with high self-efficacy provide breast milk for a longer duration than mothers with low self-efficacy.²⁶ Self-efficacy is one aspect of knowledge that is most influential in everyday human life because it influences individuals in determining the actions they will take to achieve a goal.²⁷ Mothers with a high level of self-efficacy in breastfeeding tend to breastfeed longer than mothers with a low level of self-efficacy in breastfeeding. This means that the higher the self-efficacy in breastfeeding, the more determined the mother will be to successfully breastfeed and vice versa. Breastfeeding self-efficacy influences individual responses in the form of thought patterns, emotional reactions, effort, persistence, and decisions that will be taken.²⁸

Mothers with high self-efficacy in providing breast milk to their babies have a high interest in and involvement with their environment. Mothers do not easily give up when facing difficulties and will show greater efforts to overcome challenges.²⁹ In this study, most breastfeeding mothers had previous breastfeeding experience but demonstrated low breastfeeding self-efficacy. Therefore, they were unable to successfully provide breast milk to their babies. The mother's inability to provide sustainable breast milk in subsequent experiences can be caused by a lack of information to increase the understanding of the importance of breast milk and efforts taken to overcome difficulties when providing breast milk, so that the confidence in providing breast milk is still lacking. From the results of this study, it

can be said that a low level of self-efficacy among breastfeeding mothers contributes to not achieving breastfeeding their babies. Therefore, it is necessary to make several efforts to increase self-efficacy in breastfeeding, one of which is hypnobreastfeeding, as well as lactation counseling for pregnant and breastfeeding mothers, forming a support group consisting of several pregnant and breastfeeding mothers who had similar experiences and goals, can share experiences for developing and increasing self-confidence in giving breast milk to their babies.

Self-efficacy also plays a significant role in breastfeeding. One of them is to determine behavioral choices. Mothers tend to give breast milk when they feel they are in good health. If the mother has great confidence in giving breast milk to her baby, then the mother will prefer to give breast milk rather than formula milk to her baby.³⁰ This is in accordance with findings in the field where the majority of breastfeeding mothers stated that they had given additional formula milk to their babies before six months of age because they felt that the small amount of breast milk produced could not meet their baby's needs. In addition, almost half of the breastfeeding mothers were working mothers who stated that while they were working, they were not sure they could provide breast milk because most of them left the house in the morning and returned home in the afternoon; therefore, formula milk was an alternative to fulfill their baby's breast milk needs. The next role is to predict subsequent behavior.

RECOMMENDATION

The self-efficacy of breastfeeding mothers before being given hypnobreast feeding guidance via WhatsApp application is still in the negative category, which

means that most breastfeeding mothers do not have self-confidence, which results in the lactation process, which means that the baby has sufficient breast milk. There was a significant difference in the self-efficacy of breastfeeding mothers before and after hypnobreast feeding intervention via WhatsApp application. This shows that hypnobreast feeding via WhatsApp application can increase the level of self-confidence of breastfeeding mothers, which in turn can improve the lactation process and ensure that babies get sufficient breast milk. Thus, hypnobreast feeding via WhatsApp could be an effective solution for increasing the self-efficacy of breastfeeding mothers. It is recommended that breastfeeding mothers frequently practice relaxation using the hypnobreast feeding technique provided via the WhatsApp application to enhance their confidence in breastfeeding their babies.

This intervention is very likely to be applied elsewhere considering the samples taken in this study are diverse so that it can be used as a basis to justify that this intervention will have the same impact on postpartum mothers in other places. However, it still needs specific modifications depending on the area to be applied.

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