

Analysing the Concept of Self-Efficacy in Mothers of Children Aged 0-24 Months, Undergoing Nutritional Care Practices

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ABSTRACT

Background: Children aged 0-24 months have several risk factors for experiencing nutritional problems, including rapid growth and development of children, high dietary needs, an immature digestive system, and being very dependent on others, especially mothers. Mothers with children aged 0-24 months have different perceptions of risk factors, so they also have different perceptions of actions to fulfil nutritional intake for children aged 0-24 months. This causes mothers' self-confidence in their ability to fulfil nutritional intake for children aged 0-24 months to be different. This condition will result in inadequate dietary intake, namely an imbalance between nutritional needs and intake provided by parents, especially mothers, which can lead to dietary problems such as malnutrition, stunting, and even malnutrition, which have an impact on inhibiting the growth and development of children. Therefore, it is necessary to build the ability of mothers who have children aged 0-24 months to provide adequate nutrition for children aged 0-24, namely self-efficacy. **Aim:** The purpose of this study is to explain the concept of self-efficacy of mothers who have children aged 0-24 months in fulfilling adequate nutritional intake. **Methods:** Used in this concept analysis is the Walker and Avant concept approach with eight steps, namely 1) choosing a concept, 2) determining the purpose of the analysis, 3) identifying all uses of the concept, 4) identifying attribute definitions, 5) identifying case models, 6) identifying borderline, related, conflicting, false and invalid cases, 7) recognising antecedents and consequences, and 8) determining empirical references. **Results:** Five definitions of self-efficacy attributes include self-confidence, maternal beliefs to fulfil nutritional intake in children aged 0-24 months, resilience, commitment and motivation, and the ability to prevent risk factors that cause nutritional problems. The antecedents of the concept of self-efficacy of mothers who have children aged 0-24 months are sociodemographics (mother's education), experience, verbal persuasion, physical and emotional conditions, and performance achievements. The consequences of increasing self-efficacy in improving maternal behaviour are providing adequate nutritional intake and increasing weight and height or optimising the nutritional status of children. **Conclusion:** The process of analysing the concept of self-efficacy with a conceptual approach produces important components at the attribute, antecedent, and consequence stages. Nurses need to understand this when developing promotive and preventive interventions through practice, research, and community service, especially for mothers who have children aged 0-24 months based on the evidence base, particularly nursing interventions related to self-efficacy.

Keywords: *Children 0-24 Months; Nutritional Fulfillment Practice; Self-Efficacy*

INTRODUCTION

In 2018, nearly 200 million children under the age of 5 were stunted or underweight, while at least 340 million suffered from hidden hunger (WHO, 2023). Covid-19 has an impact on the emergence of nutritional problems in children aged 0-59 months. In 2020, almost two-thirds of the world's children experienced stunting and three-quarters of the world's children experienced wasting, especially in low- and middle-income countries (WHO, 2021). This is because the COVID-19 pandemic has had an impact on drastically decreasing household income, food insecurity, and disruption of healthcare systems, especially in lower-middle-income

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countries. Data estimates show that during the first year of the pandemic, an additional 6.7 million children will suffer from wasting, and an additional 10,000 children will die (Nuzhat *et al.*, 2022). In 2022, COVID-19 resulted in an increase of 9.3 million underweight children and 2.6 million stunted children, 168,000 child deaths, 2.1 million cases of maternal anaemia, 2.1 million children born to mothers with low BMI (Osendarp *et al.*, 2021).

The exclusive breastfeeding rate in urban areas is lower (73.42 %) than in rural areas (74.61 %) (BPS, 2023). The results of the Indonesian Nutritional Status Study (INSS) in 2022 obtained the prevalence of toddlers with stunting at 21.6%, toddlers with malnutrition and undernutrition (wasting) at 7.7%, and underweight data at 17.7%. So, it is still a concern for the world and Indonesia (Permenkes 2020). Although the prevalence of stunting has decreased from the previous year (24.6%), the wasting and underweight rates are higher when compared to the previous year (7.7% and 17.0% respectively).

The basic cause of nutritional problems in children is inadequate nutritional intake and the presence of disease, in accordance with the findings of an increase in the percentage of children aged 0-4 years who experience health problems in 2023 (37.40%) increased when compared to 2022 (33.77%), as in the city of DKI Jakarta increased drastically from 7.7% to 16.8% (Statistik, 2023). Children aged 0-24 months depend entirely on their mothers as the primary caregivers in meeting their nutritional intake needs. This requires a mother's strong thoughts, attitudes, and motivation in carrying out this action. There are different perceptions of mothers in the action of fulfilling nutritional intake in children aged 0-24 months, so the belief in the ability to fulfil adequate dietary intake is also different, so it is important to build the mother's ability to fulfil adequate nutritional intake, namely self-efficacy. Self-efficacy theory is part of social cognitive theory. This theory was discovered by Albert Bandura and Sebastian Wessels, in 1997. The word self-efficacy, according to Albert Bandura, emphasizes a person's belief in their ability to do something to achieve a certain goal. The emphasis of this theory is on the importance of the influence of self-belief on the way people think, feel, and act. Albert Bandura emphasized that self-efficacy plays a very important role in a person's mindset when solving problems when faced with challenges or obstacles. This is the reason the author took Albert Bandura's theory of self-efficacy (Bandura & Wessels, 1997). The short-term impact of nutritional problems in children aged 0-24 months is the inhibition of brain development so that the process of learning to speak is slow, motor skills are slow, reducing the body's resistance so that it is susceptible to disease and the severity of the disease and even death. The long-term impact of nutritional problems is a decrease in life productivity and a decrease in family economic productivity (Sobngwi-Tambekou *et al.*, 2024; Mohseni & Aryankhesal, 2020; Pradhan *et al.*, 2017).

Specific nutritional intervention strategies focused on parents, especially mothers as primary caregivers, are expected to improve behaviour in meeting nutritional intake for children aged 0-24 months (Rosha *et al.*, 2016). Changes in maternal behaviour can be seen in how mothers understand the importance of nutrition and skills in preparing food (Sauter *et al.*, 2021). Some negative eating behaviours in the practice of parents feeding children include excessive supervision of the type, time, and amount of unhealthy food given (Duraccio *et al.*, 2021). This behaviour occurs due to low self-efficacy in meeting nutritional intake in order to optimize the child's health status (Wubetie *et al.*, 2024). Maternal self-efficacy is an important factor that supports maintaining children's health (Bartle & Harvey, 2017).

Parental self-efficacy refers to the belief in their ability to organise and carry out their activities to produce achievements in certain situations, indicated by an assessment of their ability to carry out health-promotive and preventive tasks in children aged 0-24 months (Bandura) (Duraccio *et al.*, 2021). Maternal self-efficacy can generate empathy, thinking, and motivation to behave as much as possible according to one's abilities (Robb, 2012).

The analysis of the concept of efficacy in previous studies includes general analysis (Zulkosky, 2009), analysis of the concept of self-efficacy in clinical institutions, self-efficacy in obese adults, and parental self-efficacy in adolescent parenting patterns (Ovaskainen *et al.*, 2015), and self-efficacy in providing complementary foods. The analysis of the concept of maternal self-efficacy in fulfilling nutritional intake to prevent nutritional problems and improve maternal behaviour and the health status of children aged 0-24 months has not been found. The above phenomenon made us interested in presenting an explanation,

analysing the concept, and clarifying the concept of maternal self-efficacy in fulfilling the nutritional intake of children aged 0-24 months.

METHODOLOGY

This study is a concept analysis that explores maternal self-efficacy in meeting the nutritional intake of children aged 0–24 months using eight steps from Walker & Avant to clarify the meaning of the concept itself. (Cossa-Moiane *et al.*, 2024; Gizaw, Sopory & Morankar, 2022). The eight steps are 1) Selecting a concept involves choosing one that aligns with the phenomenon of interest or best fits the needs at hand; 2) determining the purpose of the analysis; this is done to clarify the concept of self-efficacy, which previously had different perceptions; 3) identifying all applications of the concept by conducting a literature review from various sources and disciplines to obtain the characteristics or attributes of the concept that were chosen by researchers; 4) defining the definition of attributes, namely searching for the meaning of each attribute obtained in the previous step; 5) identifying the case model, namely creating a case scenario that describes all the attributes of the selected concept; 6) identifying bordering cases (creating case scenarios that illustrate several attributes described), related (creating case scenarios that illustrate all attributes are present) and conflicting (creating cases where the attributes are not found), 7) identifying antecedents (identifying events/incidents before the concept and consequences (identifying events/incidents as a result of the concept); 8) defining empirical references, where this stage seeks measuring instruments for each concept attribute found and used by researchers will use (Chiopris *et al.*, 2024; Walker & Avant, 2005).

To search literature related to this article using databases such as PubMed, Science Direct, Scopus, CINAHL, and Google Scholar. The keywords used in the database search were "self-efficacy" AND "stunting" OR "malnutrition" OR "undernutrition" AND "toddler. Articles published in the five years from 2017-2023, written in English and Indonesian, full text, and scientific peer-reviewed.

Ethical Consideration

The research protocol was approved by the ethics committee of the Indonesia Research Ethics Test Institute of Indonesian University with reference number KET-203 / UN2. F12.D1.2.1/PPM.00.02/2022 on 18th July, 2022.

RESULTS

Select Concept

The concept chosen for this concept analysis is self-efficacy, which was developed based on Bandura's theory. Self-efficacy is one of the elements of social cognitive theory that can be used as a predictor related to health that has a promotive and preventive role in health and can affect the mental health of parents and also the psychological development of their children (de Azevedo Brandão, 2020; Titaley *et al.*, 2021; Abuhammad, 2020). Self-efficacy in breastfeeding mothers can provide confidence in breastfeeding well, so it has a major impact on optimising the child's nutritional status and providing positive feeding practices to children (Cossa-Moiane *et al.*, 2024; Gizaw *et al.*, 2022). Parents of children aged 0-24 months who have strong self-efficacy have self-confidence, ability, and resilience in meeting nutritional intake so that they can influence good feeding habits for their children compared to parents who have weak self-efficacy (Bandura & Wessels, 1997). This is the reason for choosing this concept.

Purpose of Analysis

The purpose of this analysis is to provide more details about the concept of self-efficacy, especially for mothers who have children aged 0-24 months, in terms of providing nutritional intake to prevent nutritional problems in children.

Identifying all applications of the concept

Definition attributes, according to Walker & Avant (2005), are finding as many uses of the concept as possible through dictionaries, thesaurus, colleagues, and literature. The word self is in the Merriam-Webster Online dictionary, which means a person's identity, while efficacy means a person's power to produce effects.

Synonyms for efficacy are effectiveness and accuracy. The combination of these two words contains the meaning of awareness of an individual's ability to be effective and able to control actions.

Several definitions and explanations of self-efficacy from various literatures. Self-efficacy in the Oxford Dictionary is a noun and is closely related to a person's belief in success in carrying out tasks (Gooding *et al.*, 2024). Self-efficacy, in general, is a belief in an individual's competence in overcoming all challenges and demands despite pressure, while specific self-efficacy is limited to the ability to carry out certain tasks (Abuhammad, 2021; Chýlová & Natovová, 2013).

Self-efficacy is an assessment of a person's ability to organise and do something necessary to achieve achievement (Bourne, Smeltzer & Kelly, 2021). Bandura also explains the definition of perceptual self-efficacy as the belief that a person can perform certain actions and succeed in certain situations. Self-efficacy determines how people think, feel, and even become positive predictors (Chýlová & Natovová, 2013; Merrilees *et al.*, 2020). Self-efficacy is the key to success in changing one's behaviour and can also be a control to build self-confidence (Hemiyanty, Wandira & Suwendro, 2022).

Attribute Definition

Defining attributes as a step in concept analysis (Walker & Avant, 2005). The attributes of the concept of self-efficacy analysis of mothers of children aged 0-24 months are strong maternal self-confidence, self-confidence, strong commitment and motivation, good self-resilience in providing exclusive breastfeeding to children aged 0-6 months, and the ability to practice providing complementary feeding and the ability to prevent risk factors that cause nutritional problems in children aged 0-24 months.

Strong maternal self-confidence, or the mother's self-confidence, is one of the factors in providing exclusive breastfeeding for up to six months and complementary feeding to children aged 0-24 months. The mother's belief and perception in fulfilling nutritional intake in children aged 0-24 months is the main thing to prevent nutritional problems. The mother will have a high commitment in the process of caring for her child so that she has self-resilience in all situations and is confident in completing all her activities (Pencil *et al.*, 2024).

The self-confidence of mothers of children aged 0-24 months to successfully carry out behaviours in caring for children includes meeting nutritional needs that will affect their child's growth and development (Tarro *et al.*, 2022). The strong commitment and motivation possessed by mothers in parenting practices will be able to create resilience in all parenting practices. Childcare practices are a basic foundation for growth and development (Sobngwi-Tambekou *et al.*, 2024). For mothers who have children aged 0-24 months, if self-efficacy is higher, it will increase parenting satisfaction in the first six months after giving birth (Apriningsih, 2023).

Mothers' resilience in parenting is very much needed when they encounter obstacles in fulfilling healthy food intake. When a child is more than six months old, this is the time for parents to provide complementary foods (Ribas *et al.*, 2021). The obstacles found are generally that children reject new foods because parents do not provide a variety of foods (Koh *et al.*, 2014). Mothers who have high self-efficacy in parenting children will feel satisfaction in various activities to fulfil nutritional intake to improve their children's health (Holley & Haycraft, 2022). This parenting pattern illustrates that parents will implement a beneficial feeding pattern according to the child's age in any situation (Ratnaningsih, Alimansur & Effendi, 2018). Likewise, when the child begins to be given complementary foods, the mother will practice feeding by paying attention to the type and amount of food, as well as the time of giving it, so that it greatly supports the child's nutritional status (Bahorski *et al.*, 2019). Overall, the self-efficacy of mothers who have children aged 0-24 months starts from the delivery process, parenting patterns, breastfeeding, and providing food that is appropriate for their age (Apriningsih, 2023). The mother's ability to prevent risk factors for nutritional problems in children, such as measuring weight and height once a month, ensuring that children receive exclusive breastfeeding, vitamin A, complete immunisations, monitoring the breastfeeding mother's diet, having knowledge, monitoring adequate MP-ASI and the availability of clean water (Das *et al.*, 2021; Simbolon *et al.*, 2022).

Case Model

The case model at this stage uses the concept of maternal self-efficacy in feeding practices to prevent malnutrition in children aged 0-24 months (Walker & Avant, 2005). The case model described illustrates all attributes of maternal self-efficacy in adequate nutritional practices. Attributes that define maternal self-efficacy in children aged 0-24 months in preventing malnutrition often appear in the literature, namely beliefs, motivation, responsibility, maternal beliefs, and maternal behaviour in providing nutritional intake.

Mother A, 27 years old, is the mother of a seven-month-old baby boy and a five-year-old baby girl. Previously, the baby boy was exclusively breastfed for six months. Mother A routinely visits the integrated health post to find out about the growth and development of the baby boy and always brings the Maternal and Child Health book. Mother A received education from health workers at the integrated health post so that after the baby boy is six months old, the baby needs complementary food. During the last two weeks before six months, Mrs. A searched for and read literature on complementary foods, such as types, processing methods, serving methods, and timing of breastfeeding, without neglecting to breastfeed. Mrs. A bought her food ingredients at affordable prices. Every day, Mrs. I made a complementary food menu. When her baby cried, Mrs. A carried him while processing it. Mrs. A made a menu that alternated every day. The types of complementary foods processed by Mrs. A, such as pumpkin, were washed clean, steamed, mashed, and given. Types of potatoes, carrots, and other fruits included sweet oranges, avocados, and melons, which were blended and then strained. Mrs. A gave them twice a day and continued to breastfeed. Mrs. A also met her own food needs so that her breast milk continued to flow smoothly. Mrs. A believed that her ability to meet food needs would have an impact on her baby's health and nutritional status. Mothers are increasingly motivated to continue to practice good and age-appropriate feeding by searching for literature or reading books on maternity and child health.

Related Cases

Related cases are examples of cases that show similarities in attributes with the main concept but are different when examined carefully (Walker & Avant, 2005). Mrs. A, 27 years old, and Mr. A, 29 years old, are parents of a seven-month-old baby boy and a five-year-old daughter. Previously, the baby boy was exclusively breastfed for six months. Mrs. A regularly visits the integrated health post to find out about the growth and development of the baby boy and always brings the KIA book. Mrs. A received education from health workers at the integrated health post so that after the baby boy is six months old, the baby needs complementary foods. During the last two weeks before six months, Mrs. A searched for and read literature about information on complementary foods, such as types, processing methods, serving methods, and timing of breastfeeding, without neglecting to breastfeed. Mrs. A buys her food ingredients at affordable prices. Every day, Mrs. A makes a complementary food menu; after Mrs. A finishes her homework, the types of complementary foods processed by Mrs. A, such as pumpkin, are washed clean, steamed, and mashed. Types of potatoes, carrots, and other fruits include sweet oranges, avocados, and melons that are blended and then strained. Mother A provides complementary foods twice a day. Mother A provides food by carrying the baby outside the house while chatting with neighbours, without any communication with the baby; the important thing is that the food goes in and is swallowed. Mother A also fulfils her own food needs by prioritising feeling full so that breast milk continues to flow smoothly. Mother A believes that by feeling full, breast milk will be abundant and smooth. Mother A believes that her ability to meet food needs will have an impact on the health status and nutritional status of her baby. Mother A believes that they have tried to provide good nutrition to her baby. The results of maternal self-efficacy are the nutritional status of the child and the change in maternal behaviour in meeting nutritional intake and nutritional status of children aged 0-24 months. Self-efficacy is a centre that can achieve competence in caring for children. Thus, Mother A will be able to assess herself so that she has the confidence to decide what affects the welfare of children, including the adequacy of nutritional intake for children aged 0-24 months (Fávero, Casanova & Pimentel, 2022; Grossklaus & Marvicsin, 2014).

Contrast Case

Mrs. A, 27 years old, and Mr. A, 29 years old, are parents of a seven-month-old baby boy and a five-year-

old daughter. Previously, the baby boy was only given exclusive breastfeeding for four months. Mrs. A did not routinely visit the integrated health post to find out about the growth and development of the baby boy. Mrs. A forgot to bring the KIA book. Mr. A did not remind Mrs. A to go to the Integrated Service Post. Mrs. A did not follow the information about complementary foods obtained from health worker education at the integrated health post. Mrs. A did not look for and was too lazy to read literature about complementary foods, such as types, processing methods, serving methods, and timing of giving; Mr. A did not help buy the ingredients even though there were times when he came home from work. Mrs. A did not routinely make a complementary food menu. The menu made by Mrs. A every day did not vary. The types of complementary foods processed by Mrs. A include pumpkins that are not washed properly and are coarsely ground. Types of potatoes, carrots, and other fruits, including sweet oranges, avocados, and melons, are only coarsely ground and not filtered. Mrs. A only gives it once a day. Mrs. A does not pay attention to the composition of her food menu, even though she is breastfeeding. Mrs. A believes that if her breast milk is not smooth, then it is fate that must be accepted. Mrs. A does not believe that fulfilling food needs will have an impact on the health status and nutritional status of her baby. Mrs. A is not motivated to look for literature to find out good feeding practices that are appropriate for the baby's age. The description of the opposite case above explains that the attributes of self-efficacy are not used in feeding practices, such as no trust, no motivation, no commitment, and no resilience from both parents in feeding practices for children aged 0-24 months.

Antecedents and Consequences

According to Walker and Avant (2005), antecedents are events that occur before a concept exists, while those that occur after a concept are called consequences.

Antecedence

The antecedents of maternal self-efficacy in fulfilling nutritional intake for children aged 0-24 months are 1) sociodemographics (parental/mother's education) (Titaley *et al.*, 2021); 2) experience in mastering something; 3) verbal persuasion; 4) physical and emotional conditions (Irwan, Km & Kes, 2017; Chan, Ip & Choi 2016; Apriningsih, 2023; Wicaksono, 2015); 5) performance achievement (Ouyang *et al.*, 2023). The following are the antecedents and consequences that can be seen in Figure 1:

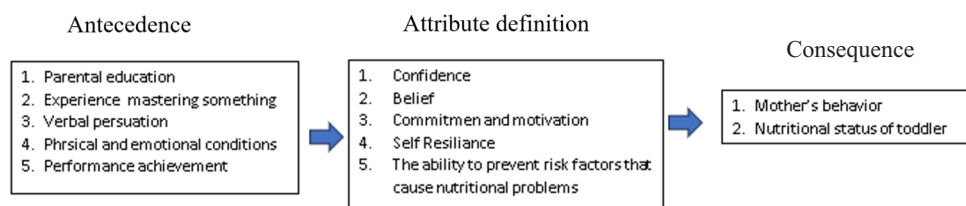


Figure 1: Mother's Self-Efficacy in Providing Nutritional Intake for Children Aged 0-24 Months

The antecedents of self-efficacy of mothers who have children aged 0-24 months and meet nutritional needs are 1) sociodemographics (mother's education); 2) experience of mastering something; 3) verbal persuasion; 4) physical and emotional conditions; 5) performance achievement (Abuhammad, 2021; Ouyang *et al.*, 2023). As a result, mothers will make behavioural changes in fulfilling nutritional intake for children aged 0-24 years, which will have an impact on improving nutritional status.

The first is sociodemographic factors, including education level. A high level of education in mothers as primary caregivers is a significant determining factor for the self-efficacy of mothers who have children aged 0-24 months, meaning that it greatly increases the mother's self-efficacy (Raiten *et al.*, 2022). Sociodemographic factors, especially education level, emphasise that mothers of children aged 0-24 months with higher education can influence the increase in maternal self-efficacy where mothers have adequate knowledge and a positive attitude toward breastfeeding (Al-Thubaity *et al.*, 2023; Titaley *et al.*, 2021). The condition of mothers with low self-efficacy can cause a decrease in the mother's ability to provide intake such

as breast milk and complementary foods (Titaley *et al.*, 2021). The level of education reflects the level of knowledge and awareness of mothers about breastfeeding and health in general, the possibility of being exposed to more health-related information, and understanding the health information received (McKenzie *et al.*, 2023).

The factor of a person's experience in caring for children 0-24 months before becoming a mother by living with an extended family, becoming an aunt, and helping to care for children, then a person has confidence in the ability to take responsibility while caring for children. A person's existence has a high level of self-efficacy (Abuhammad, 2020). Another article states that for someone who has high self-confidence due to experience, self-efficacy success will eventually emerge, while failure in a task fosters low self-efficacy (Pfluger *et al.*, 2024). This self-confidence influences a mother's decision to try activities to provide nutritional intake to children, both breast milk and complementary foods (Zulkosky, 2009). This condition will be able to prevent child hygiene, which has an impact on sick children and affects the child's weight (Fadilah, Muniroh & Atmaka, 2023).

Verbal persuasion is defined as providing information to someone whose self-efficacy is to be changed through encouragement. The encouragement given to the person will influence them to try harder to increase self-efficacy (Wulandari, Susilawati & Sutrisno, 2021). Verbal support, a core part of social support, is very much needed by mothers to meet the nutritional intake of children aged 0-6months. Verbal persuasion can come from friends, family members, and health workers who can increase the mother's self-efficacy. Verbal persuasion such as information support, emotional support, instrumental support, and appreciation support. This support can be in the form of reminding the importance of breastfeeding, nutritious food for breastfeeding mothers and children, and the importance of nutritional status for children. This can be given if they understand the needs and activities of the mother in meeting her child's nutritional intake (Chabeda *et al.*, 2021; Lee, Song & Kawachi, 2022).

A person's physical and emotional state occurs when the individual thinks about failure or success when doing something. This condition can cause stress, anxiety, worry, and fear, which, of course, affects self-efficacy. This emotional state can cause failure or inability to carry out difficult activities (Wulandari, Susilawati & Sutrisno, 2021). There is a negative relationship between physical and emotional conditions and self-efficacy; namely, the higher the physical and emotional conditions experienced by the mother, the lower the mother's self-efficacy level (Wulandari, Susilawati & Sutrisno, 2021). Parents with low perceived self-efficacy may be prone to emotional eating styles. Parents use emotional regulation when responding to their children's negative feelings by giving them sweet or savoury foods and others, and this will affect the child's health status (Chawner & Filippetti, 2024). Finally, emotional arousal (such as depression, stress, or anxiety) can affect low maternal self-efficacy, whereas a positive attitude will be a predictor that has an effective impact on increasing maternal self-efficacy in meeting nutritional intake for children 0-24 months (Al-Thubaity *et al.*, 2023). Performance achievement and behavioural modelling are the main sources of efficacy for healthy and unhealthy eating (Rodríguez-Oliveros *et al.*, 2022). Performance achievement is related to being successful in a task. When this happens, feelings of efficacy increase (Zulkosky, 2009). The consequences of maternal self-efficacy are the child's nutritional status and changes in maternal behaviour in meeting nutritional intake and nutritional status for children.

Consequences

The consequences of self-efficacy are weight gain and height or nutritional status of children and changes in maternal behaviour in meeting nutritional intake for children aged 0-24 months. Self-efficacy will affect a person's cognitive and behavioural aspects. Self-efficacy is a centre that can achieve competence in caring for children; for the health of mothers and children, mothers will be able to assess themselves so that they have the confidence to decide what affects the welfare of children, including the adequacy of nutritional intake for children aged 0-24 months (Grossklaus & Marvicsin, 2014). Higher self-efficacy can improve healthy feeding practices for tiger cubs (Pietravalle *et al.*, 2023).

Empirical References

Empirical references are types or categories of actual phenomena, and their existence allows for proof of

the occurrence of the concept. Empirical references are references to how someone determines the existence of a concept and are used to develop concept measurement tools in research to define attributes (Pearson, 1985; Walker & Avant, 2005).

Tools for measuring the nutritional status of children aged 0-24 months refer to the provisions of the Minister of Health Regulation Number 2 of 2020. The cognitive self-report scale measurement instrument on the PEI (Personal Evaluation Inventory): the variables in it include a sense of ability (Shrauger & Schohn, 1995); the CAPA Confidence Inventory (CCI) states that self-confidence is interpreted as one's ability to complete tasks (Betz & Borgen, 2010; Stankov, Kleitman & Jackson, 2015); and the Trait Sports Confidence Inventory (TSCI) explains sports self-confidence as a belief or level of certainty that someone learns about their ability to succeed. The instrument contains statements to determine a person's confidence in their ability to do something/act (Erez & Judge, 2021). The General Perceived Self-Efficacy Scale (GSE) is a comprehensive self-ability measurement instrument in various situations. (Schwarzer, Jerusalem & Juczyński, 1995).

DISCUSSION

Mother's self-efficacy in fulfilling the nutritional intake of children aged 0-24 months can be used as an internal protective factor for mothers that can improve behaviour in preventing nutritional problems through activities to fulfil adequate nutritional intake, mothers' beliefs in their ability to fulfil nutritional intake according to what is believed and desired, and always trying to commit to doing the skills needed according to certain situations. Does not measure how mothers have practical skills in feeding children, but rather what is believed, desired, and tried by mothers. Provides nutritional intake based on the abilities they have and tries to fulfil the skills needed based on certain situations (Brown *et al.*, 2024; Morin *et al.*, 2013).

Parenting is an emotional task, so special attention is needed during the transition period of a mother who has a child aged 0-24 months (Musawa *et al.*, 2024; Valdes *et al.*, 2024). This means that the period of changing roles as a mother arouses emotions and, of course, creates significant demands on the mother's self-regulation (Cox & Maschi, 2020). Self-efficacy in parenting, one of which is fulfilling nutritional intake, will have an impact on positive behaviour in feeding practices for children. If the mother considers herself unable to fulfil the nutritional needs of children aged 0-24 months, either when providing exclusive breastfeeding or complementary foods properly and correctly, it can cause a loss of motivation in resolving the obstacles or constraints encountered (Mostafa *et al.*, 2024).

This can result in children experiencing nutritional problems (Kartini *et al.*, 2021; McKenzie *et al.*, 2023). The mother's assessment of her ability to manage and carry out all tasks is closely related to parenting patterns (Sobngwi-Tambekou *et al.*, 2024). Self-efficacy in parenting children aged 0-24 months is an important part of supporting the formation of adequate eating habits and maintaining eating behaviour in children (Hendriyani *et al.*, 2020; Holley & Haycraft, 2022). Self-efficacy is an important factor that can encourage the formation of adequate habits. This can reinforce the answer to the first step of the eight steps of the self-efficacy analysis concept, namely the selection of concepts according to the phenomenon.

The condition of mothers who do not have strong self-efficacy is that the mother's behaviour is inconsistent in the practice of fulfilling nutritional intake, including mothers not providing exclusive breastfeeding to children aged 0–6 months, not providing complementary feeding according to age, not maintaining cleanliness when processing or serving complementary feeding, not providing a varied menu (Cossa-Moiane *et al.*, 2024; Gizaw *et al.*, 2022). In the long term, nutritional problems will occur according to the results of previous research. The definition of attributes comes from the results of the search for the concept of self-efficacy analysis, namely confidence, belief, self-reliance, motivation and commitment, and the ability to prevent risk factors from having an impact on the inadequacy of children's nutritional intake (Mohseni & Aryankhesal, 2020). This is an advantage of the values held by mothers with high self-efficacy. These values have positive consequences for mothers in carrying out the fulfilment of adequate nutritional intake for their children.

Self-efficacy of mothers who have toddlers aged 0-24 months plays an important role in building maternal

motivation, and there is a value of responsibility that arises to be realised in taking actions or activities to fulfil the welfare of their children. The formation of self-efficacy in mothers who have toddlers aged 0-24 months in providing nutritional intake will improve their health behaviour in feeding practices and the quality of life of children by looking at the child's nutritional status (Fadilah, Muniroh & Atmaka, 2023). Nurses need to intervene to improve self-efficacy by using a health promotion model approach, a health self-confidence model, and a self-care theory (Abuhammad, 2020).

The role of nurses in providing nursing care for children aged 0-24 months in the context of a family that emphasises promotive and preventive services is that an intervention strategy is needed to foster maternal self-efficacy in fulfilling the child's nutritional intake (Duraccio *et al.*, 2021). Nurses identify the mother's duties in the family, which consist of the mother's ability to understand knowledge of nutritional intake for children aged 0-24 months, the ability to make decisions in fulfilling nutritional intake, the ability to care for children aged 0-24 months, the ability to modify existing resources in fulfilling children's nutritional intake, and the ability to utilise health services. One of the nursing intervention strategies that can improve maternal self-efficacy is to provide education using the coaching method so that it can develop the mother's potential to fulfil children's nutritional intake.

CONCLUSION

Mother's self-efficacy in caring for children aged 0-24 months represents her belief in her ability to meet her child's needs, particularly in nutrition. According to this theory, maternal self-efficacy is not about specific skills but about a mother's confidence in her capacity to take actions necessary for her child's health. This confidence is especially relevant for mothers of young children, where strong self-efficacy is reflected in attributes like resilience, self-belief, and commitment to practices like exclusive breastfeeding up to six months and the timely introduction of complementary foods. These practices involve selecting, preparing, and offering nutritious foods to safeguard against nutritional deficiencies. Mothers with high self-efficacy are more likely to engage in behaviors that promote their child's health, leading to positive outcomes for both mother and child.

In nursing practice, this concept suggests that nurses play a crucial role in bolstering maternal self-efficacy. By providing comprehensive care, including physical, psychological, social, and spiritual assessments, nurses can identify and address factors that enhance maternal confidence and capability. Through targeted interventions, particularly those that incorporate health models like the Health Promotion Model and Health Belief Model, nurses can support mothers in adopting behaviors that promote nutrition and health in young children. This approach not only strengthens maternal self-efficacy but also creates a foundation for ongoing research into effective strategies for child health and maternal well-being. By emphasizing preventive care, nurses help improve the quality of life for both children and mothers, contributing to better overall health outcomes for young families.

Limitations

The limitation of this study is that it does not take into account the cultural variations of mothers that can affect the concept of self-efficacy in fulfilling nutrition in children aged 0-24 months, so the results of this study may not be applicable in different and diverse cultural contexts. Another limitation is that the design of this study uses a literature review, so it does not analyse the identification of causal relationships. So that further research can improve some of the limitations of this study.

Conflict of Interest

The authors declare that they have no competing interests.

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