



ORIGINAL RESEARCH

EFFECT OF A BREASTFEEDING SUPPORT PACKAGE ON BREASTFEEDING SELF-EFFICACY AMONG POSTPARTUM MOTHERS IN PRIMARY HEALTHCARE: A QUASI-EXPERIMENTAL STUDY

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Article Info	Abstract
Article History: Received: 22 Juli 2026 Revised: 27 Juli 2026 Accepted: 30 Juli 2026 Online: 03 Agustus 2026 Keywords: Breastfeeding Support; Breastfeeding Self-Efficacy; Postpartum Mothers; Exclusive Breastfeeding; Quasi-Experimental Study Coresponding Author: Ratih Kumala Dewi Email: ratih@stikeseub.ac.id	Background: Exclusive breastfeeding remains a major public health challenge despite its well-documented benefits for infant growth, development, and disease prevention. Low breastfeeding self-efficacy is recognized as one of the key determinants contributing to unsuccessful exclusive breastfeeding, highlighting the need for comprehensive breastfeeding support interventions. Purpose: This study aimed to examine the effect of a comprehensive breastfeeding support package on breastfeeding self-efficacy among postpartum mothers at Boyolali I Community Health Center, Central Java, Indonesia. Methods: A quasi-experimental study with a non-equivalent pretest–posttest control group design was conducted among 34 postpartum mothers, who were allocated into intervention (n = 17) and control (n = 17) groups using consecutive sampling. The intervention group received a comprehensive breastfeeding support package consisting of breastfeeding education, practical breastfeeding assistance, emotional support, and motivational reinforcement, whereas the control group received routine postpartum care. Breastfeeding self-efficacy was assessed using the Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF), while breastfeeding effectiveness was evaluated using the LATCH Assessment Tool. Data were analyzed using paired t-tests, independent t-tests, and Spearman's rank correlation with a significance level of $p < 0.05$. Results: Baseline characteristics were comparable between groups ($p > 0.05$). Following the intervention, the breastfeeding self-efficacy score increased significantly in the intervention group from 43.71 ± 6.15 to 60.24 ± 4.82 ($p < 0.001$), whereas the control group showed no significant improvement (44.18 ± 5.92 vs. 47.53 ± 5.41; $p = 0.084$). The mean improvement in breastfeeding self-efficacy was significantly greater in the intervention group than in the control group (16.53 ± 5.12 vs. 3.35 ± 4.26; $p < 0.001$). Furthermore, breastfeeding self-efficacy was positively correlated with breastfeeding effectiveness ($r = 0.612$, $p < 0.001$). Conclusion: A comprehensive breastfeeding support package effectively improved breastfeeding self-efficacy among postpartum mothers and was associated with better breastfeeding effectiveness. Integrating structured breastfeeding support into routine postpartum care may enhance maternal confidence and contribute to improving exclusive breastfeeding outcomes in primary healthcare settings.

How to cite:

1. Pendahuluan / Introduction

Breast milk is the optimal source of nutrition for infants during the first six months of life because it provides essential nutrients, antibodies, and bioactive components that support growth, development, and protection against infectious diseases. Therefore, the World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding up to two years of age or beyond alongside appropriate complementary feeding (World Health Organization, 2023; World Health Organization & United Nations Children's Fund, 2023).

Despite the well-established benefits of breastfeeding, the rate of exclusive breastfeeding in Indonesia has not yet reached the national target of 80%. According to the Indonesian Health Profile, the national exclusive breastfeeding coverage was approximately 73.97% in 2023, while Central Java experienced a decline from 71.4% in 2022 to 64.3% in 2023, indicating persistent challenges in achieving optimal breastfeeding practices (World Health Organization, 2023).

The low rate of exclusive breastfeeding is influenced by multiple factors, including inadequate breastfeeding skills, improper infant positioning and latch, perceived insufficient milk supply, and low maternal confidence in breastfeeding, commonly referred to as breastfeeding self-efficacy. These barriers frequently lead mothers to introduce infant formula prematurely, thereby reducing the likelihood of successful exclusive breastfeeding (Dennis, 2003; Economou et al., 2021).

Breastfeeding self-efficacy refers to a mother's confidence in her ability to successfully breastfeed her infant. Mothers with higher breastfeeding self-efficacy are more likely to initiate breastfeeding, overcome breastfeeding-related difficulties, and sustain exclusive breastfeeding for a longer duration than mothers with lower confidence (Dennis, 1999; Dennis & Faux, 1999). Furthermore, breastfeeding self-efficacy has consistently been identified as one of the strongest predictors of breastfeeding initiation, duration, and exclusivity (Yang et al., 2021; Jiang et al., 2022).

Previous studies have demonstrated that lactation education, breastfeeding counseling, and family support can effectively improve breastfeeding self-efficacy. However, most interventions have focused primarily on educational approaches, whereas comprehensive interventions integrating breastfeeding education, practical breastfeeding assistance, emotional support, and motivational reinforcement remain limited. Moreover, evidence regarding the effectiveness of structured breastfeeding support packages in improving breastfeeding self-efficacy remains inconsistent across different populations and healthcare settings (Chipojola et al., 2020; Jang et al., 2021; Meedya et al., 2020; Blixt et al., 2022).

At the primary healthcare level, including community health centers, breastfeeding support is generally limited to routine health education and has not been systematically integrated into comprehensive self-efficacy-based postpartum care. This gap highlights the discrepancy between evidence-based recommendations and current breastfeeding support practices provided to postpartum mothers, particularly in primary healthcare settings (World Health Organization, 2023; U.S. Preventive Services Task Force, 2025).

Based on these considerations, this study was conducted at Boyolali I Community Health Center, Central Java, Indonesia, because it serves a large number of postpartum mothers and has an active maternal and child health program, including routine postnatal care and breastfeeding counseling. However, preliminary observations indicated that some postpartum mothers still experienced low breastfeeding confidence and encountered challenges in maintaining exclusive breastfeeding despite receiving standard health education. These conditions made the health center an appropriate setting to evaluate the effectiveness of a breastfeeding support package in improving breastfeeding self-efficacy (Lin et al., 2021; Pezley et al., 2022).

Therefore, this study aimed to examine the effect of a breastfeeding support package on breastfeeding self-efficacy among postpartum mothers at Boyolali I Community Health Center, Central Java, Indonesia. The findings are expected to provide evidence for implementing a comprehensive breastfeeding support model that enhances maternal confidence and contributes to improving exclusive breastfeeding outcomes in primary healthcare settings.

2. Metode / Methods

2.1. Research design

This study employed a quasi-experimental design using a pretest–posttest non-equivalent control group approach. The design involved two groups: an intervention group and a control group without random allocation of participants. Both groups were assessed before and after the intervention to evaluate changes in breastfeeding self-efficacy. The intervention group received a structured breastfeeding support package, whereas the control group received routine postpartum care according to the standard services provided by the primary healthcare center.

2.2. Setting and samples

The study was conducted from January to February 2026 at Boyolali I Community Health Center, Boyolali Regency, Central Java, Indonesia. The target population consisted of postpartum mothers receiving maternal and child health services. Participants were recruited consecutively during the study period until the end of data collection. A total of 34 postpartum mothers who met the eligibility criteria were enrolled, with 17 mothers assigned to the intervention group and 17 mothers to the control group.

The inclusion criteria were postpartum mothers within 1–7 days after delivery, aged 20–40 years, able to communicate in Indonesian, willing to participate, and having healthy singleton infants. Mothers with severe postpartum complications, infants requiring intensive care, congenital abnormalities affecting breastfeeding, or medical contraindications to breastfeeding were excluded from the study.

2.3. Intervention

The intervention group received a structured breastfeeding support package delivered individually by trained researchers and midwives. The intervention was initiated on postpartum day 1 immediately after the baseline assessment and

consisted of two sessions. The first session, lasting approximately 45–60 minutes, included breastfeeding education, demonstration of correct positioning and attachment, supervised breastfeeding practice, motivational counseling, emotional support, and provision of an educational leaflet. A reinforcement session was conducted on postpartum day 3–4 for approximately 20–30 minutes to address breastfeeding difficulties and reinforce correct breastfeeding techniques.

Participants in the control group received routine postpartum care, including the standard breastfeeding counseling routinely provided at the healthcare center, without the structured breastfeeding support package.

2.4. *Measurement and data collection*

The primary outcome was breastfeeding self-efficacy, measured using the Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF) developed by Dennis. The instrument consists of 14 items rated on a 5-point Likert scale, with total scores ranging from 14 to 70, where higher scores indicate greater breastfeeding self-efficacy. The Indonesian version of the questionnaire demonstrated good psychometric properties, with a Cronbach's alpha of 0.92, indicating excellent internal consistency.

The effectiveness of breastfeeding was assessed using the LATCH Assessment Tool, which evaluates five domains: Latch, Audible swallowing, Type of nipple, Comfort, and Hold (positioning assistance). Each domain is scored from 0 to 2, resulting in a total score ranging from 0 to 10. Higher scores indicate more effective breastfeeding.

Baseline data were collected before the intervention (pretest), while follow-up measurements were performed after completion of the intervention (posttest). Data collection was conducted directly by the principal investigator, who had received prior training in administering both assessment instruments.

2.5. *Analisis Data/Data analysis*

Data were analyzed using IBM SPSS Statistics. Descriptive statistics were used to summarize participants' characteristics. Normality of continuous variables was assessed using the Shapiro–Wilk test. Differences in breastfeeding self-efficacy before and after the intervention within each group were analyzed using the paired t-test, whereas differences between the intervention and control groups were analyzed using the independent t-test. The association between breastfeeding self-efficacy and breastfeeding effectiveness was examined using the Spearman rank correlation test. Statistical significance was established at $p < 0.05$.

2.6. *Ethical considerations*

Ethical approval for this study was obtained from the Health Research Ethics Committee of FIKK-UKSW with approval number No. 0198/I/FIKK/KEPK/2026. Written informed consent was obtained from all participants before enrollment. Participants were informed about the objectives, procedures, potential benefits, confidentiality of personal information, voluntary participation, and their right to withdraw from the study at any stage without any consequences for the healthcare services they received.

3. Hasil / Results

3.1. Respondent Characteristics

The characteristics of the respondents in the intervention and control groups are presented in Table 1. Baseline demographic characteristics were compared to determine the homogeneity of the two groups before the intervention.

Table 1. Baseline Characteristics of Participants in the Intervention and Control Group

Characteristics	Intervention		Control	
	n	%	n	%
Age (years), Mean $\pm$ SD	28.65 $\pm$ 4.12		29.18 $\pm$ 3.87	
Education				
Senior high school	8	47.1	9	52.9
College/University	9	52.9	8	47.1
Occupation				
Employed	7	41.2	6	35.3
Unemployed	10	58.8	11	64.7
Parity				
Primiparous	10	58.8	9	52.9
Multiparous	7	41.2	8	47.1
Mode of delivery				
Normal vaginal delivery	13	76.5	12	70.6
Cesarean section	4	23.5	5	29.4

Table 1 shows that the baseline characteristics of participants were comparable between the intervention and control groups. The mean age of participants was 28.65 $\pm$ 4.12 years in the intervention group and 29.18 $\pm$ 3.87 years in the control group. Most participants had completed senior high school or higher education, were unemployed, were primiparous, and had normal vaginal deliveries.

3.2. Effect of the Breastfeeding Support Package on Breastfeeding Self-Efficacy

Changes in breastfeeding self-efficacy scores before and after the intervention in both groups are presented in Table 2.

Table 2. Comparison of Breastfeeding Self-Efficacy Scores Before and After the Intervention

Group	Pretest (Mean $\pm$ SD)	Posttest (Mean $\pm$ SD)	Mean Difference	p-value
Intervention	43.71 $\pm$ 6.15	60.24 $\pm$ 4.82	+16.53	<0.001
Control	44.18 $\pm$ 5.92	47.53 $\pm$ 5.41	+3.35	0.084

Note: Values are presented as mean $\pm$ SD. p-values were obtained using the paired t-test for within-group comparisons.

As shown in Table 2, the intervention group demonstrated a substantial increase in breastfeeding self-efficacy scores, from 43.71 $\pm$ 6.15 at baseline to 60.24 $\pm$ 4.82 after receiving the breastfeeding support package. This improvement was statistically significant ($p < 0.001$). In contrast, the control group exhibited only a slight increase in self-efficacy scores, from 44.18 $\pm$ 5.92 to 47.53 $\pm$ 5.41, which was not statistically significant ($p = 0.084$).

3.3. Comparison of Breastfeeding Self-Efficacy Improvement Between Groups

The difference in the magnitude of breastfeeding self-efficacy improvement between the intervention and control groups is presented in Table 3.

Table 3. Comparison of Mean Changes in Breastfeeding Self-Efficacy Between Groups

Variable	Intervention (Mean ± SD)	Control (Mean ± SD)	p-value
Breastfeeding self-efficacy change score	16.53 ± 5.12	3.35 ± 4.26	<0.001

Note: Values are presented as mean ± standard deviation (SD). Between-group comparisons of breastfeeding self-efficacy change scores were analyzed using the independent samples t-test. Statistical significance was set at $p < 0.05$.

Table 3 demonstrates that the mean improvement in breastfeeding self-efficacy was significantly greater in the intervention group than in the control group ($p < 0.001$). These findings indicate that the breastfeeding support package was more effective than routine postpartum care in enhancing maternal breastfeeding self-efficacy.

3.4. Association Between Breastfeeding Self-Efficacy and Breastfeeding Effectiveness

The relationship between breastfeeding self-efficacy and breastfeeding effectiveness was analyzed using Spearman's rank correlation, and the results are presented in Table 4.

Table 4. Correlation Between Breastfeeding Self-Efficacy and Breastfeeding Effectiveness

Variable	r	p-value
Breastfeeding self-efficacy and breastfeeding effectiveness	0.612	<0.001

Note: The association between breastfeeding self-efficacy and breastfeeding effectiveness was analyzed using Spearman's rank correlation coefficient. Statistical significance was set at $p < 0.05$.

Table 4 indicates a statistically significant positive correlation between breastfeeding self-efficacy and breastfeeding effectiveness ($r = 0.612$, $p < 0.001$). This finding suggests that mothers with higher breastfeeding self-efficacy tended to demonstrate more effective breastfeeding practices.

4. Pembahasan / Discussion

4.1 Respondent Characteristics

The present study demonstrated that the intervention and control groups had comparable baseline characteristics, including maternal age, educational level, employment status, parity, and mode of delivery, with no statistically significant differences observed between the two groups. The homogeneity of baseline characteristics indicates that both groups were comparable prior to the intervention, thereby minimizing the influence of potential confounding variables on the study

outcomes. Establishing equivalent baseline characteristics is essential in quasi-experimental studies because it strengthens the internal validity of the findings and increases confidence that the observed differences in breastfeeding self-efficacy are primarily attributable to the breastfeeding support package rather than demographic differences between groups (Sandhi et al., 2022; Dennis, 2023).

Although no significant differences were identified between groups, maternal demographic characteristics remain important determinants of breastfeeding outcomes. Previous studies have reported that parity and family support are positively associated with breastfeeding self-efficacy, whereas educational level and employment status may not consistently predict maternal confidence after controlling for psychosocial factors. Multiparous mothers generally report higher breastfeeding self-efficacy because previous breastfeeding experience enhances confidence and problem-solving skills during lactation. Conversely, primiparous mothers often require greater professional guidance and family support during the early postpartum period. Therefore, maintaining balanced participant characteristics between study groups is crucial to ensure that improvements in breastfeeding self-efficacy reflect the effectiveness of the intervention rather than differences in maternal sociodemographic profiles (Nugraheni et al., 2025; Diah et al., 2022; Yang et al., 2022).

4.2 Effect of the Breastfeeding Support Package on Breastfeeding Self-Efficacy

The findings of the present study indicate that the breastfeeding support package significantly improved breastfeeding self-efficacy among postpartum mothers compared with routine postpartum care. This finding suggests that comprehensive breastfeeding support can effectively strengthen mothers' confidence in their ability to breastfeed successfully during the early postpartum period. According to Bandura's Social Cognitive Theory, self-efficacy develops through mastery experiences, verbal encouragement, observational learning, and the interpretation of physiological responses. A structured breastfeeding support package addresses these components by providing breastfeeding education, practical demonstrations, continuous encouragement, and individualized assistance in overcoming breastfeeding difficulties, thereby enhancing maternal confidence in breastfeeding (Dennis, 2003). Furthermore, recent evidence has demonstrated that educational interventions based on breastfeeding self-efficacy theory significantly improve maternal confidence and exclusive breastfeeding outcomes during the postpartum period (Yang et al., 2021).

In contrast, the control group, which received routine postpartum care, showed only a slight and statistically non-significant improvement in breastfeeding self-efficacy. Routine postpartum services generally provide brief breastfeeding counseling as part of standard maternal care but often lack individualized guidance, supervised breastfeeding practice, continuous reinforcement, and emotional support. Consequently, mothers may receive insufficient opportunities to develop mastery experiences and confidence in managing breastfeeding challenges during the early postpartum period. This finding suggests that routine postpartum care alone may not be sufficient to produce meaningful improvements in breastfeeding

self-efficacy, highlighting the added value of a structured breastfeeding support package.

The significant improvement observed in this study is consistent with previous systematic reviews demonstrating that educational and supportive breastfeeding interventions produce higher breastfeeding self-efficacy scores than routine care. Effective interventions are generally characterized by multiple components, including individualized counseling, practical breastfeeding coaching, continuous follow-up, and emotional support delivered from pregnancy through the postpartum period. These strategies enable mothers to identify breastfeeding problems early, improve infant positioning and latch, and develop confidence in managing common breastfeeding challenges. Consequently, mothers receiving structured breastfeeding support are more likely to initiate and maintain successful breastfeeding practices than those receiving standard postpartum services alone (Lin et al., 2021; Jang et al., 2021).

Another plausible explanation for the effectiveness of the breastfeeding support package is that it provides not only knowledge but also continuous psychosocial reinforcement throughout the breastfeeding process. Emotional reassurance from healthcare providers helps reduce maternal anxiety, promotes positive breastfeeding experiences, and encourages mothers to persist despite initial breastfeeding difficulties. Behavioral and psychological interventions have consistently been shown to improve maternal confidence, reduce psychological distress, and support breastfeeding success during the postpartum period. Therefore, integrating structured breastfeeding education with ongoing professional support should be considered an essential component of routine postpartum care to optimize breastfeeding self-efficacy and promote exclusive breastfeeding achievement (Pezley et al., 2022; US Preventive Services Task Force, 2025).

4.3 Comparison of Breastfeeding Self-Efficacy Improvement Between Groups

The comparison between groups demonstrated that postpartum mothers who received the breastfeeding support package experienced significantly greater improvements in breastfeeding self-efficacy than those who received routine postpartum care. This finding indicates that conventional postpartum services alone may not be sufficient to substantially enhance maternal confidence in breastfeeding. Although routine care provides essential information regarding maternal and neonatal health, structured breastfeeding support offers more comprehensive assistance through individualized education, practical skill development, and continuous motivation. Such comprehensive interventions create an environment in which mothers are better equipped to overcome breastfeeding challenges and develop stronger confidence in their breastfeeding abilities (McFadden et al., 2017; World Health Organization, 2023).

The greater improvement observed in the intervention group can be explained by the multidimensional nature of the breastfeeding support package. Effective breastfeeding interventions should address not only mothers' knowledge but also technical breastfeeding skills, emotional well-being, and ongoing professional support. Individualized guidance enables healthcare professionals to identify breastfeeding difficulties at an early stage, correct ineffective positioning and latch,

and provide immediate feedback that reinforces successful breastfeeding experiences. These positive experiences gradually strengthen maternal self-efficacy, allowing mothers to become more confident in managing breastfeeding independently. Similar findings have been reported by educational intervention studies showing that mothers receiving structured breastfeeding support achieve significantly higher breastfeeding self-efficacy scores than mothers receiving standard postpartum care (Blixt et al., 2022; Jang et al., 2021).

These findings also have important implications for maternal and child health services. The significant difference in breastfeeding self-efficacy improvement between groups suggests that breastfeeding support should be incorporated as a routine component of postpartum care rather than being delivered only when breastfeeding problems arise. Early identification of breastfeeding difficulties, accompanied by continuous counseling and practical assistance, may strengthen maternal confidence during the critical postpartum period and improve breastfeeding sustainability. Therefore, integrating structured breastfeeding support into primary healthcare services has the potential to enhance the quality of postpartum care while contributing to higher rates of exclusive breastfeeding and improved maternal–infant health outcomes (World Health Organization, 2023; United Nations Children's Fund, 2023).

4.4 Association Between Breastfeeding Self-Efficacy and Breastfeeding Effectiveness

The present study identified a significant positive correlation between breastfeeding self-efficacy and breastfeeding effectiveness, indicating that mothers with higher confidence in their breastfeeding ability were more likely to demonstrate effective breastfeeding practices. This finding supports the theoretical framework proposed by Dennis, which states that breastfeeding self-efficacy is a key cognitive determinant influencing maternal motivation, persistence, and performance during breastfeeding. Mothers with greater self-efficacy are more likely to initiate breastfeeding successfully, overcome common breastfeeding challenges, and maintain appropriate breastfeeding techniques despite experiencing discomfort or temporary difficulties (Dennis, 2023; Dennis & Faux, 2021).

The positive relationship observed in this study is consistent with previous evidence demonstrating that breastfeeding self-efficacy is one of the strongest predictors of successful breastfeeding outcomes. Mothers with high breastfeeding self-efficacy generally exhibit better infant positioning and attachment, greater confidence in assessing adequate milk transfer, and increased perseverance when encountering breastfeeding problems. In contrast, mothers with low self-efficacy tend to experience higher levels of anxiety, perceive breastfeeding difficulties more negatively, and discontinue exclusive breastfeeding earlier. Systematic reviews have consistently reported that improving breastfeeding self-efficacy contributes to better breastfeeding technique, longer breastfeeding duration, and higher rates of exclusive breastfeeding during the first six months postpartum (Yang et al., 2021; Blixt et al., 2022; Meedya et al., 2020).

From a clinical perspective, these findings emphasize that breastfeeding self-efficacy should be considered an important target of postpartum breastfeeding interventions. Healthcare professionals should focus not only on providing

breastfeeding information but also on strengthening maternal confidence through individualized counseling, hands-on breastfeeding assistance, positive feedback, and continuous emotional support. By enhancing breastfeeding self-efficacy, mothers are more likely to develop effective breastfeeding skills, sustain exclusive breastfeeding, and achieve optimal maternal and infant health outcomes. Therefore, incorporating self-efficacy-based breastfeeding support into routine postpartum care may represent an effective strategy for improving breastfeeding effectiveness and supporting global recommendations for exclusive breastfeeding (World Health Organization, 2023; United Nations Children's Fund, 2023).

5. Conclusion

The breastfeeding support package significantly improved breastfeeding self-efficacy among postpartum mothers. Mothers in the intervention group demonstrated a significantly greater increase in breastfeeding self-efficacy scores than those in the control group (mean change: 16.53 ± 5.12 vs. 3.35 ± 4.26 ; $p < 0.001$). In contrast, the control group did not show a statistically significant improvement following routine postpartum care ($p = 0.084$). Furthermore, breastfeeding self-efficacy was positively correlated with breastfeeding effectiveness ($r = 0.612$, $p < 0.001$), indicating that higher maternal confidence was associated with more effective breastfeeding practices.

These findings suggest that incorporating a structured breastfeeding support package into routine postpartum care can effectively enhance maternal confidence and improve breastfeeding effectiveness. Integrating evidence-based breastfeeding education, practical assistance, and continuous professional support into primary healthcare services may contribute to increasing exclusive breastfeeding success. Future multicenter studies with larger sample sizes and longer follow-up periods are warranted to confirm the long-term effectiveness of this intervention on exclusive breastfeeding duration and maternal–infant health outcomes.

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