

Enhancing Exclusive Breastfeeding Motivation in Working Mothers: A Study on the Tri Core Breastfeeding Model Using Audiovisual-Based E-Modules

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ABSTRACT Exclusive breastfeeding among working mothers remains a significant public health challenge, despite governmental efforts to improve breastfeeding practices. One such effort is reflected in Government Regulation No. 33 of 2012 concerning breastfeeding. A key issue faced by working mothers is the lack of confidence and adequate support in continuing exclusive breastfeeding. To address this, the Tri Core Breastfeeding Model was developed, focusing on three core components: lactation education, enhancement of maternal self-efficacy, and environmental support. This study aims to analyze the effectiveness of applying the Tri Core Breastfeeding Model through audiovisual-based e-modules in increasing the motivation of working mothers to practice exclusive breastfeeding. This research employed a quasi-experimental design using a non-equivalent control group approach. A total of 36 working mothers with infants aged 0–12 months participated in the study. The intervention group (n = 18) received audiovisual-based e-modules, while the control group (n = 18) received conventional e-leaflets. Data analysis was conducted using the marginal homogeneity test and the Mann–Whitney U test. The results revealed a statistically significant difference in breastfeeding motivation between the two groups, with a p-value of 0.000 ($p < 0.05$). This indicates that the use of audiovisual-based e-modules had a greater impact on improving motivation for exclusive breastfeeding compared to e-leaflets. The e-modules provided comprehensive information on breast milk expression techniques, milk storage methods, and incorporated classical music therapy to enhance relaxation during expression, ultimately supporting increased milk production. In conclusion, the application of the Tri Core Breastfeeding Model using audiovisual-based e-modules is effective in enhancing motivation for exclusive breastfeeding among working mothers. These findings suggest the potential of innovative digital media to support national breastfeeding programs and improve maternal and child health outcomes.

INDEX TERMS Tri Core Breastfeeding Model, self-efficacy, audiovisual e-module, exclusive breastfeeding, working mothers.

I. INTRODUCTION

Breastfeeding is a critical stage in early childhood development, providing essential nutrients and immunological protection that significantly reduce infant morbidity and mortality [1], [2]. As emphasized by Puspita and Kurnia in Helina [3], breast milk should be the primary source of nutrition during the first six months of life due to its unparalleled benefits for growth and cognitive development. Despite these well-documented advantages, the practice of exclusive breastfeeding remains suboptimal in many regions, particularly among working mothers.

Numerous factors influence a mother's ability and motivation to breastfeed exclusively. Altaf [4] highlighted that maternal education, age, and socio-economic status are significant determinants of breastfeeding behavior.

Additionally, prenatal and postnatal education from healthcare professionals has been shown to enhance breastfeeding practices and reduce infant mortality. Mothers' experiences and expectations, as well as their understanding of proper breastfeeding techniques, play an essential role in shaping their motivation [5]. Psychological stressors such as fatigue, anxiety, and lack of familial support further hinder breastfeeding continuity [6].

In Indonesia, exclusive breastfeeding is mandated by Government Regulation No. 33 of 2012 [7]. The World Health Organization (WHO) set a global target to achieve a 50% increase in exclusive breastfeeding rates by 2025; however, as of 2017, the global average was only 38%, largely due to limited maternal knowledge on lactation

management [8]. In 2021, Indonesia reported a national exclusive breastfeeding rate of 56.9%, with East Java falling below this at 56.3% [9]. In Sidoarjo Regency, the 2015 health strategic plan aimed for 80% coverage, yet actual figures only reached 57.3% [10]. The primary barrier identified is the rising number of employed mothers who often perceive that formula milk is an adequate substitute for breast milk [11].

Additional challenges include the absence of adequate breastfeeding facilities in workplaces, poor maternal understanding of lactation, and health complications during the breastfeeding period [12]. These issues contribute to the discontinuation of exclusive breastfeeding, subsequently increasing the risk of chronic diseases and infections in infants [8], [12].

To address these challenges, enhancing maternal self-efficacy has been recognized as a pivotal strategy. Dennis, as cited in Andi and Linda [2], defines self-efficacy as a mother's belief in her capacity to breastfeed, which is crucial for overcoming breastfeeding-related difficulties. The Tri Core Breastfeeding Model offers a comprehensive approach to improving breastfeeding outcomes by integrating lactation education, self-confidence building, and support systems [13]. This model has demonstrated effectiveness in promoting exclusive breastfeeding practices across various contexts [14].

Educational media such as audiovisual-based e-modules present an innovative solution for delivering breastfeeding education, particularly for working mothers. Studies by Fitria et al. show that digital learning tools enhance maternal self-efficacy and motivation [15]. Marlay (2017) also found that visual aids, including flipcharts, positively influenced mothers' confidence in breastfeeding through the use of positive affirmations [16]. Likewise, Suryani [17] reported that distributing breastfeeding self-efficacy (BSE) booklets significantly improved exclusive breastfeeding rates among working mothers.

Despite these efforts, there remains a gap in the integration of structured models like Tri Core with modern e-learning approaches tailored for working mothers. This study seeks to fill this gap by implementing the Tri Core Breastfeeding Model through audiovisual-based e-modules to enhance motivation among employed mothers in providing exclusive breastfeeding.

The objectives of this research are: (1) to analyze the effectiveness of the Tri Core Breastfeeding Model when delivered via audiovisual e-modules; (2) to increase motivation among working mothers for exclusive breastfeeding; and (3) to support midwives in conducting targeted health education using e-learning media. The key contributions of this study are as follows:

1. Introducing an innovative integration of audiovisual-based e-modules with the Tri Core Breastfeeding framework.
2. Enhancing exclusive breastfeeding motivation specifically among working mothers, a demographic often neglected in conventional interventions.
3. Providing actionable recommendations for healthcare professionals to improve breastfeeding education and support systems.

II. METHOD

A. STUDY DESIGN

This research adopted a quasi-experimental design using a non-equivalent control group structure, which is commonly applied in field settings where full randomization is not feasible. This design enabled a comparative analysis between two groups: intervention and control by administering pre- and post-tests to evaluate the effect of the intervention on breastfeeding motivation [18].

B. STUDY POPULATION AND SAMPLING

The population of this study consisted of working mothers with infants aged 0 to 12 months. A total of 36 participants were selected through purposive sampling and assigned into two groups: 18 participants in the intervention group, who received audiovisual-based e-module education, and 18 participants in the control group, who received education via e-leaflets. Inclusion criteria included being currently employed, having an infant aged 0–12 months, and not currently experiencing complications that contraindicate breastfeeding. Participants who had received formal lactation education within the last three months were excluded to minimize bias [19].

C. INTERVENTION PROCEDURE

The independent variable in this study was the Tri Core Breastfeeding Model, delivered through an audiovisual-based e-module. This model emphasizes three components: breastfeeding education, confidence enhancement, and support for mothers throughout the breastfeeding period. Before the intervention, all participants completed a pretest using a breastfeeding motivation questionnaire to assess their initial level of motivation. The control group received standard breastfeeding information in the form of an electronic leaflet (e-leaflet), which included text and illustrations about breastfeeding techniques, benefits, and common problems.

The intervention group received a structured e-module containing audiovisual content that integrated animated explanations, expert guidance, practical demonstrations, and motivational segments. The module was designed to allow flexible access to suit the schedules of working mothers while maintaining interactive and engaging content to support motivation [20], [21].

After the education period of approximately two weeks, all participants completed a posttest using the same motivation questionnaire to assess changes.

D. INSTRUMENT AND MEASUREMENT

Data were collected using a validated instrument the Breastfeeding Motivation Questionnaire (BMQ). This questionnaire consisted of multiple Likert-scale items assessing four dimensions: self-efficacy, intention, emotional readiness, and perceived barriers. The instrument had been previously validated with a Cronbach's alpha value above 0.80, indicating strong internal consistency [22], [23].

E. DATA ANALYSIS

Descriptive statistics were used to summarize demographic and baseline data for both groups. To assess within-group changes in motivation (pre- vs. post-intervention), the

Marginal Homogeneity Test was applied. This test is appropriate for non-parametric, paired ordinal data where changes in response categories are evaluated [24]. To examine between-group differences in motivation after the intervention, the Mann–Whitney U test was used. This test compares distributions between two independent groups and is suitable when data do not follow a normal distribution [25]. All statistical analyses were conducted at a 5% level of significance ($p < 0.05$).

F. ETHICAL CONSIDERATIONS

This study was conducted following ethical guidelines for research involving human subjects. Ethical clearance was obtained from the institutional ethics committee, and all participants provided written informed consent prior to participation. Confidentiality and voluntary participation were emphasized, and participants were informed of their right to withdraw at any time without penalty.

G. LIMITATIONS

The main limitation of this study lies in the non-randomized design, which may introduce selection bias and affect the generalizability of the results. To mitigate this, purposive matching based on participant characteristics such as employment type and parity was applied. Despite this, the quasi-experimental design allowed the intervention to be tested in a real-world setting, which adds ecological validity to the findings. Further research using randomized controlled trials (RCTs) is recommended to strengthen causal inferences and replicate the findings in broader populations [26].

III. RESULT

A. CHARACTERISTICS OF RESPONDENTS

TABLE 1

Distribution of Characteristics of Research Respondents

Respondent Characteristics	Group of e-modules		E-leaflet group		p-value
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)	
Age					
20-25 years old	6	33.3	4	22.2	0.705
26-35 years old	8	44.4	10	55.6	
> 35 years old	4	22.2	4	22.2	
Total					
Education					
Low	<12		21	40.4	0.145
Middle	12		15	28.8	
High	>12		16	30.8	
Total			52	100	
Parity					
Primiparous	8	44.4	7	38.9	0.367
Multiparous	10	55.6	11	61.1	
Total					
Mode of delivery					
Cesarean section	10	55.6	7	38.9	0.367
Normal Pervag	8	44.4	11	61.1	
Total					

As shown in TABLE 1, most respondents in both groups were aged 26–35 years, held middle to high educational levels, and were predominantly multiparous. The distribution between the e-module and e-leaflet groups was relatively balanced across age, education, parity, and delivery method, indicating baseline comparability.

B. STATISTICAL TEST RESULTS

TABLE 2 The results of the Marginal Homogeneity Test analysis in the intervention group (using audiovisual-based e-modules) and the control group (using e-leaflets) in the Wonoayu Sidoarjo Health Center Working Area.

TABLE 2

The results of the Marginal Homogeneity Test analysis

Breastfeeding motivation	Pre -Test		Post Test		p-value
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)	
Intervention Group (Use of e-modules)					
Low	7	38.89	0	0	0.000
Medium	6	33.33	1	5.56	
High	5	27.78	17	94.44	
Control Group (Use of e-leaflet)					
Low	8	44.44	2	11.11	0.013
Medium	7	38.89	10	55.56	
High	3	16.67	6	33.33	

Based on TABLE 2 shows that there is an increase in maternal motivation in breastfeeding before using audiovisual-based e-modules from 7 people who have low motivation (38.89%) and 6 people who have moderate motivation (33.33%) most of them have increased breastfeeding motivation in working mothers. Only 1 person (5.56) on the posttest remained on breastfeeding motivation classified as moderate motivation. This shows that there is an effect of using an audiovisual-based e-module entitled "Tips for Successful Exclusive Breastfeeding in Working Mothers" on maternal motivation in providing exclusive breastfeeding.

TABLE 3 The results of the Mann Whitney test analysis in the intervention group (using audiovisual-based e-modules) and the control group (using e-leaflets) in the Wonoayu Sidoarjo Health Center Working Area in August - September 2023.

TABLE 3

The results of the Mann Whitney test analysis

Breastfeeding motivation	Pre -Test		Post Test		p-value
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)	
Intervention Group (Use of e-modules)					
Low	7	38.89	0	0	0.000
Medium	6	33.33	1	5.56	
High	5	27.78	17	94.44	
Control Group (Use of e-leaflet)					
Low	8	44.44	2	11.11	0.013
Medium	7	38.89	10	55.56	
High	3	16.67	6	33.33	

Based on TABLE 3 shows the results of the Mann Whitney test with a significance value of $\alpha = 0.05$ getting a significance value of $0.000 < \alpha = 0.05$. Indicates a significant difference between the use of audiovisual-based e-module media and e-leaflets on increasing exclusive breastfeeding motivation in working mothers. Thus, of the two media, e-modules proved to be more effective when compared to e-leaflets.

IV. DISCUSSION

A. INTERPRETATION OF THE RESULTS

The results of this study demonstrate that the use of audiovisual-based e-modules in the application of the Tri Core Breastfeeding Model significantly increased the motivation of working mothers to provide exclusive breastfeeding. Participants who received the audiovisual e-module intervention showed a greater improvement in motivation levels compared to those in the control group who

were only exposed to conventional e-leaflets. The structured educational content, combined with engaging audiovisual elements, provided a more stimulating and effective learning experience. The improvement in maternal motivation can be attributed to the accessibility, interactivity, and multimedia format of the e-modules, which supported better absorption and retention of information.

The pre- and post-test assessments using the Breastfeeding Motivation Questionnaire (BMQ) and analysis through Marginal Homogeneity and Mann–Whitney U tests confirmed a statistically significant difference in motivation scores, with the treatment group demonstrating greater improvement. This suggests that the intervention not only conveyed essential knowledge but also enhanced the mothers' confidence and emotional readiness to commit to exclusive breastfeeding. The findings align with the self-efficacy theory, where exposure to clear, engaging information increases perceived competence and behavioral intention [27].

Moreover, the integration of the Tri Core Breastfeeding components educational content, emotional support, and practical guidance into the audiovisual module created a comprehensive experience that addressed both cognitive and emotional aspects of maternal behavior. Features such as audio-guided relaxation and animated demonstrations provided psychological comfort and stimulated oxytocin release, which further supports lactation [28].

B. COMPARISON TO PREVIOUS STUDIES

This study is consistent with earlier research that emphasizes the impact of health education tools on maternal motivation and breastfeeding practices. Aris et al. [29] demonstrated that using booklets enriched with visual content such as oxytocin massage techniques effectively increased maternal self-efficacy. However, this study goes beyond static materials by leveraging multimedia features, which aligns with the findings of Surjono and Jumasa [30], who asserted that audiovisual tools facilitate faster and deeper understanding due to their capacity to stimulate multiple senses.

In a similar context, Ninis et al. [31] reported that audiovisual media improved knowledge, behavior, and motivation among breastfeeding mothers. Their intervention also utilized video content and interactive elements, which corroborates the present study's finding that multimedia elements are more effective in delivering health education compared to text-only formats. Moreover, Delita et al. [32] highlighted that e-modules can significantly enhance engagement and learning outcomes, especially when learners can revisit materials freely, which matches this study's observed behavioral outcomes among working mothers.

Furthermore, this study supports the theoretical framework of Breastfeeding Self-Efficacy (BSE), as proposed by Schwarzer and Renner [33], where increased knowledge, practice-oriented content, and environmental support contribute to higher levels of maternal confidence. The presence of a support group via WhatsApp, as implemented in this study, reinforces this mechanism by fostering a sense of community and access to immediate peer and expert feedback. This is echoed in the findings of Helina

et al. [34], where digital group-based interactions enhanced maternal satisfaction and breastfeeding confidence.

Additionally, the research aligns with the findings of Kadek et al. [35], who emphasized that the Tri Core Model's effectiveness stems from its three-fold approach: educational empowerment, emotional encouragement, and environmental support. Their study also highlighted the role of educating mothers on the risks of formula feeding and the benefits of correct breastfeeding practices. This holistic strategy, when delivered through accessible media like e-modules, becomes a powerful tool in enhancing maternal motivation and competence.

The study also finds support from Jean et al. [36], who argued that motivation, awareness, and access to quality breastfeeding information are critical to successful exclusive breastfeeding. The multimedia format of this study's e-modules addressed all three components by being informative, engaging, and easy to use.

C. LIMITATIONS AND IMPLICATIONS

Despite the encouraging outcomes, this study has several limitations that should be acknowledged. Firstly, the sample size was limited to 36 participants, divided evenly between the control and intervention groups. This relatively small sample size may limit the generalizability of the findings to the broader population of working mothers. Future research with a larger and more diverse sample is recommended to validate and expand upon these results.

Secondly, the non-randomized design poses a potential selection bias. Although efforts were made to match participants based on age, parity, and occupation, random assignment would have enhanced the internal validity. Incorporating a randomized controlled trial (RCT) design in future studies is advised to strengthen causal inferences.

Another limitation lies in the short intervention duration. While the two-week exposure to the e-modules yielded significant improvements in motivation, it is uncertain whether these effects would be sustained over time. Longitudinal follow-up is necessary to examine the persistence of motivational changes and actual breastfeeding practices in the months following childbirth.

External factors such as family support, workplace policies, and maternal health conditions were not fully controlled in this study. These variables may play a critical role in determining the success of exclusive breastfeeding and could have influenced the results. As such, future studies should consider multivariate analyses that include these predictors.

Nevertheless, the study holds important practical implications. The use of audiovisual-based e-modules offers a cost-effective, scalable, and technologically feasible approach to support breastfeeding education, especially for working mothers who have limited time and flexibility. These modules can be integrated into mobile health (mHealth) platforms or existing maternal and child health services, allowing for continuous learning, remote support, and engagement even in rural or under-resourced areas.

Furthermore, this research underlines the importance of blending health education with behavioral science principles, such as motivation and self-efficacy, to drive sustained maternal behavior change. The incorporation of

repetition, interactivity, and emotionally resonant content can substantially enhance educational outcomes, as supported by both this and previous studies.

Additionally, the implementation of digital communication platforms, such as WhatsApp support groups, demonstrated in this study, provides a valuable layer of peer and professional support that complements formal education. This dual approach combining media-based self-learning with real-time communication can be a template for future maternal health promotion interventions.

Finally, this study reinforces the policy relevance of the Tri Core Breastfeeding Model. The model, especially when supported by digital innovations like e-modules, aligns well with national and global strategies to improve exclusive breastfeeding rates, particularly among working mothers. As Indonesia continues to struggle with breastfeeding coverage gaps in regions such as East Java, scalable interventions like this are highly needed [8].

V. CONCLUSION

The primary aim of this study was to analyze the effectiveness of the Tri Core Breastfeeding Model utilizing audiovisual-based e-modules in enhancing the motivation of working mothers to practice exclusive breastfeeding. The findings of this quasi-experimental research demonstrate a statistically significant improvement in maternal motivation following the educational intervention using audiovisual-based e-modules. This was evidenced by a p-value of 0.000, indicating a substantial difference in motivation levels before and after the intervention. Furthermore, the study identified a significant disparity in outcomes between the intervention group, which received the audiovisual-based e-modules, and the control group, which was provided with conventional e-leaflets. The Mann-Whitney U test also yielded a p-value of 0.000, confirming the superior effectiveness of the audiovisual-based e-modules in fostering maternal motivation for exclusive breastfeeding. These results strongly support the conclusion that the Tri Core Breastfeeding Model, when delivered through engaging, multimedia-enhanced e-modules, is more impactful in increasing the willingness and confidence of working mothers to initiate and sustain exclusive breastfeeding practices. This model not only emphasizes lactation education but also integrates emotional support and practical breastfeeding guidance, which are crucial for behavior change, particularly among mothers facing the dual demands of employment and childcare. As an innovation in maternal health education, the use of audiovisual-based e-modules offers a practical, scalable, and user-friendly approach that can be accessed flexibly via smartphones making it ideal for modern working mothers with limited time. Going forward, future research should explore the long-term sustainability of the behavioral changes induced by such interventions, include a larger and more diverse sample size, and assess the impact of integrating these digital tools into routine maternal and child health services. Health practitioners, particularly midwives, are encouraged to adopt this model and disseminate educational materials in audiovisual formats to enhance engagement and knowledge retention, thereby contributing to improved national coverage of exclusive breastfeeding and better infant health outcomes.

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DATA AVAILABILITY

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

AUTHOR CONTRIBUTION

Domas Nurchandra Pramudianti was responsible for the conceptualization, methodology development, data collection, and initial drafting of the manuscript. Titi Maharrani contributed through supervision, data validation, formal analysis, and critical review and editing of the manuscript. Evi Yunita Nugrahini participated in field investigation, project administration, and data visualization. Aida Amaliya provided support in data processing, development of the audiovisual-based e-modules, and research resources. Mohammad Hamiduzzaman contributed to the literature review, critical revision of the content, and final approval of the version to be published.

DECLARATIONS

ETHICAL APPROVAL

This study was approved by the institutional ethics committee of Poltekkes Kemenkes Surabaya. Written informed consent was obtained from all participants prior to data collection.

CONSENT FOR PUBLICATION PARTICIPANTS.

All authors have reviewed and approved the final manuscript and consent to its publication.

COMPETING INTERESTS

The authors declare that they have no competing interests.

REFERENCES

- [1] Dodou et al., 2020.
- [2] Andi and Linda, 2020.
- [3] Puspita and Kurnia, Helina Journal, 2019.
- [4] R.A. Altaf, "Factors influencing exclusive breastfeeding," 2022.
- [5] S. Syahrizal et al., "Maternal expectations and breastfeeding motivation," 2021.
- [6] H. Pratiwi et al., "Psychosocial factors in breastfeeding," 2021.
- [7] Government of Indonesia, "Regulation No. 33 of 2012," 2012.
- [8] WHO, "Global Breastfeeding Scorecard," 2017.
- [9] Ministry of Health Indonesia, "Health Profile 2021," 2022.
- [10] Sidoarjo Health Office, "Strategic Plan 2016-2021," 2021.
- [11] N. Wulandari, "Working mothers and breastfeeding challenges," 2021.
- [12] F. Utami et al., "Workplace barriers to breastfeeding," 2020.
- [13] A. Rizki et al., "Tri Core Model and maternal support," 2020.
- [14] Journal of Clinical Practice & Int. J. of Nursing & Midwifery Science, 2020–2022.
- [15] M. Fitria et al., "E-learning and breastfeeding efficacy," 2021.
- [16] A. Marlay, "Flipchart media for breastfeeding education," 2017.
- [17] R. Suryani, "Booklets and BSE," 2021.

- [18] A. K. Sharma and R. Verma, "Understanding quasi-experimental designs in health research," *J. Clin. Diagn. Res.*, vol. 13, no. 8, pp. LE01–LE04, 2019.
- [19] M. Hidayati et al., "Exclusive breastfeeding practice among working mothers: A cross-sectional study," *BMC Public Health*, vol. 21, no. 1, pp. 1–10, 2021.
- [20] N. Fitria et al., "Audiovisual-based breastfeeding modules: Increasing motivation through digital health promotion," *Int. J. Med. Inform.*, vol. 152, 104506, 2021.
- [21] R. Safitri et al., "Effectiveness of e-learning in maternal health education," *Asian J. Adv. Med. Sci.*, vol. 4, no. 2, pp. 32–40, 2020.
- [22] L. D. Nguyen et al., "Measuring maternal motivation and self-efficacy for breastfeeding: Validation of a revised scale," *Maternal Child Health J.*, vol. 25, no. 4, pp. 671–678, 2021.
- [23] R. Kusumawardani and S. Purnomo, "Development of motivation questionnaire in breastfeeding studies," *J. Midwifery Health Sci.*, vol. 8, no. 2, pp. 56–63, 2020.
- [24] B. Agresti, *An Introduction to Categorical Data Analysis*, 3rd ed., Hoboken, NJ: Wiley, 2019.
- [25] S. Mishra et al., "Application of non-parametric tests in medical research," *J. Clin. Diagn. Res.*, vol. 14, no. 5, pp. YE01–YE05, 2020.
- [26] J. R. Bailey, "Improving external validity in quasi-experimental healthcare studies," *Health Serv. Res.*, vol. 56, no. 2, pp. 212–220, 2021.
- [27] F. Noel et al., "Postpartum counseling and breastfeeding self-efficacy: A Canadian study," *Int. J. Nurs. Stud.*, vol. 101, pp. 103–109, 2020.
- [28] M. A. Mulyani, "Psychological determinants of oxytocin and breastfeeding success," *J. Psychol. Health Promot.*, vol. 6, no. 1, pp. 23–31, 2021.
- [29] A. Aris, N. Sukmawati, and D. Maulida, "Booklet-based breastfeeding education: Effects on maternal confidence," *J. Midwifery Educ.*, vol. 8, no. 3, pp. 150–158, 2021.
- [30] H. Surjono and D. Jumasa, "Audiovisual media in health education: An evidence-based approach," *Health Educ. Technol. J.*, vol. 5, no. 2, pp. 77–86, 2022.
- [31] N. A. Ninis et al., "Effectiveness of audiovisual education on exclusive breastfeeding practice," *J. Public Health Educ.*, vol. 4, no. 4, pp. 200–208, 2022.
- [32] D. Delita et al., "E-modules in digital health literacy and maternal behavior change," *Health Technol. J.*, vol. 9, no. 1, pp. 45–53, 2022.
- [33] R. Schwarzer and B. Renner, "Self-efficacy in health behavior: Theoretical frameworks and interventions," *Health Psychol. Rev.*, vol. 14, no. 1, pp. 12–29, 2020.
- [34] D. Helina et al., "Improving breastfeeding satisfaction through tri-core models and WhatsApp facilitation," *J. Matern. Child Health*, vol. 5, no. 2, pp. 135–142, 2021.
- [35] K. Sari, P. Kadek, and L. Dewi, "Tri Core Breastfeeding Model as an intervention to improve exclusive breastfeeding practices," *J. Midwifery Clin. Stud.*, vol. 11, no. 3, pp. 210–219, 2023.
- [36] J. Jean et al., "Predictors of exclusive breastfeeding success in low-income mothers: A longitudinal study," *Breastfeed. Med.*, vol. 15, no. 5, pp. 275–281, 2020.