

RESEARCH ARTICLE

OPEN ACCESS

Manuscript received June 13, 2024; revised June 16, 2024; accepted June 16, 2024; date of publication June 30, 2024

Digital Object Identifier (DOI): <https://doi.org/10.35882/ijahst.v4i3.352>

Copyright © 2023 by the authors. This work is an open-access article and licensed under a Creative Commons Attribution-ShareAlike 4.0 International License (CC BY-SA 4.0)

How to cite: Intan Dwi Puspitasari¹, Nurlailis Saadah^{1*}, Rahayu Sumaningsih¹, Teta Puji Rahayu¹, "The Effect of Exclusive Breastfeeding Counseling on Self-Efficacy Among Nursing Mothers: A Pre-Experimental Study", International Journal of Advanced Health Science and Technology, vol. 4, no. 3, pp. 172 - 178, June 2024

The Effect of Exclusive Breastfeeding Counseling on Self-Efficacy Among Nursing Mothers: A Pre-Experimental Study

Intan Dwi Puspitasari¹, Nurlailis Saadah^{1*}, Rahayu Sumaningsih¹, Teta Puji Rahayu¹

¹Departement of Midwifery, Poltekkes Kemenkes Surabaya.

Corresponding author: Nurlailis Saadah (e-mail: nurlailissaadah66@gmail.com).

ABSTRACT Exclusive breastfeeding is a baby's best food for growth and development in the first six months. Breastfeeding mothers need high confidence and self-efficacy that they can provide breastmilk for their babies. The provision of counseling services allows mothers to gain a comprehensive understanding of proper breastfeeding techniques and the benefits of breast milk for infants. This study aimed to determine the effect of exclusive breastfeeding counseling on breastfeeding mothers' self-efficacy. Based on information collected from 10 women with infants aged 0 to 6 months, three of whom were exclusively breastfed, and seven of whom were not for various reasons, according to the results of interviews conducted during the preliminary survey in August 2023 at Karangrejo Health Center. Family poverty, inappropriate supplementary breastfeeding practices, and low education are reasons for delaying exclusive breastfeeding until the baby is six months old. The incidence of exclusive breastfeeding in children under six months of age decreases when breastfeeding is stopped too soon and replaced with commercial formulas, early introduction of liquids (water, juice), supplementation, and introduction of solid, semi-solid, and soft foods. All these practices can have negative effects. Mothers give various reasons for stopping breastfeeding, such as fear of their milk production being below average, nipples being chafed, sunken or too large, baby refusing to breastfeed, swollen breasts, baby rejecting mother's breast, introducing a pacifier too soon, baby not gaining weight, baby crying, mother exhausted, and mother having to work or leave her baby for a while. In addition, the lack of breastfeeding counseling from health professionals has decreased mothers' motivation to produce breastmilk, postpartum conditions have made it difficult for some mothers to fully understand the information. This study was a pre-experiment study with a one group pretest-posttest design. The sample in this study amounted to 33 exclusive breastfeeding mothers ≤ 6 months which is the total population. The data obtained were processed and analyzed with the Wilcoxon Signed Rank test. The results of the statistical test analysis showed a change in efficacy after counseling of 15.50 with a significance value (Sig.) of 0.000. That is, there is an effect of exclusive breastfeeding counseling on the self-efficacy of breastfeeding mothers. The conclusion of this study is that there is an effect of exclusive breastfeeding counseling on the self-efficacy of breastfeeding mothers. It is hoped that this research can be used as information to carry out midwifery care, so that officers can provide maximum services to improve the quality of health services, especially counseling and providing information about the importance of exclusive breastfeeding. The implication of this study is that respondents are exclusive breastfeeding mothers ≤ 6 months who are given exclusive breastfeeding counseling to prevent drop out (stop breastfeeding before 6 months) and breast milk can continue to be given up to 2 years.

INDEX TERMS exclusive breastfeeding counseling; self-efficacy; breastfeeding mothers.

I. INTRODUCTION

The ideal baby's nutritional needs are exclusively breastfed. The optimal infant feeding practice is to provide exclusive

breastfeeding from birth to six months of age, along with prescription medications, vitamins and minerals[1].

Through counseling, mothers learn the right way to breastfeed their children, understand the benefits of breastmilk for mothers and newborns, and know how to handle difficulties that arise during the breastfeeding process[2]. It takes confidence for breastfeeding mothers to be able to breastfeed their child until the prescribed time[3]. Scientific research proves the health benefits of breastfeeding for mothers and babies. Most important for the development of the newborn is the effect of the composition of breast milk, not only on physical growth, but also on reducing infectious diseases and childhood obesity, and promoting good cognitive performance. For mothers, the effect of breastfeeding on oxytocin production, accelerating uterine involution, reducing the risk of ovarian cancer and even postpartum depression, there are many benefits for women's physical and psychological health[4]. Maternal self-efficacy is defined as a mother's perceived ability to breastfeed her child and influence her decisions regarding breastfeeding, such as whether to breastfeed, how much effort to place on breastfeeding, and how to respond to any challenges during the experience[5]. Breastfeeding self-efficacy, on the other hand, refers to a mother's belief in her capacity to produce breast milk[6]. Based on information collected from 10 women with infants aged 0 to 6 months, three of whom were exclusively breastfed, and seven of whom were not for various reasons, according to the results of interviews conducted during the preliminary survey in August 2023 at Karangrejo Health Center. According to research from Triyani in Jakarta, children who are breastfed for less than four months are 7.325 times more likely than those who are breastfed for more than four months to experience developmental problems[7]. While exclusive breastfeeding can completely prevent increases in pediatric infectious diseases and maternal and child mortality, failure to exclusively breastfeed can increase the burden of financing maternal and child health care[8]. Yuliani claims that breastfeeding instruction and other factors have a major impact on improving breastfeeding mothers' self-efficacy[9].

According to Government Regulation No. 33 of 2012, breast milk given to infants exclusively for six months after birth should not be supplemented with other food or drink[10]. Breastfeeding has three advantages for the mother: it fosters intimacy, helps delay conception (natural birth control), and speeds up the healing process. It reduces the risk of cardiovascular disease, bleeding, and breast cancer, is more cost-effective, increases psychological confidence, strengthens the bond between mother and child, and gives her the satisfaction of having her baby's needs met[11]. Factors Affecting Exclusive Breastfeeding Exclusive are:

1. Self-efficacy

Breastfeeding is influenced by a few characteristics, including occupation, socioeconomic status, parity, and self-

efficacy. Self-efficacy had the greatest impact on exclusive breastfeeding among these variables[1]. Bandura emphasizes that self-efficacy includes the integration of cognitive, social, emotional, and behavioral abilities to effectively achieve desired goals[12]. Self-efficacy refers to the mother's belief or confidence in her ability to breastfeed[13]. The duration of breastfeeding is strongly influenced by a mother's self-efficacy, as it is a reliable indicator of her decision to breastfeed, the level of commitment she will make, her mindset about breastfeeding, whether she will persist or give up, and how she will respond emotionally to breastfeeding challenges[14]. Self-efficacy is formed from the integration of many different sources. Self-efficacy is developed through four main sources, namely ⁽¹⁰⁾:

a. Enactive mastery experiences

An active mastery experience is one that inspires a person with all his or her abilities to achieve success.

b. Vicarious experiences

Modeling, also referred to as vicarious experience, offers a means to increase self-efficacy by observing the achievements of others in accomplishing specific tasks.

c. Verbal persuasion (counseling)

Easily attainable and frequently used, verbal persuasion is a keyway to increase self-efficacy. By reinforcing an individual's belief in their own abilities, either through external or internal communication, verbal persuasion serves to increase self-efficacy.

d. Physiological and affective states

The significance of changes to one's physical and emotional state is very important in relation to self-confidence, but how individuals perceive and understand these changes is what has the greatest impact on self-confidence.

2. Education and Knowledge

Postpartum mothers' knowledge is influenced by their level of education. Lack of knowledge about exclusive breastfeeding will affect the mother's interest in providing exclusive breastfeeding to her baby[1].

3. Parity

A mother with her first child may have problems breastfeeding, simply because she does not know how to breastfeed properly, and if she hears that others have had bad breastfeeding experiences, it may make her hesitant[13].

4. Support from husband, family, and health workers

Support from husbands, families, and midwives is very important to influence the level of self-efficacy of mothers in breastfeeding[15].

5. Age

There is a relationship between age and self-efficacy where it is said that the older a person gets, the more they tend to have high self-confidence⁽¹⁾.

6. Jobs

The demands of work and limited time to care for infants can result in a low likelihood of exclusive breastfeeding. As a result, working mothers may not be able to exclusively⁽¹³⁾

Common problems faced by mothers and their babies in exclusive breastfeeding are: Lack of knowledge of the benefits of exclusive breastfeeding and the correct way of breastfeeding, lack of personal experience of breastfeeding mothers, especially for first time breastfeeding mothers, parents who still maintain myths about breast milk (culture), emotional factors of mothers when breastfeeding, lack of nutritional intake experienced by mothers causes their milk production to be inhibited or reduced, so that mothers choose to give formula milk, lack of husband support can affect mothers to provide exclusive breastfeeding optimally[16].

One source of self-efficacy is counseling. Etymologically, counseling can be traced back to the Latin term “counsiliun,” which conveys the notion of acceptance or understanding[17]. The goal of counseling is to assist clients in gaining a clear understanding of their environment and help them achieve their self-set goals by effectively analyzing information and resolving emotional and interpersonal challenges[18].

II. RESEARCH METHODE

The general objectives of this study are to determine the effect of exclusive breastfeeding counseling on the self-efficacy of breastfeeding mothers in the Karangrejo Health Center working area in 2024. The specific objectives were to identify the characteristics of breastfeeding mothers, identify the self-efficacy of breastfeeding mothers before and after receiving exclusive breastfeeding counseling, and analyze the effect of exclusive breastfeeding counseling on the self-efficacy of breastfeeding mothers in the Karangrejo Health Center working area in 2024.

This research is classified as pre-experiment. The research design chosen is one group pretest-posttest. The application in this study is that one group will be given a pretest at the beginning, then given counseling treatment according to the exclusive breastfeeding material as much as 2 doses at different times, then will be tested post-test regarding the self-efficacy of breastfeeding mothers. The number of samples in this study were all exclusive breastfeeding mothers ≤ 6 months of 33 people taken from each village. The criteria in this study are Inclusion Criteria are exclusive breastfeeding mothers ≤ 6 months in good health, mothers can speak Indonesian, breastfeeding mothers are willing to be studied. Exclusion Criteria: Mothers who are not exclusively breastfeeding, exclusive breastfeeding mothers ≤ 6 months with complications, breastfeeding mothers who cannot speak Indonesian, breastfeeding mothers who do not want to be studied. The survey evaluated breastfeeding confidence through a standardized questionnaire developed by Dennis & Faux, the Breastfeeding Self-Efficacy Scale (BSES) consisting of 14 statements covering technique, interpersonal thinking and support with each statement item contributing a positive value to a total score range between 14 and 70. To expand the use of the BSES-SF, the instrument was tested at

different points across the postpartum period. Finally, this study provided additional support for the theoretical hypothesis that breastfeeding self-efficacy is predictive of future breast-feeding behavior. However, future research is needed to assess the BSES-SF as a discrete scale[19]. According to Moraes GGW, the BSES-SF is an instrument to measure breastfeeding mothers'[20].

In this study, the dependent variable data were analyzed by giving weights and scores as follows: There were 14 questions that were filled with a Likert scale of 1-5. After the respondents' answers were collected on each statement on the BSES-SF questionnaire, the total score was calculated and used to determine the classification of low, medium and high BSE. The researcher used the Wilcoxon Signed Rank test to conduct the analysis. In this study there are limitations, namely that this research was carried out in the afternoon because it was waiting for the mother to return home from work, the researcher had to do extra research and the research time became long, the research had to go to another village because the number of respondents was small, the long distance of the house made it difficult to invite respondents together, some respondents moved house, and limitations in conveying medical terms to breastfeeding mothers in language that was easy to understand. Although there were many limitations, they did not affect the results of the study.

III. RESULT
A. CHARACTERISTICS OF RESEARCH SUBJECTS

TABLE 1.
Characteristics of Respondents by Age, Education, Number of Siblings, and Occupation in the Karangrejo Health Center Working Area in 2024.

Respondent Characteristics	Frequency (f)	Percentage (%)
Age		
12-15 years	0	0
17-25 years	5	15,2
26-35 years	20	60,6
36-45 years	8	24,2
46-55 years	0	0
Total	33	100
Education		
SD - SMP (Primary Education)	4	12,1
SMA/SMK/MA (Secondary Education)	23	69,7
Diploma/Bachelor/Master (Higher Education)	6	18,2
Total	33	100

Number of biological children	26	78,8
1-2	5	15,2
3-3	2	6,0
>4		
Total	33	100
Occupation		
Not working	26	78,8
Working	7	21,2
Total	33	100

Source: primary data, 2024

B. FREQUENCY DISTRIBUTION OF SELF-EFFICACY OF BREASTFEEDING MOTHERS BEFORE AND AFTER GETTING EXCLUSIVE BREASTFEEDING COUNSELING.

TABLE 2.
Cross Tabulation of Exclusive Breastfeeding Counseling on Breastfeeding Mothers' Self-Efficacy in the Karangrejo Health Center Work Area in 2024.

Category of Counseling efficacy	Self-	Pemberian Konseling			
		Before		After	
		f	%	f	%
Low		0	0	0	0
Medium		30	90,9	0	0
High		3	9,1	33	100
Total		33	100	33	100

C. ANALYSIS OF THE EFFECT OF EXCLUSIVE BREASTFEEDING COUNSELING ON BREASTFEEDING MOTHERS' SELF-EFFICACY

The table shows the change in efficacy after counseling of 15.50 with a significance value (Sig.) of 0.000, the significance (Sig.) (0.000) <0.05 or indicates that hypothesis 0 is rejected. That is, there is an effect of exclusive breastfeeding counseling on the self-efficacy of breastfeeding mothers in the working area of Karangrejo Health Center, Magetan Regency.

TABLE 3.
Wilcoxon Signed Rank test statistical test results

Variable	n	Mean Rank	sig
Before counseling and After counseling	33	15,50	0,000

IV. DISCUSSION

Breast milk is the milk of the mother and supplies all the nutrients a baby needs for healthy growth and development[11]. Successful exclusive breastfeeding should also be supported by the mother's belief that any woman can

breastfeed her child. The shape of the nipple does not matter, although it can be small, flat, or even sunken in. The woman can continue to breastfeed her child regardless of the shape of her nipples. Therefore, all information related to the breastfeeding process must be well received by the mother, including the definition of exclusive breastfeeding, its benefits, content, and how to give it. This is to avoid misunderstandings, including information about the shape of the nipple. Short, flat, or inward nipples are not a reason not to breastfeed, since newborns suck on the breast rather than the nipple[21].

Most respondents in the research conducted in the Karangrejo Health Center working area were aged 26-35 years, which is classified as a healthy reproductive age. According to the theory contained in the book Reproductive Health Theory, women aged 20-45 years have reproductive organs that are still functioning properly[22]. According to Purnamasari, at the age of less than 20 years, they usually have no experience, causing mothers to be confused and lack the knowledge needed to care for and breastfeed their children. Conversely, mothers aged 35 years and above are associated with a decline in reproductive organs such as the breasts, which will impact on the ability to provide exclusive breastfeeding and milk production[23]. Those who are less than 20 years old are considered immature both spiritually and physically, as a result mothers will depend on others to provide exclusive breastfeeding. Mothers who are 35 years old and above begin to experience hormonal changes that cause less milk production, and this is a problem experienced by most mothers who want to provide exclusive breastfeeding[24]. According to the researchers, the age of mothers 26-35 years old, which is classified as a healthy reproductive age, affects the practice of exclusive breastfeeding because at the age of less than 20 years, mothers feel less confident, still dependent on parents in childcare, including in breastfeeding decisions. Meanwhile, at the age of more than 35 years, the mother's health begins to decline, including the production of breast milk becomes less smooth due to the influence of decreased hormone function. Most respondents in this study had a secondary education. According to Law of the Republic of Indonesia No. 20/2003 on the National Education System, secondary education is a continuation of basic education. Secondary education consists of general secondary education and vocational secondary education. Secondary education is in the form of senior high schools (SMA), Madrasah Aliyah (MA), and Madrasah Aliyah (MA)[25]. This study is in line with Ampu's research where the level of education is closely related to the mother's understanding of important information that needs to be followed up to improve the welfare and health of her children[26]. Mothers who have 1-2 biological children make up most respondents in this study. Family size will tend to increase as the number of children

increases because each family aims to achieve the desired number of children through different means[27]. According to Rahmawati, parity does not show an association with breast milk production in mothers who breastfeed infants 0-6 months because the contribution of parity is very small and is more influenced by other factors such as education/knowledge or husband/family involvement and cultural practices[28]. This study was dominated by respondents who did not work. The definition of work in general is the main activity carried out by humans, while the specific definition is the act of doing something done by humans with a specific purpose and with positive and appropriate results[29]. There are studies that show an association between employment status and exclusive breastfeeding, this relationship is based on the tendency of working mothers not to provide exclusive breastfeeding to their children. Shows the potential for working mothers to be too busy with office and household duties, so they do not have enough time to contact their babies directly[24]. According to the researchers, in breastfeeding mothers, there was a decrease in exclusive breastfeeding in the third month, namely when the mother started working and finished the maternity leave period. Lack of support from the family and no adequate facilities for expressing breast milk or lactation rooms in the workplace are factors that trigger working mothers to stop breastfeeding.

In this study, the self-efficacy of exclusive breastfeeding mothers ≤ 6 months before receiving exclusive breastfeeding counseling was dominated by moderate self-efficacy and increased after receiving exclusive breastfeeding counseling with a high confidence group. Counseling is a symbiotic relationship between the counselor and the client that involves the client and the counselor to overcome the client's anxiety and enable him to make his own decisions in overcoming his problems[18]. Another study showed that breastfeeding capacity was significantly different between the intervention and control groups after lactation counseling[30]. Several ways are done to increase mothers' confidence in breastfeeding, one of which is health promotion efforts carried out by health workers. According to Notoadmodjo in Trisutrisno, health promotion is the practice of trying to instill community behavior that will help improve their health [31]. According to the researchers, the effect of exclusive breastfeeding counseling on breastfeeding mothers' self-efficacy can also be seen in the increase in individual confidence in their ability to solve problems / obstacles while breastfeeding. In counseling, individuals can learn new ways to overcome problems and improve their ability to deal with complex situations. This can increase an individual's self-efficacy and help them become more confident in facing challenges. Although in this study, breastfeeding mothers before being given counseling already had self-efficacy in the moderate category, some mothers

whose maternity leave period expired during the interview admitted that they had difficulty and were not confident to continue exclusive breastfeeding. After the researcher provided counseling for 2 meetings, from the results of filling out the post-test questionnaire, it was found that self-efficacy increased to high, it was seen that the mother tried to provide expressed breast milk while working so that she could still exclusively breastfeed. In mothers who just had their first child, before counseling their self-efficacy was in the medium category and after being given counseling their self-efficacy increased to the high category and mothers were more skilled when providing breast milk. According to researchers, counseling given to mothers who exclusively breastfeed is very effective because it can prevent exclusive breastfeeding dropout.

The results of the analysis of this study found that there was an effect of exclusive breastfeeding counseling on the self-efficacy of breastfeeding mothers in the working area of Karangrejo Health Center, Magetan Regency. Counseling is one of the four main sources of self-efficacy beliefs according to Bandura's theory. The verbal persuasion factor describes the positive impact of our words on a person's self-efficacy. Telling someone that he is capable and facing any challenge ahead of him can encourage and motivate him and increase his belief in his own ability to succeed. Verbal persuasion is the most popular method of boosting confidence and is easy to do. Verbal persuasion boosts a person's self-confidence by increasing his belief that he has the necessary abilities to succeed, either through the words of others or himself. Therefore, the researcher argues that the provision of exclusive breastfeeding counseling is strongly related to the level of maternal self-efficacy, both of which function as a support that influences mothers in providing exclusive breastfeeding.

In this study there are limitations, namely that this research was carried out in the afternoon because it was waiting for the mother to return home from work, the researcher had to do extra research and the research time became long, the research had to go to another village because the number of respondents was small, the long distance of the house made it difficult to invite respondents together, some respondents moved house, and limitations in conveying medical terms to breastfeeding mothers in language that was easy to understand. Although there were many limitations, they did not affect the results of the study.

Researchers hope that this study will be useful for the community in providing information about the importance of exclusive breastfeeding counseling to change the self-efficacy of mothers to breastfeed their babies, so that mothers will be more eager to seek information so that they can breastfeed their babies exclusively either from health workers or from mass media both electronic and non-electronic.

V. CONCLUSION

The general objective of this study was to determine the effect of exclusive breastfeeding counseling on the self-efficacy of breastfeeding mothers in the Karangrejo Health Center working area in 2024. While the specific objectives were identifying the characteristics of breastfeeding mothers, identify the self-efficacy of breastfeeding mothers before and after receiving exclusive breastfeeding counseling and analyze the influence between exclusive breastfeeding counseling on the self-efficacy of breastfeeding mothers in the Karangrejo Health Center working area in 2024. Based on the results of research conducted in the Karangrejo Health Center area, it can be concluded that:

1. Breastfeeding mothers are more likely to be 26-35 years old, have secondary education, have 1-2 children, and are not working.
2. Breastfeeding mothers' self-efficacy increased after being given exclusive breastfeeding counseling.
3. There is an effect of exclusive breastfeeding counseling on breastfeeding mothers' self-efficacy.

Suggestions for the Health Center are health promotion is needed, especially regarding the importance of exclusive breastfeeding counseling. This promotion can be done through direct activities such as Posyandu, pregnant women's classes and classes for mothers under five. The role of health workers in providing counseling is the biggest contribution of this study. This effort is to prevent breastfeeding mothers from dropping out before the baby is 6 months old. In addition, this promotion also involves the closest environment such as family because it also affects the success of exclusive breastfeeding.

Suggestions for future researchers are further research is needed by adding other variables such as the effect of stress on the self-efficacy of breastfeeding mothers, the relationship of family support to the self-efficacy of breastfeeding mothers, and the relationship of maternal self-efficacy with the success of exclusive breastfeeding.

Suggestions for breastfeeding mothers are the need for breastfeeding mothers to increase their understanding of the importance of exclusive breastfeeding and not to give anything before the baby is 6 months old. In addition, breastfeeding mothers should be more active in seeking information about exclusive breastfeeding so that they can continue breastfeeding for up to 2 years.

Suggestions for the family are expected to fully support breastfeeding mothers to successfully provide exclusive breastfeeding. Families can help mothers in the process of breastfeeding by providing emotional support to mothers, helping to maintain the health of mothers who breastfeed by providing a balanced diet, arranging adequate rest time, and helping to overcome stress that may arise. This can help improve breastmilk quality and maternal health.

VI. REFERENCES

- [1] B. Y. O. Ayuningtyas and W. Oktanasari, "Pengaruh efikasi diri ibu menyusui dengan pemberian ASI Eksklusif di RSUD Aghisna Medika Kroya," *Jurnal Bina Cipta Husada. Jurnal Kesehatan Dan Science*, vol. XIX, no. 1, pp. 124–135, 2023.
- [2] M. H. A. Djogo, T. M. Wuladari, and Y. M. K. Letor, "Pengaruh Konseling Asi Eksklusif Terhadap Motivasi Ibu Menyusui Di Ruang Nifas Rsud S.K. Lerik Di Kota Kupang," *jurnal ilmiah Obsgin*, vol. 14, no. 2, pp. 77–85, 2022.
- [3] Y. Muyassaroh, D. A. Octavianingrum, and Ayuningtyas, "Pengaruh Modul Manajemen Laktasi terhadap Efikasi Diri dan Keberhasilan Menyusui (The Effect Of Lactation Management Module On Self-Efication And Successful Breastfeeding)," *Agustus 2019-Februari*, vol. 8, no. 1, pp. 129–137, 2020.
- [4] E. Gálvez-Adalia, R. Bartolomé-Gutiérrez, C. Berlanga-Macías, B. Rodríguez-Martín, I. Marcilla-Toribio, and M. Martínez-Andrés, "Perceptions of Mothers about Support and Self-Efficacy in Breastfeeding: A Qualitative Study," *Children*, vol. 9, no. 12, pp. 1–11, 2022, doi: 10.3390/children9121920.
- [5] A. M. Gonzales, "Breastfeeding self-efficacy of early postpartum mothers in an urban municipality in the Philippines," *Asian Pacific Island Nursing Journal*, vol. 4, no. 4, pp. 135–143, 2020, doi: 10.31372/20190404.1023.
- [6] H. S. Putri, "Hubungan Pekerjaan Ibu Dengan Efikasi Diri Dalam Pemberian Asi Eksklusif," *Jurnal Kesehatan Ilmiah Indonesia (Indonesian Health Scientific Journal)*, vol. 6, no. 2, p. 44, 2021, doi: 10.51933/health.v6i2.503.
- [7] Dahliansyah, *Dampak ASI Eksklusif*. Nuta Media, 2022.
- [8] S. Novianita, S. Fikawati, and S. Maris Bakara, "Faktor-Faktor yang Berhubungan dengan Keberhasilan ASI Eksklusif di Wilayah Kerja Puskesmas Cipayung Kota Depok," *Media Penelitian dan Pengembangan Kesehatan*, vol. 32, no. 1, pp. 17–28, 2022, doi: 10.22435/mpk.v32i1.5256.
- [9] D. R. Yuliani, S. P. Winarso, R. A. Amalia, and A. F. Naufal, "Media Edukasi Video Untuk Meningkatkan Breastfeeding Self-Efficacy (Efikasi Diri Menyusui)," *Jurnal Sains Kebidanan*, vol. 4, no. 2, pp. 79–84, 2022, doi: 10.31983/jsk.v4i2.9289.
- [10] "Peraturan Pemerintah Republik Indonesia Nomor 33 tahun 2012 Tentang Pemberian Air Susu Ibu Eksklusif," 2012.
- [11] Mufdillah, "Pedoman Pemberdayaan Ibu Menyusui pada Program ASI Eksklusif," *Peduli ASI Eksklusif*, pp. 0–38, 2017.
- [12] L. Erlina, "Buku Efikasi Diri," 2020, *Politeknik Kesehatan Kemenkes Bandung, Bandung*.
- [13] V. O. Jaya and C. S. Pratiwi, "Faktor-Faktor yang Mempengaruhi Efikasi Diri Menyusui Ibu Hamil Trimester 3," *Journal of Midwifery and Reproduction*, vol. 5, no. 2, pp. 94–103, 2022.
- [14] V. Vidayanti and M. Wahyuningsih, "Efektifitas Konseling laktasi Terhadap Efikasi Diri dan Kemampuan Menyusui Ibu pasca Bedah Sesar," *Jurnal Keperawatan ...*, vol. 4, no. April, pp. 154–162, 2017.

- [15] A. J. Cemara, "Dukungan Sosial Tentang Efikasi Diri Menyusui Pada Ibu Nifas," *Jurnal Media Kesehatan*, vol. 11, no. 1, pp. 001–006, 2018, doi: 10.33088/jmk.v11i1.349.
- [16] Zikrina, "Faktor-Faktor yang Mempengaruhi Dalam Pemberian ASI Eksklusif," *Idea Nursing Journal*, vol. XIII, no. 3, pp. 7–14, 2022.
- [17] Masdudi, "Bimbingan Konseling Prespektif sekolah," *Nurjati Press*, p. 215, 2015.
- [18] S. Henni S. Nasution, Abdullah, *Bimbingan Dan Konseling. Konsep, Teori, Dan Aplikasinya*. Medan: Lembaga Peduli Pengembangan Pendidikan Indonesia (LPPPI) Cetakan, 2019.
- [19] C. Dennis, "The Breastfeeding Self-Efficacy Scale: Psychometric Assessment of the Short Form," *Journal of Obstetric, Gynecologic & Neonatal Nursing*, vol. 32, no. 6, pp. 734–744, 2003, doi: 10.1177/0884217503258459.
- [20] G. G. W. de Moraes, M. M. Christoffel, B. R. G. D. O. Toso, and C. S. Viera, "Association Between Duration of Exclusive Breastfeeding and Nursing Mothers' Self-efficacy for Breastfeeding," *Revista da Escola de Enfermagem*, vol. 55, pp. 1–8, 2021, doi: 10.1590/S1980-220X2019038303702.
- [21] T. P. E. H. S. Rahayu, "Buku Digital - Buku Pedoman Pendampingan Kader Laktasi (PeKa ASI)," *CV. Media Sains Indonesia*.
- [22] Akbar Hairil, "Teori Kesehatan Reproduksi by Hairil Akbar, Muhammad Qasim, Wuri Ratna Hidayani, Nyoman Sri Ariantini, Ramli, Ria Gustirini, Janner Pelanjani Simamora, Hasria Alang, Fitriah Handayani, Aysanti Yuliana (.pdf," 2021.
- [23] D. Purnamasari, "Hubungan Usia Ibu Dengan Pemberian ASI Eksklusif Di Kota Yogyakarta," *Jurnal Bina Cipta Husada*, vol. XVIII, no. 1, pp. 131–139, 2022.
- [24] F. Polwandari and S. Wulandari, "Gambaran Usia , Paritas , Tingkat Pendidikan , Status Pekerjaan , Dukungan Suami dan Tingkat Pengetahuan Ibu dalam Pemberian ASI Eksklusif The Depiction of Age , Parity , Education Level , Employment Status , Husband Support , and Maternal Knowledge Level," vol. 8, no. 1, pp. 58–64, 2021.
- [25] D. (2003) PENDIDIKAN, *Undang-Undang Republik Indonesia Nomor 20 Tahun 2003 Tentang Sistem Pendidikan Nasional*, vol. 44, no. 2. 2006.
- [26] M. N. Ampu, "Hubungan Tingkat Pendidikan Ibu dengan Pemberian ASI Eksklusif pada Bayi Di Puskesmas Neomuti Tahun 2018," *Intelektif: Jurnal Ekonomi, Sosial & Humaniora*, vol. 2, no. 12, pp. 9–19, 2021.
- [27] E. S. PASANG, "PENGARUH DUKUNGAN SUAMI TERHADAP KEJADIAN UNMET NEED PADA PASANGAN USIA SUBUR DI WILAYAH KERJA PUSKESMAS BANGKELEKILA' KABUPATEN TORAJA UTARA," vol. 12, no. 2, p. 6, 2020.
- [28] A. Rahmawati and N. Wahyuningati, "Tipe Eksklusifitas Pemberian Asi Berdasarkan Paritas Dan Usia Ibu Menyusui," *Jurnal Citra Keperawatan*, vol. 8, no. 2, pp. 71–78, 2020, doi: 10.31964/jck.v8i2.140.
- [29] M. B. Kapisa, S. A. Bauw, and R. A. Yap, "Analisis Tingkat Pendidikan dan Jenis Pekerjaan Terhadap Pendapatan Kepala Keluarga (KK) di Kampung Manbesak Distrik Biak Utara Provinsi Papua," *Lensa Ekonomi*, vol. 15, no. 01, p. 131, 2021, doi: 10.30862/lensa.v15i01.145.
- [30] H. M. A. DJOGO, "Hubungan Pekerjaan Ibu Dan Praktik Asi Eksklusif Dengan Kejadian Stunting Pada Balita Di Kabupaten Timor Tengah Selatan," *Jurnal Kesehatan*, vol. 8, no. 2, pp. 89–97, 2021, doi: 10.35913/jk.v8i2.200.
- [31] D. Mariana and I. Idayati, "Analisis Faktor yang Berhubungan dengan Efikasi Diri Menyusui," *Jurnal Bidan Cerdas*, vol. 4, no. 4, pp. 214–223, 2022, doi: 10.33860/jbc.v4i4.2067.