



# The Relationship between Family Support, Breastfeeding Self Efficacy (BSE) of mothers with Exclusive Breastfeeding in Breastfeeding Mothers at the South Alalak Health Center

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## Abstract

Breast milk is the best food for babies because it contains complete nutrition and protects against various diseases. Even though the benefits are great, the coverage of exclusive breastfeeding in Indonesia is still low, including in Kalimantan Selatan Province which has not yet reached the national target by 2023, it has only reached 58%. Exclusive breastfeeding coverage in Banjarmasin City is 67.6% and in the Alalak Community Health Center it is 75.2%. Based on preliminary studies, low coverage of exclusive breastfeeding is related to mothers' low self-confidence in breastfeeding and lack of family support is often the main obstacle at the Puskesmas Alalak Selatan. This study aims to analyze the relationship between family support, breastfeeding self-efficacy and exclusive breastfeeding at the Puskesmas Alalak Selatan. Methode: This research uses correlational research with a cross-sectional approach, the population in this research is 85 respondents taken using purposive sampling technique. This research was conducted from July to December 2024. The independent variables in this research were family support and breastfeeding self-efficacy and family support while the dependent variable was exclusive breastfeeding. Data collection uses a questionnaire. Data were analyzed using the Spearman rank test.

Results: The results of this study showed that of the 85 respondents, 42.4% gave exclusive breastfeeding and 57.6%. Based on bivariate analysis, there is a significant relationship between family support and exclusive breastfeeding ( $P=0.000$ ) and there is a significant correlation between breastfeeding self-efficacy and exclusive breastfeeding ( $P=0.000$ ). Conclusion: The stronger correlation between family support and breastfeeding self-efficacy, the better the exclusive breastfeeding at Puskesmas Alalak Selatan

### Keywords

Family Support, Breastfeeding Self-Efficacy (BSE), Exclusive Breastfeeding, South Alalak Health Center, Correlation

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## Introduction

optimal growth and development (World Health Organization [WHO], 2021) (UNICEF/WHO/WORLD BANK, 2021). Breast milk contains thousands of components such as proteins, carbohydrates, fats, vitamins, minerals, enzymes, hormones, and immune substances that cannot be replaced by formula milk ((Unicef, 2022).

Sustainable Development Goals (SDGs) have goals, one of which is to reduce the Infant Mortality Rate (IMR) to 12 per 1000 live births by 2030. One of the efforts that can be made to reduce the infant mortality rate is exclusive breastfeeding. According to the World Health Organization (WHO) exclusive breastfeeding is only giving breast milk without giving the baby food and drinks other than breast milk including water during breastfeeding (except for medicines and vitamin or mineral drops, from birth to 6 months of age. Exclusive breastfeeding plays an important role in maintaining the health and sustainability of life and immunity of infants. Inadequate breastfeeding leads to unbalanced nutritional needs, which can affect infant growth and development (Humune et al., 2020).

The Central Bureau of Statistics (BPS-Indonesia) states that exclusive breastfeeding in the South Kalimantan Province area in 2023, the percentage of breastfeeding reached 58%, while Banjarmasin City achieved a percentage of exclusive breastfeeding of 67.6% (BPS 2021). According to a report from the South Alalak Health (South Kalimantan Provincial Health Office, 2023)Center in 2023, the percentage of exclusive breastfeeding coverage of the total number of 3258 babies who provided exclusive breastfeeding was 75.2%, while in 2022 exclusive breastfeeding was 73%, indicating that there was an increase in the percentage of exclusive breastfeeding coverage but still did not reach the national target of 80% . The success of exclusive breastfeeding is related to effective breastfeeding. One of the factors that can affect the effectiveness of the breastfeeding process is the mother's confidence in her ability to provide breast milk or what is called Breastfeeding Self-Efficacy (Piro & Ahmed, 2020).

According to Anggraini (2023), mothers under 20 years old have low self-efficacy in breastfeeding (47.8%) and tend to decrease during the first 6 months (13.8%). In addition, there are other factors such as family support, maternal age, culture, social norms. Family support is a factor that also influences the effectiveness of the breastfeeding process because it has a direct impact on the mother's self-confidence so that it motivates her to breastfeed. Family support is an interpersonal relationship between family members by providing physical and psychological comfort through information support, emotional support, assessment support and instrumental

support. Support from the closest person greatly influences the success or failure of breastfeeding. This support can be provided by husbands, parents, and in-laws (Wardiyah et al., 2021). According to Wardiyah (2021), it shows that mothers who do not get husband support (47.4%) and do not get family support (48.6%). This is because husbands and families do not have sufficient knowledge about exclusive breastfeeding, as shown by the results of interviews with respondents that husbands and families also advise mothers to give food to their babies before 6 months of age and provide more support in the form of instrumental support and emotional support (Wardiyah et al., 2021).

Based on preliminary studies conducted at the South Alalak Health Center using the interview method on breastfeeding mothers, it was found that of the 10 mothers interviewed, 5 provided exclusive breastfeeding, while the other mothers chose not to provide exclusive breastfeeding. One of the factors that causes mothers to choose not to provide exclusive breastfeeding is a lack of confidence in breastfeeding and also caused by family support.

Based on the description above, the researcher is interested in conducting research on "The Relationship between Family Support, Breastfeeding Self Efficacy (BSE) of mothers with Exclusive Breastfeeding in Breastfeeding Mothers at the South Alalak Health Center".

## Methods

This research is a correlation analytic research design with a cross-sectional approach that aims to analyze the relationship between breastfeeding self-efficacy, family support and exclusive breastfeeding.

The population in this study were 530 mothers who had babies aged 6-12 months in the South Alalak Health Center Work Area. With a sample size of 85 respondents. with sampling techniques using purposive sampling. Data collection using a research instrument, namely a questionnaire. The data obtained were processed manually, presented in tables and analyzed using the Spearman Rank test.

## Results and Discussions

### A. Research Results

#### 1. Respondent Characteristics

**Table 1.** Respondent Characteristics

No.	Characteristics	f	%
1.	<b>Age</b>		
	<20 Years	5	5,9
	20-35 Years	73	85,9
	>35 Years	7	8,2
	<b>Total</b>	<b>85</b>	<b>100</b>
2.	<b>Parity</b>		
	Primiparous	36	42,4

	Multiparous	45	52,9
	Grande Multipara	4	4,7
	<b>Total</b>	<b>85</b>	<b>100</b>
<b>3.</b>	<b>Education</b>		
	Elementary (elementary, middle school)	28	32,9
		37	43,5
	Intermediate (SMA/equivalent)	20	23,5
	Higher (Diploma/Bachelor's degree)	85	100
	<b>Total</b>		
<b>4.</b>	<b>Jobs</b>		
	Work	6	7,1
	Not Working	79	92,9
	<b>Total</b>	<b>85</b>	<b>100</b>

Source: Primary Research Data, 2024

Based on table 1, it can be seen that the most respondents aged 20-35 years were 73 (85.9%), the most respondent parity in the Multiparous category was 45 (52.9%), the most respondent education was secondary / equivalent education as many as 37 (43.5%), and many respondents did not work as many as 79 (92.9%).

## 2. Univariate Analysis

### a. Frequency Distribution of Exclusive Breastfeeding in the South Alalak Health Center Working Area

**Table 2.** Distribution of Exclusive Breastfeeding Frequency in the South Alalak Health Center Working Area

No.	Category of Exclusive Breastfeeding	f	%
1	Not exclusively breastfed	49	57,6
2	Exclusive breastfeeding	36	42,4
	<b>Total</b>	<b>85</b>	<b>100</b>

Source: Primary Research Data, 2024

Table 2 shows that out of 85 respondents, 36 respondents provided exclusive breastfeeding (42.4%).

**b. Overview of Breastfeeding Self Efficacy (BSE) in the South Alalak Health Center Working Area**

**Table 3.** Frequency Distribution of Breastfeeding Self Efficacy (BSE) in the South Alalak Health Center Working Area

No.	Breastfeeding Self Efficacy Category	f	%
1	Rencah Efficacy	52	61,2
2	High Efficacy	33	38,8
	Total	85	100

Source: Primary Research Data, 2024

Based on table 3, it can be seen that out of 85 respondents, 52 people with low Self Efficacy (61.2%).

**c. Overview of Family Support in the Alalak Selatan Health Center Working Area**

**Table 4.** Frequency Distribution of Family Support in the South Alalak Health Center Area

No.	Family Support Category	f	%
1	Not in favor	37	43,5
2	Support	48	56,5
	Total	85	100

Source: Primary Research Data, 2024

Based on table 4, it can be seen that out of 85 respondents 48 (56.5%) received support from their families.

**3. Bivariate Analysis**

**a. Relationship between Breastfeeding Self Efficacy and Exclusive Breastfeeding in the South Alalak Health Center Working Area**

**Table 5.** Analysis of the Relationship between Breastfeeding Self Efficacy (BSE) and Exclusive Breastfeeding in the South Alalak Health Center Working Area

No.	Breastfeeding Self Efficacy Category	Exclusive breastfeeding				Total	P-Value	
		Exclusive breastfeeding		Not exclusively breastfed				
		f	%	f	%			f
1	High Efficacy	29	87,9	4	12,1	33	100	0,000
2	Low Efficacy	7	13,5	45	86,5	52	100	
<b>Total</b>		<b>36</b>	<b>42,4</b>	<b>49</b>	<b>47,6</b>	<b>85</b>	<b>100</b>	

Source: Primary Research Data, 2024

Based on Table 5, it can be seen that of the 36 respondents who provided exclusive breastfeeding had high *efficacy* as much as 87.9%, and of the 49 respondents who did not provide exclusive breastfeeding 86.5% had low efficacy, with a P-value of 0.000, which is smaller than the  $\alpha$  value (0.05). This means that there is a relationship between *Breastfeeding Self Efficacy* and exclusive breastfeeding.

**b. Family Support and Exclusive Breastfeeding in the South Alalak Health Center Working Area**

**Table 6.** Analysis of the Relationship between Family Support and Exclusive Breastfeeding in the Alalak Selatan Health Center Working Area

No.	Family Support Category	Exclusive breastfeeding				P-Value		
		Exclusive breastfeeding		Not exclusively breastfed			Total	
		f	%	f	%			f
1	Support	31	64,6	17	35,4	37	100	0,000
2	Not in favor	5	13,5	32	86,5	48	100	
Total		36	42,4	49	57,6	85	100	

Source: Primary Research Data, 2024

Based on Table 4.8, it can be seen that of the 36 respondents who provided exclusive breastfeeding 64.6% received support from the family, and of the 49 respondents who did not provide exclusive breastfeeding 86.5% did not get support from the family with a P-value of 0.000, which is smaller than the  $\alpha$  value (0.05). This means that there is a relationship between family support and exclusive breastfeeding.

**Discussion**

**Overview of Exclusive Breastfeeding at the South Alalak Health Center**

The results showed that out of 85 respondents, there were 36 (42.4%) respondents who provided exclusive breastfeeding. Exclusive breastfeeding is given for the first six months of life so that optimal growth, development and health can be achieved (WHO, 2023). Exclusive breastfeeding is the ideal nutritional step for infants in the first 6 months of life and it is recommended to continue breastfeeding until the age of 2 years. Breast milk has also been shown to influence brain development and has the potential to influence infant behavior and the development of behavioral dispositions (Yate, 2017).

Exclusive breastfeeding is influenced by various factors, one of which is closely related to behavioral theory. Health behavior is a predisposing factor, the main factors that influence behavior in exclusive breastfeeding include supporting factors and reinforcing factors. Predisposing factors in exclusive breastfeeding include socio-demographic factors (age, education, occupation, residence and economic status), knowledge, attitudes, beliefs and so on. Supporting factors in exclusive breastfeeding include access to information, health facilities, place of delivery, birth attendants, and so on. Reinforcing factors in exclusive breastfeeding are support from friends, family, health workers and so on (Untari, 2017).

Based on the characteristics of the respondents who provide exclusive breastfeeding, the highest number of respondents aged 20-35 years, this age is the age range 20-35 years is a mature age where a breastfeeding mother is getting old enough, then has a mature level of thinking in seeking information and caring for her baby, especially in exclusive breastfeeding. And the diversity of ethnicities, cultures that exist so that it affects exclusive breastfeeding.

Other factors that cause many mothers who do not provide exclusive breastfeeding to their babies are due to the level of education, working mothers so that mothers often leave their babies at home while working and because they are busy working, mothers feel tired and inconvenienced if they have to give exclusive breastfeeding to their babies so that this will cause low exclusive breastfeeding. (Hamidah 2016). Based on the results of this study of 36 respondents who provided exclusive breastfeeding 37% with ages ranging from 20-35 years. This indicates that respondents are in the reproductive age range. With this reproductive age range, the assumption arises to maintain appearance so that they are afraid that their breasts will become saggy if they breastfeed their babies.

### **Overview of *Breastfeeding Self Efficacy in Breastfeeding Mothers at the South Alalak Health Center***

The results of this study indicate that the highest level of *self-efficacy* of breastfeeding mothers is mothers with low *self-efficacy*, namely 45 (86.5%). This means that many mothers feel less sure or less confident in their ability to breastfeed their babies optimally. *Breastfeeding Self-Efficacy* is a mother's belief or self-perception of her ability to successfully breastfeed. A low level of BSE may influence a mother's decision to continue or stop breastfeeding for a period of time. Maternal *self-efficacy* arises from within the mother, if a mother believes to breastfeed and succeed, then the mother's *self-efficacy* to breastfeed will increase. Conversely, if the mother's belief in breastfeeding is low, then the success of breastfeeding will also be low (Sabilla & Ariasih, 2022). Factors that can affect a *person's* breastfeeding self-efficacy include culture, gender, the nature of the task at hand, external incentives, the status or role of the individual in the environment and information about self-efficacy (Rahayu, 2018).

The researcher concluded that most of the mothers in this study had a low level of

*breastfeeding self-efficacy*. This is because most of the mothers could not maintain their desire to always breastfeed, mothers were not sure that their babies would get enough milk, and could not understand that exclusive breastfeeding is very important to be given to babies since newborns. In addition, the lack of husband and family support also affected the level of maternal self-efficacy.

### **Overview of Family Support for Breastfeeding Mothers at the South Alalak Health Center**

The results showed that of the 36 respondents who provided exclusive breastfeeding, 31 (64.4%) received support from their families. Family support, especially from husbands, parents, or other family members, plays a very important role in supporting the success of exclusive breastfeeding. This support can provide confidence, comfort, and additional motivation for mothers to breastfeed exclusively.

This is in line with research Family support such as husbands, parents and other relatives have an important influence on breastfeeding success because family support affects the mother's emotional state in a way that affects milk production (Sulistyowati et al., 2020). This is in line with research by Naufal, 2023 which states that family support is the external factor that has the greatest influence on the success of exclusive breastfeeding. The existence of family support, especially husbands, will have an impact on increasing the confidence or motivation of mothers in breastfeeding. Husband and family support is very influential. A mother who lacks support from her husband and family is even frightened and influenced to switch to formula milk (Naufal et al., 2023).

### **Relationship between *Breastfeeding Self Efficacy* and Exclusive *Breastfeeding in Breastfeeding Mothers at the South Alalak Health Center***

The results of this study indicate a significant relationship between *breastfeeding self-efficacy* (BSE) and exclusive breastfeeding in breastfeeding mothers. *Breastfeeding self-efficacy* is a mother's belief in her ability to breastfeed her baby properly and fulfill the baby's needs through breast milk. This study revealed that mothers with high *breastfeeding self-efficacy* tend to be more successful in providing exclusive *breastfeeding*. There is a very strong positive relationship between *breastfeeding self-efficacy* and exclusive *breastfeeding*. This positive correlation means that the higher a mother's *self-efficacy* level in breastfeeding, the more likely she is to exclusively breastfeed for the first 6 months of her baby's life.

This is in line with Titaley C's research (2021) which states that there is a relationship between maternal self-confidence and exclusive breastfeeding. Based on the results of the research that has been conducted, high self-confidence in breastfeeding mothers will tend to succeed in providing exclusive breastfeeding, inversely proportional to mothers who have low confidence in breastfeeding will tend to choose not to breastfeed their babies and there will be a

possibility of switching to formula milk. A mother's breastfeeding self-confidence is related to her belief in her ability to breastfeed. This confidence is able to control the factors and demands of the surrounding environment both physically and psychologically in achieving the targets and goals set, including exclusive breastfeeding (Titaley et al., 2021).

This study suggests that actions taken to improve mothers' confidence while breastfeeding can be beneficial in increasing exclusive breastfeeding coverage. A mother's breastfeeding confidence is related to how she perceives the adequacy of her breastmilk to meet her baby's needs. A mother's belief in her ability to breastfeed plays an important role in determining the actions she takes, how hard she tries to overcome obstacles, influences her mindset and emotional responses, and can predict future behavior. The role and impact of maternal self-confidence on breastfeeding practices is significant, so efforts are needed to improve maternal confidence in breastfeeding (Rahmadani & Sutrisna, 2022).

Breastfeeding mothers' *self-efficacy* is closely related to psychological support, especially support provided by the closest family. It can be seen from the Breastfeeding self-efficacy questionnaire that the lowest point is on the question of comfort in breastfeeding in the presence of family members. It can be seen that when breastfeeding respondents really need support from the family by being close to the respondent.

### **Relationship between Family Support and Exclusive Breastfeeding in Breastfeeding Mothers at the South Alalak Health Center**

The results of this study indicate that there is a significant relationship between family support and mothers' success in providing exclusive breastfeeding for the first 6 months. Family support, especially from spouses, parents, or other family members, plays an important role in motivating and helping mothers to remain consistent in providing exclusive breastfeeding, despite facing various challenges. There was a moderate positive relationship between family support and exclusive **breastfeeding**. This positive correlation indicates that the stronger the support from the family, the more likely the mother is to provide exclusive breastfeeding. Although the correlation is not very strong, it is still significant and suggests that family support plays an important role in a mother's decision and ability to exclusively breastfeed.

Social support from the family is a factor that plays an important role in the success of exclusive breastfeeding (Sultana et al., 2022). Involving family or husbands who are the closest people who accompany mothers can help mothers in preparing for breastfeeding from pregnancy will play a major role in the success of exclusive breastfeeding (Zahra & Suryaningsih, 2022).

As revealed by Seftia (2020) that the family environment is an environment that is very influential on the success of mothers breastfeeding their babies exclusively. The family (husband, parents, in-laws, in-laws and so on) needs to be informed that a mother needs family support and assistance so that she can successfully breastfeed exclusively. The part of the family that has the

greatest influence on the success and failure of breastfeeding is the husband (Seftia et al., 2020). This research is in line with that conducted by Kurniawati (2020) entitled "The Relationship Between Family Support and Maternal Behavior in Exclusive Breastfeeding in Trenyang Village, Sumber Pucung Health Center Working Area" obtained the results of the chi square test obtained  $p(0.015) < 0.05$  then  $H_1$  is accepted and rejected  $H_0$  thus means there is a relationship between family support and maternal behavior in exclusive breastfeeding. The OR value = 2.77 means that family support provides an opportunity 2.77 times for family support (Kurniawati et al., 2020).

Researchers assume that good family support means that the mother's behavior in exclusive breastfeeding is also good, the family support given to the mother will greatly affect the mother's psychological condition, the mother will have a strong motivation to try to practice how to breastfeed properly for 6 months. If the family provides support to the mother, the mother's motivation will be stronger which in turn the mother's behavior in providing exclusive breastfeeding will be good, otherwise if the family does not provide support, the mother's behavior is also not good.

Family support is needed by respondents in providing exclusive breastfeeding, with family support will increase the mother's confidence in providing exclusive breastfeeding. It can also be seen from the results of the questionnaire that mothers really need family members who accompany them when breastfeeding. This is also supported by the characteristics of respondents who are mostly at reproductive age so that they still need support from other family members. In terms of parity, most respondents with multiparous parity. This causes that the mother already has experience breastfeeding the previous child.

## Conclusion

- a. Of the 85 respondents, 36 mothers (42.4%) provided exclusive breastfeeding, 49 mothers (57.6%) did not provide exclusive breastfeeding.
- b. From the variable Breastfeeding Self Efficacy (BSE) of mothers, 52 mothers (61.2%) who have Breastfeeding Self Efficacy in the Low category, and 33 mothers (38.8%) who have Breastfeeding self-efficacy in the High category.
- c. From the Family Support variable, 48 (56.5%) families provide support to mothers in exclusive breastfeeding and 37 (43.5%) families do not provide support in exclusive breastfeeding.
- d. There is a relationship between family support and exclusive breastfeeding for breastfeeding mothers at the South Alalak Health Center with a P-value of 0.000.
- e. There is a relationship between breastfeeding self-efficacy and exclusive breastfeeding with a P-value of 0.000

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