

Factors Affecting Breastfeeding Self-Efficacy Among Postpartum Mothers at Independent Midwifery Practices Across Bengkulu City, Indonesia

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Abstract

Breastfeeding self-efficacy reflects a mother's confidence in her ability to breastfeed successfully, particularly during the early postpartum period. This study aimed to determine factors associated with breastfeeding self-efficacy among postpartum mothers. This study used an analytical survey method with a cross-sectional design. A total of 105 mothers, 3–4 days postpartum, participated in this study. Data were analyzed using univariate and bivariate analyses with the Chi-square test, and multivariate analysis with logistic regression to identify the dominant factors associated with breastfeeding self-efficacy. The results showed that parity ($p = .028$), previous breastfeeding experience ($p = .026$), and husband's support ($p < .001$) were significantly associated with breastfeeding self-efficacy. Employment status ($p = .452$), education level ($p = 1.000$), and health worker support ($p = .062$) were not significantly associated with breastfeeding self-efficacy. Husband's support was the strongest predictor of early postpartum breastfeeding self-efficacy (OR = 27.715). Breastfeeding self-efficacy among postpartum mothers is influenced by parity, breastfeeding experience, and husband's support, where husband's support is the most dominant factor. Mothers who receive support from their husbands demonstrate higher levels of early breastfeeding self-efficacy. Educational programs that involve husbands, empower new mothers, and increase support from health workers are important steps toward improving breastfeeding outcomes.

Keywords

Breastfeeding efficacy; breastfeeding experience; education; employment status; health worker support; husband's support; parity

Introduction

Breastfeeding remains a cornerstone of infant health and survival, providing essential nutrition and protection against numerous diseases. Breast milk is uniquely suited to meet infants' nutritional needs, containing easily digestible nutrients and bioactive compounds that enhance immunity and prevent infections (World Health Organization [WHO] & United Nations Children's Fund [UNICEF], 2020). Exclusive breastfeeding during the first six months of life is critical, as it significantly reduces the risk of infant morbidity and mortality, promotes optimal growth, and supports cognitive development (UNICEF, 2023). Despite these proven benefits, global rates of exclusive breastfeeding remain suboptimal, with only 44% of infants under six months exclusively breastfed (WHO & UNICEF, 2023).

Recent reports by UNICEF and the World Health Organization (2020, 2023) indicate that exclusive breastfeeding coverage among infants under 6 months in Indonesia has increased from 52% in 2017 to 66.4% in 2024. Despite this progress, coverage remains below the Ministry of Health's national target of 80%, highlighting the need for stronger support systems for breastfeeding mothers. Bengkulu City faces a similar challenge, with exclusive breastfeeding coverage at just 45.7% (BPS-Statistics Indonesia, 2022).

One key determinant of exclusive breastfeeding is maternal self-efficacy, a mother's confidence in her ability to breastfeed successfully. Research has consistently shown that higher breastfeeding self-efficacy correlates with increased initiation, duration, and exclusivity of breastfeeding (Jager et al., 2020). However, self-efficacy is not developed in isolation; various factors, including parity, breastfeeding experience, support from husbands, employment status, education level, and assistance from health workers, shape it. Multiparous mothers and those with prior breastfeeding experience often exhibit greater self-efficacy because they are familiar with the challenges and techniques of breastfeeding.

Previous studies have shown that maternal characteristics, particularly prior breastfeeding experience, significantly influence breastfeeding self-efficacy levels (da Silva et al., 2025; Keskin, 2025). These findings suggest that experiential and individual factors play an important role in strengthening a mother's confidence in breastfeeding. Conversely, primiparous mothers may lack the confidence and knowledge necessary for successful breastfeeding, highlighting the need for targeted support.

Husband's support plays a pivotal role in fostering maternal confidence and promoting breastfeeding practices. Emotional encouragement, practical assistance, and shared responsibilities can alleviate stress and enable mothers to focus on breastfeeding (Prastita et al., 2025). Employment status also significantly impacts breastfeeding self-efficacy. Working mothers, particularly those in environments with limited lactation support, often struggle to maintain exclusive breastfeeding due to time constraints and workplace barriers (UNICEF, 2023). This underscores the importance of workplace policies that support breastfeeding, such as providing lactation rooms and flexible working hours.

According to Basrowi et al. (2023) and Basrowi et al. (2024), workplace policies that support breastfeeding are important; in addition, there must be preparation from the mother and family, as well as from the work environment. This preparation includes knowledge, attitudes, psychology, milking equipment, breast milk storage, pumping schedules, adequate

nutrition, and an understanding of lactation management, so that the work environment supports achieving successful breastfeeding for working mothers.

Education level is another crucial factor influencing breastfeeding self-efficacy. Mothers with higher levels of education are more likely to access information about breastfeeding, understand its benefits, and adopt effective breastfeeding practices (Ministry of Health, Republic of Indonesia, 2022). Conversely, mothers with limited educational attainment may lack the resources or awareness needed to address common breastfeeding challenges. Health worker support, particularly from midwives, is indispensable in addressing these gaps. Midwives play a critical role in providing antenatal education, postpartum counseling, and practical guidance, which are essential for building maternal confidence and competence in breastfeeding (WHO & UNICEF, 2020).

Despite extensive research on the benefits of exclusive breastfeeding and the role of self-efficacy, there is limited evidence. An initial survey conducted in January 2019 by researchers, when collecting initial data at three independent midwifery practices in Bengkulu City, Indonesia, involving five postpartum mothers, found that approximately 60% reported low breastfeeding self-efficacy. These preliminary findings indicated the need for further investigation. Examining the interplay among these factors within independent midwifery practices, particularly in Bengkulu City, Indonesia, is essential, as independent midwives are often the primary providers of maternal care in this region. Their role in supporting breastfeeding self-efficacy is therefore particularly significant. This study addresses this gap by examining the relationships among parity, prior breastfeeding experience, husband's support, employment status, education level, health worker support, and early postpartum breastfeeding self-efficacy among mothers in Bengkulu City. Understanding these associations may inform targeted interventions to strengthen maternal confidence during the early postpartum period.

Methodology

Study design

This study employed a correlational, cross-sectional research design to examine the relationships among maternal characteristics, social support, healthcare factors, and breastfeeding self-efficacy among postpartum mothers. The correlational design was chosen to identify the strength and direction of associations among variables without inferring causality. At the same time, the cross-sectional approach enabled data collection at a single point in time during the critical postpartum period. This method was considered appropriate due to its efficiency, practicality in healthcare settings, and its ability to capture multiple influencing factors simultaneously, thereby providing evidence to inform early interventions and improve breastfeeding outcomes.

Participants

The population for this study consisted of all postpartum mothers in the Independent Midwifery Practice in Bengkulu City in 2018, totaling 7,136 individuals. The sample size was calculated using the Lameshow formula with a 95% confidence level, a 50% event proportion, and a 0.1 precision level (Lameshow et al., 1990). Based on this calculation, the minimum

required sample size was 95 respondents. To account for potential drop-out, the sample size was increased by 10%, resulting in a final sample size of 105 respondents. The sampling method used was purposive sampling, with criteria including postpartum mothers aged 3–4 days who had normal vaginal deliveries, were willing to participate, had no nipple issues, and had infants without congenital abnormalities.

The sample was obtained from several Independent Midwifery Practices in Bengkulu City, with the following allocation: Genap Sri, Amd. Keb (5 respondents), Pusparini, SST (4), Rita, Str. Keb. (2), Nurhida, SST (10), Hj. Lestiniarti (3), Berbi Febri Edriani, SST (2), Sasmayana, Str. Keb (5), Yenizar, Amd.Keb (8), Turyati, Amd.Keb (3), Desy Arisanti, Amd.Keb (7), Ocik Lestari, SST (7), Osha Diarti, SST (2), Komariyah, Str.Keb (7), Fitri Andri Lestari, Amd.Keb (9), Yohana, SST (8), Yuniyarna, SST (5), Loly Novrizi Yanti, Amd.Keb (10), Elka Neli, SST (6), and Yulismita, SST (2). This allocation was made to ensure representation from various independent midwifery practices across Bengkulu City, Indonesia, in line with the research considerations.

Variables

This study utilized several variables measured through structured questionnaires. Breastfeeding self-efficacy refers to a mother's confidence in her ability to breastfeed and was assessed using the BSES-SF instrument, translated into the local language, with a 14-item Likert scale (Amini et al., 2019). Parity was determined by the number of children the mother had delivered and categorized as primiparous or multiparous. Employment status referred to whether respondents engaged in income-generating activities outside the home and was classified as employed or unemployed. The breastfeeding experience measured whether respondents had prior breastfeeding experience, categorized as experienced or inexperienced.

Husband's support was evaluated using a 10-item questionnaire to assess the level of support provided, with categories of supportive or non-supportive based on the mean score. Education level was grouped into three categories: low, medium, and high, based on the respondent's most recent completed education level. Finally, health worker support was assessed through a 5-item questionnaire, with responses classified as supportive or non-supportive based on the mean score. Each variable was analyzed using ordinal or nominal scales, depending on its characteristics.

Study measurement tools

Breastfeeding self-efficacy was measured using the Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF), developed by Dennis to assess breastfeeding confidence among postpartum women. The BSES-SF consists of 14 items rated on a 5-point Likert scale ranging from 1 (not at all confident) to 5 (always confident). The total score ranges from 14 to 70, with higher scores indicating greater breastfeeding self-efficacy. For analytical purposes, scores were categorized into low (14–42) and high (43–70) self-efficacy levels. Previous studies have demonstrated good internal consistency of the BSES-SF ($r = 0.910$). The Indonesian version of the instrument has also shown strong reliability, with a Cronbach's alpha value of 0.90 (Sandhi et al., 2022). A structured questionnaire assessing parity, employment status, breastfeeding experience, education level, husband's support, and health worker support was adapted from Fadhilah (2016) and reported a Cronbach's alpha value greater than 0.60.

Data analysis

Data were analyzed using IBM SPSS Statistics version 21.0. Descriptive (univariate) analyses were performed to summarize participant characteristics. Bivariate associations were examined using the Chi-square test. Variables with potential associations were further analyzed using multivariable logistic regression to identify factors independently associated with early postpartum breastfeeding self-efficacy.

Result

Univariate analysis

The univariate analysis was conducted to describe the distribution of respondents' characteristics and the key factors associated with breastfeeding self-efficacy among postpartum mothers. This analysis provides an overview of the frequency and percentage of each variable, including breastfeeding self-efficacy, parity, employment status, breastfeeding experience, husband support, education level, and health workers' support. The results of the univariate analysis are presented in Table 1.

Table 1: Distribution of Respondents and Factors Associated with Early Postpartum Breastfeeding Self-Efficacy in Bengkulu City, Indonesia (2019)

No	Variable	Frequency	%
1	Breastfeeding Efficacy		
	Low	46	43.8
	High	59	56.2
2	Parity		
	Primipara	39	37.1
	Multipara/ grandemultipara	66	62.9
3	Employment Status		
	Employed	27	25.7
	Unemployed	78	74.3
4	Breastfeeding Experience		
	Do not have	41	39.0
	Own	64	61.0
5	Husband Support		
	Does not support	59	56.2
	Support	46	43.8
6	Education		
	Low (SD, SMP)	34	32.4
	High (High School, College)	71	67.6
7	Health Workers Support		
	Does not support	43	41.0
	Support	62	59.0

Based on Table 1, among the 105 postpartum mothers from various independent midwifery practices across Bengkulu City, Indonesia, 43.8% had low breastfeeding self-efficacy, and 56.2% had high breastfeeding self-efficacy. Most respondents were multiparous (62.9%), and the majority were unemployed (74.3%). Approximately 39% of mothers had no previous breastfeeding experience. More than half of the mothers (56.2%) did not receive support from

their husbands. In addition, 32.4% of mothers had low levels of education, and 41% did not receive support from health workers.

Bivariate analysis

Bivariate analysis was conducted to examine the relationship between each independent variable and breastfeeding self-efficacy among postpartum mothers. This analysis aims to identify significant associations and estimate the strength of these relationships using p value and odds ratio (OR) with 95% confidence interval (CI). The variables analyzed include parity, employment status, breastfeeding experience, husband's support, education, and health workers' support. The results of the bivariate analysis are presented in Table 2.

Table 2: Bivariate Analysis of Factors Associated with Breastfeeding Self-Efficacy in Postpartum Mothers (Bengkulu City, 2019)

Independent Variable	Category	Breastfeeding Efficacy				Amount		<i>p</i> value	OR	95% CI
		Low		High		<i>n</i>	%			
		<i>n</i>	%	<i>n</i>	%					
Parity	Primipara	23	59.0	16	41.0	39	100	.028*	2.688	[1,190, 6,069]
	Multipara/ grandemultipara	23	34.8	43	65.2	66	100			
Employment status	Employed	14	51.9	13	48.1	27	100	.452	1.548	[0.642, 3.730]
	Unemployed	32	41.0	46	59.0	78	100			
Breastfeeding Experience	Do not have	24	58.5	17	41.5	41	100	.026*	2.695	[1.202, 6.044]
	Own	22	34.4	42	65.6	64	100			
Husband Support	Does not support	41	69.5	18	30.5	59	100	.000***	18.678	[6.335, 55.06]
	Support	5	10.9	41	89.1	46	100			
Education	Low	15	44.1	19	55.9	34	100	1	1.019	[0.447, 2.321]
	High	31	43.7	40	56.3	71	100			
Health Workers Support	Does not support	24	55.8	19	44.2	43	100	.062	2.297	[1.037, 5.089]
	Support	22	35.5	40	64.5	62	100			

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

Based on Table 2, it is known that there were 39 postpartum primipara mothers where (59%) had a low breastfeeding self-efficacy value and (41%) had a high breastfeeding self-efficacy value, with the results of the chi-square test obtained $p = .028$. It can be concluded that H_0 was rejected, indicating a relationship between parity and breastfeeding self-efficacy among postpartum mothers across various independent midwifery practices in Bengkulu City, Indonesia, in 2019, with an OR of 2.688. This means that primiparous postpartum mothers have a 2.688 times chance of having a low breastfeeding self-efficacy value compared to multiparous postpartum mothers / grandemultipara. It is known that 27 postpartum mothers chose to work, of whom (51.9%) had a low breastfeeding self-efficacy value and (48.1%) had a high breastfeeding self-efficacy value, with the chi-square test yielding $p = .452$. It can be concluded that H_0 was accepted. which means there is no relationship between employment status and breastfeeding self-efficacy among postpartum mothers at Independent Midwifery Practices in Bengkulu City, Indonesia, in 2019.

Among 41 postpartum mothers with no prior breastfeeding experience, 58.5% had low breastfeeding self-efficacy scores and 41.5% had high ones, as determined by the chi-square test. The chi-square test results ($\chi^2 = 4.8$, $p = .026$) indicate that H_0 was rejected, indicating a relationship between breastfeeding experience and breastfeeding self-efficacy among postpartum mothers at independent midwifery practices in Bengkulu City, Indonesia, in 2019, with an odds ratio (OR) of 2.695. This means that postpartum mothers who do not have breastfeeding experience have a 2.695 chance of having low breastfeeding self-efficacy scores compared to postpartum mothers who have breastfeeding experience. It is known that 59 postpartum mothers did not receive support from their husbands, of whom (69.5%) had low breastfeeding self-efficacy and (30.5%) had high breastfeeding self-efficacy. The results of the chi-square test indicate $p = .000$, and H_0 is rejected. which means that there is a relationship between husband's support and breastfeeding self-efficacy in postpartum mothers at independent midwifery Bengkulu City, Indonesia, in 2019, and the odds ratio (OR) = 18.678 this means postpartum mothers who did not receive support from their husbands have the opportunity 18.678 times have a low breastfeeding self-efficacy value compared to postpartum mothers who get support from their husbands.

It is known that 34 postpartum mothers with low levels of education (44.1%) have a low breastfeeding self-efficacy value, and (55.9%) have a high breastfeeding self-efficacy value. The results of the chi-square test obtained $p = 1.000$, indicating that H_0 was accepted. which means there is no relationship between education and breastfeeding self-efficacy among postpartum mothers at Independent Midwifery Practices across Bengkulu City, Indonesia, in 2019. It is known that 43 postpartum mothers did not get support from health workers where (55.8%) had a breastfeeding self-efficacy value which is low and (44.2%) has a high breastfeeding self-efficacy value with the results of the chi square test obtained $p = .062$ it can be concluded that H_0 was accepted which means there is no relationship between the support of health workers and breastfeeding self-efficacy in postpartum mothers at Independent Midwifery Practices across Bengkulu City Of Indonesia in 2019.

Multivariate analysis

Multivariate logistic regression was performed to identify the dominant factors associated with breastfeeding self-efficacy among postpartum mothers, while controlling for potential confounding variables. The analysis included parity, breastfeeding experience, husband's support, and health worker support. The final model showed that husbands' support and parity were the most significant predictors of breastfeeding self-efficacy ($p < .001$), with mothers receiving husband support having substantially higher odds of high self-efficacy, and multiparous mothers also demonstrating a greater likelihood than primiparous mothers of high self-efficacy. Meanwhile, breastfeeding experience and health worker support were not statistically significant in the adjusted model. The detailed results of the logistic regression analysis are presented in Table 3.

Table 3: Logistic Regression Analysis (Model 1)

Variable	<i>p</i> value	Exp (B)	95% CI for Exp (B)
Parity	.124	11.253	[0.515, 246.093]
Breastfeeding Experience	.661	0.523	[0.029, 9.444]
Husband Support	.000***	24.797	[6.994, 87.922]
Health Workers Support	.251	1.883	[0.639, 5.553]
Parity	.006**	5.312	[1.623, 17.381]
Husband Support	.000***	27.715	[7.878, 97.505]

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

The model was obtained after the variables of breastfeeding experience and health worker support were removed in stages. The final model shows that factors most closely related to breastfeeding self-efficacy among postpartum mothers at Independent Midwifery Practices across Bengkulu City, Indonesia. Husband's support variable is the factor most related to breastfeeding self-efficacy. The analysis yielded an OR of 27.71 for the husband's support variable, indicating that mothers who did not receive support from their husbands were 28 times more likely to have low breastfeeding self-efficacy.

Discussion

The relationship between parity and breastfeeding self-efficacy among postpartum mothers at an independent midwifery practice in Bengkulu city, Indonesia

Based on the study results, the majority (62.9%) of the 105 postpartum mothers were multiparous or grandmultiparous. Based on bivariate analysis. Most of the 39 primiparous mothers (59%) had low breastfeeding self-efficacy. Meanwhile, among the 66 multiparous/grandmultiparous mothers (34.8%), 34.8% had low breastfeeding self-efficacy, with a Chi-Square test ($p = .028$) indicating a significant relationship between maternal parity and breastfeeding self-efficacy, as with Yang et al. (2016), which suggests that multiparous/grandmultiparous mothers have higher levels of breastfeeding self-efficacy than primiparous mothers. The results of the statistical analysis indicate that $p = .041$, suggesting a relationship between parity and breastfeeding self-efficacy. However, parity is not a direct factor. Previous breastfeeding experience is an indirect factor influencing breastfeeding self-efficacy. This may be because some primiparous women have never breastfed their babies before.

The findings are similar to those of Poorshaban et al. (2017), who reported a significant relationship between the number of children and breastfeeding self-efficacy. The statistical analysis yielded a $p = .001$, indicating a significant relationship between the number of children and breastfeeding self-efficacy. The results of the statistical analysis show a $p = .001$, indicating a significant relationship between the number of children and breastfeeding self-efficacy: mothers with more children have higher breastfeeding self-efficacy. Usually, mothers with more children have more experience with breastfeeding and can address related problems. This can increase mothers' self-confidence and self-efficacy in breastfeeding.

Employment status relationship between breastfeeding self-efficacy among postpartum mothers at an independent midwifery practice in Bengkulu city, Indonesia

Based on the study's results, 105 postpartum mothers were included. The majority (74.3%) of mothers were responsible only for household care and were unemployed. Bivariate analysis showed that of the 27 employed mothers. The majority (51.9%) had low breastfeeding self-efficacy. Meanwhile, 78 of 78 mothers are unemployed. It was found that the majority (59%) had high levels of breastfeeding self-efficacy. The results of the Chi-Square analysis indicate that $p = .452$, indicating no relationship between employment status and self-efficacy for

breastfeeding. The findings are similar to those of Lestari et al. (2013), who reported no significant association between maternal employment and breastfeeding self-efficacy.

This finding is also supported by more recent studies showing that breastfeeding self-efficacy is influenced more by psychological and social factors than by employment status (Li et al., 2022). This suggests that exclusive breastfeeding cannot be determined solely by the amount of time a mother has available. Being unemployed does not necessarily ensure that a mother will exclusively breastfeed her baby, even when she has more time and opportunities to be with the infant. Knowledge plays an important role in influencing a mother's decision to provide exclusive breastfeeding.

Additionally, family and social support have been identified as significant predictors of breastfeeding self-efficacy. Mothers who receive adequate support are more likely to have higher confidence and persistence in breastfeeding. Therefore, although unemployed mothers may have more time to care for their infants, this does not necessarily lead to higher breastfeeding self-efficacy than working mothers. Other factors, such as prior breastfeeding experience, family support, and maternal confidence, may play a more significant role in shaping breastfeeding self-efficacy.

The relationship between previous breastfeeding experience and breastfeeding self-efficacy among postpartum mothers at independent midwifery practices across Bengkulu city, Indonesia

Based on the results of the study, it was shown that out of 105 postpartum mothers. The majority (61%) of mothers had experience with breastfeeding. Based on bivariate analysis. of the 41 mothers who had no breastfeeding experience. The majority (58.5%) had low breastfeeding self-efficacy scores. Meanwhile, 64 mothers with breastfeeding experience (65.6%) had high breastfeeding self-efficacy scores, as indicated by a Chi-Square test ($p = .026$), suggesting a significant relationship between breastfeeding experience and self-efficacy.

Consistent with Nursan and Sevin (2014), there is a significant difference between breastfeeding self-efficacy and previous breastfeeding experience ($t = 2.055$, $p = .042$). The mean BSES-SF score for women with prior breastfeeding experience was significantly higher than the BSES-SF score for women with no prior breastfeeding experience. The findings are similar to those of Poorshaban et al. (2017), who found that the breastfeeding experience variable was significantly related to breastfeeding self-efficacy. where the self-efficacy value of breastfeeding mothers who have previous breastfeeding experience is 1.93 times that of mothers who did not have breastfeeding experience ($p = .001$).

Relationship between husband's support and breastfeeding self-efficacy among postpartum mothers at independent midwifery practices across Bengkulu city, Indonesia

The findings showed that out of 105 postpartum mothers. The majority (56.2%) did not receive support from their husbands for breastfeeding. Based on bivariate analysis. of the 59 mothers who did not receive support from their husbands. The majority (69.5%) had low breastfeeding self-efficacy scores. Meanwhile, 46 mothers received support from their husbands. Almost all respondents (89.1%) had high breastfeeding self-efficacy, with a p value of $< .05$ ($p < .001$).

which means there is a significant relationship between husbands' support and breastfeeding self-efficacy.

The results are also consistent with research by Abbass-Dick et al. (2015), which found that support from a husband/partner is a factor affecting breastfeeding self-efficacy. Mothers feel more capable and confident about breastfeeding when their husband/partner is supportive, offering verbal encouragement, and actively involved in breastfeeding activities. Health workers, including nurses and midwives, can support breastfeeding practices by providing counseling and education to both mothers and their husbands or partners during maternal health services, thereby encouraging greater family involvement in breastfeeding. They can encourage their husbands/partners to provide meaningful support to mothers, such as help with household chores, presence during breastfeeding, and verbal and non-verbal encouragement to mothers. The findings are similar to those of Komalasari et al. (2016), who said that on the support dimension, more than half of the respondents had high self-efficacy. The high self-efficacy on this dimension is due to the optimal emotional and physical support that mothers have received from husbands.

The relationship between education and breastfeeding self-efficacy among postpartum mothers at independent midwifery practices across Bengkulu city, Indonesia

The findings showed that out of 105 postpartum mothers, the majority (67.6%) were mothers with higher education. Based on bivariate analysis, among 34 mothers with low education, a small proportion (44.1%) had low breastfeeding self-efficacy, whereas among the 71 mothers with higher education, a larger proportion (57.7%) had low breastfeeding self-efficacy. The majority (56.3%) had high levels of breastfeeding self-efficacy. The results of the Chi-Square analysis indicate that $p = 1.000$, suggesting no relationship between education and breastfeeding self-efficacy. The results are consistent with Nursan and Sevin (2014), who reported a p value of .645, indicating no significant relationship between maternal education level and breastfeeding self-efficacy.

The relationship between health workers' support and breastfeeding self-efficacy among postpartum mothers at independent midwifery practices across Bengkulu city, Indonesia

The results showed that out of 105 postpartum mothers, the majority (59%) received support from health workers. Based on bivariate analysis, of the 43 mothers who did not receive support from health personnel, more than half (55.8%) had low breastfeeding self-efficacy scores; meanwhile, 62 mothers received support from health personnel. The majority (64.5%) had high breastfeeding self-efficacy. The results of the Chi-Square analysis yielded $p = .062$, indicating no relationship between health workers' support and breastfeeding self-efficacy.

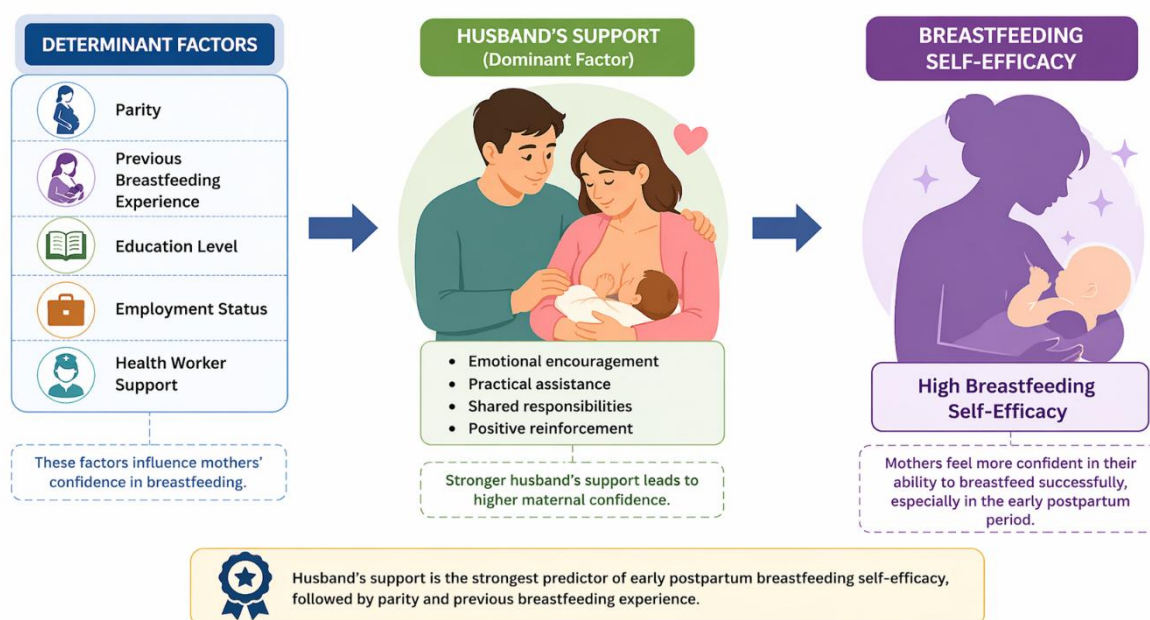
The results of this study are consistent with research by Bate et al. (2013). The chi-square test yielded $p = 0.892$, indicating no relationship between the role of breastfeeding counselors and exclusive breastfeeding among health workers. Especially breastfeeding counselors, who guide mothers from pregnancy through delivery, play a very important role. Information on breast care and exclusive breastfeeding can help mothers feel confident about their milk production. Several mothers said that the breastfeeding counselors lacked depth in their

information. Officers provide counseling, but several details are not conveyed in the posters or brochures used. So, this can make it difficult for mothers to remember the information conveyed by health workers.

The most dominant factor associated with breastfeeding self-efficacy among postpartum mothers

Based on the results of a multivariate analysis of several variables, namely parity, breastfeeding experience, husband's support, and support from health workers, it was found that the dominant factor related to breastfeeding self-efficacy in postpartum mothers was husband's support. As shown by Yang et al. (2016), who reported a $p = .001$, indicating that social support from husbands was significantly related to breastfeeding self-efficacy. Mothers who get support from their husbands have high breastfeeding self-efficacy scores, as illustrated in Figure 1

Figure 1: Husband's Support for High Breastfeeding Efficacy



This is in line with Arifiati (2017), who stated that a lack of support from the family, especially from the baby's father and parents, results in the baby not receiving exclusive breastfeeding. To be able to provide exclusive breastfeeding, a mother must get support from various parties. Kuncoro (2023) added that mothers, before and after birth, experience unstable emotions, so the attention factor from the family, in this case the husband, plays an important role in supporting the wife in providing exclusive breastfeeding, and the father is an important part of the success or failure of breastfeeding.

Conclusion and recommendations

It can be concluded that almost half of the respondents had low levels of breastfeeding self-efficacy. Most of the respondents were multipara/grandemultipara. A small number of

respondents were employed. Almost all had no breastfeeding experience. Most did not receive support from their husbands regarding breastfeeding. Most respondents had a tertiary education, and most respondents did not receive support from health personnel.

There is a significant relationship among parity, breastfeeding experience, and the husband's support with breastfeeding self-efficacy among postpartum mothers at Independent Midwifery Practices across Bengkulu City, Indonesia. Husband's support is the independent variable most closely related to breastfeeding self-efficacy among postpartum mothers at the independent Midwifery Practice in Bengkulu City, Indonesia.

Breastfeeding self-efficacy is influenced by parity and breastfeeding experience; moreover, the husband's support is the most dominant factor. Mothers with supportive husbands feel more confident and capable in maintaining breastfeeding and prioritizing husband-focused education. Empowering first-time mothers and enhancing health worker support are essential steps to improve breastfeeding outcomes. Addressing psychosocial aspects, such as emotional well-being and cultural influences, can further strengthen support systems for mothers.

Ethics statement

Ethical clearance for the study was granted by the Ethics Committee of the Bengkulu Ministry of Health Polytechnic, with certificate number KEPK.M/24/02/2019.

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