



Original Article

The Relationship of Breastfeeding Self Efficacy with the Success of Exclusive Breastfeeding in Babies Aged 6 – 12 Months

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Article History:

Submit: May 2025

Accepted: Nov 2025

Keywords :

Exclusive Breastfeeding; Self-Efficacy; Infants; Baby Nutrition;



© Jambi Medical Journal 2025

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ABSTRACT

Background: The coverage of exclusive breastfeeding in Indonesia, including in Jambi Province, is still below the national target. In 2022, exclusive breastfeeding coverage in Jambi Province only reached 27.14%, a sharp decrease from 64.67% in the previous year. One of the psychological factors that affect the success of exclusive breastfeeding is the mother's self-efficacy in breastfeeding.

Objective: To determine the relationship between the self-efficacy of breastfeeding and the success of exclusive breastfeeding in mothers with babies aged 6–12 months.

Methods: This study is a descriptive analytical study with a cross-sectional approach. Data collection was carried out in March 2024 at PMB Azimah and PMB Zulfiatun Rangkuti, Jambi City, with a sample of 45 postpartum mothers selected through a total sampling technique. Data were collected using the Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF) questionnaire and the exclusive breastfeeding questionnaire, then analyzed using the chi-square test with a significance level of $\alpha = 0.05$.

Results: As many as 57.78% of mothers managed to provide exclusive breastfeeding. There was a significant relationship between the self-efficacy of breastfeeding and the success of exclusive breastfeeding ($p = 0.004$).

Conclusion: The higher the mother's confidence in breastfeeding, the greater the chance of success in exclusive breastfeeding. Continuous interventions to improve maternal self-efficacy need to be carried out by health workers to support the success of exclusive breastfeeding programs.

INTRODUCTION

Breast milk is the best food for babies, which is provided naturally to meet all the nutritional needs and immunological protection of babies in the first six months of life. WHO and the Indonesian Pediatrician Association (IDAI) emphasize the importance

of exclusive breastfeeding without the addition of other foods or drinks. This recommendation has been strengthened through Government Regulation of the Republic of Indonesia Number 33 of 2012 concerning Exclusive Breastfeeding, which mandates that exclusive breastfeeding is the

right of every baby and the obligation for every mother, family, and health worker to support it.

Unfortunately, the implementation of this policy still faces many challenges. WHO data (2023) notes that globally only 48% of babies receive exclusive breastfeeding, and in Indonesia there is a decrease from 69.7% in 2021 to 67.96% in 2022. In Jambi Province, there was even a drastic decrease from 64.67% to only 27.14%. The figure in Jambi City is not much different, which is 29.16%. This shows that most babies do not get their right to the best nutrition, and that education and breastfeeding assistance efforts are still not optimal¹.

One of the main causes of low exclusive breastfeeding coverage is low breastfeeding self-efficacy of mothers, namely confidence in their ability to breastfeed. This concept is rooted in Albert Bandura's theory and was adapted by Dennis for the context of breastfeeding. Mothers with high self-confidence have been shown to be better able to deal with breastfeeding obstacles such as pain, attachment difficulties, and social pressure to give formula. On the other hand, mothers who are unsure of their abilities tend to give up more quickly and replace breast milk with less than optimal alternatives. Research proves that high self-efficacy breastfeeding is positively correlated with the duration of breastfeeding and the success of exclusive breastfeeding.²

The impact of failure to breastfeed exclusively due to low self-efficacy is multi-layered and profound. From a health aspect, babies who are not exclusively breastfed have a 5 times higher risk of dying from diarrhea, and 4 times higher risk of pneumonia⁴. They are also more prone to stunting, iron deficiency, premature obesity, and recurrent infections. These impacts not only appear in infancy, but continue into adolescence and adulthood, leading to an overall decline in physical capacity and productivity.

From a cognitive perspective, exclusive breastfeeding plays an important

role in the formation of brain structure and intelligence. A meta-analysis study proved that children who were exclusively breastfed had higher IQ, better academic abilities, and greater income opportunities in adulthood⁵. Conversely, the failure of exclusive breastfeeding can be the root of the formation of a generation that is less intellectually competitive, widening the gap in the quality of human resources in the future.

The psychosocial impact cannot be ignored either. Mothers with low self-efficacy are more at risk of postpartum depression, stress, and anxiety³. This can disrupt the emotional attachment between mother and baby, which is essential in building attachment and psychological security of the child. Disturbed emotional relationships early in life also contribute to behavioral disorders, lack of empathy, and mental health problems in adolescence.

From an economic aspect, dependence on formula milk not only burdens households but also the country. At the family level, spending on formula, artificial breastfeeding equipment, and sick baby treatment costs can drain up to 14% of monthly income.⁶ Globally, losses due to breastfeeding failure amount to USD 302 billion per year—an accumulation of lost economic potential, decreased productivity, and increased healthcare burden. In Indonesia, this condition can exacerbate the burden on the National Health Insurance (JKN) system due to the increasing prevalence of diseases in early childhood⁷.

This problem is also reflected in the work area of the Paal X Health Center in Jambi City. Although exclusive breastfeeding coverage is relatively high (71% in 2022), field data show fluctuations and disparities between groups of mothers. Preliminary studies show that some mothers experience obstacles in breastfeeding because they feel inadequate, do not have the support of their husbands, or do not understand the importance of exclusive breastfeeding⁸. This shows that breastfeeding self-efficacy is a key aspect that has not been optimally

considered in breastfeeding mothers empowerment programs.

Based on the background and urgency of the problem, this study aims to determine the relationship between breastfeeding self-efficacy and the success of exclusive breastfeeding in infants aged 6–12 months⁹. This research is expected to provide empirical evidence and become the basis for more effective psychosocial interventions, both in the form of education, counseling, and the establishment of a comprehensive breastfeeding support system at the primary service level.

METHOD

This study uses an analytical descriptive design with a cross-sectional approach, namely data collection is carried out at one time to determine the relationship between breastfeeding self-efficacy and the success of exclusive breastfeeding. This design was chosen because it is able to depict the relationship between variables simultaneously under ongoing conditions.

The research was carried out in the Child Growth and Development room of the Paal X Health Center, Jambi City, in February 2024. The study population is all breastfeeding mothers who have babies aged 6-12 months in the working area of the Health Center, as many as 368 people. Samples were taken by accidental sampling, which is based on who was met and met the inclusion criteria, with a sample of 45 respondents based on the Lameshow formula.

The inclusion criteria in this study are mothers who are physically and mentally healthy, have babies aged 6-12 months, can read and write, and are domiciled in the work area of the Paal X Health Center.

The independent variable is breastfeeding self-efficacy, measured using the BSES-SF (Breastfeeding Self-Efficacy Scale – Short Form) instrument which consists of 14 items with a Likert scale of 1–5. The total score is categorized into high (median \geq) and low (median $<$). The

dependent variable is the success of exclusive breastfeeding, measured through a questionnaire with the answer "Yes" or "No". Primary data was collected through face-to-face interviews using validated questionnaires, while secondary data was obtained from health profile reports of Puskesmas and the Jambi City Health Office. The data processing process included editing, coding, scoring, entry, and cleaning before being analyzed.

Univariate analysis was used to describe the frequency distribution of the characteristics of the respondents and each variable. Furthermore, bivariate analysis was carried out using the Chi-square test with a significance level of $\alpha = 0.05$ to determine the relationship between self-efficacy and the success of exclusive breastfeeding.

RESULTS AND DISCUSSION

Based on Table 1, it is known that most of the respondents in this study are mothers aged 20–35 years as many as 33 respondents (73.3%). This age group belongs to the category of healthy and productive reproductive age, which is physiologically and psychologically considered ideal for undergoing pregnancy, childbirth and breastfeeding. This age is also closely related to psychological readiness and the level of acceptance of health information, including exclusive breastfeeding practices. The study previous supports this, stating that mothers who are in the mature age range are more able to adapt to breastfeeding than mothers of adolescent or elderly age¹⁰.

In addition, the majority of respondents in this study had a secondary education level (SMA) as many as 24 respondents (53%). Education plays an important role in increasing mothers' awareness of the benefits of exclusive breastfeeding as well as the ability to filter and understand the information received, both from health workers and the media. However, even though the level of education is not yet high (for example, not yet in

college), high school education still provides a sufficient basis for health literacy. This shows that effective education can still be

done as long as it is adjusted to the mother's educational background¹¹.

Table 1. Description of Characteristics of Breastfeeding Mothers Babies Aged 6-12 Months

Variable	Criteria	f	%
Age	< 20	0	0
	20 -35	33	73,3
	>35	12	26,7
Education	SD	4	8,9
	JUNIOR	7	15,6
	SMA	24	53,3
	College	10	22,2
Parity	Child 1	13	28,9
	Children ≥ 2	32	71,1
Employment Status	Work	8	17,8
	Not Working	37	82,2

In the aspect of parity, most of the respondents had 32 respondents (71.1%) ≥ 2 children (71.1%). Mothers who have given birth and breastfed before generally have better practical experience, so they are more confident in breastfeeding their next child. This is consistent with the concept of self-efficacy breastfeeding, where previous breastfeeding experiences are one of the main sources of increased self-efficacy, as described by Cindy Lee Dennis. Previous experience contributes to the formation of a positive perception of self-ability, so that multipara mothers tend to be more successful in exclusive breastfeeding³.

In terms of employment status, the majority of mothers in this study were not working (IRT) as many as 37 respondents (82.2%). Housewives tend to have more time and flexibility to breastfeed directly than working mothers, who often face challenges in the form of time constraints, work leave policies, and lack of breastfeeding facilities in

the workplace¹². With more time available, non-working mothers find it easier to maintain a consistent breastfeeding frequency, which is important for maintaining breast milk production and the success of exclusive breastfeeding. These findings are in line with the results of the study, which showed that working mothers have a higher risk of stopping exclusive breastfeeding early without adequate work environment support¹³.

In general, the demographic characteristics of the respondents in this study showed a relatively supportive profile of breastfeeding success: ideal age, previous breastfeeding experience, and sufficient free time to breastfeed¹⁴. However, these factors must remain integrated with educational interventions and systemic support, such as breastfeeding counseling, the provision of breastfeeding mother-friendly facilities in health services, and family empowerment as the main support system.¹⁵

Table 2. Overview of Breastfeeding Self Efficacy (BSE) Levels of Breastfeeding Mother Respondents Infants Aged 6-12 Months

Criteria	f	%
High	23	51,11
Low	20	48,89
Total	45	100

Based on the results of the study in Table 2, it shows that most breastfeeding mothers have a high level of breastfeeding self-efficacy (BSE), which is as many as 23 respondents or 51.11%. These findings indicate that more than half of the mothers in the study had strong confidence in their ability to breastfeed their babies¹⁶. This self-confidence is an important aspect of the breastfeeding process, as a confident mother tends to be more consistent, diligent, and able to face the challenges that may arise during the breastfeeding process.¹⁷

The concept of self-efficacy itself was first proposed by Albert Bandura, who stated that a person's belief in his ability to perform an action will greatly determine the success of the action. In the context of breastfeeding, this theory was later developed by Cindy Lee Dennis into breastfeeding self-efficacy, which assesses the extent to which mothers feel capable and confident in giving breast milk to their babies.³ This belief includes technical aspects such as baby attachment, breastfeeding comfort, and the ability to maintain breastfeeding practices for a period of time in accordance with health recommendations.¹⁸

The high level of BSE in the respondents in this study is likely influenced by several factors that have been identified in the characteristics of the respondents, such as the majority of mothers are of productive age (20–35 years), do not work so that they have a more flexible time to breastfeed, and most of them have previous breastfeeding experience (multipara).¹⁹ These factors are known to significantly support the formation

of maternal confidence in breastfeeding, as positive experiences in the past and supportive environments provide confidence that mothers are able to breastfeed effectively.²⁰

These results are also in line with various previous studies that showed that mothers with high levels of self-efficacy tended to be more successful in giving exclusive breastfeeding. Research showed that interventions designed to improve maternal self-efficacy, such as theory-based breastfeeding counseling or breastfeeding skills training, were able to significantly increase exclusive breastfeeding success rates²¹.

However, it should be understood that high self-efficacy does not always guarantee successful breastfeeding if it is not accompanied by adequate external support. In some cases, mothers with high self-confidence still experience failure in providing exclusive breastfeeding due to medical constraints, intervention from unsupportive health workers, or lack of support from the surrounding environment. This shows that the success of breastfeeding is the result of the interaction between the mother's internal factors and external factors from the environment.²²

Thus, although most respondents have high self-efficacy, it is important for health workers and related parties to continue to provide support, education, and facilities that are friendly to breastfeeding mothers. This effort aims to make mothers' self-confidence manifest into optimal and sustainable breastfeeding practices.²³

Table 3. Overview of Exclusive Breastfeeding

Criteria	f	%
Exclusive Breast Milk	26	57,78
Breast Milk Is Not Exclusive	19	42,22
Total	45	100

The results of the study shown in Table 3 show that most of the respondents, namely 26 people (57.78%) out of a total of

45 breastfeeding mothers, managed to give exclusive breastfeeding to their babies. This percentage shows that more than half of the

mothers in the study have followed the recommendation of exclusive breastfeeding during the first six months of the baby's life, in accordance with recommendations from the WHO and the Ministry of Health of the Republic of Indonesia.²⁴

The success of most mothers in providing exclusive breastfeeding reflects the awareness, commitment, and possibility of adequate support from the surrounding environment. It can also be closely related to the level of self-efficacy breastfeeding possessed by mothers, where in previous results it was known that most mothers had a high level of confidence in breastfeeding. Mothers who are confident in their abilities tend to be more consistent in dealing with breastfeeding challenges, such as fatigue, milk production that is considered insufficient, or social pressure that encourages the use of formula.²⁵

These findings are in line with the results of various previous studies. For example, the success rate of exclusive breastfeeding is greatly influenced by the mother's psychological readiness, sufficient knowledge about the benefits of breastfeeding, and the support of family and health workers. In addition, this success may also be influenced by respondents' characteristic factors, such as the age of the mother in the productive category (20–35

years), the level of adequate education, and the employment status of the majority of housewives, thus allowing the mother to have more time to breastfeed²⁶.

However, the fact that another 42.22% of respondents have not managed to provide exclusive breastfeeding is also an important concern. This condition can occur due to various inhibiting factors, such as early intervention in health facilities, medical constraints (e.g. cesarean section or premature babies), and lack of adequate social support or information. This indicates that the success of exclusive breastfeeding does not only depend on the mother's intentions and motivations, but is also strongly influenced by the environment and support systems available²⁷.

Therefore, although the proportion of exclusive breastfeeding success in this study is quite good, efforts to increase coverage are still needed. Holistic interventions, including education enhancement, lactation counselling, breastfeeding skills training, and family and community involvement, are essential to ensure more mothers can optimally manage exclusive breastfeeding. That way, national and global targets in supporting infant health through exclusive breastfeeding can be achieved more widely and equitably²⁸.

Table 4. Overview of Breastfeeding Self Efficacy Scale - Short Form (BSES-SF) Score in the Exclusive Breastfeeding Respondent Group

Criteria	f	%
High	18	69,23 %
Low	8	30,77 %
Total	26	100 %

The results of the study shown in Table 4 reveal that the majority of mothers who successfully give exclusive breastfeeding have a high level of breastfeeding self-efficacy (BSE). Of the 26 mothers who gave exclusive breastfeeding, as many as 18 people (69.23%) were recorded to have a high Breastfeeding Self-

Efficacy Scale – Short Form (BSES-SF) score. These findings reinforce the link between maternal confidence in breastfeeding and the success of exclusive breastfeeding.

Breastfeeding self-efficacy refers to a mother's confidence in her ability to breastfeed her baby successfully, both in

terms of breastfeeding techniques and the ability to deal with challenges that may arise. As explained by Dennis (2003), mothers with a high level of self-efficacy tend to be better able to overcome breastfeeding obstacles and are more consistent in providing exclusive breastfeeding. They are also more open to available information and support, and have stronger psychological resilience.³

The tendency that most mothers in the exclusive breastfeeding group had high self-efficacy suggests that self-confidence plays an important role as a predictor of breastfeeding success. This is in line with Bandura's self-efficacy theory, which emphasizes that individuals with high levels of self-efficacy will be more persistent, motivated, and able to overcome obstacles in achieving their goals. In the context of breastfeeding, mothers with high self-confidence will be better prepared to face pain, fatigue, social pressure, and technical obstacles in breastfeeding.²⁹

In addition, these findings also support intervention approaches based on self-efficacy enhancement as an effective

strategy in promoting exclusive breastfeeding.

However, it should be noted that the success of exclusive breastfeeding remains the result of a combination of factors. Although most mothers in the exclusive breastfeeding group have high BSE, it does not mean that self-efficacy is the only determining factor. Support from husbands and families, maternal and infant medical conditions, adequate breastfeeding education, and a supportive health care system all have an important role to play in supporting optimal breastfeeding practices.³⁰

Thus, these results emphasize the importance of systematic efforts to improve breastfeeding self-efficacy through education, emotional support, and ongoing mentoring. In addition to strengthening the individual capabilities of mothers, this approach also needs to be supported by a positive social environment and pro-breastfeeding health service policies. This multidimensional approach is expected to be able to increase the coverage of exclusive breastfeeding in a sustainable manner in the community.³¹

Table 5. Overview of Breastfeeding Self Efficacy Scale - Short Form Score in Exclusive Non-Breastfeeding Group Respondents

Criteria	f	%
High	5	26,32 %
Low	14	73,68 %
Total	19	100 %

The results of the study in Table 5 show that of the 19 respondents who did not succeed in exclusive breastfeeding, the majority—i.e. as many as 14 people (73.68%)—had a low level of breastfeeding self-efficacy (BSE). These findings reinforce the close relationship between the level of self-efficacy of breastfeeding mothers and the success of exclusive breastfeeding. Low self-efficacy in breastfeeding mothers reflects a lack of confidence in their ability to breastfeed effectively, especially when faced with challenges such as lactation problems,

nipple pain, social pressure, or distractions from the surrounding environment.³¹

According to the self-efficacy theory developed by Bandura, a person who has low self-efficacy tends to doubt his abilities, easily give up when faced with obstacles, and lack motivation to persevere in carrying out the expected behavior. In the context of breastfeeding, mothers with low BSE scores tend to be less confident, have doubts about their ability to produce enough breast milk, and are more susceptible to negative

influences, such as the urge to give formula or supplements early.³²

These findings highlight the importance of the role of health workers in detecting and treating mothers with low levels of self-efficacy from the time of pregnancy. Personalized and ongoing breastfeeding counselling, breastfeeding skills training, and providing accurate and convincing information are effective strategies to improve BSE. In addition, emotional and practical support from partners, family, and the work environment is also an important

element in strengthening mothers' confidence in breastfeeding.

Thus, the low level of BSE in most mothers in the breastfeeding group does not exclusively suggest that interventions need to focus not only on the technical aspects of breastfeeding, but also on the psychological strengthening of the mother. Improving the self-efficacy of breastfeeding mothers can be a strategic step in an effort to expand the scope of exclusive breastfeeding, which ultimately has an impact on improving the nutritional status and overall health of the baby.³³

Table 6. The Relationship of Breastfeeding Self Efficacy with the Success of Exclusive Breastfeeding in Babies Aged 6 – 12 Months

BSES-SF	Exclusive Breastfeeding						P Value
	Not		Yes		Sum		
	n	%	n	%	n	%	
High	5	11.1 %	18	40.0 %	23	51.1%	0,004
Low	14	31.1 %	8	17.8 %	22	48.9%	
Sum	19	42.2 %	26	57.8 %	45	100.0%	

The results of statistical tests conducted using the Chi-Square test showed a significant relationship between the level of breastfeeding self-efficacy (BSE) of breastfeeding mothers and the success of exclusive breastfeeding in infants aged 6–12 months. Based on the data, most of the respondents with a high BSE score, namely 18 people (40.0%), managed to provide exclusive breastfeeding. The p-value obtained was 0.004 smaller than the significance value (α) of 0.05. This shows that statistically, the alternative hypothesis (H_a) is accepted and the null hypothesis (H_0) is rejected, which means that there is a meaningful relationship between the two variables.

These findings reinforce the concept that a mother's confidence in her ability to breastfeed is an important factor that determines the success of exclusive breastfeeding. This is in accordance with Albert Bandura's self-efficacy theory, which states that individuals with high levels of self-

efficacy tend to be more motivated and persistent in achieving their goals, including in facing the challenges of breastfeeding.³⁴

These findings provide a solid basis that improving the self-efficacy of breastfeeding mothers through education, emotional support, and social environmental involvement is a highly effective approach to encourage the success of exclusive breastfeeding programs. Therefore, health workers and policymakers need to consider self-efficacy-based interventions as an integral part of breastfeeding promotion and protection, especially in first-tier health care facilities.³⁵

CONCLUSION

The conclusion of this study shows that there is a significant relationship between the level of self-efficacy breastfeeding and the success of exclusive breastfeeding in babies aged 6–12 months in the working area of the Paal X Health Center in 2024. Breastfeeding mothers with high self-efficacy have been shown to be more successful in providing

exclusive breastfeeding than those with low efficacy, in line with Bandura's self-efficacy theory and reinforced by the results of previous studies. In addition, most respondents were of productive age (20–35 years), had a secondary level of education, were not employed, and were multiparaparaphernalia, which generally supported biological and social readiness for breastfeeding. Although the achievement of exclusive breastfeeding in this region is relatively good (57.8%), these results also show that almost half of the mothers are still not successful in exclusive breastfeeding, and there are almost half of the respondents who have a low efficacy rate. This indicates the importance of interventions that focus on

improving breastfeeding efficacy, including education, counselling, and social and environmental support. The main strength of this research lies in its strong relationship with theory and supported by empirical data and reputable literature. However, this study has limitations in terms of the limited number of samples and has not examined in depth other external factors such as family support, breast-feeding friendly health facility policies, and local culture. Therefore, follow-up research with a wider population coverage and a more comprehensive approach is strongly encouraged to strengthen the findings and support programs to increase exclusive breastfeeding coverage nationally.

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