



ANALYSIS OF POSTPARTUM MOTHERS' BREASTFEEDING SELF-EFFICACY (BSE) IN REJANG LEBONG REGENCY

Kurniyati^{1*}, Wenny Indah Purnama Eka Sari¹, Kartinazahri², Yusnaini², Derison Marsinova Bakara³

¹Department of Midwifery, Poltekkes Kemenkes Bengkulu, Bengkulu, Indonesia

¹Department of Midwifery, Poltekkes Kemenkes Aceh, Aceh, Indonesia

¹Department of Nursing, Poltekkes Kemenkes Bengkulu, Bengkulu, Indonesia

*Corresponding author: kurniyati@poltekkesbengkulu.ac.id

Abstract

Breastfeeding self-efficacy (BSE) is a mother's confidence in her ability to breastfeed. Higher confidence increases the likelihood of continued breastfeeding, while lower confidence can be a barrier. This study assessed BSE among breastfeeding mothers in Rejang Lebong District in 2025. Thirty postpartum mothers, aged 0 to 42 days, were randomly selected and surveyed from June to August 2025. Data were collected using the Breastfeeding Self-Efficacy Scale Short Form (BSES-SF) and reported as percentages. Most participants were aged 20 to 35 years (66.7%), 80% were not employed outside the home, and 86.7% had a high level of education. Over half had two children (53.3%), 63.3% had incomes at or above the minimum wage, and 90% demonstrated high breastfeeding self-efficacy. Support from family and healthcare providers, particularly midwives, is essential in building mothers' confidence and promoting effective breastfeeding practices, which can help achieve exclusive breastfeeding.

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INTRODUCTION

The postpartum period, also called puerperium, starts right after a mother gives birth and usually lasts about six weeks. During this time, the body gradually returns to its pre-pregnancy state. This includes physical changes, like the uterus shrinking and birth wounds healing, as well as emotional adjustments. Many mothers feel tired, have mood swings, or face challenges as they adapt to their new roles. In fact (Cahyo et al., 2021) . Research shows that up to 70% of mothers experience mild symptoms such as sadness or emotional changes in the first few days after giving birth. (Machmudah, 2023).

Hormonal changes are key during the postpartum period. After placental delivery, estrogen and progesterone levels drop sharply, while prolactin rises to stimulate milk production. The reduction in sex hormones prompts physiological adaptation in mothers, while increased prolactin prepares the body for breastfeeding. These hormonal shifts create conditions that both support and require maternal adaptation

for successful breastfeeding (Satriani, 2021).

The breastfeeding process depends on the let-down reflex, triggered by oxytocin and prolactin when the baby suckles. Success in breastfeeding is shaped by factors that help or hinder. Supporting factors include proper technique (positioning and latching), family support (especially from husbands), support from healthcare providers, and education about breastfeeding. Barriers include breast pain, sore nipples, issues like mastitis, fatigue, lack of support or knowledge, and pressure to return to work (Syukri et al., 2022).

Breastfeeding self-efficacy (BSE) refers to a mother's confidence in her ability to breastfeed. Factors influencing BSE include personal experience, observing others, verbal support, and physical or emotional state. Maternal self-efficacy is crucial for achieving and maintaining exclusive breastfeeding. Confidence increases with success. Low confidence can lead to low commitment and limited milk production, particularly among first-time mothers (Wulandari et al., 2021). Mothers with high self-efficacy are more likely to begin, continue, and exclusively breastfeed. Research by Meyda and Wijayanti (2025) found a link between self-efficacy and exclusive breastfeeding. Confident mothers are more likely to succeed (Meyda & Wijayanti, 2025).

According to the 2023 Rejang Lebong District Health Profile, 64% of mothers breastfed their babies, which is below the national target. Therefore, this study aims to clearly describe the level of self-efficacy among breastfeeding mothers in Rejang Lebong District in 2025, with the goal of informing future interventions to improve breastfeeding rates.

MATERIALS AND METHODS

This descriptive study aims to objectively and systematically depict a situation by collecting data at the same time. The researcher observed or measured variables at a specific time. The population included all postpartum mothers in Rejang Lebong District, Bengkulu Province. The sample comprised postpartum mothers aged 0-42 days in Rejang Lebong Regency, Bengkulu Province, recruited from June to August 2025 using *simple random sampling*, with a sample size of 30 respondents.

The research instrument was the BSES-SF (Breastfeeding Self-Efficacy Scale Short Form) questionnaire. It consists of 14 questions answered using a Likert scale from 1 to 5. The total score ranges from 14 to 70 points. The reliability test of the BSES-SF used Cronbach's alpha coefficient and corrected item-total correlation. The Cronbach's alpha coefficient obtained was 0.94.

For data analysis, the characteristics of each variable are described using percentages. Respondent characteristics include age, education, occupation, parity, and breastfeeding self-efficacy. This study

received approval from the Research Ethics Committee of the Bengkulu Ministry of Health Polytechnic (No.KEPK.BKL/531/05/2025).

RESULTS AND DISCUSSION

The characteristics of the subjects in this study are presented in the following table:

Table 1 Characteristics of Respondents

	Characteristics	Frequency	
		N	%
1	Age		
	Age < 20 and > 35	10	33.3
	Age 20-35 years	20	66.7
2	Employment		
	Working	24	80
	Not working	6	20
3	Education		
	Higher	26	86.7
	Low	4	13.3
4	Number of Children		
	1	14	46.7
	2	16	53.3
5	Income		
	≥ Minimum Wage	11	36.7
	< minimum wage	19	63.3

Table 1 shows that more than half of the respondents are aged 20-35 years (66.7%), almost all respondents are unemployed (80%), almost all respondents have a higher education (86.7%), some respondents have two children (53.3%), and more than half of the respondents have an income \geq minimum wage (63.3%).

Table 2 Breastfeeding Self efficacy

	Variable	Frequency	
		N	%
1	f-Efficacy		
	High	27	90
	Low	3	10

Table 2 shows that almost all respondents have high self-efficacy (90%).

Hormonal changes are significant during the postpartum period. After delivering the placenta, estrogen and progesterone drop suddenly, while prolactin rises to trigger milk production. Breastfeeding success depends on several supporting factors, including proper breastfeeding techniques, family and healthcare support, and adequate breastfeeding education. Inhibiting factors include breast pain, sore nipples, mastitis, maternal fatigue, insufficient support or knowledge, and returning to work (Syukri et al., 2022).

The study results show that the respondents were of reproductive age (20–35 years). Reproductive age in women is generally defined as the range during which the biological functions of pregnancy, childbirth,

and lactation work optimally. In this cycle, lactation/breastfeeding is a "physiological continuation" after childbirth: the baby's sucking triggers the release of oxytocin (let-down reflex) and prolactin (breast milk production), aided by other hormones such as cortisol and insulin to support the flow of substrates to breast milk. The integration of this neuro-hormonal response explains why breastfeeding success is closely related to the mother's biological condition during her reproductive years. Kasnirawati's research shows that there is a relationship between age and breastfeeding among breastfeeding mothers (Syukri et al., 2022).

The study results indicate that nearly all respondents are employed. Working mothers have less free time to breastfeed their babies compared to mothers who do not work. Mothers who do not work have more free time to prepare themselves to exclusively breastfeed their babies. The reason working mothers do not breastfeed is that they want to get their children used to bottle feeding when they are away at work. Mothers who have returned to work after giving birth have lower levels of self-efficacy compared to mothers who stay at home. Mothers who return to work have two roles: those of mother and worker. Both roles are a challenge for breastfeeding mothers, requiring patience, attitude, and a very high level of self-efficacy in order to facilitate continued breastfeeding. The results of Putri et al.'s (2022) study show that there is a relationship between work and Breastfeeding Self-Efficacy in Postpartum Mothers (Putri et al., 2022).

The results of the study show that almost all respondents had higher education. Education is a process or effort aimed at intellectual development. Education is an active and dynamic process that continues throughout a person's life through various formal and informal experiences. The more information that is received, the more experience is gained. The results of the study indicate a significant relationship between the mother's level of education and breastfeeding self-efficacy.

Some respondents have two children. Mothers with experience tend to breastfeed better during subsequent lactations. Second-time mothers already know how to provide exclusive breastfeeding, while first-time mothers are less experienced. The study found primiparous mothers are less likely to have low breastfeeding self-efficacy than multiparous mothers (Diah et al., 2022).

The results of the study show that more than half of the respondents have an income equal to or greater than the minimum wage. Families with limited incomes tend to have difficulty meeting their food needs, especially in terms of their nutritional requirements. Mothers with higher incomes are often better equipped to manage their time and provide the necessary resources to support the success of exclusive breastfeeding. A more stable income allows them to overcome various obstacles, including limited time, and strengthens their commitment to optimal exclusive breastfeeding. Family income is related to breastfeeding self-efficacy: the higher the family income, the more likely mothers are to have high

confidence in breastfeeding, due to access to adequate nutrition, health services, and facility support. However, socio-psychological factors and family support still play a major role, and can even compensate for economic limitations.

Breastfeeding self-efficacy (BSE) refers to a mother's confidence in her ability to breastfeed. Success boosts self-efficacy. Low confidence in breastfeeding leads to weak commitment. Many first-time mothers lack confidence, which can result in insufficient milk production (Wulandari et al., 2021).

Generally, three dimensions are considered important in assessing an individual's level of self-efficacy for breastfeeding. There are three dimensions related to breastfeeding success, namely technique, interpersonal thought, and support. The results of this study indicate that the dimensions of technique and intrapersonal confidence significantly influence the overall level of self-efficacy for breastfeeding.

The level of self-efficacy is one of the important factors in preparing to breastfeed a newborn baby. Factors originating from the mother are one of the determining factors in whether the baby will be breastfed or given other foods, such as formula milk. Additionally, the level of self-efficacy for breastfeeding indicates the mother's readiness to undertake a new task, namely, providing nutrition for her newborn baby. Measuring the level of self-efficacy for breastfeeding is crucial in determining the success of the breastfeeding process itself. In this study, it was found that all respondents had a good level of self-efficacy for breastfeeding, as indicated by the average results.

The results of the study show that almost all respondents have high BSE. High BSE is significantly associated with the success of exclusive breastfeeding. Mothers with high self-efficacy tend to be more confident in facing breastfeeding challenges, such as nipple pain, concerns about milk production, and lack of environmental support. With this confidence, mothers are better able to find solutions and persevere in exclusive breastfeeding. Research by Fujianty et al (2024) shows a significant relationship between breastfeeding self-efficacy and the success of exclusive breastfeeding. This suggests that the higher a mother's self-confidence, the greater the likelihood of exclusive breastfeeding (Fujianty et al., 2024).

In addition to having high self-confidence, breastfeeding mothers must also use the correct breastfeeding technique to breastfeed successfully. Indicators of successful breastfeeding can be observed through the mother's and baby's activities during breastfeeding. Perinasia explains the observations used to assess proper breastfeeding techniques using the acronym BREAST. BREAST stands for B = body position (the mother's position while breastfeeding), R = response (the baby's response while feeding), E = emotion (the mother's emotional aspect/attention to the baby while feeding), A = anatomy (the shape of the breast during and after feeding), S = suckling (the baby's sucking while feeding), and T = time (the duration of

breastfeeding). Body position refers to the mother's position while breastfeeding. The mother's body position should be relaxed and comfortable, with the baby attached facing the nipple, the baby's head and body in a straight line, the baby's chin touching the breast, and the baby's bottom supported. Response means that the baby reaches for the breast when hungry, searches for the nipple when stimulated (rooting reflex), is calm but alert, remains attached to the breast, and exhibits signs of milk ejection, such as milk dripping. Emotion also plays an important role in the breastfeeding process. This can be observed in relaxed behavior, confident hugging, the mother's attention through face-to-face contact, and frequent touching by the mother, but not through patting or rocking. In terms of anatomy, the observed activities include soft breasts after breastfeeding, protruding and protractile nipples, healthy-looking breast skin that is neither red nor wrinkled, and breasts that are rounded during breastfeeding, not pulled or tense. Suckling is an activity related to how a baby breastfeeds from its mother. The baby's behavior can be observed while breastfeeding, namely, the mouth is wide open, the lower lip is folded out, the tongue covers the nipple, and the cheeks are rounded. When the baby's mouth sucks on the breast, most of the areola mammae enters the mouth, sucking with regular, slow, and deep sucking, and the baby swallows regularly. Time is a behavior related to the duration of sucking. Breastfeeding should not be scheduled, but there are several indicators that breastfeeding is going well. These indicators suggest that the baby breastfeeds for 15-30 minutes and releases the breast on their own, not the mother.

CONCLUSION

Breastfeeding self-efficacy (BSE) is a mother's belief in her ability to breastfeed her baby. If a mother is confident in breastfeeding and succeeds, her self-efficacy will increase; conversely, if her confidence in breastfeeding is low, it will result in a lower commitment to breastfeeding. However, in addition to requiring high self-confidence, the breastfeeding technique must also be correct in order to breastfeed successfully. Support from family and health workers, especially midwives, is needed to help postpartum mothers achieve high BSE and correct breastfeeding techniques so that mothers can breastfeed exclusively.

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DECLARATION OF INTEREST STATEMENT

The authors declare that they have no conflict of interests.

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