

LITERATURE REVIEW: FACTOR TO RELATED SELF EFFICACY OF WORKING BREASTFEEDING MOTHERS***Afrah Hasna Fadhilah, Anggorowati and Andew Johan**

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Abstract

A mother's self-confidence in her ability to breastfeed or provide breast milk to her baby is known as Breastfeeding Self Efficacy. This literature review aims to determine the factors that influence self-efficacy in breastfeeding mothers who are also working. The research used is a systematic literature review, the literature review method identifies articles collected through the PubMed and Google Scholar databases with the keywords Breastfeeding Self Efficacy and Working Mothers. The inclusion criteria in the study used were nursing journals and midwifery journals with journal publications starting in 2017-2022. The results of the study: From the eight articles reviewed, it was found that there were four factors that influenced the self-efficacy of working breastfeeding mothers including breastfeeding experience, education/knowledge, type of delivery, and support from family, friends, and workplace. So that it can affect the success of breastfeeding and increase self-efficacy in breastfeeding in working mothers.. Conclusion: The factor that most influences the self-efficacy of breastfeeding mothers is support. Because support from husband, family and workplace can increase mother's self-efficacy in breastfeeding.

Keywords: Self-efficacy of Breastfeeding Mothers and Working Mothers.

INTRODUCTION

Breastfeeding is a process in maintaining and continuing the survival of the next generation. The most important source of food at the beginning of a baby's life comes from the organs of the female body in the form of the production of Mother's Milk which is the basic source for a baby's life. Along with the development of the era and increasing human knowledge about the importance of breast milk in the life of infants, it is supported by the development of science and technology. Knowledge about breastfeeding provides an important role in maintaining human life. Based on the recommendations of the World Health Organization (WHO) and The United Nations Children's Fund (UNICEF), exclusive breastfeeding is given to infants up to 6 months, only then can complementary foods be introduced to ASI, continued to maintain it for up to 2 years or maybe more. However, there are still many countries that have not been able to follow WHO recommendations. The best source of nutrition for infants and young children is still being actively promoted by WHO. WHO and UNICEF recommend several of them: carry out Early Breastfeeding Initiation (EBI) within 1 hour after giving birth, provide exclusive breastfeeding in the first 6 months of life, introduce complementary foods that are sufficiently nutritious and safe at 6 months of age, and continue breastfeeding until the age of 2 years, (Dukuzumuremyi, 2020). Breastfeeding mothers who work outside the home must leave their babies at certain times, so this is one of the limitations in being able to breastfeed their babies directly while working. Mothers who give birth must breastfeed their babies. Breast milk can still be given even though the baby is left by the mother working with an alternative to using expressed breast milk. Mothers can save breast milk for a month before working again. ASI can be stored and can be given to babies without giving additional formula, however, the situation of the mother's mind and heart is sometimes unstable so that it can affect self-efficacy in breastfeeding mothers who work.

There is a significant relationship between the knowledge of working mothers about expressing breast milk and attitudes toward expressing breast milk, the higher the knowledge of working mothers about expressing breast milk, the more enthusiastic they will be in giving expressed milk while working (Hidayah, 2018). Health education about breastfeeding can increase self-efficacy for the attitude of breastfeeding babies and increase exclusive breastfeeding can be done with health education, because it will increase the effectiveness and resilience of breastfeeding in mothers who have just given birth. The effectiveness of breastfeeding is related to the mother's occupation, age, experience of breastfeeding, method of delivery, skin to skin with the baby and index of early first breastfeeding after delivery. Occupation is basically one of the factors that influence breastfeeding self-efficacy, positively and significantly related to social support, as well as postpartum depression, so that reducing the incidence of postpartum depression and promoting social support for breastfeeding, can be used as a strategy to increase breastfeeding self-efficacy. So it becomes important for health workers to be able to screen and pay attention to signs of postpartum depression, which in turn provides adequate support according to the needs of mothers and encourages the involvement of social networks in breastfeeding. The results of Chrzan's research show that women who seek lactation support generally have higher mental health difficulties in breastfeeding self-efficacy. Self-efficacy in breastfeeding mothers is related to a mother's ability or confidence in her belief to be able to breastfeed her baby to the end, which ultimately becomes a choice whether to breastfeed or not. This choice is influenced by how much effort is made to breastfeed the baby or not, knowledge and mindset in improving self-quality and ability to defeat one's own ego. Previous experience of breastfeeding, family support, and external factors such as work, fatigue, stress and anxiety, are also factors that influence self-efficacy, which is also a benchmark in assessing the quality of breastfeeding, as well as the development and sustainability of breastfeeding. By paying attention to the importance of the role of self-efficacy in breastfeeding and its influence on working mothers, it is

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interesting for the authors to examine more deeply in the form of a literature review.

METHOD'S

This research is a Literature Review study identifying, assessing and interpreting all that is found on the topic of self-efficacy for working breastfeeding mothers.

RESULT'S

Factors that influence the self-efficacy of working breastfeeding mothers

No	Title	Author/Year	Method's	Results
1	Factors Associated with Breastfeeding Efficacy	Nelyanawati, et al, (2021)	<i>Systematic LiteraturRiview</i>	<ul style="list-style-type: none"> The six social roles that play a role in the efficacy of breastfeeding mothers include social education, social support which includes support from family, friends, certain health and community workers, breastfeeding experience, and peer counseling, stress factors and sleep quality. The most important factor in the efficacy of breastfeeding mothers is the experience of breastfeeding, because the success of previous breastfeeding can increase the confidence to breastfeed again.
2	Exclusive breastfeeding, breastfeeding self-efficacy and perception of milk supply among mothers in Singapore	De Roza, D.G., et.al (2019)	Study Longitudinal	<ul style="list-style-type: none"> The rate of exclusive breastfeeding at 6 months can be predicted from the mother's self-efficacy at the start of breastfeeding, perceptions of milk supply, intention to breastfeed and breastfeeding experience. Highly educated mothers have a breastfeeding plan for at least 6 months.
3	Breastfeeding self-efficacy as a dominant factor affecting maternal breastfeeding satisfaction	Awaliyah et al (2019)	Cross-sectional design	<ul style="list-style-type: none"> Breastfeeding satisfaction is a feeling of satisfaction during breastfeeding because of the cooperation between mother and baby to fulfill desires or needs. The success of the breastfeeding program is supported by education and promotion of breastfeeding by professional health workers, starting during pregnancy until after delivery, to provide education and information about breastfeeding. Breastfeeding satisfaction level is related to household income, type of delivery, and self-efficacy. ($p < 0.05$), with breastfeeding self-efficacy as the most influential factor on mother's breastfeeding satisfaction. The satisfaction level of breastfeeding mothers is in the high category (53.4%).
4	Workplace support and breastfeeding duration: The mediating effect of breastfeeding intention and self-efficacy	Wallenborn, J.T. et al., (2018)	Longitudinal Infant Feeding Practices Survey	<ul style="list-style-type: none"> Research results show that there is a direct and significant effect between self-efficacy, intention to breastfeed, and duration of breastfeeding. Whereas the workplace has a significant effect on the duration of breastfeeding, but indirectly, with a ratio of 40.8% ($P\text{-value} = 0.032$) of the total effect; The duration of breastfeeding can be predicted by self-efficacy Improved self-efficacy is supported by the workplace. Self efficacy of working breastfeeding mothers is influenced by an adequate work environment. Policies are needed to support increased self-efficacy, for working mothers.
5	Determinants of low breastfeeding self efficacy among mother of children aged less than six month: Result from BADUTA study in Est Java, Indonesia.	Titaley, C.R., et al, (2021)	Cross-sectional.	<ul style="list-style-type: none"> Increasing mothers' self-efficacy in breastfeeding can be achieved by implementing breastfeeding education and support programs. Increased self-efficacy with breastfeeding. Also supported due to access to breastfeeding counsellors, active support for mothers after cesarean delivery, and increased facilities needed in the workplace. Intervention to increase support facilities in the workplace, is needed to increase the optimization of breastfeeding practices for breastfeeding mothers who work outside the home.

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The process used to conduct a literature review is for the reviewer to search for several research journal articles published through electronic databases, namely Pubmed and Google Scholar. From this Literature Review it is expected to know the factors related to the self-efficacy of working breastfeeding mothers.

6	Investigating Predictors of Prenatal Breastfeeding Self Efficacy	Corby, K., Kane, D, & Dayus, D., (2019)	Cross-sectional	<ul style="list-style-type: none"> Strategies to increase the self-efficacy of low-feeding mothers and early intervention can be improved by breastfeeding self-efficacy in the prenatal period, as a predictor. The variables of feeling ready to give birth, the process of giving birth to the number of children, knowledge of breastfeeding, anxiety, planning for exclusive breastfeeding, income are affected by the variance of self-efficacy by 41.2%. For primiparous women, feelings of readiness for labor and delivery, income, anxiety, duration of plans to exclusively breastfeed, education, and marital status, are explained by the variance of breastfeeding self-efficacy of 31.6%. Whereas for multiparous women, the variables of anxiety, duration of previous exclusive breastfeeding experience, knowledge of breastfeeding, and plans to breastfeed, can be explained by the variance of breastfeeding self-efficacy of 33.6%.
7	Factors Influencing the Success of Working Mothers in Providing Exclusive Breastfeeding.	Amalia, R., & Rizki, L.K., (2018)	Cross-sectional	<ul style="list-style-type: none"> Mother's occupation has a significant relationship with self-efficacy in exclusive breastfeeding. Exclusive breastfeeding can increase growth baby properly, strengthens the inner bond between mother and baby, and family expenses can be saved. Working mothers with breastfeeding status must be given a policy on breastfeeding in the workplace related to the duration of work or by providing supporting facilities to working mothers. Support from the workplace will be able to influence mothers in giving exclusive breastfeeding, making them motivated to give exclusive breastfeeding, so that the mother's self-efficacy will be good.
8	The breastfeeding self-efficacy scale-short form: Psychometric characteristics in Portuguese pregnant women.	Brandão, S., et al., (2018)	Prospective study	<ul style="list-style-type: none"> In Portugal the BSES-SF can be used as a tool to assist health professionals in promoting routine prenatal care appointments, to increase the self-efficacy of lower antenatal breastfeeding mothers, as they are at risk of not starting or stopping breastfeeding early. To design new interventions in the promotion of breastfeeding during pregnancy, the BSES-SF can be used by health professionals.

- The first article contains six social roles that play a role in the efficacy of breastfeeding mothers, namely social education, social support which includes support from family, friends, health workers and certain communities, breastfeeding experience, peer counseling, stress factors and sleep quality. The thing that plays a very important role in the efficacy of breastfeeding mothers is the experience of breastfeeding because previous breastfeeding success will increase the mother's confidence to breastfeed again.
- In the second article, the results showed that the rate of exclusive breastfeeding at 6 months could be predicted from the mother's self-efficacy at the start of breastfeeding, perceptions of breast milk supply, intention to breastfeed and breastfeeding experience. Highly educated mothers have a breastfeeding plan for at least 6 months. He explained that based on the results of the study, it was shown that the research sample had had formal education, had reached tertiary education by 85.2%, had previous breastfeeding experience (83.5%) for multiparous mothers, knew the purpose of breastfeeding 64%, and had an exclusive breastfeeding plan. for 6 months of 91.3%. Research explains that the exclusive breastfeeding rate is 38.2% for babies aged 6 months. It was stated that mothers who continued exclusive breastfeeding for up to 6 months compared to mothers who did not breastfeed, gave significantly higher scores in terms of basic breastfeeding self-efficacy and perceptions of breast milk supply scores.
- The third article explains that the satisfaction level of breastfeeding mothers is in the high category (53.4%). Breastfeeding satisfaction is basically a feeling of satisfaction during breastfeeding with the cooperation between mother and baby in fulfilling desires or needs. The success of the ASI program is due to the role of health professionals in providing education and promotion of ASI about breastfeeding, which starts during pregnancy until after delivery. It was stated that the level of satisfaction with breastfeeding is related to household income, type of delivery, and self-efficacy, where self-efficacy of breastfeeding acts as a factor that has a significant influence on the satisfaction of breastfeeding mothers. In relation to income, the results of the study show that household income influences breastfeeding satisfaction. Most of the mothers in this study did not work, so they had more time to breastfeed their babies. With frequent breastfeeding mothers can maintain milk production, which provides direct benefits for their babies and for mothers who breastfeed them.
- The fourth article can be explained that based on the results of research showing that there is a direct and significant effect between self-efficacy, intention to breastfeed, and duration of breastfeeding. While the workplace on the duration of breastfeeding shows a significant effect, but indirectly, with a ratio of 40.8% (P-value = 0.032) of the total effect, the duration of breastfeeding can be predicted by self-efficacy. Improved self-efficacy is supported by the workplace. The self-efficacy of working breastfeeding mothers is influenced by an adequate work environment. It is important to understand that employers and the work environment influence both mothers and their children, creating a workplace environment that is conducive to breastfeeding. Working mothers' perceptions of workplace support indicate that women have higher self-confidence to achieve their breastfeeding goals, when supported at their workplace.
- The fifth article, explains that some women as respondents in the study, with a low level of self-efficacy. Low breastfeeding self-efficacy is found in mothers who have problems related to breastfeeding. Mothers with breastfeeding problems, not related to disease or illness and not health, have lower breastfeeding self-efficacy scores

compared to respondents who do not have problems. Increasing the self-efficacy of mothers in breastfeeding can be achieved by implementing educational programs and support for breastfeeding, supported by access to breastfeeding counselors, active support for mothers after cesarean delivery, and increased facilities needed in the workplace. Interventions to improve support facilities in the workplace are needed to improve the optimization of breastfeeding practices for breastfeeding mothers who work outside the home.

6. The sixth article explains that self-efficacy strategies for low breastfeeding mothers and early intervention can be improved by breastfeeding self-efficacy in the prenatal period as a predictor. The variables of feeling ready to give birth, the process of giving birth, the number of children, knowledge of breastfeeding, anxiety, planning for exclusive breastfeeding and income are affected by the self-efficacy variance of 41.2%. For primiparous women, feelings of readiness for labor and delivery, income, anxiety, duration of plans to exclusively breastfeed, education, and marital status, were explained by the self-efficacy variance of 31.6%. Whereas for multiparous women, the variables of anxiety, duration of previous exclusive breastfeeding experience, knowledge of breastfeeding, and plans to breastfeed, which can be explained by the variance of breastfeeding self-efficacy of 33.6%
7. In the seventh article it is explained that the success of exclusive breastfeeding to working mothers is positively and significantly influenced by the variables of attitudes of working mothers, as well as support for facilities/facilities, superiors and husbands. It was explained that exclusive breastfeeding can improve the growth of the baby properly, strengthen the emotional bond between mother and baby, and save family expenses. Especially with the husband's support which also influences the success of exclusive breastfeeding, because it can increase self-confidence, so that milk production increases. So that with a sense of comfort, calm, and serenity, it will affect the increased production of the hormone oxytocin. The forms of work environment support include support from co-workers, superiors, availability of places to breastfeed or express breast milk as well as support from leaders or company owners.
8. The eighth article explains that the short form breastfeeding self-efficacy scale was found to be related to women's parity, educational level, employment status, when the mother wanted to be able to breastfeed, and previous breastfeeding experience. The results of the Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF) test in Portuguese can be used to assist health professionals in promoting routine prenatal care appointments, to increase the self-efficacy of lower antenatal breastfeeding mothers, as they have a risk of not starting or early cessation of breastfeeding. The BSES-SF can be used by health professionals to design new interventions in the promotion of breastfeeding during pregnancy.

DISCUSSION

Breastfeeding Experience

Experience is a very influential source of personal self-efficacy based on past experiences. The experience of success can increase self-efficacy, while repeated failures can result in a

decrease in the mother's self-efficacy, especially failure during self-efficacy, because strong and mature self-experience has not been formed. A decrease in self-efficacy occurs due to failure, due to a lack of effort or outside influence (Wardiyah, 2019); in line with the results of previous research that the desire to breastfeed again is influenced by previous experience of success in breastfeeding, (Isti'aroh, 2017). Conversely, a poor breastfeeding experience has the potential to cause failure to repeat the mother in breastfeeding, because the mother's experience greatly influences the relationship between breastfeeding self-efficacy and changes in mother's self-efficacy, (Hankel, 2019); high self-efficacy is associated with a good breastfeeding experience, where there is a relationship between experience, knowledge, interests, interests and culture of breastfeeding mothers on mothers' perceptions of breastfeeding, (Syaiyuddin, 2017). Researchers assume that success factors in breastfeeding include perceived experiences and experiences of other people around the mother. The experience that is felt or seen is not good, so the mother's self-confidence to breastfeed will also be affected, conversely a strong mother's self-confidence has the opportunity to increase the mother's success in breastfeeding. Previous successful breastfeeding can increase the mother's self-confidence and desire to continue breastfeeding, in line with Bandura's theory, that there are four sources that can influence breast-feeding self-efficacy, one of which is breastfeeding experience, because mothers who have good breastfeeding experience can further increase confidence. myself to breastfeed.

Education/Knowledge

Based on research (Idris, 2019) in improving mother's behavior regarding Early Breastfeeding Initiation (EBI) so that health workers are expected to be able to deliver health promotion programs to pregnant women and nursing mothers, in line with research (Javourski, 2018) in Brazil which states that the use of education based on the concept of self-efficacy can increase breastfeeding self-efficacy scores & increase scores, considered to have a positive impact on Exclusive Breastfeeding in the long term. Other studies have found that the use of media as promotional tools such as leaflets, posters, flipcharts can increase breastfeeding success. According to researchers, education is important in determining mothers' decisions about breastfeeding because education influences mother's knowledge. Mothers get information about breastfeeding, the importance of breastfeeding at the start of birth, knowledge of lactation management and correct breastfeeding positions through education provided by health workers. When mothers often attend breastfeeding classes, mothers will be exposed to more information so that the potential for success for mothers in breastfeeding their babies is greater.

Type of Maternity

The type of delivery can affect self-efficacy in working breastfeeding mothers. The majority of mothers who give birth normally can directly breastfeed their babies, making direct contact with the babies. The type of delivery independently also influences the duration of breastfeeding and breastfeeding self-efficacy, and it is possible that it will delay the initiation of breastfeeding as well as the breastfeeding process itself, related to the stress response due to complications of delivery which allows for a level of difficulty in breastfeeding, even in being able to stop breastfeeding early.

Support

Research by Truong Xuan NT & Nguyen NT (2018) states that all working mothers receive great support from family members. Mothers do not need to do housework when they come home from work, this is done so that mothers can spend time with the baby when they are at home. It can make mothers feel happy so that it has a positive effect on mothers and babies. Research by Abekah-Nkrumah et al (2020) some mothers say that there is a problem of work imbalance with support from the family which is a very big factor that can hamper the ability of working mothers to continue to provide good breastfeeding. The husband is also concerned about the baby getting full breastfeeding, this has an impact on work and family life and is very influential on the mother's self-efficacy. Based on Valizadeh (2017) a heavy workload can put pressure on breastfeeding mothers so that it can affect milk production, mothers can overcome this workload by helping complete work assignments, allowing mothers to pump milk, they get active support from colleagues. One of the obstacles to breastfeeding after returning to work is a leave policy that does not support breastfeeding. Some mothers did not apply for an extension of maternity leave because they were not paid while on leave and there was a financial need to return to work, some mothers said that during maternity leave they felt anxious about providing optimal nutrition for their babies when they returned to work (Mabaso, 2020).

Conclusion

From the eight articles reviewed, it was found that there were four factors that influenced the self-efficacy of working breastfeeding mothers including breastfeeding experience, education/knowledge, type of delivery, and support from family, friends, and workplace. This is considered to be able to influence the success of breastfeeding so that it can increase self-efficacy for breastfeeding in working mothers.

Recommendation

Based on the results of previous research and a review of the literature it is recommended that:

1. With the relationship between successful experience and breastfeeding mothers' self-efficacy, it is necessary to improve education for breastfeeding mothers, including working breastfeeding mothers.
2. Especially for breastfeeding mothers who work, to increase their self-efficacy, they need to be supported by the surrounding environment (husband, grandmother, etc.) as well as work environment support (bosses, colleagues, facilities and infrastructure).

Suggestion

Based on the results of the literature review carried out, the authors suggest

1. For educational institutions

It is hoped that institutions can add a reading list related to self-efficacy for breastfeeding mothers.

2. For the community

The community is expected to dig up more information regarding the efficacy of breastfeeding mothers

3. For methodological purposes

Researchers hope that further research with better quality can help many parties. If new things are found with better quality research, the literature review can be upgraded so that breastfeeding mothers have the confidence to breastfeed. Future researchers are expected to be able to add updated literature.

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