



THE EXPERIENCE OF BREASTFEEDING ASSOCIATED WITH BREASTFEEDING SELF-EFFICACY IN THIRD-TRIMESTER MULTIGRAVIDA

Didien Ika S^{1✉}, Farah Amalia NA², Reni Wahyu T³

MIKIA:
Mimbar Ilmiah Kesehatan Ibu dan Anak
(*Maternal And Neonatal Health Journal*)

¹Poltekkes Kemenkes Malang, Indonesia
didienikasetyarini@yahoo.com

Article History

Received: May 17, 2023

Accepted: May 20, 2023

Published Online: May 30, 2023

* Corresponding Author:

Didien Ika S, Midwifery

Departement, Poltekkes Kemenkes
Malang, Jalan Besar Ijen No 77C,
Malang, Indonesia,

E-mail:

didienikasetyarini@yahoo.com,

Phone: +628164296003



© This Journal is an open-access
under the CC-BY-SA License

ABSTRACT

Breastfeeding self-efficacy is an important aspect to achieve exclusive breastfeeding. The breastfeeding experience of is one of the indicators that significantly influences breastfeeding confidence because it creates a process of change, so it will influence the knowledge, perception and behavior of the mother in further breastfeeding activities. This study aims to analyze the correlation between breastfeeding experience with breastfeeding self-efficacy in third trimester pregnant women. The research method is correlational with cross sectional approach. The sampling technique uses total sampling with 32 people as a total sample. Data retrieval uses the breastfeeding experience questionnaire and the Breastfeeding Self Efficacy Scale-Short Form (BSES-SF) which has been translated into Indonesian. The results of this study indicate that there is a significant correlation between the breastfeeding experience and the level of breastfeeding self-efficacy, meaning that the more successful breastfeeding experience, the mother will have a sense of breastfeeding self-efficacy level is getting higher. The data analysis using the Spearman Rank test obtained a correlation coefficient 0.702 at p value $< \alpha$ (0.05). It is expected that health workers can increase the knowledge, motivation and self-confidence of mothers to give breast milk to their babies through lactation counseling in the pregnancy class or posyandu as an effort to achieve the target of increasing exclusive breastfeeding.

Keywords: *breastfeeding, experience, multigravida, breastfeeding self-efficacy*

INTRODUCTION

Breastfeeding is the act of providing breast milk from the mother's breast to her baby. This activity is a natural process that does not require special equipment or expensive costs, but it requires patience, time, knowledge about breastfeeding, and support from the family environment, especially the husband (Asnidawati, 2021). Breastfeeding not only provides the appropriate nutrition for the growth and physiological development of the baby during

childbirth and the first two years of life but also serves as an initial step in shaping a healthier and more intelligent child with higher Emotional Quotient Intelligence (EQ) and Spiritual Quotient Intelligence (SQ) (Ambelina, 2014). This activity is a way to provide the ideal food for the baby and has unique biological and psychological effects on the health of both the mother and the baby. Babies need physical closeness and warmth from their mothers as much as they need optimal nutrition. The anti-infective substances contained in breast milk help protect the baby against various diseases.

Currently, it is widely recognized that breastfeeding fulfills both the physical and emotional needs of the baby. However, implementing breastfeeding is not always easy, mainly due to the lack of available support for mothers who encounter difficulties in breastfeeding, whether medical professionals or family members. Yet, breastfeeding is a learned process. Therefore, when mothers face challenges in breastfeeding, they should strive to continue breastfeeding their infants and not prematurely discontinue breastfeeding. Not all breastfeeding issues can be resolved through scientific. Sometimes, patience, a strong desire to breastfeed, and the ability to persevere in breastfeeding day by day are necessary.

Some common challenges faced by mothers in breastfeeding include lack/misinformation about breastfeeding, flat or inverted nipples, sore/cracked nipples, engorged breasts, and insufficient milk supply, as well as specific circumstances (Prastyoningsuh, 2021). These exceptional circumstances include mothers who have undergone a cesarean section and mothers suffering from certain illnesses that require specific medications, leading them to discontinue breastfeeding due to the potential effects of the medication on the baby. These conditions further diminish the breastfeeding self-efficacy and confidence of the mother in nursing her baby.

Recently, maternal breastfeeding self-efficacy has been highlighted as a crucial psychometric factor in enhancing breastfeeding outcomes. Breastfeeding self-efficacy is defined as a mother's confidence in her ability to breastfeed her baby and has been positively associated with breastfeeding duration and exclusivity across various cultures and age groups. Theoretically, breastfeeding self-efficacy is influenced by four main sources of information: (a) Performance achievements (for example, past breastfeeding experiences), (b) Vicarious experiences (for example, observing other mothers breastfeeding, peer counseling), (c) Verbal persuasion (for example, encouragement from influential individuals such as friends, family, and lactation consultants), and (d) Influences of an individual's physiological and/or affective conditions (for example, pain, fatigue, anxiety, stress) (Otsuka, 2014)

In breastfeeding mothers, it is crucial to have a belief or self-confidence that they can breastfeed their babies for the recommended duration, such as six months, which is the ideal time for exclusive breastfeeding. Although the majority of mothers initiate breastfeeding, many of them discontinue it prematurely due to a lack of self-confidence. A literature review of 12 breastfeeding studies in Japan found that maternal psychometric factors, including breastfeeding self-efficacy, are associated with breastfeeding outcomes (Otsuka, 2014). Therefore, interventions are needed to promote exclusive breastfeeding by influencing maternal psychometric factors.

Multigravida mothers who have previously breastfed, they certainly have specific experiences in providing breast milk to their babies. These experiences can include both successes and failures in exclusively breastfeeding, which means providing breast milk alone for the first six months of the baby's life. Identifying the level of breastfeeding self-efficacy in multigravida mothers who are currently pregnant with their next baby is important to assess as it can predict the mother's breastfeeding duration. It also helps to understand the mother's ability to manage motivation, thought processes, emotional states, and social environment in carrying out breastfeeding activities in the future. This provides insight into the pregnant mother's self-assessment in planning and implementing actions that aim to achieve successful breastfeeding. The previous breastfeeding experiences of the mother lead to a process of change, which in turn affects her knowledge, perceptions, and behaviors in subsequent breastfeeding experiences.

METHOD

The research design used in this study is analytical correlational with a cross-sectional approach. The study was conducted in Purwosekar and Jatisri Villages, Tajinan District, Malang Regency, from August to December 2022. The population consisted of multigravida mothers in the third-trimester of pregnancy, with a gestational age of ≥ 28 weeks, who met the inclusion criteria. The sample size was determined to be 32 individuals using purposive sampling. The research instrument used in this study was a questionnaire, specifically the Breastfeeding Self-Efficacy Scale Short Form (BSES-SF). The BSES-SF comprises 14 statements that cover techniques, interpersonal beliefs, and support. Each statement is scored positively on a total score range of 14-70 and is categorized into three levels: Low self-efficacy (scores 14-32), moderate self-efficacy (scores 33-51), and high self-efficacy (scores 52-70). The data were analyzed using quantitative descriptive analysis and Spearman's rank

correlation test. The decision criteria were based on comparing the p-value with $\alpha = 0,05$, where if the p-value is $<0,05$, the decision is to reject the null hypothesis (H_0), and conversely, if the p-value is $>0,05$, the decision is to accept H_0 .

RESULTS

General Data

Table 4.1 Frequency distribution of respondents based on age

Age	<i>f</i>	%
20-35 years	26	81,3
>35 years	6	18,7
Total	32	100

Based on Table 4.1, it was found that almost all respondents (81,3%) were between the ages of 20-35 years.

Table 4.2 Frequency distribution of respondents based on parity

Parity	<i>f</i>	%
Primipara	22	68,7
Multipara	10	31,3
Total	32	100

Based on Table 4.2, it was found that the majority of respondents (68,7%) had more than one child (primipara).

Table 4.3 Frequency distribution of respondents based on the highest education level

Education Level	<i>f</i>	%
Elementary School (SD)	5	15,7
Junior High School (SMP)	10	31,2
Senior High School (SMA)	15	46,9
Higher Education	2	6,2
Total	32	100

Based on Table 4.3, it was found that nearly half of the respondents (46,9%) had a senior high school education background (SMA).

Table 4.4 Frequency distribution of respondents based on occupation

Occupation Status	<i>f</i>	%
Employed	3	9,3
Unemployed	29	90,7
Total	32	100

Table 4.4 illustrates that almost all respondents (90,7%) were classified as unemployed,

indicating that the respondents were not engaged in formal employment outside the home to earn a living.

Table 4.5 Frequency distribution of respondents based on family income

Family Income	<i>f</i>	%
≥ Regional Minimum Wage (UMK)	9	28,1%
< Regional Minimum Wage (UMK)	23	71,9%
Total	32	100

The majority of respondents (71,9%) had a family income below the Regional Minimum Wage (UMK), as seen in Table 4.5 above.

Specific Data

In this section, data obtained from the research will be presented regarding maternal breastfeeding experience and breastfeeding self-efficacy levels.

Table 4.6 Frequency distribution of respondents based on breastfeeding experience with the previous child

Breastfeeding Experience	<i>f</i>	%
Successful	11	34,4
Unsuccessful	21	65,6
Total	32	100

Based on Table 4.6, the data shows that the majority of respondents (65,6%) were unsuccessful in providing exclusive breastfeeding to their previous child.

Table 4.7 Frequency distribution of respondents based on breastfeeding self-efficacy level

Breastfeeding Self-efficacy level	<i>f</i>	%
Low	14	43,7
Moderate	8	25
High	10	31,3
Total	32	100

From Table 4.7, it can be seen that out of 32 respondents, 14 individuals have a low level of breastfeeding self-efficacy (43,7%), 10 individuals have a high level of breastfeeding self-efficacy (31,3%), and 8 individuals have a moderate level of breastfeeding self-efficacy (25%). From this description, it can be concluded that almost half of the respondents have a

low level of breastfeeding self-efficacy.

Table 4.8 Cross-tabulation of breastfeeding experience and breastfeeding self-efficacy

Breastfeeding Experience	Breastfeeding Self-Efficacy								Spearman rank <i>p-value</i> 0,00. < 0,05 <i>r</i> = 0.702
	Low		Moderate		High		Total		
	f	%	f	%	f	%	f	%	
Successful	1	9,1	1	9,1	9	81,8	11	100	
Unsuccessful	13	61,9	7	33,3	1	4,8	21	100	
Total	14	43,8	8	25	10	31,2	32	100	

The cross-tabulation analysis between breastfeeding experience and breastfeeding self-efficacy reveals that out of the 21 respondents (100%) who had an unsuccessful breastfeeding experience, the majority had a low level of breastfeeding self-efficacy, which accounts for 13 individuals (61,9%). Among the 11 (100%) third-trimester multigravida mothers who had a successful breastfeeding experience, nearly all of them had a high level of breastfeeding self-efficacy, comprising 9 individuals (81,8%). The Spearman rank correlation test resulted in a *p*-value of 0,00. Since the obtained *p*-value is less than the significance level α ($0,00 < 0,05$), the null hypothesis (H_0) is rejected, indicating a significant relationship between breastfeeding experience and breastfeeding self-efficacy. The correlation coefficient value obtained is 0,702, falling within the strong range with a positive direction. This means that as the breastfeeding experience becomes more successful, mothers tend to have higher breastfeeding self-efficacy.

DISCUSSION

Breastfeeding Experience

Breastfeeding is one of the life experiences for mothers that can bring joy or even trauma. Breastfeeding experience refers to the act of a mother breastfeeding her baby with breast milk. This experience can be either successful or unsuccessful. According to Roesli (2013), successful breastfeeding is when a mother exclusively provides breast milk to her baby until 6 months. Based on the concept of successful breastfeeding by the Ministry of Health (2018), successful or exclusive breastfeeding means not giving the baby any other food or drink, including water (except for medications, vitamin or mineral drops; expressed breast milk is also allowed).

Exclusive breastfeeding is the practice of providing breast milk to the baby as early as

possible after delivery, without a fixed schedule, and without giving any other food such as formula milk, orange juice, honey, tea, and water. It also excludes the introduction of solid foods such as bananas, milk porridge, biscuits, rice porridge, and pureed rice until the baby reaches 6 months of age. After 6 months, complementary feeding, known as complementary feeding (CF) should be introduced alongside breastfeeding. Breastfeeding can continue until the child is 2 years old or beyond (Asnidawati, 2021).

The results of the study in Table 4.6 show that out of 32 participants, 11 (34,38%) were successful in providing exclusive breastfeeding, while 21 (65,62%) were unsuccessful. The assessment of maternal breastfeeding experience includes indicators of successful breastfeeding/exclusive breastfeeding. 11 mothers answered " ≥ 6 months" to the first question. They answered "No" to the second question, indicating that they successfully met the criteria for exclusive breastfeeding. On the other hand, out of the 21 mothers who reported unsuccessful breastfeeding, the majority (85,7%) answered " ≥ 6 months" to the first question but answered "Yes" to the second question, indicating that they introduced additional food other than breast milk (such as formula milk, porridge, honey, water, etc.) during the first 6 months of breastfeeding their previous child. Therefore, they were considered unsuccessful in meeting the criteria for exclusive breastfeeding.

The researchers also examined the reasons why mothers provided either exclusive or non-exclusive breastfeeding. Among the respondents who had successful breastfeeding experience, the most common reason stated was that the baby should not be given any food/drink other than breast milk before 6 months of age (15,62%). Additionally, 9,38% of the respondents mentioned that their baby's digestive system was not ready, while the remaining 9,38% stated that it was to ensure the baby's health. These reasons indicate that 34,38% of the respondents already understood the concept of exclusive breastfeeding.

Mothers can obtain information about exclusive breastfeeding from prenatal classes or health education provided by healthcare professionals/nurses at health posts or public health centers. Generally, mothers are willing, obedient, and follow the advice of healthcare workers. Therefore, healthcare workers are expected to provide information about the appropriate timing for breastfeeding.

Mothers who did not succeed in providing exclusive breastfeeding expressed that the most common reason was the lack of breast milk production (18.75%). Six respondents experienced this situation, leading them to give formula milk to their babies from the beginning. This condition persisted for several days, causing the mother and family to

become anxious about the hungry baby and immediately resort to giving formula milk. This research aligns with a study conducted by Brockway (2021), which showed that the majority of mothers do not provide exclusive breastfeeding to their infants because they feel that their breast milk is not coming out and cannot meet the baby's needs. This is often accompanied by the baby being fussy. Additionally, the lack of knowledge among the mother, caregivers, and grandparents and the lack of support from the husband contributes to the tendency of mothers to introduce complementary foods such as formula milk, mashed banana, or rice porridge to infants under 6 months of age.

According to Astutik (2017), during the early days of a baby's life, the mother's body produces colostrum. Colostrum is a pre-milk fluid that appears within the first 24-36 hours after birth. The amount of colostrum and breast milk produced during this time may not be significant, possibly only a few drops in each expression. However, mothers don't need to worry as breast milk production will continue to increase over time. In the first few days after birth, newborns have a 70-90% water content in their bodies. With this substantial amount, babies can sustain themselves without additional fluids for 2-3 days. Even in the first week of life, a baby's stomach size is only about the size of a kidney bean. As the baby grows, the stomach will enlarge and become more elastic, allowing it to hold more content (Astutik, 2017). However, these scientific facts are not well understood by mothers and families, leading them to easily give up and immediately resort to formula milk for their babies. This contributes to the low coverage of exclusive breastfeeding.

Breastfeeding Self-Efficacy

This study describes the level of breastfeeding self-efficacy among all respondents, which are third-trimester multigravida mothers, based on the scores obtained from the BSES-SF questionnaire. The distribution of breastfeeding self-efficacy levels among third-trimester multigravida mothers in Purwosekar and Jatisari Villages, Tajinan District, shows that out of 32 respondents, 14 individuals have low breastfeeding self-efficacy (43,75%), 8 individuals have moderate breastfeeding self-efficacy (25%), and the remaining 10 individuals have high breastfeeding self-efficacy (31,25%). This indicates that almost half of the respondents have low breastfeeding self-efficacy.

The mean score of the BSES-SF from all respondents is 41,81 (moderate breastfeeding self-efficacy), which is 59,72% of the maximum score of 70. The result obtained in this study is lower than the mean score obtained in studies using the standardized English-

language instrument, which is 55,8. The assessment of BSES-SF is positive, indicating that higher scores reflect higher levels of breastfeeding self-efficacy. Other studies also indicate that high breastfeeding self-efficacy is associated with positive experiences with breastfeeding in the past (Tsaras et al., 2021).

In general, there are three dimensions that are considered important in measuring a mother's breastfeeding self-efficacy. There are three dimensions related to breastfeeding success; these dimensions are technique, interpersonal belief, and support. In the findings of this, it is evident that the technique and interpersonal belief dimensions dominate the overall breastfeeding self-efficacy level. This aligns with the theory stated in the *Development and Psychometric Testing of The Breastfeeding Self-Efficacy Scale*. In the technique dimension, the emphasis is placed on proper breastfeeding techniques, creating a conducive breastfeeding environment, and understanding the principles necessary for successful breastfeeding. This dimension assesses how respondents are aware and understand the breastfeeding process, including breastfeeding techniques and infant responses during breastfeeding. In this study, the experience of successful breastfeeding plays a crucial role, particularly in the technique dimension. The lack of successful experience in breastfeeding and not knowing how to do it correctly can significantly impact breastfeeding self-efficacy levels.

The concept of mother's belief in providing breastfeeding is depicted in the dimension of interpersonal belief. Mothers are expected to have the belief to carry out the task of breastfeeding as they would with any other task, and to strive to maintain that belief despite the challenges that may arise during the breastfeeding process. Other factors that can influence maternal breastfeeding self-efficacy include verbal persuasion, the experiences of others, as well as physical and emotional conditions. The majority of mothers form their perceptions of breastfeeding based on the experiences of their own mothers or friends who have previously had children. This is consistent with the statements made by Isyti'aroh (2017) and Abdul Hamid (2020) in their research, which revealed that the decision to breastfeed is also influenced by the opinions of spouses and mothers. Therefore, it is found that support, both in the form of verbal persuasion and the experiences of oneself and other breastfeeding mothers, influences a mother's self-confidence in breastfeeding. Misconceptions are experienced by mothers who state that they provide formula milk before the baby is 6 months old because the baby is fussy and appears to be still hungry. These mothers feel that breast milk alone is insufficient to meet the baby's needs.

In the dimension of support, a mother's perception of the available assistance in terms of information, evaluation, emotional support, and instrumental support is crucial for breastfeeding success. The support referred to encompasses all aspects that help a mother successfully engage in breastfeeding activities, both physically and emotionally. Three mothers (9,38%) in this research faced difficulties with milk production during the early days after childbirth. On the third day, their breast milk started to come in, but their husbands and the baby's grandmother prohibited them from breastfeeding, fearing it would be harmful to the baby. The family was worried that the mother's breast milk would no longer suit the baby since the baby had been accustomed to drinking formula milk since birth. This finding from the research demonstrates that mothers may not receive adequate support to breastfeed their babies, which can influence their level of breastfeeding self-efficacy.

Assistance in the form of information to mothers is also included in the dimension of support. There were 4 respondents (12,5%) who stated that the reason for not providing exclusive breastfeeding was giving bananas (*lotheke*) as additional food to the baby, while other respondents (12,5%) mentioned giving water to the baby before 6 months of age to train the baby's digestion. This misinformation was obtained by mothers from close family members and the household environment. Consequently, the family and the mother's environment provided incorrect information to the mother. The support received by a mother can influence the failure to breastfeed exclusively.

The description above indicates that the technique dimension, which refers to the mother's breastfeeding experience, significantly influences the overall results, as more than half of the statements in the BSES-SF measurement are related to this dimension. This dimension is associated with knowledge and understanding of proper breastfeeding techniques. The analysis results suggest solutions to transform the BSES scale into a multidimensional structure and achieve performance through experience.

The BSES-SF questionnaire consists of 14 positively worded statements. The results of this assessment indicate that item number 3, which states, "I can always breastfeed my baby without using formula milk as a supplement," had the highest percentage of negative responses (80%). Mothers feel that when the baby cries after breastfeeding, it signifies that the baby is still hungry and that the mother's breast milk alone is insufficient to meet the baby's drinking needs. This is due to healthcare providers often failing to provide information during prenatal check-ups or when discharging the baby, lack of support for

exclusive breastfeeding from the mother's family, and the provision of misinformation to mothers about breastfeeding. Additionally, the increased availability of communication and transportation facilities that facilitate the advertising and distribution of formula milk has led to a shift in behavior from breastfeeding to formula feeding, both in rural and urban areas. The distribution, advertising, and promotion of formula milk continue to occur and have increased not only through television, radio, and newspapers but also in private practices and public health clinics in Indonesia. Misleading advertisements promoting formula milk as equivalent to breastfeeding can undermine a mother's confidence and tempt her to try using instant formula as a baby's food.

Breastfeeding self-efficacy is influenced by demographic factors, including maternal age, parity, education, occupation, and family income. The assessment results regarding the age variable show that the majority of mothers are within the healthy reproductive age range of 20-35 years, with 26 individuals (81,3%). Among them, 38% have low self-efficacy, 31% have moderate-high self-efficacy, and 31% have high self-efficacy. This demonstrates that mothers in the age range of 25-35 years (80%) have higher levels of self-efficacy compared to mothers above 35 years of age. Age affects how mothers make decisions regarding breastfeeding, as increasing age is expected to bring about more experience and knowledge. However, younger mothers may have higher breastfeeding self-efficacy due to the availability of resources such as internet information and active participation in prenatal classes, among others.

Assessing the parity variable reveals that the majority of mothers have given birth to one child (primiparous), totaling 22 individuals. Among them, 59% have moderate breastfeeding self-efficacy, 13% have high breastfeeding self-efficacy, and the remaining 27% have low breastfeeding self-efficacy. A first-time mother will generally experience more difficulties in breastfeeding compared to mothers with second, third, or subsequent children (Abdul Hamid, 2020). The number of children will affect a mother's experience with breastfeeding. The results of this study indicate that 30% of mothers with high self-efficacy have one child, while the remaining 70% have two children, supporting existing theories.

Education is also an important factor in breastfeeding self-efficacy. Education motivates individuals to seek knowledge and experiences, which then shape their beliefs and behaviors. Mothers with higher education are more likely to be open to new ideas compared to those with lower education. The analysis results regarding the education variable show that the

majority of mothers have completed high school, totaling 15 individuals, of which 53% have high breastfeeding self-efficacy. This demonstrates that all mothers with high breastfeeding self-efficacy have completed high school or higher education. This study supports the statement by Asnidawati (2021) that there is a relationship between education and breastfeeding self-efficacy. The level of education can influence a mother's confidence in providing breastfeeding.

Maternal occupation is another demographic factor that may affect the level of breastfeeding self-efficacy. The research results show that 29 mothers are not employed (91%), and among them, 34% have high self-efficacy. On the other hand, among the working mothers, none of them have high self-efficacy. Factors that can hinder a mother's confidence in successful breastfeeding while working include limited maternity leave, lack of workplace support, insufficient time for breastfeeding breaks (not enough time for expressing breast milk), lack of dedicated space for expressing breast milk, and conflicting desires between maintaining work performance and inadequate breast milk production. Work can sometimes delay a mother's ability to provide exclusive breastfeeding. Technically, this is due to the mother's busy schedule, which may not allow her to adequately attend to breastfeeding needs.

Assessment of the family income variable shows that the majority of mothers have a family income below the minimum wage (UMK) of the city, which is Rp 2,800,000. A total of 23 mothers (72%) fall into this category, and 43% of them have high breastfeeding self-efficacy. This analysis indicates that mothers with an income below the minimum wage may have high self-efficacy in breastfeeding because they want to reduce expenses on purchasing formula milk, believing that their babies can be sufficiently nourished with breast milk alone. The family's socioeconomic status can influence their ability to produce or purchase food. This creates a disparity with the theory stating that mothers from low-income families tend to have lower education levels and limited access to health information compared to mothers from higher-income families, leading to a lower understanding of exclusive breastfeeding for their infants. In conclusion, it can be inferred that the demographic variables that significantly influence breastfeeding self-efficacy are parity, education, and occupation.

The Relationship Between Breastfeeding Experience and Breastfeeding Self-Efficacy

One aspect of a mother that influences successful breastfeeding is the mother's self-

efficacy. A mother needs to have the confidence to provide breastfeeding for their baby until the agreed-upon duration. According to Brockway (2021), breastfeeding self-efficacy, developed from the Social Learning Theory by Verawati (1920), can be influenced by four factors: personal success and achievement experiences, vicarious experiences, verbal persuasion, and physiological responses. Based on the cross-tabulation results between breastfeeding experience and breastfeeding self-efficacy, the prevalence comparison of 21 (100%) third-trimester multigravida mothers who had unsuccessful breastfeeding experiences showed that the majority had low breastfeeding self-efficacy, with 13 individuals (61,9%). Among the 11 (100%) third-trimester multigravida mothers who had successful breastfeeding experiences, almost all had high breastfeeding self-efficacy, with 9 individuals (81,8%). Descriptively, it appears that the more successful a person's breastfeeding experience, the higher their breastfeeding self-efficacy.

The research findings indicate a relationship between breastfeeding experience and breastfeeding self-efficacy. This is consistent with the study by Wardiyah (2019) and the literature review conducted by Wulandari (2021), which state that the breastfeeding experience is associated with breastfeeding self-efficacy. Mothers who have breastfeeding experience tend to have better levels of breastfeeding self-efficacy. The study by Gharaei et al. (2020) states that there are four main factors that influence breastfeeding self-efficacy: mothers' perception of support, observation of other breastfeeding mothers, physiological responses of the mother, and breastfeeding experience. However, another study conducted by Marianan (2022) found that the variables associated with breastfeeding self-efficacy are observation and persuasion, while breastfeeding experience and physical and emotional conditions are not strongly associated with self-efficacy in breastfeeding. Personal breastfeeding experience is a primary source of knowledge and skill development in breastfeeding and is related to better knowledge, positive attitudes, and higher maternal confidence in providing exclusive breastfeeding. Extensive experience with breastfeeding and breastfeeding is related to knowledge, attitudes, beliefs, and perceived effectiveness in breastfeeding (Vitasari, 2018). Previous breastfeeding success can be a predictor of self-efficacy in breastfeeding for mothers. Mothers with previous successful breastfeeding experiences have higher levels of breastfeeding self-efficacy. The experience of successful breastfeeding has a positive relationship with the duration of breastfeeding in the previous child, especially the child immediately before the current child, and the provision of breastfeeding to the current child. The experience of successful breastfeeding in multiparous

women plays an important role in breastfeeding the next child (Vitasari, 2018).

CONCLUSION

Mothers who have experienced unsuccessful breastfeeding (not meeting the exclusive breastfeeding indicators) tend to have low levels of breastfeeding self-efficacy as they approach the next breastfeeding period (third-trimester in multigravida women). On the other hand, mothers who have experienced successful breastfeeding (meeting the exclusive breastfeeding indicators) tend to have high levels of breastfeeding self-efficacy. Therefore, descriptively, it appears that the more successful someone's breastfeeding experience is the higher their level of breastfeeding self-efficacy.

REFERENCES

- Abdul Hamid Syahrul Bariah, Nurshazlyana Mohamad Zaidi. 2020. Predictors of Prenatal Breastfeeding Self-Efficacy in Malaysian Women: A Cross-Sectional Study. *J. Gizi Pangan*. 5(1): 53-62.
- Ambelina Syntia, Chundrayetti, Nur Indrawati Lipoeto. 2014. Hubungan Riwayat Pola Pemberian ASI dengan Tingkat Kecerdasan Anak SD di SDN 01 Sawahan Kecamatan Padang Timur Kota Padang. *Jurnal Kesehatan Andalas*, 3(2): 228-233
- Asnidawati Asnidawati, Syahrul Ramdhan. 2021. Hambatan Pemberian ASI Eksklusif Pada Bayi Usia 0-6 Bulan, *Literatur Review*. *Jurnal Ilmiah Kesehatan Sandi Husada*, 10 (1): 156-162.
- Astutik, Reni Yuli. 2017. *Payudara dan Laktasi*. Jakarta: Salemba Medika
- Badan Pusat Statistik. 2017. *Survei Demografi dan Kesehatan Indonesia (SDKI) 2017*. Jakarta
- Brockway Meredith, Karen M. Benzies, Eloise Carr¹ and Khalid Aziz. 2018. Breastfeeding self-efficacy and breastmilk feeding for moderate and late preterm infants in the Family Integrated Care trial: a mixed methods protocol. *International Breastfeeding Journal* 13 (29): 2-11
- Gharaei, T., Amiri-Farahani, L., Haghani, S., & Hasanpoor-Azghady, S. B. (2020). The effect of breastfeeding education with grandmothers' attendance on breastfeeding self-efficacy and infant feeding pattern in Iranian primiparous women: a quasi-experimental pilot study. *International breastfeeding journal*, 15(1), 1-10.
- Isyti'aroh, Siti Rofiqoh. 2017. *Breastfeeding Self Efficacy Dan Hubungannya Dengan Perilaku Ibu Menyusui*. *Jurnal Kesehatan Pena Medika*. 7 (2): 106-117
- Mariana D, Idayati. Analisis factor yang Berhubungan dengan Self Effikasi Menyusui. *Jurnal Bidan Cerdas*. Vol 4 (4), 2021: 214-223
- Otsuka Keiko, Masataka Taguri, Cindy-Lee Dennis, Kiriko Wakutani, Masayo Awano, Takuhiro Yamaguchi, Masamine Jimba. (2014). Effectiveness of a Breastfeeding Self-efficacy Intervention: Do Hospital Practices Make a Difference. *Matern Child Health J*. 18: 296–306.
- Prastyoningsih Aris, Dheny Rohmantika, Erinda Nur Pratiwi, Ajeng Maharani, Amrina Nur

- Rohmah. 2021. The Effect of Education Breastfeeding to Breastfeeding Self Efficacy in Klaten, Central Java, Indonesia. *PLACENTUM Jurnal Ilmiah Kesehatan dan Aplikasinya*, Vol 9 (3): 1-5
- Tsaras, K., Sorokina, T., Papathanasiou, Fradelos, E., Papagiannis, D., & Koulierakis, G. 2021. Breastfeeding Self-efficacy and Related Socio-demographic, Perinatal and Psychological Factors: a Cross-sectional Study Among Postpartum Greek Women. *Materia Socio Mediaca*.
- Vitasari Dian, Febriana Sabrian, Juniar Ernawaty. 2018. Hubungan Dukungan Keluarga Terhadap Efikasi Diri Ibu Menyusui Dalam Memberikan Asi Eksklusif. *JOM FKP*, 5(2): 201-210
- Wardiyah Aryanti, Ariyanti Lidya, Agitama NN. 2019. *Jurnal Dunia Kesmas* Volume 8 (3). Juli : 139-150
- Wulandari, Putri, Susilawati, Sutrisno. Studi Literatur: Faktor-Faktor yang Mempengaruhi Breastfeeding Self Efficacy. *Majory* Vol 3 (1) Oktober 2021; 6-20

|