International Journal of Public Health Science (IJPHS)
Vol. 13, No. 4, December 2024, pp. 1848~1854
ISSN: 2252-8806, DOI: 10.11591/ijphs.v13i4.23956

Family functions to increase breastfeeding self efficacy of adolescent primigravida

Ratna Hidayati[1], Moch. Maftuchul Huda[1], Dhiana Setyorini[2], Wahyu Sri Astutik[3]
[1]Professional Education Study Program Ners, Karya Husada College of Health Sciences, Kediri, Indonesia
[2]Department Nursing Maternity, Poltekkes Kemenkes Surabaya, Surabaya, Indonesia
[3]Management Nursing Study Program, Institut Ilmu Kesehatan (IIK) Kediri, Kediri, Indonesia

Article Info

Article history:

Received Sep 21, 2023
Revised Mar 20, 2024
Accepted Apr 24, 2024

Keywords:

Adolescence
Breastfeeding
Family
Primigravida
Self-efficacy

ABSTRACT

Primigravida in adolescence will experience changes in situations that require the ability to adapt to pregnancy, thereby affecting their confidence in breastfeeding their babies. The function of the family is to help prepare the pregnant mother's needs to face the changes of pregnancy, prepare for childbirth and overcome difficulties in breastfeeding. This research aims to determine the function of the family in increasing breastfeeding self-efficacy of adolescent primigravida. Correlational research design, population and sample of 124 teenage primigravida respondents using total sampling technique. The independent variable family function was measured using the family assessment device (FAD) questionnaire and the dependent variable breastfeeding self-efficacy using the breastfeeding self-efficacy scale short form (BSES-SF) questionnaire which was analyzed using the Rho Spearman rank test. The research results showed that almost all respondents (90.3%) had healthy family functions and almost all respondents (83.9%) had high self-confidence. The statistical test results showed a significant p-value of 0.000 (α<0.05) with r=0.746. The function of the family in providing a sense of security and comfort creates a positive attitude among adolescent primigravida towards breastfeeding self-efficacy. Breastfeeding self-efficacy needs to increase breastfeeding success and prevent stunting.

This is an open access article under the CC BY-SA license.

Corresponding Author:

Ratna Hidayati
Professional Education Study Program Ners, Karya Husada College of Health Sciences
Soekarno Hatta street 07, Bendo, Pare, Kediri, East Java, Indonesia
Email: ratnahidayati1971@gmail.com

1. INTRODUCTION

Pregnancy and childbirth in adolescence are reproductive health problems that require special attention and treatment considering the cases are increasing globally. In 2021, WHO recorded that the birth rate for adolescents aged 15-19 years in Indonesia will reach 50 births per 1,000 live births, while UNFP data records that in every developing country there are 7.3 million births per year from mothers in their teens. Pregnancy and childbirth are due to the rise of early marriage due to tradition, high cases of adolescent stress during a pandemic, sexual harassment, promiscuity/sex, lack of reproductive health education, taboo stigma on discussing reproductive health in the family and lack of public awareness of adolescent sexual behavior. Risky sexual behavior is the biggest cause of teenage pregnancy. Sexual behavior in adolescents is a reflection of changes in society and culture [1]–[3].

WHO in 2020, stated that there are 12 million unwanted pregnancies that occur every year among adolescent girls aged 15-19 years in developing countries. Most women who have the potential to experience teenage pregnancies occur in East Africa and South Africa, reaching 282,000 people. The results of the 2013

Rikesdas data survey, the percentage of teenage pregnancies in Indonesia was 0.02% at the age of <15 years and 1.97% at the age of 15-19 years. In teenage pregnancies in the 15-19 year age group, the percentage increased by 0.3% from the previous year. The population of teenagers (10-19) in 2016 reached 1.2 billion and is projected to continue to increase, so that globally around 16 million women aged 15-19 years give birth every year and this will increase to 19 million per year in 2035. Meanwhile, women Those who marry before the age of 18 are estimated to also become pregnant at that age, or it is estimated that at least 777,000 teenagers under 15 years of age give birth per year [4].

Pregnancy in adolescence has a negative impact on adolescents as mothers and the fetus they contain. The physical condition and growth of the reproductive organs that have not been fully completed cause pregnancy and childbirth to be at risk, including; abortion, gestational hypertension, risk of premature birth, low birth weight (LBW), lack of prenatal care and postpartum depression. Pregnancy in adolescence is correlated with lower levels of education and poverty. The level of education affects a person's ability to deal with problems, including the ability to cope with postpartum depression and lack of prenatal care. This condition is also influenced by self-confidence in their ability to breastfeed or self-efficacy which has an impact on the failure to provide breast milk (ASI), stunted baby growth and the economic impact of the family. Mothers under 20 years of age have low self-efficacy in breastfeeding and tend to decline during the first six months. Pregnancy in adolescence which is not based on strong physical, psychological and mental capacities, reduces self-confidence in carrying out the duties of a new role as a mother [5], [6].

Breastfeeding self-efficacy is the response of individuals who behave in choosing to breastfeed, the effort and ability to face the challenges of breastfeeding, patterns of thinking and action, emotional reactions of a mother. Self-confidence or self-efficacy for breastfeeding, the mother should have had since she was pregnant [7], [8]. Breastfeeding self-efficacy has three dimensions, namely the technical dimension, the intrapersonal thinking dimension and the support dimension. The technical dimension relates to activities/actions to achieve success in breastfeeding. The dimension of intrapersonal thinking includes the mother's beliefs, perceptions and attitudes towards breastfeeding behavior, while the support dimension includes all things that support mothers to breastfeed by involving emotional and physical [9], [10]. This maternal support for breastfeeding will help mothers breastfeed longer and exclusively [11].

The level of self-confidence or breastfeeding self-efficacy affects how much effort the mother makes to breastfeed her baby or not, as well as how the mother overcomes all difficulties while breastfeeding [12], [13]. There is a significant effect between mother's self-efficacy on breastfeeding effectiveness [14], [15]. Breastfeeding confidence is influenced by four factors, including achievement in the form of previous successful breastfeeding experiences, observing other people's breastfeeding experiences, verbal persuasion in the form of reinforcement or advice given by influential people who become a source of strength for the mother, and physiological responses in the form of reactions. somatic response to events that have the potential to cause stress, anxiety, and fatigue [16]. Four factors that influence teenage pregnant women for breastfeeding self-efficacy include: whether the mother decides to breastfeed or not; how much work is done; whether she will have a mindset that encourages good or bad for her, and how she will respond emotionally to difficulties in breastfeeding [17], [18]. Self-confidence is very important in the performance of certain behaviors because it can reflect individuals' perceptions of their abilities [19], [20].

The formation and changes in health behavior need to be pursued through health promotion and health education both to the direct target group, in this case pregnant women and their families. The family function has an important role to help carry out health promotion, because the function of the family can affect the health capacity and welfare of all family members. The family function here can provide direction, affection, interaction between family members who help pregnant women at the age of teenagers in providing knowledge and understanding about exclusive breastfeeding to their babies later, so that mothers are more motivated to prepare mentally and have high confidence to breastfeed [21]. Pregnant women with healthy family functions will have high self-efficacy, where mothers will be encouraged to learn new things related to breastfeeding, as a form of anticipation if there are breastfeeding difficulties or problems, have a good perception of infant satisfaction while breastfeeding, and always trying to get various information about breastfeeding [22], [23].

The success of breastfeeding, which has been prepared since pregnancy, cannot be separated from the large role of the family which can be seen from the family in carrying out its functions. There are eight family functions according to the National Population and Family Planning Agency (BKKBN) which include religious functions, socio-cultural functions, love functions, protection functions, reproduction functions, socialization and education functions, economic functions, and environmental functions. The eight family functions are expected to become guidelines, references, prerequisites and lifestyles for every family in Indonesia in the context of realizing a prosperous family. The amount of practical support from family, husband, health workers and the community greatly influences the achievement of exclusive breastfeeding [24].

Healthy family function will affect the perception of adolescent primigravida so that they have high self-confidence or self-efficacy for breastfeeding. The mother feels care, love and affection, motivation and sufficient knowledge to continue to exclusively breastfeed her baby. On the other hand, if a mother with

unhealthy family functions will reduce her self-confidence to breastfeed, there is a risk of thwarting exclusive breastfeeding. Based on the description above, the researcher is interested in conducting research on the relationship between family function and breastfeeding confidence in adolescent primigravida mothers at the Pare District Health Center.

2. METHOD

The research design used was correlational with a cross-sectional approach. The population in this study were 124 adolescent primigravida mothers. Sampling with total sampling technique with a sample size of 124 respondents. The inclusion criteria in this study were i) primigravida mothers aged 19 years, ii), adolescent primigravida mothers who had family (husband or other family members), cooperative adolescent primigravida mothers. The research locations at the Pare District Health Center include: UPTD Pare Health Center, UPTD Bendo Health Center, and UPTD Sidorejo Health Center. The independent variable in this study is family function and the dependent variable is self-efficacy. The instrument used in this study for the independent variable is the modified family assessment device (FAD) questionnaire and the dependent variable is the breastfeeding self-efficacy scale-short form (BSES) questionnaire sheet (SF). This research has been declared ethically feasible by the Ethics Committee of the STIKES Karya Husada Kediri Research and Community Service Institute with the ethical approval letter number 038/EC/LPPM/STIKES/KH//II/2022.

3. RESULTS AND DISCUSSION

Characteristics of respondents include: age, gestational age, occupation, education, family form, and living with whom. Table 1 shows that almost all of the respondents (90.3%) have healthy family functions, a small proportion of respondents (9.7%) have unhealthy family functions, almost all respondents (83.9%) have high self-efficacy, a small proportion of respondents (16.1%) have low self-efficacy. Based on Table 2, it can be seen that almost all of the respondents (83.9%) aged between 18-19 years, most of the respondents (51.6%) were in the second trimester of pregnancy, most of the respondents (54.8%) were not working, some of them were not working. Most of the respondents (71.0%) have a junior high school education (SMP), almost all respondents (87.1%) have a nuclear family form, and almost all of the respondents (90.3%) live with their husbands and parents.

Table 3 shows that almost all of the adolescent primigravida mothers (83.9%) have healthy family functions with a small proportion of respondents (6.5%) having low self-efficacy. None of the respondents (0%) had unhealthy family functions with a small portion of the respondents (9.6%) having low self-efficacy. This study shows that there is a tendency that the healthier the family function in adolescent primigravida mothers, the higher the breastfeeding confidence.

Based on the analysis test results using the Rho Spearman test to determine the relationship between family function and breastfeeding confidence in adolescent primigravida mothers, the results obtained with a p-value of 0.000 at a significant level (α=0.05), then H1 is accepted and it can be concluded that there is a relationship between the two variables. The strong correlation value with r=0.746 indicates that the relationship between family function and breastfeeding confidence in adolescent primigravida mothers is directly proportional, which means that the healthier the family function, the higher the breastfeeding confidence in adolescent pregnant women.

The results of this study found that almost all respondents (90.3%) had healthy family functions, almost all respondents (83.9%) had high self-efficacy. Family function in this study was measured from the general function dimensions, role dimensions and communication. Family function was obtained from general function dimensions (38.9%), role dimensions (27.8%) and communication (25.4%).

That healthy family functions have an influence on the development of one's self-efficacy. The more effective the functioning of the family, it will produce strong self-efficacy in a person. Healthy family functions can balance stability and change or adaptation in the face of transitions from a developing period, in this case the teenage years that change to the development of pregnancy and childbirth. Thus, a healthy family function will build a belief system as well as values and norms. Families are meaningful in providing positive experiences for their members that form family identity [25], [26].

In line with the results of research by Guimarães *et al.* high scores on self-efficacy in breastfeeding in adolescent mothers are related to family involvement (husband, mother and other families) after giving birth. On the other hand, low self-efficacy is accompanied by a low index of relationship satisfaction with a partner, unhealthy communication, unhealthy attention, and unhealthy behavior control. Self-efficacy for breastfeeding is owned by mothers who have high relationship satisfaction, have healthy family functions, which affect their determination to breastfeed their babies [7], [27], [28].

Table 1. Identification of family function frequency and breastfeeding confidence in adolescent primigravida mothers

No	Data	Frequency	Percentage (%)
1.	Family functions		
	Healthy	112	90.3
	Unhealthy	12	9.7
2.	Self-efficacy for breastfeeding		
	High	104	83.9
	Low	20	16.1

Table 2. Characteristics of respondents

No	Data	Frequency	Percentage (%)
1.	Age		
	10-13 years	0	0
	14-17 years	20	16.1
	18-19 years	104	83.9
2.	Gestational age		
	Trimester I	32	25.8
	Trimester II	64	51.6
	Trimester III	28	22.6
3.	Occupation		
	Work	56	45.2
	Not work	68	54.8
4.	Education		
	No school	0	0
	Elementary school	0	0
	Middle school	88	71.0
	High school	36	29.0
5.	Family shapes		
	Nuclear family	16	12.9
	Extended family	108	87.1
	Others	0	0
6.	Who live with		
	Husband	12	9.7
	Husband+Parents	112	90.3
	Others	0	0

Table 3. Analysis of the relationship between family function and breastfeeding confidence in adolescent primigravida mothers

No	Family functions	High self efficacy		Low self efficacy		Total	
		f	%	f	%	F	%
1	Healthy	104	83.9	8	6.5	112	90.4
2	Unhealthy	0	0	12	9.6	12	9.6
	Total	104	83.9	20	16.1	124	100.0

Rho Spearman test, *p-value*=0.000; α=0.05; r=0.746

The majority of respondents in this study were aged 18-19 years at 83.9%. This age is still an age where teenagers actively interact with their friends, explore the world and find their identity. even so, pregnant conditions at this age are still able to adapt so that they have positive confidence to breastfeed their baby later when they give birth. The results of this study agree with Guimarães *et al.* [7] where the results of their research also found that young mothers (54.26%) had high self-efficacy in breastfeeding.

Enactive attainment or breastfeeding experience is usually a source of information on self-efficacy in breastfeeding for a mother. different in the results of this study with primigravida respondents or mothers who are pregnant for the first time so they do not have experience in breastfeeding, but have high self-efficacy. Meanwhile, Kusumaningtiar and Wahidah [29] reported the results of their research that breastfeeding experience is an important factor in increasing self-efficacy.

The positive impact of the existence of a family that always supports, embraces and protects family members will facilitate the process of adjustment to crisis situations or role transitions, especially in this case pregnant women who are still in their teens. Physically, they must be able to adapt to physical changes during pregnancy and really need attention and care so as not to experience physical disturbances during pregnancy. Including other adaptations that must be passed such as psychological adaptation, social adaptation and others. Both the nuclear family, in-laws, brothers-in-law and extended family have a function as a support system for their family members. The function of the family has a major influence in helping to achieve the target of successful breastfeeding. Prospective mothers who are still in their teens need to be assisted in making decisions

to breastfeed or not, continue breastfeeding or not, by maintaining a sense of self-confidence or breastfeeding self-efficacy in prospective teenage mothers. The factor of family support in adolescent mothers is the most influential or dominant factor in exclusive breastfeeding with a probability of 72.7%. Almost all respondents have healthy family functions so that mothers' perceptions of their families in carrying out family functions and helping provide new information about the breastfeeding process and increasing self-confidence in breastfeeding can be well received. So that breastfeeding confidence in adolescent primigravida mothers will increase [30].

4. CONCLUSION

Almost all respondents of primigravida mothers in their teens have healthy family functions and high self-confidence in breastfeeding. There is a strong relationship, meaning that the healthier the family function, the higher the confidence to breastfeed in adolescent primigravida mothers at the Pare District Health Center. The extended family and husband are expected to always support the mother from the time of pregnancy to delivery and breastfeeding by carrying out healthy family functions, especially if those who are pregnant are still teenagers. Likewise, health workers and the community must continue to take a special approach considering their young age by showing concern so that their self-confidence remains good to be able to care for babies and breastfeed them.

ACKNOWLEDGEMENTS

I would like to thank STIKES Karya Husada Kediri for supporting the research funding no. A.042/LPPM/I/2023 and all the participants who were part of this research.

REFERENCES

[1] D. A. Meriyani, D. P. Y. Kurniati, and P. P. Januraga, "Risk factors for adolescent pregnancy in Bali: Case control study," *Public Health and Preventive Medicine Archive*, vol. 4, no. 2, pp. 160–164, Dec. 2016, doi: 10.53638/phpma.2016.v4.i2.p13.

[2] K. Ajini, N. R. Kumar, and J. A. Prasad, "Stress, coping, self-efficacy and birth satisfaction among low-risk pregnant women: A cross-sectional study," *Journal of Clinical and Diagnostic Research*, vol. 17, no. 1, pp. 5–10, 2023, doi: 10.7860/JCDR/2023/59828.17413.

[3] W. Yunengsih and A. Setiawan, "Contribution of pornographic exposure and addiction to risky sexual behavior in adolescents," *Journal of Public Health Research*, vol. 10, May 2021, doi: 10.4081/jphr.2021.2333.

[4] UNFPA, "Annual report 2016 millions of lives transformed," 2017.

[5] R. Mathew, B. P. Devanesan, Srijana, and N. S. Sreedevi, "Prevalence of hypertensive disorders of pregnancy, associated factors and pregnancy complications in a primigravida population," *Gynecology and Obstetrics Clinical Medicine*, vol. 3, no. 2, pp. 119–123, Jun. 2023, doi: 10.1016/j.gocm.2023.01.002.

[6] H. Mezmur, N. Assefa, and T. Alemayehu, "Teenage pregnancy and its associated factors in Eastern Ethiopia: A community-based study," *International Journal of Women's Health*, vol. Volume 13, pp. 267–278, Feb. 2021, doi: 10.2147/IJWH.S287715.

[7] C. M. de S. Guimarães, R. G. Conde, B. C. de Brito, F. A. Gomes-Sponholz, M. O. B. Oriá, and J. C. dos S. Monteiro, "Comparison of breastfeeding self-efficacy between adolescent and adult mothers at a maternity hospital in ribeirão preto, Brazil," *Texto & Contexto - Enfermagem*, vol. 26, no. 1, pp. 109–115, 2017, doi: 10.1590/0104-07072017004100015.

[8] E. C. Rhodes *et al.*, "Promoting equity in breastfeeding through peer counseling: The US breastfeeding heritage and pride program," *International Journal for Equity in Health*, vol. 20, no. 1, Dec. 2021, doi: 10.1186/s12939-021-01408-3.

[9] E. Erfina, W. Widyawati, L. McKenna, S. Reisenhofer, and D. Ismail, "Exploring Indonesian adolescent women's healthcare needs as they transition to motherhood: A qualitative study," *Women and Birth*, vol. 32, no. 6, pp. e544–e551, Dec. 2019, doi: 10.1016/j.wombi.2019.02.007.

[10] E. L. Tuthill, J. M. McGrath, M. Graber, R. M. Cusson, and S. L. Young, "Breastfeeding self-efficacy: A critical review of available instruments," *Journal of Human Lactation*, vol. 32, no. 1, pp. 35–45, Feb. 2016, doi: 10.1177/0890334415599533.

[11] L. E. Kempenaar and K. L. Darwent, "The impact of peer support training on mothers' attitudes towards and knowledge of breastfeeding," *Maternal & Child Nutrition*, vol. 9, no. 3, pp. 359–368, Jul. 2013, doi: 10.1111/j.1740-8709.2011.00373.x.

[12] Ş. Can, H. Durgun, and B. K. Dalcalı, "Effect of online communication skills training on effective communication and self-efficacy and self-regulated learning skills of nursing students: A randomized controlled study," *Nurse Education in Practice*, vol. 63, no. 3, Aug. 2022, doi: 10.1016/j.nepr.2022.103371.

[13] A. Mardhika, A. Sulistyono, A. Qona'ah, I. Iswatun, J. Susanto, and A. P. M. Tyas, "Factors of mother's success in exclusive breastfeeding," *Malaysian Journal of Medicine and Health Sciences*, vol. 18, pp. 181–187, 2022.

[13] R. E. Kapti, Y. S. Arief, and N. Azizah, "Mother's knowledge as a dominant factor for the success of exclusive breastfeeding in Indonesia," *Healthcare in Low-Resource Settings*, vol. 11, no. S1, 2023, doi: 10.4081/hls.2023.11209

[14] M. IK and H. KMEN, "Effects of mothers' postpartum support needs and the level of support they received on breastfeeding self-efficacy," *Annals of Medical Research*, vol. 29, no. 8, p. 1, 2022, doi: 10.5455/annalsmedres.2022.02.064.

[15] H. Kılcı and A. Çoban, "The correlation between breastfeeding success in the early postpartum period and the perception of self-efficacy in breastfeeding and breast problems in the late postpartum," *Breastfeeding Medicine*, vol. 11, no. 4, pp. 188–195, May 2016, doi: 10.1089/bfm.2015.0046.

[16] A. A. Ahmed, A. K. Hassan, S. H. Mohamed, and M. A. E. Hamad, "Self-efficacy of postpartum mothers toward breastfeeding and the affecting factors," *American Journal of Nursing Research*, vol. 8, no. 3, pp. 352–360, 2020.

[17] M. S. Değer, M. A. Sezerol, and Z. M. Altaş, "Breastfeeding self-efficacy, personal well-being and related factors in pregnant women living in a district of Istanbul," *Nutrients*, vol. 15, no. 21, pp. 4541–4552, Oct. 2023, doi: 10.3390/nu15214541.

[18] M. Economou *et al.*, "The association of breastfeeding self-efficacy with breastfeeding duration and exclusivity: Longitudinal assessment of the predictive validity of the Greek version of the BSES-SF tool," *BMC Pregnancy and Childbirth*, vol. 21, no. 1,

Dec. 2021, doi: 10.1186/s12884-021-03878-3.
[19] S. Parmar and L. Viswanath, "The effectiveness of a breastfeeding self-efficacy programme on breastfeeding self-efficacy and breastfeeding practice among primigravida mothers," *International Journal of Nursing Care*, vol. 7, no. 1, pp. 33–36, 2019, doi: 10.5958/2320-8651.2019.00013.9.
[20] H. Bay, A. Eksioglu, N. Soğukpınar, and E. C. Turfan, "The effect of postpartum sleep quality on mothers' breastfeeding self-efficacy level," *Early Child Development and Care*, vol. 193, no. 2, pp. 235–246, Jan. 2023, doi: 10.1080/03004430.2022.2078319.
[21] J. Nie *et al.*, "Beyond mothers: the crucial role of family caregivers' knowledge on exclusive breastfeeding in rural western China," *International Breastfeeding Journal*, vol. 18, no. 1, p. 58, Nov. 2023, doi: 10.1186/s13006-023-00596-8.
[22] W. T. Elgzar, D. D. Al-Thubaity, M. A. Alshahrani, R. M. Essa, and H. A. Ibrahim, "The relationship between maternal ideation and exclusive breastfeeding practice among saudi nursing mothers: A cross-sectional study," *Nutrients*, vol. 15, no. 7, Mar. 2023, doi: 10.3390/nu15071719.
[23] D. K. Yunita and T. Budiati, "Effects of the duration of breastfeeding and partner support for breastfeeding mothers on the nutritional status of infants aged 0–6 months," *Journal of Public Health Research*, vol. 10, May 2021, doi: 10.4081/jphr.2021.2400.
[24] N. I. Kusuma and N. Khofiyah, "Practical support for breastfeeding mothers in achieving exclusive breastfeeding: A scoping review," *Jurnal Kedokteran dan Kesehatan Indonesia*, vol. 13, no. 3, pp. 308–320, Dec. 2022, doi: 10.20885/JKKI.Vol13.Iss3.art11.
[25] S. Çankaya and A. Ataş, "The relationship of breastfeeding self-efficacy with relationship satisfaction and family function in mothers during the first year postpartum," *Early Child Development and Care*, vol. 192, no. 16, pp. 2615–2628, Dec. 2022, doi: 10.1080/03004430.2022.2042278.
[26] Jane Wilda Irmawati Sirait, "Factors affecting mother in breast feeding in sigumpar village, sigumpar district, toba regency," *International Journal of Public Health Excellence (IJPHE)*, vol. 2, no. 2, pp. 584–589, May 2023, doi: 10.55299/ijphe.v2i2.407.
[27] S. H. Fahim, F. Kazemi, S. Z. Masoumi, and M. Refaei, "The effect of midwife-oriented breastfeeding counseling on self-efficacy and performance of adolescent mothers: a clinical trial study," *BMC Pregnancy and Childbirth*, vol. 23, no. 1, p. 672, Sep. 2023, doi: 10.1186/s12884-023-05982-y.
[28] Y. M. Salim and W. Stones, "Determinants of exclusive breastfeeding in infants of six months and below in Malawi: A cross sectional study," *BMC Pregnancy and Childbirth*, vol. 20, no. 1, Dec. 2020, doi: 10.1186/s12884-020-03160-y.
[29] D. A. Kusumaningtiar and N. Wahidah, "Behavior of exclusive breastfeeding and associated factor among mothers in the formal sector, Indonesia," *The Indonesian Journal of Public Health*, vol. 18, no. 2, pp. 206–218, Aug. 2023, doi: 10.20473/ijph.v18i2.2023.206-218.
[30] M. Brockway, K. M. Benzies, E. Carr, and K. Aziz, "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*, vol. 13, no. 1, Dec. 2018, doi: 10.1186/s13006-018-0168-7.

BIOGRAPHIES OF AUTHORS

Ratna Hidayati completed undergraduate education at PSIK-FK UNPAD, graduating in 1997, then the author continued his master's education at FIK-UI, graduating in 2005, specialist education at FIK-UI, graduating in 2007, and doctoral education at PDIK-UNBRAW, graduating in 2016. Since 1993, the author started actively teaching as a nursing lecturer until currently actively teaching at STIKES Karya Husada Kediri, East Java, Indonesia. The author is also active in publishing books and other national and international journals. The author can be contacted at email: ratnahidayati1971@gmail.com.

Moch. Maftuchul Huda Completed undergraduate education at PSIK-FK UNPAD, graduating in 1997, then the author continued his master's education at FIK-UI, graduating in 2005, specialist education at FIK-UI, graduating in 2006, and doctoral education at PDIKK FK Undip, graduating in 2018. Since 1993, the author started actively teaching as a nursing lecturer until currently actively teaching at STIKES Karya Husada Kediri, East Java, Indonesia. The author is also active in publishing books and other national and international journals. The author can be contacted at email: mochmhuda@gmail.com.

Dhiana Setyorini Completed undergraduate education at PSIK-FK UNAIR, graduating in 2022, then the author continued his master's education at FIK-UI, graduating in 2006, specialist education at FIK-UI, graduating in 2007, and doctoral education at FKM-UNAIR, graduating in 2017. Since 1992, the author started actively teaching as a nursing lecturer until currently actively teaching at Poltekkes Kemenkes Surabaya, East Java, Indonesia. The author is also active in publishing books and other national and international journals. The author can be contacted at email: indhiatelu@gmail.com.

Wahyu Sri Astutik is a lecturer in the field of manajemen nursing Institut Ilmu Kesehatan (IIK) Kediri. Wahyu Sri Astutik holds a bachelor's degree in nursing from Indonesia University Jakarta (UI), a master's degree in hospital management Gajah Mada university Hospital, Yogyakarta (UGM), and a doctorate degree from Brawijaya University Malang (UNBRAW). Environmental and development studies Since 1916. She can be contacted at email: wsriastutik@gmail.com.