

**Research Article****Description of Knowledge and Self-Efficacy of Breastfeeding Mothers in Exclusive Breastfeeding in The Work Area of Parigi Community Health Center****Setiawan<sup>1\*</sup>, Riska Fitri.R<sup>1</sup>**<sup>1</sup>Community of Health, Faculty of Nursing, University Padjadjaran Bandung, Indonesia**Article Information**

Received: 25 May 2025

Revised: 14 June 2025

Accepted: 14 July 2025

Available online: 31 July 2025

**Keywords***Breastfeeding Mothers; Exclusive Breastfeeding; Knowledge; Self-Efficacy***Correspondence\***

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**ABSTRACT**

In Indonesia in 2022, exclusive breastfeeding coverage was recorded at 67.96%. This figure is still far from the National breastfeeding coverage target of 80%. One of the causes of the low coverage of exclusive breastfeeding is the lack of knowledge of mothers regarding the good breastfeeding process and the self-efficacy of breastfeeding mothers. The purpose of this study was to determine the description of the knowledge and self-efficacy of breastfeeding mothers in providing exclusive breastfeeding in the Parigi Health Center work area. This study used a quantitative descriptive method with a cross-sectional approach. The population in this study were all breastfeeding mothers totaling 123 people for infants aged 0-6 months in the Parigi Health Center Work Area. The research sample was taken using a total sampling technique of 123 people. Data collection used a questionnaire on maternal breastfeeding knowledge and Breastfeeding Self Efficacy-Short Form (BSE-SF). Data were analyzed univariately using the mean/median formula and the data were presented in a frequency distribution table. The results showed that some mothers had a sufficient level of knowledge (61%) regarding exclusive breastfeeding. In addition, the level of self-efficacy of breastfeeding mothers is also in the high category (50.4%). It can be concluded that knowledge and self-efficacy can increase the success rate of exclusive breastfeeding. For nursing staff, especially community nurses and pediatric nurses, to be more proactive in providing structured education about the importance of exclusive breastfeeding.

**INTRODUCTION**

The main source of nutrition received by newborns immediately after birth is breast milk (ASI) because its composition has been adjusted to the baby's physiology in the early

stages of life (Azim et al., 2021). To provide the best nutritional intake during the early growth phase, newborns up to six months of age should only be given breast milk (Paramashanti et al., 2023). The World Health

Organization (WHO) recommends that mothers breastfeed their babies exclusively (Irwandi et al., 2022).

In 2015-2020, the global exclusive breastfeeding coverage rate for infants aged 0-6 months was around 44%. However, this achievement is still far below the global target of 50% for exclusive breastfeeding (WHO, 2021). According to WHO, in Indonesia, exclusive breastfeeding coverage in 2022 was recorded at 67.96%, but this number has not met the national breastfeeding coverage rate of 80% (WHO, 2023). The exclusive breastfeeding coverage rate in West Java Province has increased from 77% in 2022 to 80.08 in 2023 (BPS, 2023). Meanwhile, the exclusive breastfeeding coverage in the Parigi Health Center work area in 2023 only reached 66.5% and was still below the set national coverage target.

Based on previous studies, mothers who provide exclusive breastfeeding are mostly dominated by those who have a good level of knowledge (87.5%), compared to mothers who have sufficient knowledge (23.1%). Meanwhile, mothers who do not provide exclusive breastfeeding are more likely to have less knowledge (100%), compared to mothers who have sufficient knowledge (76.9%) and mothers with good knowledge (12.5%) (Widiyawati & Qamariah, 2021). According to Handayani (2014), mothers who have less understanding of the benefits of exclusive breastfeeding tend to choose not to provide it, because they believe that providing breast milk substitutes can be a better alternative for mothers and children (Handayani et al., 2014). Bandura first introduced the theory of self-efficacy in 1977. Self-efficacy according to Bandura is the belief that a person can organize and carry out the steps needed to achieve desired goals. This idea significantly influences how people react to situations, including attitudes, feelings, levels of effort, persistence, and decision making (Bandura, 1977; Febriyanti, 2024). According to Bandura's theory, a mother's belief in her ability to breastfeed is influenced by four

main sources of information, namely: performance achievement (previous breastfeeding experience), other people's experiences (observation of other people's breastfeeding behavior or through peer counseling), verbal persuasion (support or encouragement from influential parties), and physiological responses (pain, fatigue, anxiety, and stress felt by the mother) (Bandura, 1977; Tumiar et al., 2024).

Dennis explained that a mother's confidence in her ability to breastfeed is known as Breastfeeding Self-Efficacy (BSE). This concept not only influences the mother's decision to breastfeed or not, but is also related to the level of effort given and the mother's emotional response in facing various challenges during the breastfeeding process (Dennis, 2010; Rahayu, 2018). Therefore, maternal breastfeeding efficacy plays an important role in deciding how long to continue breastfeeding. This is a significant predictor of the mother's decision to breastfeed, her level of effort, her ability to change her perspective, her level of persistence until the goal of breastfeeding is achieved, and her emotional reaction to the challenges of breastfeeding (Dennis & Faux, 1999).

Based on research conducted at the PKU Muhammadiyah Hospital, Kotagede, Yogyakarta, it shows that in general the level of maternal confidence in providing exclusive breastfeeding is 56.67% (Kurniati & Arifah, 2020). The self-efficacy factor of breastfeeding mothers is related to the success of exclusive breastfeeding where the value is  $0 < 0.05$  and the OR value is 2.5 (A'yun et al., 2021). Low levels of self-efficacy in breastfeeding mothers can be caused by various factors.

These factors include the mother's personal experience in breastfeeding in the past, observations of the success of breastfeeding in other mothers, forms of verbal persuasion received, especially from individuals who are considered influential, and the mother's physiological and affective conditions, such as anxiety, stress, depression, fatigue, and

pain experienced during the breastfeeding process (Arumsari, 2018). Strategies to increase the self-efficacy of breastfeeding mothers include providing maximum support from pre-pregnancy to postpartum. This approach, which includes ongoing attention to the mother's condition, has the potential to strengthen the mother's confidence in undergoing the breastfeeding process (Widiantari et al., 2023).

The high knowledge and self-efficacy of breastfeeding mothers will have an impact on the mother and baby. In mothers, it will affect the response in breastfeeding such as effort and thoughts which will then affect the initiation and energy towards breastfeeding behavior (Ernawati et al., 2020). As in the previous study which mentioned the difference where rural mothers were more concerned about exclusive breastfeeding compared to urban mothers. Urban mothers are less confident in only giving breast milk and consider breast milk to be insufficient for children's needs, so they tend to give formula milk as a substitute or supplement (Paramashanti et al., 2023). Another study stated that mothers with high knowledge and self-efficacy tend to be more consistent in providing exclusive breastfeeding to their babies, conversely mothers with low levels of efficacy feel less confident in their ability to provide exclusive breastfeeding (Jamaludin et al., 2022).

The instrument used in this study to measure maternal knowledge about exclusive breastfeeding is an instrument developed by Setyawati (2012), which has been proven valid and reliable. Meanwhile, to measure the level of maternal self-efficacy in breastfeeding, the Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF) instrument was used which has been translated and tested for validity and reliability by Handayani (2013). The use of this standardized instrument is expected to provide an accurate picture of maternal knowledge and beliefs in providing exclusive breastfeeding to infants aged 0–6 months.

The role of nurses in increasing exclusive breastfeeding includes as educators, counselors, caregivers, advocates and intervention providers. As educators, nurses provide knowledge or information that must be provided regarding exclusive breastfeeding (Andriani et al., 2016). Nurses as counselors to support mothers psychologically and overcome challenges in the breastfeeding process (Limbong et al., 2023). Nurses as caregivers to provide the care needed to support mothers in providing exclusive breastfeeding (Nyondo-Mipando et al., 2021). Nurses play an important role as intervention providers in efforts to prevent breast engorgement, while supporting increased production and release of breast milk through an educational, supportive approach and proper lactation techniques (Yao et al., 2021).

In providing exclusive breastfeeding, Parigi Health Center has a target of exclusive breastfeeding coverage of 417 people in one year. But in 2023 the target for exclusive breastfeeding coverage was only 277 people and was still less than the coverage target set by the Parigi Health Center. One of the factors contributing to the low coverage was the influence of local culture, considering that the Parigi Health Center area is a coastal area that has strong traditions and customs. Some cultures that are still adhered to by people in this coastal area include the habit of giving additional food or drinks to babies before the age of 6 months such as water or honey, because it is believed to accelerate growth and prevent disease (Harlinisari, R., & Amalia, R. 2020). An initial study was conducted on August 14, 2024 by interviewing 5 mothers who exclusively breastfed, it was found that 3 mothers felt confident about giving exclusive breastfeeding, but one mother said that she had thought about giving formula milk because she wanted her child to get additional nutrition to increase her baby's weight. While the other 2 mothers said they were not sure that exclusive breastfeeding alone was not enough to meet their baby's

needs due to work factors and breast milk that was felt to be less than optimal. The researcher conducted another initial study on November 6, 2024 by interviewing the same 5 mothers about their knowledge of exclusive breastfeeding, it was found that all mothers knew that exclusive breastfeeding was important, all mothers also knew that exclusive breastfeeding was only given until the baby was 6 months old and when the baby was 6 months old, additional food could be given. But there were 3 mothers who thought that exclusive breastfeeding was only done when the mother gave breast milk directly and not pumped or expressed. Based on the existing problems, it is very important to understand the picture of knowledge and self-efficacy of breastfeeding mothers regarding exclusive breastfeeding in order to evaluate the level of knowledge and confidence of mothers in meeting the nutritional needs of babies. Previous studies have examined the knowledge and self-efficacy of breastfeeding mothers in providing exclusive breastfeeding in working mothers, but until now there has been no research on the knowledge and self-efficacy of breastfeeding mothers in providing exclusive breastfeeding in the Parigi Health Center area. Based on the initial study above, the author feels the need to conduct research related to "Description of Knowledge and Self-Efficacy of Breastfeeding Mothers in Providing Exclusive Breastfeeding in the Parigi Health Center Work Area".

## METHOD

### Research Design

This study uses a quantitative descriptive design with a cross-sectional approach. It aims to determine the prevalence in a population during a certain period of time and draw conclusions from the information. Knowledge and self-efficacy of breastfeeding mothers aged 0-6 months are variables in this study.

### Operational Definition

Research Variables Operational Definition  
Measurement Method Measurement Results  
Scale

Mother's knowledge about breastfeeding  
Exclusive Respondents' knowledge about the following topics: exclusive breastfeeding, breastfeeding myths, breastfeeding only until babies are six months old, giving food other than breast milk to babies under six months old, nutritional value of breast milk, benefits of exclusive breastfeeding, complementary feeding, and breastfeeding techniques.

This questionnaire consists of 22 questions with two categories of correct and incorrect answers. Each question answered correctly gets a score of 1, while questions answered incorrectly get a score of 0.

A favorable assessment is given a score of 0 if incorrect and 1 if correct. An unfavorable score is given a score of 0 if correct and 1 if incorrect. The lowest score is 0 and the highest score is 22.

- A score between 76-100 (answering questions 17-22 correctly) is good.
- If the score is 56-75 (correct questions 12-16), it means sufficient.

- A score <56 (answering questions 9-12) is considered lacking. Ordinal Efficacy efficacy) breastfeeding months self baby (selflbu 0-6 A belief of a mother who has a baby 0-6 months in her ability to breastfeed her baby with breast milk The BSESSF (Breastfeeding Self Efficacy-Short Form) questionnaire contains 12 questions about beliefs The assessment is carried out using a Likert scale of 1-5. The minimum value is 12 and the maximum value is 60.

Ordinal exclusive. self in

- High score = T breastfeeding. > mean or median

- Low score = T < mean or median

### Population and Sample

The population in this study included all mothers who were breastfeeding babies aged 0-6 months in the Parigi Health Center Working Area with a total sampling of 123 people.

## Research Instrument

This study used Setyawati's (2012) knowledge questionnaire on exclusive breastfeeding and BSES-S (*Breastfeeding Self Efficacy-Short Form*) developed by Dennis (1999) and translated by Handayani et al., (2013). The researcher used the breastfeeding mother's knowledge instrument on exclusive breastfeeding because the items of this instrument are more suitable with the same characteristics, namely breastfeeding mothers, 22 making it faster and easier to use and fast in asking permission to use the instrument, and the *Breastfeeding SelfEfficacy Scale-Short Form (BSES-SF)* instrument which has been translated into Indonesian because the items of this instrument examine more deeply about the self-efficacy of breastfeeding mothers, already cover and are in accordance with the characteristics of respondents in Indonesia and this instrument consists of 14 items making it faster and easier to use

### Self-Efficacy Variable

The **self-efficacy variable** is 0.000 ( $0.000 < 0.05$ ), which indicates that the self-efficacy data is not normally distributed. Thus, the median value of 56 is used to identify the self-efficacy variable.

### Self-Efficacy of Breastfeeding Mothers

high level of breastfeeding self-efficacy of 50.4%. However, some mothers still said they lacked confidence in providing exclusive breastfeeding.

### The test method

This questionnaire was conducted in two stages, 30 respondents participated in the validity test of this knowledge questionnaire. Based on the results of the first stage, the questionnaire was considered invalid (not suitable for use). To produce 25 valid and suitable statement items for use in data collection. The results of the second stage validity test conducted on the 25 statement items showed that there were three invalid statement items because the r result < r table, namely in question no. 5 with an r result value of 0.336, question no. 16 with an r result value of 0.110 and question no. 17 with

an r result value of -.088 while the r table value in the 2-sided test, significance 0.05 and the number of respondents (n) = 30 is 0.361. So in the study there are 22 valid statement items and can be used for measurement.

## RESULTS

A total of 123 respondents participated in the data collection period for one month. There are three categories of data presented in this study, namely respondent demographics, self-efficacy of breastfeeding mothers, and knowledge of exclusive breastfeeding mothers in the Parigi Health Center work area. Respondent demographic data include the age of breastfeeding mothers, the mother's last education, family income per month, number of children, age of the baby, breastfeeding experience, and mother's employment status. Information about breastfeeding mothers' knowledge of exclusive breastfeeding includes a description of how good, sufficient, or lacking the mother's knowledge is. Self-efficacy of exclusive breastfeeding mothers shows whether they have a high or low level of self-efficacy.

### Respondent Demographics

The majority of mothers in this study were aged between 20-35 years (84.6%) and had completed high school (66.7%). The majority of households had two children (40.7%) and earned more than Rp 2,200,000 (65%). The majority of mothers were housewives (92.7%), the majority provided exclusive breastfeeding (70.7%), and the largest percentage of babies (26.8%) were 6 months old.

Frequency Distribution of Breastfeeding Knowledge (n=123). The majority of breastfeeding mothers' knowledge in this study was in the sufficient category (61%).

### Self-Efficacy Variable

This study uses the Kolmogorov-Smirnov test because the number of samples used exceeds 50 data, which is 123 data.

sig. value of the self-efficacy variable is 0.000 ( $0.000 < 0.05$ ), which indicates that the self-efficacy data is not normally distributed.

Thus, the median value of 56 is used to identify the self-efficacy variable.

### **Self-Efficacy Overview of Breastfeeding Mothers**

High level of breastfeeding self-efficacy of 50.4%. However, some mothers still said they lacked confidence in providing exclusive breastfeeding.

## **DISCUSSION**

In general, 75 people (61.0%) at the Parigi Health Center in 2024 had sufficient knowledge about mothers who provide exclusive breastfeeding to babies aged 0-6 months, while the least was 2 people (1.6%). The results of this study are in line with the study by Hidayah et al., (2025) which found that 53.3% of mothers had sufficient knowledge about breastfeeding (Hidayah et al., 2025). This knowledge includes the definition of exclusive breastfeeding, the nutritional value of breast milk, the benefits of breastfeeding, the introduction of complementary foods, breastfeeding techniques, and common breastfeeding problems and how to overcome them.

From the results of this analysis, it can be concluded that respondents' understanding of the Provision of Complementary Breastfeeding and Myths about Exclusive Breastfeeding still needs to be improved through further education and socialization. Meanwhile, there is a strong understanding of the benefits of exclusive breastfeeding, which can be the basis for increasing awareness of the importance of providing exclusive breastfeeding for the first six months of a baby's life. The government has implemented various programs to support the success of exclusive breastfeeding and appropriate complementary feeding, such as Government Regulation No. 33 of 2012, the Early Breastfeeding Initiation (IMD) campaign, World Breastfeeding Week, as well as cadre training and distribution of complementary feeding assistance. This program aims to improve mothers' and families' understanding of correct breastfeeding practices. In nursing, the

family-centered care approach is very important to strengthen the impact of the program. Nurses act as educators and family companions in providing correct information and correcting myths, by involving all family members. Optimal family support will create a conducive environment for the success of exclusive breastfeeding and prevent the risk of stunting in children.

### **Description of respondent characteristics based on maternal factors.**

The majority of mothers are aged between 20 and 35 years, as many as 104 people (84.6%) and the majority of mothers have sufficient knowledge, as many as 65 people (62.5%). For mothers who are pregnant or giving birth, the age range of 20-35 years is the ideal age because it is a good time for the mother's physical and psychological health (Alini et al., 2024). According to other researchers, people under the age of twenty are usually not ready to provide exclusive breastfeeding because they believe that breast milk is not enough for babies and provide additional food and drinks when they are six months old (Tyahnandari et al., 2022).

The second factor is the mother's breastfeeding experience, the majority of mothers provide exclusive breastfeeding as many as 87 people (70.7%) and have sufficient knowledge as many as 56 people (64.4%). Mothers tend to breastfeed their second child properly if they have a good experience with their first child. On the other hand, a mother may believe that exclusive breastfeeding is not very important for the next child if she does not breastfeed her first child exclusively and the child grows up healthy (Edy Marjuang Purba, 2020).

### **Respondent characteristics based on socio-economic**

**Mothers' characteristics based on education**, 54 people (65.9%) have sufficient knowledge and the majority have completed high school (66.7%). Mothers who have completed high school or college are more likely to breastfeed than mothers with lower education (Lindawati, 2019). Mothers with higher education usually react better to

information related to breastfeeding because they have deeper insight and broader knowledge. On the other hand, because of their limited understanding, mothers with lower levels of education may react more slowly to the information (Suja e2023). The findings of this study are in line with the research of Hana Rosiana Ulfah & Farid Setyo Nugroho (2020), which found that there was no significant relationship between the level of maternal education and knowledge about exclusive breastfeeding (Hana Rosiana Ulfah & Farid Setyo Nugroho, 2020), this shows that someone with low education does not always have less knowledge about the importance of providing exclusive breastfeeding to their babies.

**Characteristics based on occupation with the majority being housewives** (92.7%) and having sufficient knowledge as many as 69 people (60.5%). The findings of this study are consistent with the study by Padmasari et al., (2020) which found that 47.7% of respondents were housewives (Padmasari et al., 2020). Self-confidence is an important factor that must be possessed and understood by mothers in ensuring the success of breastfeeding. This is the key to successfully completing the breastfeeding process (Abdullah & Ayubi, 2019). Mothers who do not work tend to spend more time with their babies and can breastfeed longer than working mothers. In addition, mothers who do not work also realize that breastfeeding can save money, because breast milk is always available at any time when the baby needs it, so mothers make more effort to provide exclusive breastfeeding (Padmasari et al., 2020).

#### **Respondent characteristics based on children**

Based on the age of newborn babies, 21 people (63.6%) had sufficient knowledge, and most (26.7%) were 6 months old. According to research by Maulidiyah & Astiningsih, it is explained that most babies reach the age of six months and mothers are still breastfeeding their babies exclusively at that time (Maulidiyah & Astiningsih, 2021).

According to characteristics based on the number of children, 33 people (66%) had sufficient knowledge, and the majority of respondents (40.7%) had two children. After a successful breastfeeding experience with their first child, mothers tend to feel confident and breastfeed their second child properly. On the other hand, a mother may believe that exclusive breastfeeding is not very important for the next child if she does not breastfeed her first child exclusively and the child grows up healthy (Edy Marjuang Purba, 2020). According to Mayasari, experience is a very valuable source of knowledge, which serves as a reference or basis for taking action in the future. Experience gained from previous situations provides deep insight to face similar challenges in the future (Mayasari et al., 2021).

#### **Self-Efficacy Level of Breastfeeding Mothers**

##### **Description of self-efficacy of breastfeeding mothers Exclusively Breastfeeding**

The results of the study showed that the level of self-efficacy of breastfeeding mothers at the Parigi Health Center in 2024 was 61 people (49.6%) had low self-efficacy and 62 people (50.4%) had high self-efficacy in breastfeeding babies aged 0-6 months. In line with research conducted by Clarinda et al., 2023 showed that self-efficacy or high self-confidence of mothers was 90.4% (Clarinda Muis et al., 2023). Although the percentage of researchers is still much lower than the findings of previous studies, a number of factors, including those related to mothers, socio-economics, and children, may be the cause of this difference.

Based on the results of the analysis of 12 questions that measure the self-efficacy of breastfeeding mothers, it was found that there was one indicator that showed a low level of self-efficacy, namely emotional reactions in facing breastfeeding difficulties. One of the questions that highlights this indicator is question number 7 which asks about the mother's comfort when breastfeeding when other family members are around. The results of the analysis

showed that 57 people (46.3%) chose the very unconfident option (1), which shows that almost half of the respondents felt uncomfortable or hesitant when breastfeeding in front of other people. Meanwhile, only 6 people (4.9%) chose confident (4), which indicates that very few mothers feel comfortable in this condition.

The results show that many mothers still face obstacles that make them uncomfortable breastfeeding in public, such as social pressure, lack of family support, or embarrassment. This can affect the sustainability of exclusive breastfeeding, especially for mothers who feel awkward breastfeeding in public or around certain family members.

The level of self-efficacy of breastfeeding mothers tends to be higher in the indicator of effort and persistence in achieving breastfeeding success. This can be seen from question number 2, which asks about the mother's ability to overcome breastfeeding problems. The majority of mothers answered with a high level of confidence, where the very confident option (5) had the largest number of answers. This finding shows that although some mothers have emotional barriers in breastfeeding, they have the will and perseverance to overcome these barriers and succeed in breastfeeding. Factors such as education about breastfeeding, previous breastfeeding experience, and support from health workers and family can be factors that influence the level of mother's confidence in breastfeeding.

#### **Respondent characteristics based on maternal factors**

The age group with the highest efficacy in this study was 20-35 years (84.6%), followed by high efficacy (52 people, 50%) and low efficacy (52 people, 50%). The age group with the lowest efficacy was mothers aged <20 years (0 people). Older mothers usually have better breastfeeding experience and knowledge than younger mothers (Efriani & Astuti, 2020).

The mother's experience in providing exclusive breastfeeding is the second factor

that influences the mother's self-efficacy in breastfeeding. One of the keys that can increase self-efficacy is the positive breastfeeding experience that mothers have had in the past, because this can make them feel more comfortable and safe when breastfeeding their next child (Safitri et al., 2021). Mothers who have previous experience are better prepared to handle similar situations because of their knowledge and abilities. Compared to mothers who are breastfeeding for the first time, mothers who have breastfed before are usually more confident in their ability to overcome difficulties that arise during breastfeeding (Marwiyah & Khaerawati, 2020).

According to the findings of this study, most mothers have successfully breastfed their babies exclusively for the first six months of their child's life with 70.7% of respondents. As many as 59 (67.8%) of this group showed strong self-efficacy, indicating that mothers' confidence in breastfeeding is influenced by previous breastfeeding experiences.

In contrast, no respondents were included in the category of never breastfeeding and indicating that all mothers in this study have breastfeeding experience, although with varying durations and challenges. This indicates that the level of awareness of the importance of breastfeeding is quite high among mothers who are respondents in this study.

#### **Respondent characteristics based on socio-economics**

The socio-economic characteristics of respondents were analyzed based on several aspects, such as education and occupation. Characteristics based on education with the majority of high school (66.7) and high self-efficacy as many as 44 people (53.7%) indicating that mothers who have completed high school are more confident in breastfeeding. Higher education makes it easier to access health information, including the benefits and techniques of breastfeeding. Educated mothers tend to understand exclusive breastfeeding better, but their self-efficacy is also influenced by

social support, breastfeeding experience, and family environment. The majority of housewives (IRT) amounted to 92.7% of the characteristics based on occupation, and 60 of them (52.6%) had strong breastfeeding self-efficacy. Mothers who stay at home have more time to breastfeed directly than working mothers (Salsabila & Ismarwati, 2023). This frees them from work-related obligations and allows them to concentrate more on exclusive breastfeeding. In addition, they are also more likely to get help and support from their families during the breastfeeding process.

#### **Respondent characteristics based on children**

Maternal self-efficacy in breastfeeding, especially in maintaining exclusive breastfeeding, can be influenced by the age of the baby. In this study, the largest age group of babies was 6 months (26.8%), with 16 (48.5%) mothers having high self-efficacy, while 17 (51.5%) had low self-efficacy. Many mothers begin to experience difficulties in maintaining exclusive breastfeeding at the age of six months. These difficulties include misunderstandings about the adequacy of breast milk, pressure to start complementary foods earlier, and decreased frequency of breastfeeding as a result of increased infant activity (Tanjung, 2019). This may be the cause of lower levels of self-efficacy among mothers with children aged 6 months compared to those with children under 6 months. A mother's breastfeeding experience and self-efficacy are influenced by the number of children she has. Based on the results of the study, the majority of respondents had two children (40.7%), with 28 (56%) of them having high self-efficacy. Mothers with two children tend to have better experiences in breastfeeding than mothers who are having their first child (Rahmawati & Wahyuningati, 2020). Previous experiences help them in overcoming breastfeeding challenges, increasing their confidence, and understanding the importance of exclusive breastfeeding (Haque, 2022).

#### **CONCLUSIONS AND RECOMMENDATION**

Based on data obtained from 123 respondents, 75 mothers (61%) showed an adequate level of knowledge. The majority of mothers have an adequate level of knowledge regarding the definition of breast milk, the nutritional value of breast milk, the benefits of exclusive breast milk, providing additional food, correct breastfeeding techniques, breastfeeding problems, myths about exclusive breast milk and providing food to babies under 6 months old. However, improvements are still needed to provide higher self-confidence to mothers when breastfeeding and prevent them from being influenced by incorrect information or myths about breast milk. Based on the results of research on the self-efficacy of breastfeeding mothers based on data from 123 respondents, some mothers in the Parigi Health Center Work Area have a high level of self-confidence to provide exclusive breast milk, as evidenced by the high majority of 62 respondents (50.4%) and the low majority of 61 respondents (49.6%).

For nursing staff, especially community nurses and pediatric nurses, to be more proactive in providing structured education regarding the importance of exclusive breastfeeding.

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