

## ARTICLE INFORMATION

Received: April 19, 2026

Revised: April 28, 2026

Available online: April 30, 2026

at: <https://e-jurnal.iphorr.com/index.php/mchc>

## Relationship between family support and breastfeeding self-efficacy towards providing breast milk to breastfeeding mothers

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### Abstract

**Background:** Breast milk feeding has a significant positive impact on maternal and infant health, providing protection against various acute and chronic diseases. To improve providing breast milk success, breastfeeding self-efficacy as an internal factor, and external factors obtained from family support.

**Purpose:** to decide the impact of family support and breastfeeding self-efficacy on providing breast milk between breastfeeding mothers.

**Method:** This research used a quantitative retrospective study approach. The population consisted of 190 breastfeeding mothers, with a minimum sample size of 71 respondents choice using accidental sampling. Data collection used questionnaires on providing breast milk, family support, and the Breastfeeding Self-Efficacy Scale Short Form (BSES-SF). The data was analyzed use the chi-square test to see the relationship between the variables.

**Results:** 90% of respondents received good family support, and 87% have high breastfeeding self-efficacy. 87% of respondents exclusively breastfed, while 13% did not. The chi-square test output indicates a significant relationship between family support and breast milk feeding ( $p$ -value  $<0.001$ ), and a significant relationship between breastfeeding self-efficacy and breast milk feeding ( $p$ -value  $<0.001$ ).

**Conclusion:** There is a significant relationship between family support and breastfeeding self-efficacy towards providing breast milk to breastfeeding mothers.

**Keywords:** Breast Milk Feeding; Breastfeeding Mothers; Breastfeeding Self-Efficacy; Family Support.

### INTRODUCTION

The primary source of nutrition for infants is breast milk. Exclusive breast milk feeding is the praxis of giving simply breast milk to babies to the first 6 months of life. Exclusive breast milk feeding have a significant positive impact on maternal and child health, including protection from various acute and chronic diseases (Deswita, 2023). According to the Global Feeding Scorecard 2023, the global exclusive breast milk feeding (EBF) rate has increased by approximately 10 percentage points over the past ten years. Currently, the figure stands at 48%, approaching the World Health Assembly's target of 50% by 2025 and 70% by 2030 (Global Breastfeeding Collective, 2024).

The United Nations Children's Fund (UNICEF) states that increasing exclusive breast milk feeding practices can save 820.000 children's lives annually and prevent up to 20.000 cases of breast cancer annually (Griswold & Palmquist, 2019). This is based on Presidential Decree No. 72 of the Republic of Indonesia, issued in 2021 to accelerate the reduction in cases of stunted growth in order to achieve the exclusive breast milk feeding target of 80% (Ministry of State Secretariat of the Republic of Indonesia Secretariat of the Vice President, 2021). According to data from the 2023 Indonesian Health Survey regarding exclusive breast milk feeding in Indonesia,

Relationship between family support and breastfeeding self-efficacy  
towards providing breast milk to breastfeeding mothers

55.5%% of children aged 6–23 months surveyed (Indonesian Development Policy Agency, 2023).

The Jambi Provincial Health Bureau be declared that the exclusive breast milk feeding rate dropped from 74.34% to 70.30% in 2024-2025 (Central Statistics Agency, 2025). This figure is still far from the 2025 program target of 80%. According to a 2023 report from the Jambi City Health Office, the exclusive breast milk feeding rate was recorded at 57.92% (Jambi City Health Bureau, 2023). To achieve the 80% target for exclusive breast milk feeding, priority measures are needed to support mothers in providing exclusive breast milk feeding by building their confidence and supporting families in their efforts to provide exclusive breast milk feeding.

According to data from the Pakuan Baru Community Health Center in February 2025, the target infant data was 194 babies under 6 months who received exclusive breastfeeding, which is a percentage of 62.89% with a total of 122 infants. Meanwhile, according to data from the Pakuan Baru Community Health Center in August 2025, the target infant data was 194 babies under 6 months who received exclusive breast milk feeding, only 121 infants with a slight decrease in percentage, namely 0.52% compared to the previous period (Pakuan Baru Community Health Center, 2025).

Exclusive breast milk plays a very necessary part in the growth and progress of babies. Exclusive breast milk feeding is beneficial for boosting immunity, protecting against infectious diseases, and fostering mental and emotional intelligence, along with spiritual maturity, along with positive social development. If babies are not exclusively breastfed throughout their lives, they are more susceptible to immune-related illnesses (Kurniawati, Hardiani, & Rahmawati, 2020).

Factors influencing the success of exclusive breast milk feeding include age, knowledge, education, attitude, number of children, occupation, and support factors such as assistance from a husband or family (Deswita et al., 2023). To improve the success of exclusive breast milk feeding, a mother's self-confidence is also crucial so she can optimally breastfeed her baby, face challenges that arise during the breast milk feeding process, and consistently provide breast milk without additional drink or food for the first 6 months of the baby's life.

This self-confidence does not develop automatically but is strongly influenced by the environment, which plays a crucial role in providing motivation and emotional support, especially support from family (Bahriah & Kurniawati, 2021).

Family support is an necessary external factor in developing and strengthening a mother's self-confidence. Emotional support, information, practical assistance, and appreciation from a husband, parents, or other family members can significantly impact a mother's breast milk feeding success (Susanti & Hety, 2021). With good breastfeeding self-efficacy, mothers incline to be more confident and encourage to achieve an effective breast milk feeding experience. In this regard, breastfeeding self-efficacy also plays a significant role as an internal factor influencing the success of exclusive breast milk feeding (Bahriah & Kurniawati, 2021). Breastfeeding self-efficacy indicates how confident a mother is in her capability to breastfeed exclusively and successfully. Good breastfeeding self-efficacy includes confidence in breastfeeding techniques and interpersonal trust (Dennis, 2003). Literature review shows that family support and breastfeeding self-efficacy have a significant impact on mothers who breastfeed exclusively (Bahriah & Kurniawati, 2021).

## RESEARCH METHOD

This research make a quantitative analysis pattern with a retrospective study verge. This study was arrange at the Pakuan Baru Community Health Center, Jambi City, in 2026. The study population was all breastfeeding mothers with babies age 7-12 months during the study period with a general of 190 breastfeeding mothers at the Pakuan Baru Community Health Center, Jambi City. The number of respondents in this research was 71 respondents. The sampling technique used was accidental sampling, that is, anyone who happened to meet the researcher was used as a sample and met the predetermined inclusion criteria. Data trove was carried out using a structured questionnaire that have been neatly prepared by the researcher.

The questionnaire includes variables on breast milk feeding, family support and breastfeeding self-efficacy. The variable of breast milk provision is categorized into non-exclusive breast milk feeding and exclusive breast milk feeding. Family support

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DOI: 10.56922/mchc.v5i1.3104

Relationship between family support and breastfeeding self-efficacy  
towards providing breast milk to breastfeeding mothers

variables are categorized as poor and good. Breastfeeding self-efficacy variables are categorized into low and high. Data analysis was arranged in two stages. Univariate analysis was used to depict the frequency and percentage distribution of each

variable. Bivariate analysis use the chi-square test was arranged to decide the relationship between the independent variables (family support and breastfeeding self-efficacy) and the dependent variable (breast milk feeding).

## RESEARCH RESULT

**Table Characteristics of Respondents (N=71)**

| Variable                                 | Results             | Sig    |
|------------------------------------------|---------------------|--------|
| <b>Age (Mean±SD) (Years)</b>             | (28.22±2.78)(18-45) |        |
| <20                                      | 1/1.0               |        |
| 20-35                                    | 63/89.0             |        |
| >35                                      | 7/10.0              |        |
| <b>Education (n/%)</b>                   |                     |        |
| Elementary School                        | 1/1.0               |        |
| Junior High School                       | 3/4.0               |        |
| Senior High School                       | 39/55.0             |        |
| Bachelor                                 | 28/39.0             |        |
| <b>Occupation (n/%)</b>                  |                     |        |
| Yes                                      | 60/85.0             |        |
| No                                       | 11/15.0             |        |
| <b>Parity (n/%)</b>                      |                     |        |
| Primipara                                | 25/35.0             |        |
| Multipara                                | 46/65.0             |        |
| <b>Breastfeeding (n/%)</b>               |                     |        |
| Not Exclusive Breast Milk Feeding        | 9/13.0              |        |
| Exclusive Breast Milk Feeding            | 62/87.0             |        |
| <b>Family Support (n/%)</b>              |                     | <0.001 |
| Poor                                     | 7/10.0              |        |
| Good                                     | 64/90.0             |        |
| <b>Breastfeeding Self-Efficacy (n/%)</b> |                     | <0.001 |
| Low                                      | 9/13.0              |        |
| High                                     | 62/87.0             |        |

According to data in table 1 above, of the 71 respondents, the largest age category was in the 20-35 year age range, with 63 respondents (89%). The highest education category was high school/vocational school, with 39 respondents (55%). The majority of mothers were unemployed, with 60 respondents (85%). The largest parity category was multiparous, with 46 respondents (65%).

According to the data in Table 2 above, the majority of mothers exclusively breastfed, at 62 (87%), while only 9 (13%) mothers did not. According to the data in Table 3 above, the majority of mothers received good family support, amounting to 64 (90%). Meanwhile, 7 (10%) mothers received less supportive families. According to the

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Relationship between family support and breastfeeding self-efficacy  
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data in Table 4 above, the majority of mothers had high breastfeeding self-efficacy, at 62 (87%). Meanwhile, 9 (13%) of the respondents had low breastfeeding self-efficacy.

According to the data in table 5 shows the results of the chi-square test with a significance value of p-value of  $<0.001$  ( $p<0.05$ ). Respondents with non-exclusive breastfeeding in the category of less supportive family support were 7 (9.9%) respondents. While respondents with non-exclusive breast milk feeding in the category of good family support were 2 (2.8%) respondents. Respondents who provided exclusive breast milk feeding in the category of less supportive family support were 0 (0.0%) respondents. Meanwhile, respondents who provided exclusive breastfeeding in the category of good family support were 62 (87.3%) respondents. This indicate that there is a significant relationship between exclusive breastfeeding and family support in breastfeeding mother.

According to the data in Table 6, the chi-square test results show a significance value of p-value  $<0.001$  ( $p<0.05$ ). Respondents who did not exclusively breastfeed were in the low breastfeeding self-efficacy category as many as 9 (12.7%). Meanwhile, respondents who did not exclusively breastfeed were in the high breastfeeding self-efficacy category as many as 0 (0.0%). Respondents who provided exclusive breastfeeding were in the low breastfeeding self-efficacy category as many as 0 (0.0%). Meanwhile, respondents who provided exclusive breastfeeding were in the high breastfeeding self-efficacy category as many as 62 (87.3%).

## DISCUSSION

Mothers aged 20-35 years, which is 89% of respondents, indicate that the majority of respondents are in a healthy reproductive age group, where this age is the best period for carrying out pregnancy and breast milk feeding functions because the mother's body condition is in an optimal phase (Titaley, Amahoru, Jamaludin, Tahitu, Asmin, & Tjandra, 2023). This condition is in stripe with previous research which reported that the age of 20-35 years is more likely to supply exclusive breast milk feeding, while mothers aged  $<25$  or  $>35$  years are more likely to not supply exclusive breast milk feeding (Zuhro, 2022).

A mother's education level can influence her knowledge of health behaviors (Deswita et al., 2023). In this research, the majority of respondents (55%) were high school or vocational school graduates. These data indicate that, in general, mothers have sufficient skills in receiving health information, including exclusive breast milk feeding. This is in stripe with research, which indicate that a mother's education level can influence the practice of exclusive breast milk feeding in Indonesia.

The non-working mothers in this study were 85% housewives. Working mothers incline to have less time for exclusive breast milk feeding compared to non-working mothers (Titaley et al., 2023). Non-working breastfeeding mothers are over possible to breastfeed exclusively than working mothers. However, another study (found that working mothers can breastfeed exclusively for six months by pumping

and expressing breast milk at work, thus supporting each other within the family. Babies can also be breastfed before the mother leaves for work, throughout the day, or during breaks when the mother comes home for a short feeding (Susanti et al., 2021).

The experience of having more than one child has a positive and potentially significant impact on breastfeeding. In this research, the majority of respondents were mothers who had given birth more than once (65%). Mothers who had given birth multiple times had previous experience, which made them more confident and effective in breastfeeding compared to first-time mothers. Generally, mothers who had had several children were more prepared to breastfeed, which supported the success of the breast milk feeding process (Titaley et al., 2023). This finding aligns with previous research which showed that mothers who had given birth more than once were over possible to exclusively breastfeed be compare to first-time mothers, due to their experience (Zuhro, 2022).

The results showed that most breastfeeding mothers (62 women) exclusively breastfed, while 9 mothers (13%) did not. This finding indicates that the majority of breastfeeding mothers exclusively breastfed their babies aged 0 to 6 months. In this study, most respondents who did not exclusively breastfed mixed their breast milk with formula. However, there were also some mothers who did not exclusively breastfed and only gave formula for various reasons, such as low milk supply and slow

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Relationship between family support and breastfeeding self-efficacy  
towards providing breast milk to breastfeeding mothers

flow in the first few weeks after delivery, or because infrequent milk flow in the early weeks led to less frequent breast milk feeding, and providing formula too often can further reduce milk production (Kurniawati et al., 2020). Breast milk meets all the nutritional needs of babies, strengthens the immune system, and reduces the risk of infections and chronic diseases later in life (Global Breastfeeding Collective et al., 2024). Previous research confirms that exclusive breast milk feeding contributes significantly to reducing infant mortality. Therefore, in this study, mothers exclusively breastfed their babies from 0–6 months of age.

The study results indicated that the majority of breastfeeding mothers be accepted good family support (64 women (90%), while 7 (10%) breastfeeding mothers received less support from their families. This finding confirms that most breastfeeding mothers receive a significant role from their families in providing exclusive breast milk feeding. According to House's theory (House's 1981), support is divided into four forms, namely emotional support, instrumental support, informational support, and appreciation support.

Emotional support refers to attention, motivation, love, and efforts to avoid conflict and pressure from family members (Kurniawati et al., 2020). In this research, the emotional support received by breastfeeding mothers from family members was evident in the fact that they were always encouraged to be confident in breast milk feeding their babies from 0 to 6 months of age, and the family actively asked about any difficulties the mother might face during the breast milk feeding process. This discovery is in unvaried with previous research (Utami et al., 2025) which indicated that emotional support from the family includes hearing to the problems faced by mothers while breast milk feeding, providing encouragement so that mothers do not feel afraid, and reassuring mothers that they can supply exclusive breast milk feeding for six months.

In this study, the information obtained by breastfeeding mothers from their families included books or materials about breast milk feeding provided by family members. Most family members never recommended giving formula milk or complementary foods such as porridge, fruit, and similar foods to babies before 6 months of age, and they also

provided solutions for mothers when facing breastfeeding-related problems. Informational support refers to assistance in the form of information, advice, or knowledge needed by mothers to continue breast milk feeding their babies (Kurniawati et al., 2020). This discovery is unvaried with other research (Utami et al., 2025) which shows that mothers who accept informational support regarding the weightiness of exclusive breast milk feeding for 6 months have a greater chance of successful exclusive breast milk feeding.

Instrumental support in this study, breastfeeding mothers received good family support in the form of family members helping to clean the house, family members preparing equipment when they wanted to express breast milk, family members waking up when breast milk feeding at night and pay attention to the mother's nutrition during breast milk feeding. instrumental support, namely material or physical support such as providing healthy food and helping mothers with housework (Kurniawati et al., 2020). This is in stripe with previous research (Utami et al., 2025) that the instrumental support needed for breastfeeding can be in the form of direct provision, in the form of facilities or materials, for example helping to lighten household chores, providing a living to meet needs and providing free nutritious food.

In this study, the greatest family support received by breastfeeding mothers was appraisal support. Appraisal support is support provided by those around the mother that increases the mother's self-esteem because she is able to breastfeed (Kurniawati et al., 2020). In this study, it was found that families provide support in the form of admire and maintain the mother's self-esteem, such as the family not comparing her with other breastfeeding mothers, which can lower the breastfeeding mother's self-esteem. This is in stipe with previous research which stated that breastfeeding mothers who accept appraisal support from their families in the form of praise, support and feedback will feel that they are still beneficial and valuable for the family so that this will upgraade self-esteem in efforts to upgrade exclusive breast milk feeding (Utami & Susilowati, 2025).

Family support plays a significant part in the success and sustainability of breast milk feeding. Family support in this study encompasses support from the respondent's husband, mother, mother-in-

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Relationship between family support and breastfeeding self-efficacy  
towards providing breast milk to breastfeeding mothers

law, older sibling, and other relatives living under the same roof. The larger the support supply by the family, the larger the mother's chances of breast milk feeding. Family support is necessary for the quiet, tranquility, and amenities of breastfeeding mothers, which can upgrade the hormone oxytocin, thereby increasing breast milk feeding in infants (House, 1981). This is in line with research (Zuhro, 2022) that found a p-value of 0.006 between family support and exclusive breast milk feeding. The chi-square statistical test exhibit a p-value  $<0.05$ , indicating a statistically significant relationship between family support and exclusive breast milk feeding. This supports research arranged which exhibit that mothers who accept family support are over possible to supply exclusive breast milk feeding than mothers who do not get family support, statistically there is a relationship between family support and exclusive breastfeeding ( $p = 0.05$ ). Exclusive breast milk feeding is more common in mothers who receive support than in those who do not receive support from family support (Susanti et al., 2021).

Family support is a crucial external factor that significantly influences a mother's breastfeeding success (Susanti et al., 2021). Similarly, breastfeeding self-efficacy also plays a significant role as an external factor influencing successful breast milk feeding (Bahriah et al., 2024).

The results indicated that the majority of breastfeeding mothers (62 mothers) had high breastfeeding self-efficacy, with 87% having low breastfeeding self-efficacy. This finding confirms that most breastfeeding mothers have high breastfeeding self-efficacy in breast milk feeding. Breastfeeding self-efficacy is a mother's belief or confidence in her capability to breastfeed her baby well (Deswita et al., 2023). According to the concept of self-efficacy consists of self-confidence about technique and interpersonal self-confidence. The higher a mother's self-confidence in her breastfeeding capability, the greater the mother's likelihood of successfully providing exclusive breast milk feeding (Dennis, 1999).

Beliefs about the technique in this study were beliefs about overcoming breast milk feeding challenges such as being able to successfully breastfeed even if the baby cries and being able to finish breast milk feeding on one breast before

switching to the other, being confident that the baby is attached perfectly during breast milk feeding, being able to meet the baby's milk needs and also being able to know when the baby has finished breastfeeding. According to previous research it was noted that mothers who are confident in their beliefs about techniques tend to be better prepared to face challenges such as attachment problems or pain while breast milk feeding (Fujianty, Dewi, & Sulaeman, 2024).

Interpersonal self-confidence in this research is in the form of the mother's belief that the baby gets enough milk without using formula milk and food as a supplement to breast milk. Interpersonal trust during breast milk feeding determines the continuation of breast milk feeding. In previous research it was stated that high interpersonal trust can provide sufficient breast milk for the baby. This is different from mothers who understand the benefits of breastfeeding but lack confidence in breastfeeding, ultimately experiencing difficulties while breast milk feeding, leading to a tendency to forgo breastfeeding and resort to formula feeding (Fujianty et al., 2024).

Mothers with high breastfeeding self-efficacy are more successful at exclusive breast milk feeding, even when facing challenges and seeking solutions, such as imperfect latch-on techniques (Dennis, 1999). This factor suggests that increasing breastfeeding self-efficacy in breastfeeding mothers can be an effective strategy for increasing exclusive breast milk feeding. This is in stripe with previous research which showed that the results of the chi-square test indicated a significant relationship between breastfeeding self-efficacy and exclusive breast milk feeding, obtained at 0.001 ( $p < 0.05$ ) with an OR value of 9.875, indicating that mothers who have high breastfeeding self-efficacy have a 9.857 times greater chance of being successful in exclusive breast milk feeding compared to mothers with low breastfeeding self-efficacy. With high breastfeeding self-efficacy, mothers will be more proactive in seeking solutions when facing breast milk feeding challenges (Fujianty et al., 2024). This is in stripe with other research which indicate a significant relationship between breastfeeding self-efficacy and the success of exclusive breast milk feeding ( $p$ -value  $<0.05$ ) (Suja, Roslina, Sudarmi, & Sulistianingrum, 2023). If mothers believe in their ability to provide full breast milk feeding for 6 months, this will influence their breast milk feeding practice.

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Relationship between family support and breastfeeding self-efficacy  
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## CONCLUSION

The results showed that the majority 89% were in the 20-35 age group, 55% had a high school/vocational high school education, 85% were unemployed, and 65% were multiparous mothers. 90% of respondents received good family support, and 87% had high breastfeeding self-efficacy. 87% of respondents exclusively breastfed, while 13% did not. The chi-square test results showed a significant relationship between family support and breast milk feeding ( $p$ -value  $<0.001$ ), and a significant relationship between breastfeeding self-efficacy and breast milk feeding ( $p$ -value  $<0.001$ ).

## SUGGESTION

Breastfeeding mothers are expected to improve their breastfeeding self-efficacy in providing exclusive breast milk feeding and to involve their families, especially their husbands, to support breast milk feeding success. Furthermore, health workers should increase family support through lactation counseling, and health education, thereby improving mothers' breastfeeding self-efficacy and supporting the success of exclusive breast milk feeding.

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