

Healthcare Provider Support and Its Impact on Breastfeeding Self-Efficacy in Primipara Breastfeeding Mothers in the Working Area of Gunung Tinggi Health Center

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Abstract. Exclusive breastfeeding plays a crucial role in supporting infant growth and development; however, its success rate is often influenced by various factors, including the mother's breastfeeding self-efficacy (BSE). One factor that can enhance BSE in breastfeeding mothers is support from healthcare workers. This study aims to analyze the relationship between healthcare worker support and BSE in primiparous breastfeeding mothers in the working area of Gunung Tinggi Health Center. The research uses an observational analytic design with a cross-sectional approach. The study sample consisted of 45 primiparous mothers breastfeeding infants aged 0 to 11 months, selected using convenience sampling. Data were collected through the Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF) questionnaire to measure the mothers' self-confidence in breastfeeding and a questionnaire regarding healthcare worker support. Data analysis was conducted using the chi-square test to examine the relationship between the two variables. The results indicated that a higher proportion of mothers received healthcare worker support in the good category (60.0%), while more mothers had low BSE (55.6%). A significant relationship was found between healthcare worker support and BSE in primiparous breastfeeding mothers ($p=0.002$), with a prevalence ratio of 2.667. Healthcare worker support plays a key role in improving BSE among primiparous breastfeeding mothers. Increasing support from healthcare workers can strengthen mothers' confidence in breastfeeding and improve the success of exclusive breastfeeding. This study suggests that lactation support programs involving healthcare workers should be strengthened to improve exclusive breastfeeding success rates, especially in areas with low coverage..

Keywords: healthcare provider support; breastfeeding self-efficacy; primipara mothers; exclusive breastfeeding

1 Introduction

Breast Milk (BM) is the best and most ideal food for infants, particularly during the first six months of life. Exclusive breastfeeding not only provides optimal protection against various infectious diseases such as diarrhea and pneumonia, but it has also been proven to enhance the immune system, reduce the risk of allergies, and support the development of the central nervous system and cognitive functions in infants [1]. Global studies show that infants who are exclusively breastfed are at a lower risk of malnutrition, obesity, and even non-communicable diseases such as type 2 diabetes later in life. From the mother's perspective, exclusive breastfeeding offers significant physiological benefits, including helping to accelerate uterine involution, reduce postpartum bleeding, expedite physical recovery, and provide natural contraception through the mechanism of lactational amenorrhea. In the long term, breastfeeding can lower the risk of breast cancer, ovarian cancer, and metabolic diseases such as type 2 diabetes and hypertension [2,3]. Despite the scientifically proven benefits of exclusive breastfeeding, its coverage in Indonesia still faces challenges. According to the 2018 Basic Health Research (Riskesdas), only 37.3% of infants received exclusive breastfeeding [4]. The 2023 Indonesian Health Survey (SKI) indicates that the coverage of exclusive breastfeeding in Indonesia has not yet reached the target (80.0%). The proportion of infants aged 0-5 months receiving exclusive breastfeeding nationwide stands at 68.6%. This condition signifies that although awareness of the importance of exclusive breastfeeding is increasing, sustained support from the healthcare system, family, and society is still critically needed to ensure that the national target is consistently achieved [5].

Breast Milk (BM) has a highly unique and dynamic nutritional composition because it can adapt to the needs of the infant at each stage of growth. The primary carbohydrate in breast milk is lactose, which plays a crucial role in the growth of beneficial bacteria in the infant's gut, particularly Bifidobacteria, thereby supporting digestive health and immune system function. The fat in breast milk serves as the primary source of energy, contributing to approximately 50% of the infant's energy needs, and contains essential fatty acids such as DHA (docosahexaenoic acid) and ARA (arachidonic acid), which are critical for brain development, retina function, and central nervous system development [6]. The protein components in breast milk consist of whey and casein in a ratio of about 60:40, making breast milk easier to digest than cow's milk. Whey protein is rich in lactalbumin, lactoferrin, and immunoglobulins, which have immunological functions, including protection against pathogenic bacteria and viruses. Additionally, breast milk contains various growth factors, cytokines, and bioactive hormones that support organ maturation, metabolic development, and regulation of infant appetite. The colostrum produced in the first 3–5 days after childbirth is particularly rich in immunoglobulin A (IgA), lactoferrin, and other antibacterial factors, often referred to as the "first immunization" for the infant. Furthermore, breast milk is abundant in antioxidants such as vitamins A, C, E, as well as antioxidant enzymes that protect the infant's cells from oxidative damage. Another unique characteristic of breast milk is its dynamic nature; its nutritional composition can change according to the infant's needs, both daily and during specific lactation periods. This demonstrates that breast milk is not merely food but a complex biological system that provides protection, nutrition, and stimulation for the infant's development [7,8].

The success of exclusive breastfeeding is not only determined by the availability of breast milk itself but is also influenced by various complex factors, both internal and external. Internal factors include the mother's knowledge of the benefits of breastfeeding, skills in breastfeeding

techniques, the mother's health condition, and self-confidence in her ability to breastfeed. In addition to knowledge and skills, psychosocial aspects also play a significant role. Numerous studies have shown that stress, fatigue, or post-partum anxiety can reduce breastfeeding success and even affect milk production through hormonal mechanisms [9]. One psychological factor that has gained considerable attention is breastfeeding self-efficacy (BSE), which refers to a mother's belief in her ability to successfully breastfeed her baby. BSE is considered an important determinant that bridges various internal and external factors. Mothers with high BSE are more likely to initiate breastfeeding immediately after delivery, persist through lactation difficulties, and have a longer breastfeeding duration. Conversely, low BSE is often associated with early breastfeeding cessation, even in mothers who actually have an adequate milk supply [10,11].

Breastfeeding Self-Efficacy (BSE) is a concept first introduced by Dennis (1999) based on Bandura's self-efficacy theory, which states that a person's belief in their abilities significantly influences their behavior, effort, and perseverance in achieving specific goals. In the context of breastfeeding, BSE is defined as a mother's belief in her ability to breastfeed her baby effectively and successfully. BSE can be seen as one of the most influential psychosocial determinants of the success of exclusive breastfeeding. Efforts to enhance BSE through health education, counseling, and social support are essential, particularly for first-time breastfeeding mothers, to help them face breastfeeding challenges with strong confidence and commitment to exclusive breastfeeding according to recommendations. Breastfeeding Self-Efficacy (BSE) in breastfeeding mothers is influenced by various interconnected factors, both individual and environmental. Individual factors include the level of knowledge about breastfeeding, previous breastfeeding experience, psychological condition, and the mother's health status. In addition to individual factors, support from healthcare workers is one of the most determining factors, especially during the early stages of breastfeeding [12, 13].

Healthcare workers play a crucial role in providing accurate information about early initiation of breastfeeding (IMD), infant attachment techniques, lactation management, and how to address common issues such as nipple cracks, engorgement, or babies who have difficulty latching. The education and counseling provided by healthcare workers are expected to enhance mothers' knowledge and simultaneously strengthen their belief in their ability to exclusively breastfeed. Breastfeeding Self-Efficacy (BSE) does not exist in isolation but is greatly influenced by the quality of support the mother receives, especially from healthcare workers. Consistent, continuous, and need-based support from pregnancy through the early breastfeeding period is an effective strategy to boost mothers' self-confidence and ensure the success of exclusive breastfeeding programs. This form of support from healthcare workers can be categorized into several dimensions: informational, emotional, instrumental, and appraisal support. In Indonesia, midwives and nurses in community health centers serve as frontline healthcare providers for maternal and child health, including supporting the success of exclusive breastfeeding. Their support not only helps mothers with technical aspects but also provides psychological encouragement that can enhance BSE, particularly among primiparous mothers who tend to have limited breastfeeding experience [14, 15].

Primiparous mothers are those who have given birth for the first time and are experiencing breastfeeding for the first time. Compared to multiparous mothers, primiparous mothers tend to have limited knowledge, experience, and skills in breastfeeding practices, making them more vulnerable to difficulties. Common challenges include improper infant attachment, breast pain, concerns about inadequate milk supply, and feelings of anxiety and stress postpartum. These

psychological conditions often result in low breastfeeding self-efficacy (BSE), which can decrease motivation and the success of exclusive breastfeeding. In such situations, support from healthcare workers is crucial. Primiparous mothers require more intensive guidance in the form of counseling, early breastfeeding practice support, and continuous monitoring. Informational support provided by healthcare workers helps increase mothers' understanding of proper breastfeeding techniques, while emotional support boosts confidence and reduces anxiety [16].

Despite the implementation of various policies and programs, the coverage of exclusive breastfeeding at the primary healthcare level still faces challenges, including in the working area of Gunung Tinggi Health Center. According to the routine report from Gunung Tinggi Health Center in 2023, the coverage of exclusive breastfeeding in this area has only reached around 65%, a figure that is still lower than the national target of 80% as stated in the 2020–2024 RPJMN (National Medium-Term Development Plan). This condition indicates a gap that needs to be addressed immediately through targeted intervention strategies. The low coverage may be caused by various factors, including the lack of consistent support from healthcare workers and low self-confidence in breastfeeding, particularly among primiparous mothers who are breastfeeding for the first time. Based on the background outlined, it is essential to conduct research aimed at analyzing the relationship between healthcare worker support and breastfeeding self-efficacy (BSE) in primiparous breastfeeding mothers in the working area of Gunung Tinggi Health Center [17].

2 Methods

This study employs an analytical observational design with a cross-sectional approach to identify the relationship between healthcare worker support and breastfeeding self-efficacy (BSE) in primiparous breastfeeding mothers, conducted from June to August 2025 in the working area of Gunung Tinggi Health Center. The population of this study consists of all primiparous mothers with infants aged 0–11 months who have resided in the health center's working area for at least 6 months. Inclusion criteria include primiparous mothers who are willing to participate as respondents, able to communicate effectively, and in physical and psychological condition to participate in the study. The exclusion criteria include mothers with medical conditions or obstetric complications that hinder breastfeeding, as well as infants with contraindications for breastfeeding. The sample size in this study is 45 participants, selected using consecutive sampling, meaning all primiparous mothers who meet the criteria during the study period are invited to participate.

The independent variable of this study is healthcare worker support, measured using a structured questionnaire consisting of 20 items covering four main dimensions: informational, emotional, instrumental, and appraisal support, using a Likert scale from 1 to 5. The dependent variable is breastfeeding self-efficacy (BSE), measured using the Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF), which contains 14 items with a Likert scale from 1 to 5. Additional data collected includes respondent characteristics such as occupation, spouse's occupation, family income, and antenatal visits during pregnancy. Data collection was carried out by trained enumerators through face-to-face interviews after respondents signed the informed consent form. To ensure data quality, discussions with enumerators were conducted prior to data collection, and field supervision was carried out with re-checking of some respondents.

The data were analyzed descriptively to illustrate the distribution of respondent characteristics and to support the assessment of the relationship between the independent and dependent variables. Bivariate analysis was conducted using the Chi-square test to determine the relationship between healthcare worker support and Breastfeeding Self-Efficacy (BSE) with a significance level of 5% ($p < 0.05$). This study has received ethical approval from the Health Research Ethics Committee of the Faculty of Medicine, Universitas Muhammadiyah Sumatera Utara, with the ethical approval number: 1545/KEPK/FKUMSU/2025, and ensures the confidentiality of respondents' identities through the use of unique codes and data anonymization.

3 Results and Discussion

Work is an important factor in understanding the dynamics of family life and household social patterns. According to the research findings, the majority of the mothers, 24 respondents (53.0%), are unemployed or are stay-at-home mothers (SAHMs). The role of a stay-at-home mother is crucial in child-rearing and household management, often requiring them to focus on domestic activities such as cooking, caring for children, and managing the family's daily needs. This condition suggests that some respondents face limitations in terms of participation in formal employment, which may be influenced by social and economic factors, such as limited access to education or appropriate job opportunities. Meanwhile, 21 other mothers (47.0%) are employed. These working mothers are involved in various sectors, both formal and informal, and face challenges in balancing work and household responsibilities. The decision to work outside the home is often influenced by economic factors, such as the need for additional income or the desire to develop a career. The difference between working and non-working mothers is important to consider, as the mother's employment status can affect their access to information and support in breastfeeding practices, which in turn impacts their ability to provide exclusive breastfeeding to their infants [18].

The majority of the respondents' husbands, 20 individuals (44.4%), work as farmers, reflecting the dominance of the agricultural sector as the main source of livelihood in the families studied. As farmers, their work heavily depends on natural resources and seasonal conditions, which often affect the stability of family income. This type of work can lead to irregular income and vulnerability to fluctuations in crop yields, which significantly affects the family's economic welfare. Additionally, there is a variety of other occupations, with 6 husbands (13.4%) working as laborers, 4 husbands (8.9%) in the private sector, 4 husbands (8.9%) as civil servants or members of the military or police, and 9 husbands (20.0%) working as entrepreneurs or self-employed. Despite the diversity in occupations, the predominance of farming indicates the importance of the agricultural sector in the economic life of these families. The existence of jobs with unstable income can affect the socio-economic conditions of the family and their access to essential resources, including health and nutrition.

According to the research findings, the majority of the respondents' families, 23 families (51.1%), fall into the low-income category. This indicates that more than half of the families

studied still face significant economic limitations, with income insufficient to meet daily living needs optimally. Low income can affect various aspects of family life, such as access to education, health, and proper nutrition for breastfeeding mothers and their infants. Meanwhile, 15 families (33.3%) have moderate income, indicating the presence of a middle class among the respondents, although they still face challenges regarding financial stability and access to better services. Only 7 families (15.6%) have high income, which reflects that a small portion of the respondents has better economic welfare, with broader access to resources and facilities that can support their quality of life. The income disparity observed in these data reflects a significant socio-economic gap within the respondent population, where the majority of families still face economic difficulties that limit their ability to meet basic needs, especially in terms of health and optimal nutrition, which in turn can affect exclusive breastfeeding practices and the health of both mothers and children [19]. The analysis of respondent characteristics is presented in Table 1 below:

Table 1. Frequency Distribution of Respondent Characteristics

Characteristics	n	%
Mother's Occupation		
Unemployed/Stay-at-home Mother (SAHM)	24	53.0
Employed	21	47.0
Husband's Occupation		
Unemployed	2	4.4
Farmet	20	44.4
Labores	6	13.4
Private Sector Employee	4	8.9
Civil Servant/Military/Police	4	8.9
Entrepreneur	9	20.0
Family Income		
Low	23	51.1
Moderate	15	33.3
High	7	15.6
Total	45	100.0

The results of the study show the frequency distribution of Antenatal Care (ANC) visits based on the number of visits made by breastfeeding mothers during their pregnancy, which were categorized into two groups: Irregular (<6 visits) and Regular (≥ 6 visits). Antenatal visits are an essential form of care during pregnancy aimed at monitoring the health of both the mother and the fetus. A total of 19 pregnant mothers (42.2%) made fewer than six antenatal visits, indicating that they fall into the irregular care group, while 26 pregnant mothers (57.8%) made more than six visits, meaning they are part of the group receiving regular antenatal care that meets the recommended standard. Overall, there were 45 pregnant mothers in this study, indicating that more than half of the respondents (57.8%) were able to access regular antenatal care, while 42.2% showed incomplete adherence to the recommended number of visits. This may serve as an indicator of barriers or challenges in accessing optimal antenatal healthcare services, potentially caused by socio-economic factors, limited facilities, or low knowledge about the

importance of regular antenatal visits. Furthermore, higher frequency of antenatal visits has an impact on maternal behavior during the postpartum period, particularly in breastfeeding practices [20]. The distribution of antenatal visit frequencies during pregnancy is presented in the table 2. below:

Table 2. Frequency Distribution of Antenatal Care Visits

Antenatal Care Visits	n	%
Irregular (<6 visits)	19	42.2
Regular (≥6 visits)	26	57.8
Total	45	100.0

Healthcare worker support for primiparous mothers is one of the key factors in improving knowledge about pregnancy, maternal readiness during labor, and breastfeeding. The support provided by healthcare workers can take various forms, such as offering accurate information on breastfeeding techniques, emotional support, and regular monitoring of the health of both the mother and the baby. The assessment of this support is based on the primiparous mother's perception of the quality of care received, which is categorized into two groups: good and inadequate. According to the frequency distribution presented in Table 3, of the total 45 respondents, 27 respondents (60.0%) reported that the support they received from healthcare workers was good. This indicates that the majority of mothers feel they received adequate support in the breastfeeding process, including information, motivation, and practical assistance. However, 18 respondents (40.0%) stated that the support they received was insufficient. This suggests that although most mothers are satisfied with the support provided, there is still a group of mothers who feel that the support they received was inadequate, which may affect their success and comfort in breastfeeding. The lack of support from healthcare workers may be related to ineffective communication between the mother and healthcare workers or the limited time and resources available to healthcare workers to provide more in-depth attention to each mother (15). The frequency distribution of healthcare worker support for mothers can be seen in Table 3 below:

Table 3. Frequency Distribution of Healthcare Worker Support

Healthcare Worker Support	n	%
Good	27	60.0
Bad	18	40.0
Total	45	100.0

Breastfeeding Self-Efficacy (BSE) refers to a mother's belief in her ability to breastfeed effectively, which can be influenced by various factors, including support from healthcare workers. Table 4 shows the frequency distribution of breastfeeding self-efficacy levels among primiparous mothers in the working area of Gunung Tinggi Health Center. Of the 45 mothers, 25 mothers (55.6%) had low BSE levels, while 20 mothers (44.4%) had high BSE levels. These data reflect a variation in the level of mothers' confidence in their ability to breastfeed, which may be influenced by internal factors such as knowledge and personal experience, as well as external factors like social support and information received from healthcare workers (21). The decrease or increase in BSE levels may be related to the effectiveness of the support provided

by healthcare workers during pregnancy and the postpartum period. These findings are important for designing more focused programs to enhance BSE, particularly by increasing healthcare workers' involvement in providing information and emotional support to primiparous mothers. The frequency distribution of Breastfeeding Self-Efficacy can be seen in Table 4 below:

Table 4. Frequency Distribution of Breastfeeding Self-Efficacy

Breastfeeding Self-Efficacy	n	%
Low	25	55.6
High	20	44.4
Total	45	100.0

This study presents the results of an analysis regarding the relationship between antenatal care (ANC) visits and breastfeeding self-efficacy levels in primiparous breastfeeding mothers in the working area of Gunung Tinggi Health Center. The variables tested in this table are ANC visits and breastfeeding self-efficacy levels, each divided into two categories: regular and irregular ANC visits, and low and high breastfeeding self-efficacy levels. Based on the data, among mothers who made irregular ANC visits, 78.9% had low breastfeeding self-efficacy, while only 21.1% had high breastfeeding self-efficacy. In contrast, among mothers who made regular ANC visits, only 38.5% had low breastfeeding self-efficacy, while 61.5% had high breastfeeding self-efficacy. The statistical test showed a significant relationship between ANC visits and breastfeeding self-efficacy, with a p-value of $0.017 < 0.05$, indicating that regular ANC visits are associated with an increase in breastfeeding self-efficacy. Furthermore, the prevalence ratio (PR) of 2.053 (with a 95% confidence interval between 1.198–3.518) shows that mothers who make regular ANC visits are twice as likely to have high breastfeeding self-efficacy compared to mothers who do not make regular ANC visits. These results highlight the importance of healthcare worker support through regular ANC visits to enhance mothers' confidence in breastfeeding, which can positively impact the success of exclusive breastfeeding. The results of the analysis on the relationship between antenatal care (ANC) visits and breastfeeding self-efficacy can be seen in Table 5 below:

Table 5. Relationship Between Antenatal Care Visits and Breastfeeding Self-Efficacy

Antenatal Care Visits	Breastfeeding Self-Efficacy						p	Prevalence Ratio (CI)
	Low		High		Total			
	n	%	n	%	n	%		
Irregular	15	78.9	4	21.1	19	100.0	0.017	2.053 (1.198-3.518)
Reguler	10	38.5	16	61.5	26	100.0		

Table 6 illustrates the relationship between healthcare worker support and breastfeeding self-efficacy (BSE) levels in primiparous breastfeeding mothers in the working area of Gunung Tinggi Health Center. The variables used in this study include Healthcare Worker Support and Breastfeeding Self-Efficacy (BSE). Healthcare Worker Support is categorized into two groups: "Bad" and "Good." Meanwhile, Breastfeeding Self-Efficacy is categorized into two levels based on the scores obtained: Low and High. The data shows that, among the 27 mothers who received inadequate healthcare worker support, 74.1% (20 mothers) had low BSE, while 25.9% (7

mothers) had high BSE. In contrast, among the 18 mothers who received good healthcare worker support, 72.2% (13 mothers) had high BSE, and 27.8% (5 mothers) had low BSE. The analysis indicates a significant relationship between healthcare worker support and breastfeeding self-efficacy, with a p-value of $0.002 < 0.05$, suggesting that the better the healthcare worker support, the higher the breastfeeding self-efficacy in primiparous mothers. The prevalence ratio (2.667) shows that mothers who receive good support are 2.667 times more likely to have high BSE compared to mothers who receive inadequate support. This figure also has a confidence interval (CI) ranging from 1.225 to 5.803, further strengthening the importance of healthcare worker support in enhancing breastfeeding self-efficacy.

Table 6. Relationship Between Healthcare Worker Support and Breastfeeding Self-Efficacy

Healthcare Worker Support	Breastfeeding Self-Efficacy						p	Prevalence Ratio (CI)
	Low		High		Total			
	n	%	n	%	n	%		
Bad	20	74.1	7	25.9	27	100.0	0.002	2.667 (1.225-5.803)
Good	5	27.8	13	72.2	18	100.0		

Breastfeeding Self-Efficacy (BSE) is an important psychosocial factor in the success of breastfeeding, referring to a mother's belief in her ability to breastfeed effectively. BSE has been shown to play a significant role in increasing the duration and success of exclusive breastfeeding. Mothers with high BSE are generally better equipped to face breastfeeding challenges and remain committed to breastfeeding despite obstacles. BSE can be influenced by internal factors such as knowledge and skills in breastfeeding, as well as external factors such as social support, particularly from healthcare workers. Mothers who feel supported and understood by healthcare professionals tend to have higher confidence in their ability to breastfeed, which in turn improves the success of exclusive breastfeeding. This study aligns with research by Nainggolan et al. (2024), which demonstrated that mothers with high BSE are more likely to initiate breastfeeding immediately after delivery and are more persistent in overcoming lactation difficulties [22].

Antenatal care visits are an important aspect of pregnancy care that can influence a mother's readiness for breastfeeding. These visits provide an opportunity for healthcare workers to educate mothers about proper breastfeeding techniques, address common breastfeeding issues, and offer the emotional support that is often needed, especially for first-time mothers. Mothers who attend regular antenatal care visits tend to have higher BSE levels. This is because they receive better information, feel more prepared, and are more confident in facing the breastfeeding process after delivery. Regular antenatal visits also enable the healthcare team to monitor the health of both the mother and the baby, helping prevent or address any potential issues that may arise during the breastfeeding period [20, 23].

Healthcare worker support, including accurate information, practical guidance, and emotional support, plays a crucial role in improving Breastfeeding Self-Efficacy (BSE) in mothers. This study shows that mothers who receive good support from healthcare workers have higher BSE compared to those who receive inadequate support. Healthcare worker support helps mothers

understand proper breastfeeding techniques, reduces anxiety, and boosts their confidence. Furthermore, emotional support from healthcare workers helps mothers feel valued and supported during their breastfeeding journey. Informational and emotional support from healthcare workers are positively associated with an increase in BSE among primiparous mothers, thereby strengthening their confidence in breastfeeding [24].

Regular antenatal care visits are closely linked to the quality of support mothers receive from healthcare workers. Mothers who attend regular visits are more likely to receive adequate support from healthcare workers, both in the form of accurate breastfeeding information and emotional support. The findings of this study show that mothers who attend regular antenatal visits have higher BSE levels compared to those who do not attend regular visits. This highlights the importance of continued antenatal visits to provide the support mothers need to face breastfeeding challenges, ultimately improving the success of exclusive breastfeeding. This study is consistent with the research by Shofiya et al. (2024), which found that regular antenatal visits are positively associated with the quality of support received from healthcare workers, directly contributing to an increase in BSE in breastfeeding mothers [25].

Healthcare worker support has been shown to have a significant impact on improving Breastfeeding Self-Efficacy (BSE) in primiparous mothers. This study indicates that mothers who receive good support from healthcare workers are two times more likely to have high BSE compared to mothers who receive inadequate support. Healthcare worker support plays an essential role in providing accurate information about breastfeeding techniques, as well as practical guidance in managing common breastfeeding challenges, such as nipple cracks, engorgement, or difficulties with latching. Additionally, the emotional support provided by healthcare workers helps reduce the anxiety and concerns often experienced by primiparous mothers. With this support, mothers feel more prepared, confident, and motivated to breastfeed exclusively, which can ultimately enhance the success of exclusive breastfeeding. Consistent support, both informational and emotional, is a critical element in strengthening mothers' confidence in their ability to breastfeed their infants [15, 24].

This study aligns with research by Sartika et al. (2024), which found that ongoing support from healthcare workers regarding breastfeeding plays a significant role in improving BSE, especially in supporting primiparous mothers. The study revealed that mothers who received full support from healthcare workers, including education on breastfeeding techniques and psychological support, were more likely to have high BSE [26]. Additionally, support from trained and experienced healthcare workers in breastfeeding processes has been shown to enhance mothers' confidence in their ability to breastfeed, even amid challenges or difficulties. This is further reinforced by research by Mony et al. (2021), which showed that mothers who feel supported by competent healthcare workers are more capable of overcoming breastfeeding barriers and more committed to exclusive breastfeeding. In other words, the role of healthcare workers is crucial in boosting mothers' self-confidence, which is the key to the success of exclusive breastfeeding [27].

4 Conclusions

The results of the study conclude that healthcare worker support, categorized as good, plays a significant role in improving breastfeeding self-efficacy (BSE) in primiparous breastfeeding mothers in the working area of Gunung Tinggi Health Center. The majority of the respondent mothers belong to low-income households, yet more mothers attended regular ANC visits. The analysis shows a significant relationship between healthcare worker support and BSE, with mothers who received good support from healthcare workers being 2.67 times more likely to have high BSE compared to those who received inadequate support. Additionally, mothers who regularly attended ANC visits also showed higher BSE levels compared to those who attended ANC visits irregularly. This indicates that regular ANC visits provide healthcare workers the opportunity to offer better informational support and emotional reinforcement, thereby boosting mothers' confidence in their breastfeeding abilities. Therefore, it is recommended to strengthen lactation support programs involving healthcare workers, ensuring the consistency and quality of both informational and emotional support for primiparous mothers, and improving the regularity of antenatal visits to help mothers feel more prepared and confident in providing exclusive breastfeeding. These support programs should be tailored to the individual needs of mothers, including providing more intensive guidance for primiparous mothers who tend to have limited breastfeeding experience.

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