

The Effect of Digital Lactation Support on Breastfeeding Self-Efficacy among Breastfeeding Mothers

Apriani Triana Sari Ginting^{1*}, Febriana Sari², Lydia br Pinem³, Nabila Sa,bania Tarigan⁴,
Jemalem br Sembiring⁵

^{1,2,3,4,5}Sekolah Tinggi Ilmu Kesehatan (STIKes) Mitra Husada Medan

Correspondence author: Apriani Triana Sari Ginting, aprianiginting09@gmail.com

DOI: <https://doi.org/10.37012/jpkmht.v8i1.3660>

Abstract

*Breastfeeding self-efficacy refers to a mother's confidence in her ability to breastfeed and is an important determinant of exclusive breastfeeding practice; low self-efficacy remains a major barrier to breastfeeding success. This study aimed to determine the effect of digital lactation support delivered through audiovisual media on breastfeeding self-efficacy among breastfeeding mothers in Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency. A quasi-experimental design with a one-group pretest–posttest approach was applied. A total of 34 breastfeeding mothers were selected using total sampling. Data were collected at both the pretest and the posttest using the same instrument, the Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF), which comprises 14 items rated on a five-point Likert scale (1 = not at all confident to 5 = always confident). The final score of each respondent was the sum of the scores of the 14 items, giving a possible total score of 14 to 70, which was then classified as low (14–32), moderate (33–51), or high (52–70). The data were analysed through univariate analysis, the Shapiro–Wilk normality test, and a paired samples *t*-test at $\alpha = 0.05$. The mean breastfeeding self-efficacy score increased from 47.41 ± 5.505 before the intervention to 51.24 ± 6.286 afterwards, with $t = -3.696$ and $p = 0.001$ ($p < 0.05$). It is concluded that digital lactation support through audiovisual media significantly improves breastfeeding self-efficacy. Health workers and village authorities are recommended to integrate digital educational media into postpartum mentoring programmes.*

Keywords: Breastfeeding Self-Efficacy, Digital Lactation Support, Audiovisual Media, Breastfeeding Mothers, Exclusive Breastfeeding

Abstrak

Breastfeeding Self-Efficacy merupakan keyakinan ibu terhadap kemampuannya dalam menyusui dan menjadi determinan penting keberhasilan ASI eksklusif; rendahnya keyakinan tersebut masih menjadi penyebab kegagalan menyusui. Penelitian ini bertujuan mengetahui pengaruh pemberian digitalisasi *lactation support* melalui media audio visual terhadap *Breastfeeding Self-Efficacy* pada ibu menyusui di Desa Bangun Rejo, Kecamatan Tanjung Morawa, Kabupaten Deli Serdang. Penelitian menggunakan desain *quasi experiment* dengan rancangan *one group pretest–posttest design*. Sampel berjumlah 34 ibu menyusui yang diambil dengan teknik *total sampling*. Instrumen yang digunakan adalah *Breastfeeding Self-Efficacy Scale–Short Form* (BSES-SF) yang terdiri atas 14 butir pernyataan, masing-masing dinilai dengan lima pilihan jawaban skala Likert (1 = sangat tidak yakin sampai 5 = selalu yakin). Skor akhir setiap responden merupakan penjumlahan skor 14 butir sehingga rentang skor total 14–70, yang selanjutnya dikategorikan menjadi rendah (14–32), sedang (33–51), dan tinggi (52–70). Analisis data meliputi analisis univariat, uji normalitas *Shapiro–Wilk*, dan uji *paired samples t-test* pada $\alpha = 0,05$. Hasil penelitian menunjukkan rata-rata skor sebelum intervensi $47,41 \pm 5,505$ dan meningkat menjadi $51,24 \pm 6,286$ sesudah intervensi, dengan nilai $t = -3,696$ dan $p = 0,001$ ($p < 0,05$). Disimpulkan bahwa digitalisasi *lactation support* melalui media audio visual berpengaruh signifikan terhadap peningkatan *Breastfeeding Self-Efficacy*. Direkomendasikan agar tenaga kesehatan dan pemerintah desa mengintegrasikan media edukasi digital ke dalam program pendampingan ibu nifas.

Kata Kunci: Breastfeeding Self-Efficacy, Digitalisasi Lactation Support, Media Audio Visual, Ibu Menyusui, ASI Eksklusif

INTRODUCTION

Exclusive breastfeeding refers to the provision of breast milk only, without any additional food or drink apart from medicines, vitamins, and minerals, from birth until the age of six months. Breast milk contains a complete range of nutrients that matches the needs of the infant, is easily digested, and carries antibodies that protect the infant from infectious diseases, while at the same time supporting physical growth, brain development, and the emotional bond between mother and child. The World Health Organization affirms that exclusive breastfeeding is the most effective health intervention for reducing infant morbidity and mortality (Wijaya, 2019).

Globally, exclusive breastfeeding coverage has risen relatively slowly but consistently, from around 44% in 2020 to 48% in 2023–2024. This figure has not yet reached the World Health Assembly target of at least 50% by 2025 and 70% by 2030. The gap is influenced by maternal knowledge, family support, and access to health services, so that optimising breastfeeding support through education and maternal mentoring becomes an important strategy (Unicef, 2023).

In Indonesia, the national target for exclusive breastfeeding coverage has been set at 80% under Presidential Regulation Number 72 of 2021 as part of the acceleration of stunting reduction. This target, however, has not been optimally achieved. The 2022 Maternal and Child Health Profile recorded exclusive breastfeeding coverage of 72.04% among infants aged 0–5 months, whereas the 2021 Basic Health Research (Riskesdas) showed that only 52.5% of infants under six months received exclusive breast milk (Simangunsong et al., 2022). Data from Statistics Indonesia in 2023 revealed variation between provinces, with West Nusa Tenggara (82.45%), Central Java (80.20%), and West Java (80.08%) having reached the national target, while several other provinces still lagged behind. Such variation illustrates that the success of exclusive breastfeeding is shaped by regional policy, health education, and support from health workers and families (Annur, 2024).

One of the important factors influencing breastfeeding success is breastfeeding self-efficacy, that is, a mother's confidence in her ability to breastfeed her infant. Mothers with a high level of breastfeeding self-efficacy tend to be more confident, better able to overcome breastfeeding difficulties, and to achieve a longer duration and greater continuity of breastfeeding (Dennis, 2021; Zahira et al., 2025). Low confidence of this kind remains one of the main causes of failure in exclusive breastfeeding, so that appropriate interventions are needed to improve it (Sihotang et al., 2026).

In line with technological development, the digitalisation of health services has become an innovative alternative for improving access to and the quality of care, including lactation support. Digital lactation support delivered through educational videos, interactive messaging, health applications, and online consultation enables mothers to obtain breastfeeding information and support continuously, without being limited by space and time. Various studies have shown that digital lactation interventions are effective in improving breastfeeding self-efficacy, breastfeeding duration, and adherence to exclusive breastfeeding (Sun et al., 2023; Chipojola et al., 2020). Digitalisation has also been shown to widen the reach of maternal health education and to accelerate the delivery of information to mothers (Manurung et al., 2024; Nurkhayati et al., 2022).

A preliminary survey conducted in early 2026 among 10 breastfeeding mothers in Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency showed that most mothers still had a low level of confidence in breastfeeding. Six mothers reported feeling unsure about their ability to breastfeed, particularly with regard to correct positioning and attachment, and were worried that their milk supply would be insufficient. Seven mothers had never received digitally based lactation support and relied only on information from their families or from health workers during limited visits, while five mothers experienced difficulty in accessing breastfeeding information quickly when problems arose at home. These conditions indicate that the use of digitalisation to support breastfeeding practice is still limited.

This study is also aligned with the Sustainable Development Goals, particularly SDG 3: Good Health and Well-Being, especially Target 3.2 on ending preventable deaths of newborns and children under five years of age, and Target 3.8 on universal health coverage through technology-based service innovation (United Nation, 2023). On the basis of this background, the study aims to determine the effect of digital lactation support delivered through audiovisual media on breastfeeding self-efficacy among breastfeeding mothers in Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency.

IMPLEMENTATION METHOD

This study is quantitative research of the quasi-experimental type using a one group pretest–posttest design. The study involved a single intervention group without a comparison group. Breastfeeding self-efficacy was measured before (pretest) the provision of digital lactation support through audiovisual media and measured again after (posttest) the intervention was delivered.

The study was carried out in Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency, North Sumatra Province, in 2026. The population comprised all postpartum mothers in the area during January–February 2026, totalling 34 women. Sampling employed the total sampling technique (Notoatmodjo, 2018), so that the entire population was taken as the study sample, namely 34 respondents.

The inclusion criteria were breastfeeding mothers with infants aged 0–6 months, residing in Bangun Rejo Village, willing to participate and to sign the informed consent form, having access to and being able to operate digital media (a smartphone), and able to communicate well. The exclusion criteria were mothers with serious medical conditions that hindered the breastfeeding process, mothers with severe psychological disorders, mothers who did not follow the entire series of interventions, and mothers who withdrew during the course of the study.

The intervention, in the form of digital lactation support, was delivered through audiovisual media containing material on the benefits of exclusive breastfeeding, correct positioning and attachment techniques, breastfeeding frequency, nutrition for breastfeeding mothers, breast care, and ways of managing problems that commonly occur during lactation. The media could be accessed repeatedly by respondents through their own smartphones.

The research instrument was the Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF) questionnaire, which consists of 14 statements and was administered in an identical form at both the pretest and the posttest[YW2.1]. Each statement is answered using a five-point Likert response scale, namely 1 = not at all confident, 2 = not very confident, 3 = sometimes confident, 4 = confident, and 5 = always confident. All items are positively worded, so that no reverse scoring is applied. The final score of each respondent is obtained by summing the scores of all 14 items, so that the total score ranges from a minimum of 14 (14×1) to a maximum of 70 (14×5). The instrument does not use a scale of 0 to 100, and the raw total score is not converted into a percentage. The five response options therefore refer to the answer choices provided for every item, and not to the categories of the study outcome. For descriptive purposes, the total score was further classified into three categories of equal interval, obtained by dividing the score range of 14 to 70 into three classes with an interval of 19 points, namely low (14–32), moderate (33–51), and high (52–70). These three categories are the ones reported in Table 2, whereas the five options operate at the level of the individual item. The instrument has been adapted into Indonesian through translation, review by language experts, back-

translation, and re-examination by the original developer. The Indonesian version was declared valid and reliable, with a Cronbach's alpha of 0.917 (Yuliani et al., 2023).

Primary data were obtained directly from respondents through the completion of questionnaires at the pretest and posttest stages, while secondary data were obtained from delivery records at the local community health centre (Suleman et al., 2024). Data processing was carried out by computer using SPSS software. Univariate analysis was used to describe respondent characteristics and the distribution of breastfeeding self-efficacy before and after the intervention. The normality test was conducted using the Shapiro–Wilk test because the sample comprised fewer than 50 respondents. As the data were normally distributed ($p > 0.05$), bivariate analysis was carried out using the paired samples t-test at a significance level of $\alpha = 0.05$.

This study has complied with the principles of research ethics, comprising informed consent, anonymity, confidentiality, beneficence, non-maleficence, and justice, and has obtained ethical clearance from the health research ethics committee.

RESULTS AND DISCUSSION

Respondent Characteristics

The characteristics of the respondents in this study comprised age, level of education, and employment status. The distribution of respondent characteristics is presented in Table 1.

Table 1. Frequency Distribution of Respondent Characteristics (n = 34)

Characteristics	Frequency (n)	Percentage (%)
Age		
< 20 years	2	5.9
20–35 years	29	85.3
> 35 years	3	8.8
Education		
Primary school	2	5.9
Junior high school	1	2.9
Senior high school	28	82.4
Higher education	3	8.8
Employment status		
Employed	29	85.3
Not employed	5	14.7
Total	34	100.0

Source: Primary data, 2026

Table 1 shows that, of the 34 respondents, the majority were aged 20–35 years, namely 29 respondents (85.3%). Most respondents had completed senior high school, that is, 28 respondents (82.4%), and the majority were employed, namely 29 respondents (85.3%). These characteristics indicate that most respondents were within the healthy reproductive age range and had a secondary level of education, so that in general they had an adequate capacity to receive health information through digital media.

Breastfeeding Self-Efficacy Before and After the Intervention

The distribution of breastfeeding self-efficacy categories before and after the provision of digital lactation support through audiovisual media is presented in Table 2.

Table 2. Distribution of Breastfeeding Self-Efficacy Before and After the Intervention (n = 34)

Category	Pretest n (%)	Posttest n (%)
Low	1 (2.9)	2 (5.9)
Moderate	28 (82.4)	16 (47.1)
High	5 (14.7)	16 (47.1)
Total	34 (100.0)	34 (100.0)

Source: Primary data, 2026

The categories presented in Table 2 were derived from the total BSES-SF score of each respondent, that is, the sum of the scores of the 14 items with a possible range of 14 to 70, which was then grouped into low (14–32), moderate (33–51), and high (52–70). Table 2 shows that before the intervention most respondents were in the moderate category, namely 28 respondents (82.4%), with only 5 respondents (14.7%) in the high category. After the intervention, the proportion of respondents in the high category increased to 16 respondents (47.1%), while the moderate category decreased to 16 respondents (47.1%). This change in proportions indicates a shift in the distribution of breastfeeding self-efficacy towards a more favourable category following the intervention.

Descriptive statistics for the scores before and after the intervention are presented in Table 3.

Table 3. Descriptive Statistics and Normality Test Results for Breastfeeding Self-Efficacy Scores

Variable	n	Min–Max	Mean ± SD	p (Shapiro–Wilk)
Pretest score	34	31–61	47.41 ± 5.505	0.122
Posttest score	34	31–61	51.24 ± 6.286	0.065

Source: Primary data, 2026

The figures presented in Table 3 are total BSES-SF scores, namely the sum of the scores of the 14 items, so that the possible range of values is 14 to 70 and not 0 to 100. Based on Table 3, the mean score before the intervention was 47.41 with a standard deviation of 5.505, which then increased to 51.24 with a standard deviation of 6.286 after the intervention, or a mean increase of 3.83 points. The Shapiro–Wilk normality test yielded $p = 0.122$ for the pretest score and $p = 0.065$ for the posttest score. Both values were greater than 0.05, so the data were declared to be normally distributed and bivariate analysis was continued using the paired samples t -test.

The Effect of Digital Lactation Support on Breastfeeding Self-Efficacy

The results of the bivariate analysis using the paired samples t -test are presented in Table 4.

Table 4. The Effect of Digital Lactation Support through Audiovisual Media on Breastfeeding Self-Efficacy

Variable	n	Mean $\pm$ SD	t	p-value
Before intervention (Pretest)	34	47.41 $\pm$ 5.505	-3.696	0.001
After intervention (Posttest)	34	51.24 $\pm$ 6.286		

Source: Primary data, 2026

Table 4 shows a value of $t = -3.696$ with a p -value of 0.001. Because $p < 0.05$, H_0 is rejected and H_1 is accepted, so it can be concluded that there is a significant effect of digital lactation support through audiovisual media on the improvement of breastfeeding self-efficacy among breastfeeding mothers in Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency.

The increase in these scores indicates that education delivered through audiovisual media is able to strengthen mothers' confidence in their ability to breastfeed. Audiovisual media make it easier for mothers to understand information on correct breastfeeding techniques, infant positioning and attachment, the benefits of exclusive breastfeeding, and ways of dealing with the various problems that arise during breastfeeding. The combination of image, sound, and movement makes information easier to understand and to remember than verbal counselling alone, thereby increasing mothers' confidence in feeding their infants.

The results of this study are consistent with the research of Hidayati et al. (2025), which used a one group pretest–posttest design among 25 postpartum mothers and found an increase in the mean breastfeeding self-efficacy score from 43.80 to 63.88 after the provision of breastfeeding education, with $p = 0.000$. That study concluded that breastfeeding education

delivered in a promotive and preventive manner is able to improve both the knowledge and the confidence of postpartum mothers in breastfeeding.

This finding is also supported by Maleki et al. (2021), whose systematic review and meta-analysis showed that educational interventions produced a significant improvement in breastfeeding self-efficacy compared with control groups ($p < 0.001$). Structured education, whether through counselling, health education, or other educational media, is able to improve mothers' knowledge, skills, and confidence in breastfeeding. Similar results were reported by Rahmadani & Rahmawati (2022) in a meta-analysis concluding that breastfeeding education programmes for pregnant and postpartum mothers have an effect on the improvement of breastfeeding self-efficacy, with a pooled effect that is statistically significant ($p < 0.001$).

More specifically, Metin & Baltaci (2024), in a randomised controlled trial involving 80 primiparous pregnant women, found that before the intervention there was no difference in scores between the intervention and control groups ($p = 0.211$), whereas after the provision of video-assisted education a significant increase in scores occurred in the intervention group ($p = 0.000$), with a mean increase of 14.92 points. The similarity in the direction of these results reinforces the view that audiovisual-based educational media constitute an effective method, because they provide clear visual demonstration, improve comprehension, and make it easier for mothers to recall the material that has been delivered. This finding is also consistent with the results of Wahyudi et al. (2025) concerning the effect of audiovisual media on lactation management on breastfeeding self-efficacy, and of Yuliani et al. (2022) concerning the effectiveness of video educational media in improving breastfeeding self-efficacy.

In the researchers' assumption, the improvement in breastfeeding self-efficacy after the provision of digital lactation support occurred because these media convey information in a more engaging, interactive, and comprehensible manner than verbal counselling. Educational videos allow mothers to observe attachment techniques, breastfeeding positions, and ways of dealing with lactation problems directly. In addition, digital media can be replayed at any time, so that mothers have the opportunity to review the material as needed. This condition is presumed to improve comprehension, to reduce anxiety during breastfeeding, and to strengthen mothers' confidence in their ability to provide breast milk. Strengthening the role of health workers and cadres in mentoring mothers also constitutes a supporting factor in the success of the intervention (Munthe et al., 2024; Manurung et al., 2024)

Nevertheless, this study has a limitation in the form of the use of a one group pretest–posttest design without a control group, so that the increase in scores cannot be entirely separated from

the influence of external factors such as family support, previous breastfeeding experience, and routine visits by health workers. The limited number of respondents within a single village also restricts the generalisability of the findings to a wider population.

CONCLUSION

The provision of digital lactation support through audiovisual media had a significant effect on the improvement of breastfeeding self-efficacy among breastfeeding mothers in Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency. The mean score increased from 47.41 ± 5.505 before the intervention to 51.24 ± 6.286 after the intervention, with $t = -3.696$ and $p = 0.001$ ($p < 0.05$). Most respondents were aged 20–35 years (85.3%), had completed senior high school (82.4%), and were employed (85.3%), with the proportion in the high category increasing from 14.7% to 47.1% after the intervention.

On the basis of these findings, breastfeeding mothers are recommended to make use of digital educational media as a source of information for improving their knowledge, skills, and confidence in breastfeeding. Village authorities together with health workers are advised to integrate digital lactation support into health promotion activities and into mentoring programmes for pregnant and postpartum mothers. Future researchers are advised to develop studies with a larger number of respondents, to involve a control group, and to add other variables such as husband's support, family support, level of knowledge, and maternal motivation, so that more comprehensive results may be obtained.

REFERENCES

- Annur, C. M. (2024). 10 Provinsi dengan Persentase Bayi Usia Kurang dari 6 Bulan yang Mendapat ASI Eksklusif Tertinggi Nasional (2023). PT Katadata Indonesia. <https://databoks.katadata.co.id/layanan-konsumen-kesehatan/statistik/1d66e0c45074354/inilah-10-provinsi-dengan-pemberian-asi-eksklusif-tertinggi-nasional-pada-2023-ntb-teratas>
- Chipojola, R., Chiu, H.-Y., Huda, M. H., Lin, Y.-M., & Kuo, S.-Y. (2020). Effectiveness of theory-based educational interventions on breastfeeding self-efficacy and exclusive breastfeeding: A systematic review and meta-analysis. *International Journal of Nursing Studies*, Sep(109). <https://doi.org/10.1016/j.ijnurstu.2020.103675>
- Dennis, C.-L. (2021). Breastfeeding self-efficacy: Theory, measurement, and practice. *Journal of Human Lactation*, 37(1), 21–29

- Hidayati, R. D., Listiana, A., & Mundari, R. (2025). The Effectiveness of Breastfeeding Education on Improving Knowledge and Breastfeeding Self-Efficacy among Postpartum Mothers in the Practice of Exclusive Breastfeeding. *JKM (Jurnal Kebidanan Malahayati)*, 11(10), 1213–1221. <https://doi.org/10.33024/jkm.v11i10.23429>
- Maleki, A., Faghihzadeh, E., & Youseflu, S. (2021). The Effect of Educational Intervention on Improvement of Breastfeeding Self-Efficacy: A Systematic Review and Meta-Analysis. *Obstetrics and Gynecology International*, August(10). <https://doi.org/10.1155/2021/5522229>
- Manurung, H. R., Sinaga, S. N., Sinaga, R., Sinaga, R., Surbakti, I. S., Marliani, & Riska Susanti Pasa. (2024). Implementation of UMKM based on Participation Innovation And Digitalization In Achieving SDG's Through Ced Prevention at PMB Sarfina Br Sembiring 2023. *Jurnal Kesehatan LLDIKTI Wilayah 1*, 4(1), 6–12. <https://doi.org/10.54076/jukes.v4i1.424>
- Metin, A., & Baltaci, N. (2024). The effects of video-assisted breastfeeding education given to primiparous pregnant women on breastfeeding self-efficacy: Randomized control study. *BMC Pregnancy and Childbirth*, 24(1), 142. <https://doi.org/10.1186/s12884-024-06317-1>
- Munthe, J., Sari, F., Putri, N. M., Nurmawan, S., Sembiring, I. S., Utami, L. P., Sembiring, M., & Sembiring, S. (2024). Pendampingan Peran Kader dalam Mengurangi Kejadian Kek Pada Ibu Hamil di PMB Sarfina Sembiring. *Al Khidmah: Jurnal Pengabdian Masyarakat*, 4(1), 107–114. <https://doi.org/https://doi.org/10.56013/jak.v4i1.2980>
- Notoatmodjo, S. (2018). *Metodologi Penelitian Kesehatan* (1st ed.). PT Rineka Cipta.
- Rahmadani, A. N., & Rahmawati, A. F. (2022). Meta-Analysis: Effect of Breastfeeding Education Program on the Breastfeeding Self-Efficacy and Exclusive Breastfeeding. *Journal of Health Promotion and Behavior*, 7(1), 42–54. <https://doi.org/10.26911/thejhp.2021.07.01.05>
- Sihotang, N. M., Simamora, L., Cantika, P. C., Adelia, Zebua, G. E., Mardiah, A., & Situmorang, V. M. (2026). Edukasi Laktasi Terhadap Breast Feeding Self-Efficacy Ibu Nifas Di Puskesmas Tanjung Leidong Kabupaten Labuhanbatu Utara Provinsi

Sumatera Utara Tahun 2025. Prosiding Forum Ilmiah Dan Diskusi Mahasiswa (FORISMA), 7, 715–724.

- Simangunsong, P., Myrnawati, & Sirati, A. (2022). Keberhasilan ASI Eksklusif dan Faktor Determinan yang Berpengaruh. *Jurnal Kesehatan Ilmiah Indonesia*, 7(1), 147–155. <https://doi.org/https://doi.org/10.51933/health.v7i1.780>
- Suleman, I., Noprianty, R., Sridani, N. W., Zahra, S., Sya'diyah, H., Akbarani, R., Simon, M., Mardiah, A., Mayasari, A. C., Falah, F., Sagala, L. M. B., Karmila, D., Sari, A. S., Widiarta, G. B., & Lestari, A. S. (2024). Metodologi Penelitian Keperawatan (H. Akbar (ed.)). Media Sains Indonesia.
- Sun, Y., Gao, Y., Zhu, Z., & Zhu, L. (2023). Effect of online intervention mode on breastfeeding results: a systematic review and meta-analysis. *Reprod Health*, 20(1). <https://doi.org/10.1186/s12978-023-01701-0>
- Unicef. (2023). Global Breastfeeding Scorecard 2023: Rates of Breastfeeding Increase Around the World Through Improved Protection and Support. <https://www.unicef.org/documents/global-breastfeeding-scorecard-2023>
- United Nation. (2023). The Sustainable Development Goals Report 2023: Special Edition. <https://unstats.un.org/sdgs/report/2023/>
- Wahyudi, N. R., Hardjito, K., Titisari, I., & Rahmaningtyas, I. (2025). Pengaruh Media Audiovisual tentang Manajemen Laktasi terhadap Self-Efficacy Menyusui Ibu Primigravida. *Journal of Midwifery Science and Women's Health (JMSWH)*, 6(1). <https://doi.org/10.36082/jmswh.v6i1.2545>
- Wijaya, F. A. (2019). ASI Eksklusif: Nutrisi Ideal untuk Bayi 0-6 Bulan. *CDK: Cermin Dunia Kedokteran*, 46(4), 296–300. <https://doi.org/https://doi.org/10.55175/cdk.v46i4.485>
- Yuliani, D. R., Aini, F. N., Winarso, S. P., & Amalia, R. (2023). The Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF) Versi Indonesia: Studi Pendahuluan Uji Validitas dan Rehabilitas pada Ibu Hamil. *Journal of Midwifery Science: Basic and Applied Research*, 5(2), 38–42. http://ejournal.poltekkes_smg.ac.id/ojs/index.php/JOMISBAR
- Yuliani, D. R., Winarso, S. P., Amalia, R., & Naufal, A. F. (2022). Media Edukasi Video untuk Meningkatkan Breastfeeding Self-Efficiency (Efikasi Diri Menyusui). *Jurnal Sains Kebidanan*, 4(2), 79–84. <https://doi.org/10.31983/jsk.v4i1.9182>