



THE INFLUENCE OF EXCLUSIVE BREASTFEEDING EDUCATION BASED ON BEAUTY AND WELLNESS APPROACH WITH BOOKLET MEDIA APPROACH ON BREASTFEEDING SELF-EFFICACY OF LACTATING MOTHERS

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ABSTRACT

Mother's milk (ASI) was a primary nutritional source that played an important role in infant growth and development as well as stunting prevention. The success of exclusive breastfeeding needed to be supported early through Early Breastfeeding Initiation (IMD) and comprehensive education provided to mothers from pregnancy until immediately after delivery. This research aimed to analyze the influence of exclusive breastfeeding education based on Beauty and Wellness Approach on breastfeeding self-efficacy in lactating mothers. The design used was quasi-experimental with pretest posttest with control group design. The sampling technique used was non-probability sampling with purposive sampling method, so that a sample number of 32 respondents was obtained which was divided into intervention and control groups. The intervention group received exclusive breastfeeding education based on Beauty and Wellness through booklet media, while the control group received standard education according to routine services. Self-efficacy was measured using the Breastfeeding Self-Efficacy Scale. The Shapiro Wilk test showed that data were not normally distributed, so analysis used the Wilcoxon test for pre-post comparison and Mann-Whitney test for inter-group comparison. Results showed significant increases in self-efficacy in both groups, with greater increases in the intervention group ($p = 0.003$) compared to control ($p = 0.041$), and meaningful differences in score differences between groups ($p = 0.032$). Education based on Beauty and Wellness was proven to be more effective in increasing breastfeeding self-efficacy and had potential to support the success of exclusive breastfeeding.

Keywords: beauty and wellness approach; breastfeeding self-efficacy; exclusive ASI; health education; lactating mothers

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INTRODUCTION

Mother's milk (ASI) was a primary nutritional source that had a fundamental role in supporting infant growth and development. Breastfeeding was proven to be an important determinant for infant health status in the early period of life and contributed significantly to efforts in stunting prevention. The success of exclusive breastfeeding provision needed to be supported early through the implementation of Early Breastfeeding Initiation (IMD) and comprehensive education provision regarding the importance of exclusive breastfeeding to mothers from pregnancy period as well as immediately after delivery (Sulfianti et al., 2021).

Exclusive breastfeeding provision in Indonesia experienced an increase in the last three years. In 2022, the coverage of infants aged 6 months who received exclusive breastfeeding in Indonesia was recorded at 61.5%. However, this achievement was not evenly distributed throughout all regions. West Papua Province showed the lowest percentage, which was only 10.7%. Additionally, there were still 9 other provinces that were unable to achieve the program target of 45%, although nationally this figure had been met (Seviana Tiomaida et al., 2022). In 2022, the percentage of exclusive breastfeeding provision in infants aged 0–6 months in Central Java Province was recorded at 71.4%. This figure experienced a decline compared to the previous year's achievement, which

was 72.5%, thus showing a downward trend although the coverage was still above the national target(Suminar Yunita Dyah et al., 2022).

The Central Java Provincial Government carried out various strategies to increase exclusive breastfeeding coverage, including through breastfeeding education and counseling activities, formation of support groups such as ASI Villages, preparation of regional policies that supported breastfeeding provision, provision of lactation room facilities, and implementation of campaigns and socialization about the importance of breastfeeding through various media, including webinars and leaflets. All of these programs were generally integrated with efforts to accelerate stunting reduction, and involved multiple parties such as PKK Driving Teams, Health Offices, and educational institutions(Winarni & Widyastuti, 2020).

The latest program carried out by the Semarang City Government in efforts to increase exclusive breastfeeding coverage was the SEMAR MENDEM innovation (All Families Supporting Exclusive Breastfeeding Through Accompaniment) which was initiated by the Tlogosari Kulon Health Center. This innovation targeted achieving exclusive breastfeeding coverage up to 90% through family accompaniment strategy, particularly for pregnant women in the third trimester until infants aged six months, with a focus on increasing knowledge and understanding regarding the importance of breastfeeding provision.

One important determinant in the success of breastfeeding practice was self-efficacy or the mother's confidence in breastfeeding. Self-efficacy theory according to Bandura emphasized that individuals with high levels of self-confidence would be more consistent and motivated in performing a behavior, including breastfeeding. Research conducted by Shafei, et al (2020) proved that exclusive breastfeeding education provided during the prenatal period could increase mothers' success in breastfeeding and overcome most breastfeeding problems during the postpartum period(Shafaei et al., 2020). Therefore, interventions that were able to increase mothers' self-efficacy became very crucial in efforts to increase exclusive breastfeeding coverage.

Breastfeeding self-efficacy in lactating mothers was influenced by personal experience, experience of observing others, verbal support from the environment, as well as physiological responses such as stress and anxiety. These factors determined the mother's decision in providing exclusive breastfeeding or ending it earlier. Research showed that the more complete the information received, the higher the mother's confidence in breastfeeding. Research results showed that there was a significant increase after lactation education, where before intervention most respondents only had sufficient knowledge (47.5%) and had low self-efficacy (62.5%), while after education the majority had good knowledge (72.5%) and all had high self-efficacy (100%) with p value 0.000(Masluroh & Sukmawati, 2019).

Education about breastfeeding, especially that based on self-efficacy theory, was proven to increase mothers' confidence in breastfeeding (breastfeeding self-efficacy), which then resulted in an increase in exclusive breastfeeding practice. Several studies proved that breastfeeding education provided from the pregnancy period contributed significantly to increasing mothers' self-efficacy in breastfeeding. Mothers who obtained structured education regarding benefits, techniques, and lactation management were proven to have higher levels of self-confidence in providing breastfeeding, thus were more consistent in implementing exclusive breastfeeding provision until six months. This was in line with findings from studies published in the National Library of Medicine, which stated that prenatal breastfeeding education significantly increased mothers' confidence in their breastfeeding ability, which in turn supported the success of exclusive breastfeeding practice(Oggero et al., 2024).

Although the breastfeeding health education approach had been proven effective, most interventions still focused on knowledge and technique aspects alone, while psychological, motivational, and mother's well-being dimensions had not been explored in depth. The Beauty and Wellness approach had the potential to fill this gap by including emotional, aesthetic, and overall health aspects of the mother to increase motivation and psychological strength in breastfeeding.

Therefore, this research needed to examine the influence of exclusive breastfeeding education developed through Beauty and Wellness Approach on increasing breastfeeding self-efficacy in lactating mothers. This approach was expected to be able to strengthen the psychosocial dimension of mothers as a driving factor for the success of exclusive breastfeeding. The aim of this study was to analyze the effect of exclusive breastfeeding education based on a beauty and wellness approach using a booklet medium on breastfeeding self-efficacy among breastfeeding mothers.

METHOD

This research type used quasi-experimental design with pretest and posttest design with control group. This research design involved two groups, namely the intervention group and the control group. The intervention group in this research was given exclusive breastfeeding education based on Beauty and Wellness Approach with booklet media approach, while the control group was given standard exclusive breastfeeding education according to routine services at Independent Midwifery Practice.

The accessible population in this research was all postpartum mothers who breastfed their infants at Independent Midwifery Practice (PMB) in the Semarang City area with a population number of 93 postpartum mothers. The sampling technique used was non-probability sampling with purposive sampling method, so that a sample number of 32 respondents was obtained which was divided into intervention and control groups. This study used respondent characteristic questionnaires, the Breastfeeding Self-Efficacy Scale (BSES) questionnaires to measure breastfeeding self-efficacy in mothers, and exclusive breastfeeding education booklets based on the Beauty and Wellness Approach as the intervention media. The confounding variable in this study was husband's support, which was measured using questionnaire sheets. The breastfeeding self-efficacy instrument employed the Breastfeeding Self-Efficacy Scale (BSES), which has been widely used internationally and has demonstrated good validity and reliability, with Cronbach's alpha values reported between 0.86 and 0.94 in previous studies.

This research had obtained an ethical clearance statement issued by the Health Research Ethics Committee of Poltekkes Kemenkes Semarang with number 1207/EA/F.XXIII.38/2025. Univariate data analysis was used to analyze respondent characteristics, including age of lactating mothers, parity, and level of knowledge about exclusive breastfeeding. Bivariate data analysis was initiated with normality test using Shapiro-Wilk test, then homogeneity test was conducted using Levene Test. Bivariate test for paired groups with normally distributed data used Wilcoxon test, while bivariate test for unpaired groups on pre-test and post-test data that were not normally distributed used Mann-Whitney test.

RESULT

Based on table 1, respondent characteristics showed that most lactating mothers were in the age range of 20-25 years, both in the intervention and control groups. Based on parity, respondents were dominated by mothers with G1P1A0 status. Meanwhile, the level of knowledge of lactating mothers about exclusive breastfeeding was divided relatively equally between poor and good categories in both research groups.

Table 1.
Respondent Characteristics

Respondent Characteristics	Intervention Group		Control Group		Total	
	f	%	f	%	f	%
Age of Lactating Mothers						
1. 20–25 years	8	53,3	7	46,7	15	50
2. 26–30 years	7	46,7	8	53,3	15	50
Parity (GPA)						
1. G1P1A0	9	60	7	46,7	16	53
2. G2P2A0	6	40	8	53,3	14	47
Mother's Knowledge about Exclusive Breastfeeding						
1. Low	8	53,3	7	46,7	15	50
2. Good	7	46,7	8	53,3	15	50

Table 2.
Normality Test of Lactating Mothers' Self-Efficacy

Variable	Intervention Group (n=16)		Control Group (n=16)	
	<i>p-value</i>	Keterangan	<i>p-value</i>	Keterangan
Self-Efficacy Pre	0,021	Not Normal	0,034	Not Normal
Self-Efficacy Post	0,015	Not Normal	0,028	Not Normal
Difference Self-Efficacy	0,041	Not Normal	0,046	Not Normal

*Shapiro-Wilk

Based on Table 2, the results of normality test using Shapiro-Wilk test showed that all self-efficacy data of lactating mothers, both in the intervention and control groups, had $p\text{-value} < 0.05$. In the intervention group, the $p\text{-value}$ of self-efficacy before intervention (pre) was 0.021, after intervention (post) was 0.015, as well as the difference in self-efficacy was 0.041. All of these values showed that data were not normally distributed. The same was also found in the control group, with $p\text{-value}$ of self-efficacy pre of 0.034, post of 0.028, and difference of self-efficacy of 0.046, which were all below the significance limit of 0.05 so data were declared not normally distributed. Therefore, it could be concluded that self-efficacy data of lactating mothers in both research groups did not meet the normality assumption, so further analysis used nonparametric statistical tests, namely Wilcoxon test for pre-post analysis and Mann-Whitney test to compare differences between groups.

Table 3.
Homogeneity Test of Lactating Mothers' Self-Efficacy

Variable	Intervention Group	Control Group	<i>p-value</i>
	Mean ± SD	Mean ± SD	
Self-Efficacy Pre	1,38 ± 0,49	1,31 ± 0,48	0,421
Self-Efficacy Post	1,69 ± 0,48	1,44 ± 0,51	0,287

*Lavene's Test

Based on table 3 homogeneity test results using Levene test, $p\text{-value} > 0.05$ was obtained on the self-efficacy variable of lactating mothers before (pre-test) and after (post-test). This showed that self-efficacy data of lactating mothers in the intervention and control groups were homogeneous, so both groups were worthy to be compared in the further analysis stage.

Table 4.
Influence of Exclusive Breastfeeding Education Based on Beauty and Wellness Approach on Lactating Mothers' Self-Efficacy

Variable	Intervention Group (n=16) Mean ± SD	Control Group (n=16) Mean ± SD	p-value**
Self-Efficacy <i>pre</i>	1,38 ± 0,49	1,31 ± 0,48	0,421
Self-Efficacy <i>post</i>	1,69 ± 0,48	1,44 ± 0,51	0,287
p-value*	0,003	0,041	
Δ Self-Efficacy (<i>pre–post</i>)	0,31 ± 0,47	0,13 ± 0,34	0,032

*Wilcoxon

**Mann Whitney

Based on table 4, analysis results showed that there was a difference in self-efficacy values of lactating mothers before and after intervention in the intervention group with p-value = 0.003, which meant there was a significant increase in self-efficacy after being given exclusive breastfeeding education based on beauty and wellness approach. In the control group there was also a significant difference between pre-test and post-test values with p-value = 0.041. Subsequently, the results of Mann-Whitney test on the difference in self-efficacy values showed p-value = 0.032 ($p < 0.05$), which meant there was a significant difference in self-efficacy increase between the intervention and control groups. This showed that exclusive breastfeeding education based on beauty and wellness approach was more effective in increasing breastfeeding self-efficacy in lactating mothers compared to standard education.

DISCUSSION

Respondent characteristics in this research showed that the intervention and control groups were relatively comparable from the aspects of age, parity, and initial knowledge about exclusive breastfeeding, thus increasing the internal validity of the finding that the difference in self-efficacy change was more likely caused by intervention than baseline confounding factors (Ummah & Rosida, 2022). The majority of respondents were in the young reproductive age range with dominance of primipara (G1P1A0), a profile that in various studies was associated with breastfeeding self-efficacy that was still unstable and very influenced by the quality of support and education received (Machmudah & Yunitasari, 2021). The Shapiro-Wilk normality test showed that all self-efficacy data (pre, post, and difference) in both groups were not normally distributed ($p < 0.05$), so the use of nonparametric Wilcoxon test for pre-post analysis and Mann-Whitney test for inter-group comparison was the methodologically correct analytical choice. On the other hand, homogeneity test showed that the variance of pre and post self-efficacy in the intervention and control groups were homogeneous ($p > 0.05$), which confirmed that both groups could indeed be compared because they had similar score variation although their distribution was not normal.

Analysis results showed that there was a meaningful increase in self-efficacy in both groups, but with a greater magnitude of change in the intervention group. In the intervention group, self-efficacy scores increased significantly ($p = 0.003$), while in the control group the increase was also significant but smaller ($p = 0.041$), which indicated that both beauty and wellness-based education and standard education equally provided positive impact, but the intensity of their effects was different. This finding was in line with a 2021 meta-analysis involving 40 randomized controlled trials and concluded that educational interventions significantly increased breastfeeding self-efficacy compared to standard care, with stronger effects when programs were theory-based, provided in group class format, and conducted extensively in Asian regions (Maleki et al., 2021). Other literature reviews and meta-analyses also showed that health education consistently increased breastfeeding self-efficacy, infant feeding attitudes, and exclusive breastfeeding success rates, and confirmed that self-efficacy was an important mediator between educational interventions and breastfeeding success (Maizuputri & Mutmainnah, 2024). Lactation education intervention studies in Indonesia 2023-2025 reported similar patterns: lactation education with modified modules as

well as breastfeeding education packages at health service facilities were able to increase mothers' self-efficacy as well as duration or exclusive breastfeeding behavior in a meaningful way (Machmudah & Yunitasari, 2021). Therefore, the increase in scores in both groups in this research consistently reflected evidence that educational interventions even in standard form played a significant role in strengthening mothers' confidence in their ability to breastfeed.

The main advantage of this research appeared in the analysis of self-efficacy difference (Δ pre-post) which showed meaningful difference between intervention and control groups ($p = 0.032$), where the intervention group experienced greater average increase compared to the control group. This indicated that exclusive breastfeeding education based on beauty and wellness approach was more effective compared to standard education in increasing breastfeeding self-efficacy, not only statistically, but also clinically, because the changes produced were greater and had potential to have greater impact on long-term breastfeeding behavior (Maizuputri & Mutmainnah, 2024). Conceptually, the beauty and wellness approach could be understood as an educational intervention that did not merely convey information, but also integrated aspects of physical comfort, self-care, positive body image, and psychological well-being of mothers, thus touched physiological and affective dimensions which in Bandura's theory were one of the main sources of self-efficacy formation (Nurmiaty et al., 2023). This approach was parallel with several complementary interventions such as hypnotherapy, which was proven to increase breastfeeding self-efficacy and milk production significantly compared to standard care by combining relaxation, positive suggestion, and body comfort, thus reducing anxiety and strengthening mothers' confidence. In Indonesia, recent research showed that breastfeeding counseling and exclusive breastfeeding education packages that were designed more attractively and comprehensively using intensive counseling, audio-visual media, and structured material significantly increased self-efficacy, knowledge, and breastfeeding behavior compared to brief routine education at primary health care facilities. Therefore, this research's findings added evidence that innovations in educational format that focused on positive maternal experience (feeling good, feeling beautiful and healthy while breastfeeding, and relaxed) could strengthen the effect of standard education on self-efficacy (Maizuputri & Mutmainnah, 2024).

From the perspective of self-efficacy theory, this intervention likely worked through optimization of four main sources of self-efficacy: mastery experience, vicarious experience, verbal persuasion, and physiological/affective states (Wong et al., 2021). Beauty and wellness-based education provided space for mothers to experience small successes related to self-care and comfortable breastfeeding practice (mastery), witnessed models or visuals of breastfeeding mothers who appeared healthy and confident (vicarious), received positive and personal verbal reinforcement from health workers (verbal persuasion), as well as reduced physical and emotional tension that often appeared as breastfeeding obstacles (physiological/affective states). This pattern was consistent with evidence that breastfeeding self-efficacy was positively related to exclusive breastfeeding success and breastfeeding duration; mothers with high self-efficacy had greater opportunities to maintain exclusive breastfeeding until several months postpartum (Hidayati et al., 2025). Additionally, recent research showed that interventions given in the postpartum period such as in this study tended to be more effective in increasing self-efficacy and breastfeeding success compared to antenatal interventions alone, because mothers could directly link information and support with actual breastfeeding experience they were experiencing (Sakti et al., 2025). Therefore, this research's findings strengthened the recommendation that exclusive breastfeeding education programs at health facilities, particularly in the Indonesian context, needed not only to emphasize cognitive aspects (knowledge), but also intentionally design educational experiences that were enjoyable, calming, and paid attention to dimensions of mothers' beauty and well-being, so that the increase in self-efficacy produced was more optimal and sustainable (Anuhgera & Sembiring, 2024).

CONCLUSION

This research concluded that exclusive breastfeeding education based on beauty and wellness approach was effective in increasing breastfeeding self-efficacy in lactating mothers, with the intervention group showing greater and meaningful score increases compared to the control group although both equally experienced improvement after intervention, comparable baseline characteristics of respondents as well as homogeneous data variance supported that these differences were mainly caused by intervention, not confounding factors, and was in line with various recent studies that confirmed that health education designed attractively, comprehensively, theory-based, and touching physiological-affective aspects of mothers (comfort, positive body image, and psychological well-being) would be more able to optimize four main sources of self-efficacy, increase opportunities for exclusive breastfeeding success and duration.

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