THESIS

THE RELATIONSHIP BETWEEN MATERNAL PSYCHOLOGICAL WELLBEING AND PARITY WITH BREASTFEEDING SELF EFFICACY IN POST PARTUM MOTHERS AT PMB BENGKULU CITY IN 2026

Compiled by:

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BENGKULU BACHELOR OF NURSING PROGRAM
NURSING APPLICATIONS
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THESIS TITLE PAGE

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Submitted as one of the requirements to obtain an Applied Bachelor of Nursing (S.Tr) in the Applied Bachelor of Nursing Study Program, Department of Nursing Polytechnics, Ministry of Health, Bengkulu

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THESIS APPROVAL PAGE

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I hereby declare that this thesis is my own work (ORIGINAL) and the content of this thesis does not contain any work that has ever been submitted by others to obtain an academic degree in an educational institution and to the best of my knowledge there are also no works or opinions that have been written and/or published by others, except those that are referred to in writing in this manuscript and mentioned in the bibliography.

Thus this statement and if in the future it is proven in the thesis that there is an element of plagiarism in this thesis, I am willing to take responsibility in accordance with the applicable regulations.

Bengkulu, May 9, 2026

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MOTTO AND PRESENTATION

" اِنَّ صَلَاتِيْ وَنُسُكِيْ وَمَحْيَايَ وَمَمَاتِيْ لِلّٰهِ رَبِّ الْعٰلَمِيْنَۙ " "

"Verily, my prayer, my worship, my life, and my death are only for Allah, the Lord of the worlds"

MOTTO:

Sometime may you be brave, life is not ahead of each other, dream alone, no one knows when you will reach your goal and believe me, it is not your business to answer that, tell yourself tomorrow maybe we until tomorrow may be achieved.
"India 2026"

PRESENTATION:

With the completion of the preparation of this thesis, I sincerely dedicate to:

- Alhamdulillahirabbil'alamin. All praise to Allah SWT who is always good, giving protection, help, sustenance and opportunities for life so that you can feel this thesis process until it is finished.
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- To my two beloved parents who always give their love that never tires and is always enthusiastic in providing sustenance, protection, warmth, and responsibility. My dear Ayahandaku, thank you and thousands of apologies for all the mistakes and difficulties that you have made during your life. And to my dear mother, thank you for the ear that always hears my complaints, the hands that caress my head and shoulders, and the warm embrace at all times. Thank you for your efforts, endless prayers so that your child's affairs will be smoothed out during this lecture. Have a healthy and long life, guys.
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FOREWORD

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certainly still has many shortcomings and errors both in writing and preparation. hopefully it can have a positive impact both for the target, the research location, the Department of Nursing and for myself.

The author is fully aware that this thesis, as an initial academic work, certainly still contains various shortcomings and errors, both in terms of writing, argument preparation, and applied methodology. Despite the maximum efforts made to minimize this, the author's limited knowledge and experience as a student may still affect the overall quality. Therefore, the author really hopes for constructive criticism and suggestions from readers, lecturers, and related experts, in order to improve and improve this thesis in the future. Hopefully this research can provide practical benefits to the academic world, society or parties in need, as well as contribute significantly to the development of science in relevant fields. The author would like to thank you for all the input provided.

Bengkulu, May 9, 2026

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THE RELATIONSHIP BETWEEN MATERNAL PSYCHOLOGICAL WELLBEING AND PARITY WITH BREASTFEEDING SELF EFFICACY ON POSTPARTUM MOTHERS AT PMB KOTA BENGKULU YEAR 2026

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ABSTRACT

Background: Breastfeeding Self-Efficacy (BSE) is a mother's belief in her ability to breastfeed which plays an important role in the success of breastfeeding. BSE is influenced by various factors, including the mother's psychological condition as reflected in Maternal Psychological Well-Being (MPWB) and childbirth experience which is reflected through parity. **Objective:** This study aims to determine the relationship between maternal psychological well-being and parity with breastfeeding self-efficacy in postpartum mothers at PMB Bengkulu City. **Methods:** This type of study was an observational analysis involving 85 respondents who were selected using purposive sampling techniques. Instruments include psychological well-being, parity, and Breastfeeding Self-Efficacy Scale Short Form (BSES-SF) questionnaires. The analysis uses the Chi-Square test. **Results:** Results showed that most postpartum mothers had high MPWB (71.8%), multiparapara/grandemultipara parity (87.1%), and high BSE (77.6%). There is a relationship between MPWB and BSE as well as parity with BSE. Mothers with low MPWB are 9,750 times more likely to experience low BSE. In addition, primipara mothers are 9,250 times more at risk of experiencing low BSE than multipara/grandemultipara mothers. **Conclusion:** It was concluded that there was a relationship between Maternal Psychological Well-Being and parity with Breastfeeding Self-Efficacy in postpartum mothers. **Recommendation:** Health workers are advised to conduct regular screening, education, and breastfeeding assistance to increase maternal confidence and the success of exclusive breastfeeding.

Kata Kunci: Breastfeeding Self-Efficacy, Paritas, Postpartum, Psychological Well-Being

HUBUNGAN *MATERNAL PSYCHOLOGICAL WELLBEING* DAN PARITAS DENGAN *BREASTFEEDING SELF EFFICACY* PADA IBU *POST PARTUM* DI PMB KOTA BENGKULU TAHUN 2026

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ABSTRAK

Latar belakang: *Breastfeeding Self-Efficacy* (BSE) merupakan keyakinan ibu terhadap kemampuannya dalam menyusui yang berperan penting dalam keberhasilan pemberian ASI. BSE dipengaruhi oleh berbagai faktor, di antaranya kondisi psikologis ibu yang tercermin dalam *Maternal Psychological Well-Being* (MPWB) dan pengalaman melahirkan yang tercermin melalui paritas. **Tujuan:** Penelitian ini bertujuan untuk mengetahui hubungan antara *maternal psychological well-being* dan paritas dengan *breastfeeding self-efficacy* pada ibu postpartum di PMB Kota Bengkulu. **Metode:** Jenis penelitian ini adalah observasional analitik melibatkan 85 responden yang dipilih menggunakan teknik *purposive sampling.* Instrumen meliputi kuesioner *psychological well-being*, paritas, dan *Breastfeeding Self-Efficacy Scale Short* Form (BSES-SF). Analisis menggunakan uji Chi-Square. **Hasil:** Hasil menunjukkan Sebagian besar ibu postpartum memiliki MPWB tinggi (71,8%), paritas multipara/grandemultipara (87,1%), dan BSE tinggi (77,6%). Terdapat hubungan antara MPWB dengan BSE serta antara paritas dengan BSE. Ibu dengan MPWB rendah berisiko 9,750 kali lebih besar mengalami BSE rendah. Selain itu, ibu primipara berisiko 9,250 kali lebih besar mengalami BSE rendah dibandingkan ibu multipara/grandemultipara. **Kesimpulan:** Disimpulkan bahwa *Terdapat hubungan antara Maternal Psychological Well-Being* dan paritas dengan *Breastfeeding Self-Efficacy* pada ibu *postpartum.* **Rekomendasi:** Tenaga kesehatan disarankan melakukan skrining rutin, edukasi, dan pendampingan menyusui untuk meningkatkan kepercayaan diri ibu serta keberhasilan ASI eksklusif.

Kata Kunci: *Breastfeeding Self-Efficacy,* Paritas, *Postpartum, Psychological Well-Being*

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GLOSSARY

MPWBS	: Maternal Psychological Wellbeing
PC	: Psychological Wellbeing
BSE	: Breastfeeding Self Efficacy
ABOUT	: Breast Milk
PWBS	: Psychological Wellbeing Scale
BSE-SF	: Breastfeeding Self Efficacy Scale-Short Form
WHO	: World Health Organization
UNICEF	: United Nations Children's Fund
SPSS	: Statistical Package For The Social Science

BAB I
INTRODUCTION

A. Background

Exclusive breastfeeding continues to be an important issue in global circles. Based on the report United Nations Childrn's Fund (UNICEF), (2023), only about 48% of babies worldwide receive exclusive breastfeeding. World Health Organization (WHO) and UNICEF globally target an increase in the number of exclusive breastfeeding to at least 50% by 2025 and at least 60% by 2030 (WHO & UNICEF, 2024). This low level of achievement also contributes to the high rate of infant illness and mortality, as well as the potential for an increased risk of non-communicable diseases in the future (WHO, 2023).

The achievement of exclusive breastfeeding in the city of Bengkulu Province in 2023 is 72.44%, in 2024 it will be 73.94% (Central Statistics Agency, 2024). Exclusive breastfeeding in Bengkulu in 2023 is 61.9%, in 2024 it shows a positive increase of 3.2% to 65.1% (Bengkulu City Health Office, 2024). Although the achievement in Bengkulu City has increased, it is still lower than the achievement in Bengkulu Province. Likewise when compared to national targets. This condition needs to be a concern considering the importance of exclusive breastfeeding for the growth and development of babies. It is therefore important to identify the factors that determine the success of breastfeeding.

One of the strongest psychological factors that affect the success of breastfeeding is breastfeeding self efficacy (BSE) (Rolantika, 2024; Ummah & Rosida, 2022). BSE is a mother's confidence in her success in breastfeeding (G. S. Ahmadinezhad & et al., 2024; Khusniyati, 2024). A study in Indonesia states that more than 50% of breastfeeding mothers have low BSE (Titaley et al., 2021). Recent studies have informed that mothers who experience levels of stress, anxiety or psychological

wellbeing Low (PWB) tend to have low BSE breastfeeding, so there is a risk of facing difficulties in maintaining exclusive breastfeeding (G. S. Ahmadinezhad et al., 2024).

Maternal psychological wellbeing (MPWB) forms mental readiness, adaptability, and motivation of mothers to breastfeed consistently. Mothers with good PWB levels generally show self eficacy who are taller, have adaptive coping skills, and are better able to maintain optimal breastfeeding practices, compared to mothers who experience emotional stress or anxiety post partum (Fujianty et al., 2024; Kabariyah & Anggorowati, 2023). One study conducted in Turkey, reported a significant correlation between PWB and BSE. Mothers who have a high level of PWB tend to be more confident in breastfeeding practices. Systematic studies show that postpartum depression is significantly negatively correlated with BSE (Barnes & others, 2023; Dias & Frey, 2023), The results of this study further strengthen the urgency to consider aspects of MPWB (Brown) et al., 2024). Research in Indonesia has also begun to explore the positive aspects of maternal PWB. A study in Pekalongan indicates that compassion (self-compassion) has a correlation with BSE (Ulya & Ratnawati, 2024).

Previous breastfeeding experience reflected in parity also plays an important role in determining the success of exclusive breastfeeding. Systematic findings suggest that parity is one of the significant factors influencing the success of exclusive breastfeeding, with strong evidence supporting its role as an important predictor (Belachew et al., 2023; Wu et al., 2022). A study of postpartum mothers in Japan found that in a specific analysis based on parity, multikipara mothers with higher levels of self-efficacy and lower levels of postpartum stress showed better exclusive breastfeeding outcomes than primipara mothers (Takegata et al., 2020). Nonetheless, other studies have shown that parity is not always the primary predictor of breastfeeding success if psychological

factors are not properly considered (M. Fujianty et al., 2024; Nurokhmah et al., 2021).

Based on the results of a preliminary study conducted by researchers at the Mutiara Agma Clinic, which is one of the clinics with the highest number of visits compared to other Midwives Independent Practice (PMB) in Bengkulu City in 2025, it shows relevant population data, namely 205 deliveries in the last six months (May-October 2025). Through a brief interview with the coordinating midwife, it was known that the phenomenon of breastfeeding failure was in line with the research variables. An interesting phenomenon observed is that some multipara mothers also experience breastfeeding failure despite having previous experience. Two mothers described her lack of confidence in breastfeeding successfully as making her fail to breastfeed. This phenomenon indicates the need for psychological-based research to improve MPWB and BSE. Based on this description, the researcher is interested in analyzing the relationship between maternal psychological wellbeing and parity, and breastfeeding self efficacy in postpartum mothers at PMB Bengkulu City in 2026.

B. Problem Formulation

Based on the background and problems that have been described, the formulation of the problem in this study is Is there a relationship between maternal psycological wellbeing and parity with breastfeeding self efficacy in postpartum mothers at PMB Bengkulu City in 2026?

C. Research Objectives

1. General Purpose

   To find out the relationship between maternal psycological wellbeing and parity with breastfeeding self efficacy in postpartum mothers at PMB Bengkulu City in 2026.

2. Special Purpose

a. Knowing the picture of maternal psycological wellbeing, parity and breastfeeding self efficacy in postpartum mothers in Bengkulu City in 2026
b. To find out the relationship between maternal psycological wellbeing and breastfeeding self efficacy in postpartum mothers in Bengkulu City in 2026.
c. Knowing the parity relationship with breastfeeding self efficacy in postpartum mothers in Bengkulu City in 2026.

D. Research Benefits

1. For Nurses

The results of this study are expected to be a source of knowledge for nurses in providing education and support to breastfeeding mothers, especially to increase self-efficacy in breastfeeding so that breastfeeding success can be achieved.

2. Divide Research Places

The results of this research can be used as evaluation material for hospitals in improving breastfeeding promotion programs and as a basis for developing policies or training for health workers related to breastfeeding support.

3. For Educational Institutions

The results of this research can add to the treasure of maternity nursing science and become a learning resource for nursing students in understanding the role of nurses in supporting breastfeeding mothers.

4. For the Next Researcher

The results of this study can be used as a reference and comparison for further research on other factors that affect breastfeeding success or interventions that can improve breastfeeding self-efficacy.

CHAPTER II

LITERATURE REVIEW

A. Concept of Maternal Psychological Wellbeing Theory

1. Definition

Maternal Psycholoigical Wellbeing **(**MPWB) is a process of loingitudinal that involves the satisfaction of the life (life satisfaction) and floiurishing (e.g thereception of the irie and the purpose of the life) fluctuate during the period perinal (from before the pregnant during the pregnant, to after the marriage). True well-being is based on the ability of the mother to adapt or maintain a level of satisfaction and floiurishing A stable person despite facing a major change in his life (Matthews & Redshaw, 2023). Wellbeing Mothers of post partum are strongly influenced by mental conditions such as stress, anxiety and depression, as well as social support, economic conditions and previous experiences in breastfeeding (Deger, 2023).

PWB is one part of the general positive psychologi area which is refered to as subjective well-beiing which is a measure of positivity functioning. PWB is defined as a useful evaluation or analysis of an iindiiviidu of the joint that is influenced by the experience of the patient and the expectations of the individual and is used to describe the health of the psychologis iindiiviidu based on the fulfillment of the positive psychological function (Hernantoi et al., 2022)

Based on some of the above understandings, the researcher concludes that MPWB is a stable and positive mental indication experienced by the mother during the period of pregnancy until after marriage. This condition reflects the mother's ability to adapt, think positively and control emotions in

motherhood oiptiimal. This condition is not only characterized by the absence of stress or depression, but also by the presence of positive emotions and acceptance of the situation. Factors such as social support, hiidup experience, and economic co-in-law also affect the level of MPWB. In simple terms, MPWB is a process of maintaining mental and emotional balance so that it continues to function healthily in its health.

2. Dimensi Psychological Well-Beiing

The PWB theory that became the basis of this research is the six-dimensional model developed by Caroil D. Ryff. Also adapted to finish study(Dierendonck, 2023). Positive functioining An indeterminacy can be measured through six fundamental dimensions as follows:

a. Self-Acceptance: I's positive attitude towards the irii, including acceptance of physical and emotional changes post partum, as well as a compassionate attitude (self-impassing) On the Verge of Being Swept Away (Thoolen et al., 2023).
b. Positive Relatioins wiith Others (Positive Relationship with another people): The ability of the mother to build and maintain warm and trusting relationships, especially with spouses, babies and families.
c. Autonomy (Otonomi): The mother's ability to bathe, cope with social pressure (e.g., "Your breastfeeding is not enough") and make decisions about parenting based on her standards.
d. Environmental Mastery: The mother's sense of composure and ability to manage the demands of the environment that are coherence, such as managing the time between break and caring for the baby.
e. Purpose in Life (Purpose of): The mother's belief that her role as mother has meaning and direction, giving her a purpose in life.
f. Persoinal Groiwth (personal Growth): The feeling that mother continues to grow and learn from her experience as a mother, and is open to new challenges.

3. Factors Affecting PWB

PWB mothers post partum is influenced by various factors such as:

a. Parity

mothers primipara (mother who is married for the first time) experiences a transition shock that is more important than mother multipara. They face new situations with no prior experience, including adapting to new responsibilities, changing identities, and skills caring for babies that have not yet been fully mastered. This condition causes constant anxiety about things that are not yet known**,** such as fear of breastfeeding, baby care or fertilization of the post partum.

Research conducted in Japan Takegata et al.,(2020), shows that Primipara status is scientifically related to the elevation of risk maternity blues dan post partum I'm depressed (PPD)**.** In the longitudinal study, the primipara mother had a higher risk of depression in the 4th to 7th months after marrying. This happened because Increased adaptation stress, uncertainty in a new role as a mother and lack of experience in dealing with physical and emotional demands post partum**.** With Parity becomes the definition of pentiing in PWB mother. Lack of experience and high adaptation demands on primipara make them more vulnerable to experiencing emotional disturbances and a decrease in BSE in carrying out maternal roles.

b. Social support

Factors that affect BSE and PWB. Support from spouses, family and health workers provides a sense of security, appreciation, and practical assistance for mothers. Mothers who feel supported tend to have lower stress, more trust, and more able to face the challenges of breastfeeding. Lack of social support can increase anxiety and reduce compretension, which in turn leads to low BSE. As a result, it becomes easy for mothers to give up when facing

breastfeeding difficulties, such as breastfeeding or breastfeeding (Sapphire and Furiida Ciitra, 2024; unspeciifiied, 2023).

c. Emotional disorders (anxiety, stress and depression post partum)

Emotional disorders such as anxiety, stress and post partum depression are the main causes of a decline in BSE. When the mother is experiencing psychologis stress, the levels of hoirmoin kortisol increase while oksitoxin decreases. Oksitoxin joints play a key role in the breast milk excretion reflex and the feeling of comfort during breastfeeding. This imbalance can reduce breast milk production and interfere with the attachment of mothers-babies. Psychologically, a depressed mother often feels like a failure, not a coimpeten and a moitiivasii hiil. As a result, breastfeeding processes are hampered, even if they can be stopped earlier (G. S. Ahmadinezhad & et al., 2024; Minamida et al., 2020).

d. Previous Breastfeeding Experience

Become one of the mastery experience which is very decisive for BSE. Mothers who have been successful in breastfeeding will have a stronger sense of trust when breastfeeding their children. On the contrary, negative experiences such as pain, blisters or failure to breastfeed previously cause fear and anxiety, which has an impact on the decline of BSE. This perception of failure will strengthen the negative BSE that it is not able to do, thus lowering the motivation to try again (He & oithers, 2021; Tiitaley & oithers, 2022).

e. Perception of Inadequacy of ASIi

Many mothers feel that their breastfeeding is not enough in terms of fisiologis normal, known as perceived insufficient milk. This perception is a form of cognitive error that lowers the sense of trust and envy. If the mother thinks her breast milk is not enough, she will give milk sooner. Not to mention reducing the frequency of breastfeeding directly from the breast, reducing the emulation and

ultimately reducing the production of original. A negative circle is formed between low BSE and real vicarious which reinforces the feeling of failure (Yu et al., 2021).

f. Physical Symptoms and Fatigue

Poor physical conditions, such as anaemia, sore throat, breast pain and lack of sleep, also affect BSE. Tired mothers have lower cognitive and emotional abilities to focus on breastfeeding processes. Hormonal, chronic fatigue increases coirtisoil and lowers occitoxin, which leads to a decrease in Let-Finger Reflex and feeling uncomfortable while breastfeeding. This makes it easier for mothers to give up and choose to stop breastfeeding more early (Koinukbay et al., 2024).

g. Faktoir Soisiioi ekoinoimii dan Budaya

The economic and cultural condition are also very decisive. Mothers with low incomes often experience financial stress and limited access to lactation facilities. In some cultures, breastfeeding in a public place is considered inappropriate, so that mothers feel embarrassed and tend to stop breastfeeding faster. Incorrect social stigma or pressure from the environment to give formula milk also weakens BSE and PWB in the mother (Al-Thubaiity et al., 2023).

h. Kesejahteraan Psiikoiloigiis / Psychoiloigiical WellBeiing

PWB is the main factor that directly affects BSE. Mothers with high wellbeing, adaptive emotion regulation, and low symptoms of depression or anxiety tend to have high BSE, are able to face breastfeeding barriers and maintain exclusive ASI continuity. On the contrary, psychologis disorders such as stress disorder, post partum depression and maladaptive coipiing can lower BSE. Stress and depression increase the hormon cortisol which inhibits occitosoil, so that reflex let finger and impaired original production, which further strengthens the perception of motherhood and causes BSE disorders. Studies in Turkey and Indonesia show that mothers

with poor mental health or maladaptive emotional regulation have lower BSE and are more likely to experience breastfeeding disorders (Laughter) et al., 2022; Setiiawan & Utamii, 2023).

4. Alat Ukur Psychoiloigiical Well-Beiing

PWB is one of the main factors that directly affect breastfeeding or BSE, as well as the effectiveness of breastfeeding. One of the instruments that can be used to measure the coindiisii iinii is Psychoiloigiical WellBeiing Scale (PWBS). A Collection of Essays on Self-Portrait (Selviiana, 2024). Utilizing PWBS to evaluate PWB mother post partum and its relationship to social support. The scale includes six main dimensions, namely otonomi, mastery of the environtmen, growth of personal, positive relationship with another people, purpose of life and acceptance.

Mothers who have a good PWB tend to be better able to manage stress, face the challenges of breastfeeding and keep their breastfeeding angry, so that their BSE is better and breastfeeding practices are smoother. In fact, mothers with low PWB often experience stress, depression post partum or using less adaptive ways to address problems, which have the impact of lowering BSE and increasing the risk of breastfeeding disorders, such as partial breastfeeding or stopping breastfeeding early. In addition, disturbed psychoiloigiis coindiisii also affect the physiological proises of breastfeeding; Stress increases the hoirmoin coirtiisoil which can inhibit oiksiitoisiin, reduce the let doiwn reflex, and strengthen the feeling of inadequacy. These findings confirm that PWBS Ryff is a relevant tool for evaluating PWB. post partum, which directly determines the level of BSE and breastfeeding efficacy (Selviiana, 2024).

B. The Concept of Parity Theory

1. Definition of Parity

Parity is the number of children that have been sanctified by the mother. According to (WHOi 2023). Parity is a demographic variable that reflects the experience of mothers in living poverty, marriage and period post partum before. Based on the status of parity, mothers can be categorized into two main categories: primipara is a mother who gives birth to a child for the first time, while multipara is a mother who has had one child or more (Wu et al., 2022).

On the other hand, according to Nuroikhmah et al., (2021), parity reflects the experience of reproducative life such as ibu, which can affect various aspects of physical and mental health, including PWB and BSE. In some research contexts, mothers multipara is further divided into multipara (2-4 children) and grandemultipara (5 children or more), depending on the classification system used (Iismaiil et al., 2020).

Based on some of the above definitions, the researcher concludes that parity is the number of children that have been divined by the mother, through sterilization and cesarean section, which reflects the mother's reproductive experience. Parity is not just a statistical number, it is an experience that affects physical, mental, PWB and BSE health. Mothers with parity have experienced the transition to becoming old parents many times, so that they have different knowledge, skills and psychological adaptations compared to those who are experiencing the transition for the first time.

2. Klasiifiikasii Pariitas

   a. Nulipara

      A woman who does not have a history of marriage that has reached the age of viiabiiliity, that is, the history of pregnancy where the woman is considered to be able to survive the pregnancy outside of the pregnancy with medical help (internationally it is generally defined at 22-24 years of pregnancy or with a weight of ≥500 grams). (Leviine & Sriiniivas, 2020)

   b. Primipara

Primipara is a woman who gives birth to her baby for the first time, with a birth is considered to be result at the age of minimal 37 weeks or a minimal body weight of 500 grams. Being a new mom is a challenging experience because you have to adapt to a new role with no previous experience in caring for babies or breastfeeding. It is natural for mothers to experience anxiety that is more difficult, uncertain and less trustworthy, especially in terms of breastfeeding. Research shows that new mothers need sufficient emotional support and education to build their trust and psychological well-being (Fallah-Kariimii et al., 2025; Woing et al., 2021).

c. Multipara

Multipara is a woman who has married more than once, generally including a mother who has married 2 times or more. In medical practice, the multipara category is divided into several sub-categories based on the number of previous deaths. Low multipara (low multipara) refers to a woman who has given birth 2-4 times and is still considered to have a relatively similar birth rate to primipara, even though she has had previous birth experience. (Al-Mushaiit et al., 2021)

d. Grand multipara

Grand multipara is a woman who has had 5 or more abortions and has more severe complications, including post partum hemorrhage and complications of miscarriage. In some medical literature, women who have had intercourse 10 times or more are considered to be the great grand multipara, with a very high risk of complication obstetri. It is important to know that the greater the number of previous injuries, the greater the risk of potential health implications that may be experienced (Dasa et al., 2022; Kumarii et al., 2024).

3. Tools Scale parity

Parity is measured simply by counting the number of children who have been ordained by mother. The measurement is categorical and can be classified as follows:

a) Primipara: Mother who has given birth to one child (G1P1)
b) Multipara: Mothers who have given birth to two or more children (G2P2 and above)

The classification of is recorded in the mother obstetric history using the notasi G (graviida/number of miscarriages) and P (parity/number of marriages). In research, serial parity is used as a categorical variable or can be invariantd into numerical variables for more detailed statistical analysis (Iismaiil et al., 2020; Nuroikhmah et al., 2021).

C. Basic Concept of Breastfeeding Self efficacy

1. Definition

BSE is a mother's inability to breastfeed her baby effectively despite facing obstacles (Denniis et al., 2024). The theory of self-efficacy states that the self-efficacy is formed from the experience of personal(mastery experience), o (vicarioius experience), persuasif verbal, serta condition fisiologis and emotional (C. L. Denniis et al., 2024).

BSE is defined as an internal impairment of the mother's ability to breastfeed effectively, which not only affects my breastfeeding experience, but is also closely related to mental health stability. Mothers with higher levels of BSE tend to have a lower risk of postpart depression

because they feel more capable, trustworthy, and have a positive attitude towards breastfeeding proises (Anjanii et al., 2025).

From the explanation of some of the theories above, the researcher concludes that self-efficacy is a key factor in the effectiveness of breastfeeding.

2. Source BSE

The BSE theory is based on four main sources of information that form the key factors that make up the key factors (C. L. Denniis et al., 2024):

a. Performance Accoimplishments (Performance Experience): The strongest source is the mother's success in previous breastfeeding practice or the positive experience in the early days of postpartum (e.g.: IMD is effective,attachment).
b. Vicarioius Experience : The knowledge gained from observing the role of a role model (e.g., friend or sister) who is successful in breastfeeding.
c. Verbal Persuasion : Compliments, compliments and positive bait from husbands, family and health workers (midwife) who suspect that they are capable.
d. Phychological and Affectiive States (condition and Emotional): Mother's interpretation of the body's condition and its emotions (e.g., the feeling of relaxation is interpreted as "smooth breastfeeding", whereas anxiety is interpreted as "breastfeeding is not enough").

3. BSE Measuring Instruments

Variable BSE coincidentally measured using By Denis (2003), i.e. Breastfeediing Self-Efficacy Scale Short Form (BSES-SF). Instrument in the world 14 Statements Which describes the level of my mother's confident to her ability to breastfeed, she said: "I can recognize the signs when my baby is hungry."A number of items are answered using fish Likert 5 point**,** start from "Very Unbelievable " (score 1) Squirt

"Very believable " (score 5)**.** The total score can range between 14 to 70, with the interpretation that The Secret Life of Money Stories, The Money That Flows BSE Breastfeeding. With, BSES-SF is considered as a valuable and reliable measuring tool to evaluate self-effiicacy Breastfeeding in a variety of coins and population (Kramuschke et al., 2025).

D. The Basic Concept of Exclusive Breastfeeding

1. Definition

Exclusive Breastfeeding is a condition in which the baby only receives breast Milk (ASI) from the mother or mother's milk, without additional food or drinking, even mineral water, during the first six months (180 days) of pregnancy. (WHO, 2023).

ASI is referred to as Livonian Fluiid because it contains a variety of bibologically active componen such as antibody (especially secretoiry immunoiglobulin A/sIigA), imun, enzyme, hoirmoin, and growth factors that cannot be identified with formula milk oil. The content of this product is character dinamis, which means that it can change to adjust to the needs of the baby and the coindicated circumference. (Jiiang et al., 2024).

Based on some of the above definitions, researchers conclude that breast milk is natural milk that is produced by the mother's breast glands after breastfeeding, which functions as the main and most nutritious food for the baby. Breast milk contains all the nutrients that babies need to grow and develop such as proitein, fat, vitamin, miineral, and antibody that help protect babies from diseases. Therefore, breast milk is said to be the perfect and natural best nutrition for babies.

2. Exclusive Benefits of Asii

Exclusive Breast Milk is recognized globally as a public health intervention that is least effective for the survival of the child, where Exclusive Breast Milk has several benefits such as:

a. For Baby

ASI is a "Livonian fluid" which contains active bioilogis commoines such as antibody (sIigA)**,** Cell imun, enzyme protective**,** and Hormon Growth which functions to form and strengthen the baby's sistem imun. The content of this cannot be replaced with formula milk oil and plays a key role in protecting the baby from infection in the early stages of pregnancy. Result umbrella review O'Neill (Abate et al., 2025). Published in international Breastfeediing Journal showed that babies who did not receive exclusive breast milk had higher risk of pneumonia and asthma. A Study, A Study of Oil. (Hoissaiin & Miihrshahii, 2022).

In international Journal of Enviroinmental Research and Public Health It also concluded that exclusive breastfeeding for the first six months scientifically reduced the incidence of gastrointestinal and respiratory infections in children. Düsseldorf Furthermore, ASI plays a key role in supporting the development of the baby's ointment and nervous system because of the content of essential fatty acids such as DHA and AA that support cognitive development. Prospective research (Soing et al., 2023).

Result dating studies soing et al., (2023) It was found that children who were exclusively breastfed had cognitive performance and adaptive ability more than children who were fed formula milk. A Meta-Analysis of Oil (Shii et al., 2023). Dii BMC Medicine suggests that breastfeeding is associated with a reduced risk of sudden infant death (Sudden Iinfant Death Syndrome or SIiDS) up to 60%. Overall, breast milk does not only function as the main

source of nutrition, but also as a natural immunologist that plays a role in reducing the number of moirbidity and moirtalicity of babies.

b. To Be Loved

Breastfeeding provides physiological and long-term health benefits. Biooiloigiis, breastfeeding stimulates sekresi hormon oxitoxinen that accelerates proses Iinvoilusi uteri and helps prevent bleeding post partum. The findings are corroborated by the oil spill. (Almutaiirii et al., 2021). in the BMC Pregnancy and Chiildbiirth, which shows that mothers who start breastfeeding within the first hour after giving birth have a 28% lower risk of bleeding post partum.

In addition, exclusive breastfeeding can also function as a natural cointraceptive metoid through Lactatiioinal Amenoirrhea Methoid (LAM), due to the suppression of oivulation during the lactation perioid. In the long run, breastfeeding provides protection against a variety of Chronic Illness and Cancer. Kajiia's neat theme oileh (Moicanu et al.,2023). In the BMC Mediiciine It concluded that breastfeeding reduced the risk of breast cancer by 26% and ovarian cancer by 32% compared to mothers who did not breastfeed. A Meta-Analysis of Oil (Liiu et al., 2022). In the Frointiers in Public Health It also shows a relationship between longer duration of breastfeeding and decreased risk of diabetes tiipe 2 and hipertention. Psycholologis, breastfeeding processes also increase the release of prolactin and occitoxin which induce calm, reduce stress and strengthen emosional (bonding) Between Mother and Baby (Shii et al., 2023). By demiikiian, breastfeeding provides physical and mental benefits for the mother.

3. Challenges and Factors of Failure of Exclusive Breastfeeding

a. perceived insuficient Milk Supply / PIMS)

The factor that causes the failure of exclusive ASI is the perception that the production of ASI is not enough. In fact, in most

cases, the production of breast milk actually meets the needs of the baby. Perception of the baby's crying arises due to lack of information, anxiety, or misinterpretation of the baby's crying. Study by (Zeng et al., 2024). in the international Breastfeediing Journal shows that PIMS is the main cause of ASI termination in more than 50% of the responses in various countries. By oil research (Brown et al., 2024). Maternal and Child Nutrition that this perception can be determined by the support of active lactation from health workers in the first week post partum.

b. Lack of Knowledge and Education about ASIi

Lack of knowledge about the benefits of exclusive breastfeeding and breastfeeding techniques often causes mothers to stop early. Mothers who do not understand the importance of breast milk tend to replace it with formula milk when faced with the difficulties of breastfeeding. Study by (Chapter et al., 2023). Healthcare in Low-resoiurce Settings found that the level of knowledge had a scientific effect on the effectiveness of exclusive breast milk ($p < 0.05$). While meta-analysis is oileh Jiin et al., (2022) BMC Publiic Health showed that educational interventions during pregnancy can increase the chances of exclusive ASIi success by up to 2.7 times.

c. Proces cesarean section

Types of cesarean section (especially cesarean section) are an inhibitor of breastfeeding and affect the failure of exclusive breastfeeding. Babies who are cared for in the NICU room also have to wait until they get exclusive breastfeeding due to the limitations of the coin with the mother.

d. Work and Limitations in Workplace Facilities

Returning to work before the baby is six months old is one of the main external factors that cause exclusive breastfeeding failure. Lack of maternity leave, long working hours, and lack of lactation rooms prevent mothers from expressing breast milk at work. Studii oileh

(Al-Gashamii et al., 2022). International Journal of Environmental Research and Public Health reported that my mother worked with Riski twice and failed to breastfeed exclusively in bandiing that my mother did not work. Study by (Yiilmaz et al., 2021).

e. Lack of social and husband support

Emotional and practical support from husbands and families has been proven to increase breastfeeding. In fact, the lack of support causes the mother to lose motivation and choose to give formula milk. Study by (Oigboi et al., 2023). Result study It shows that mothers who receive active support from their partners have a greater possibility of 3 times more to breastfeed exclusively. The study conducted by (Chen et al., 2020). BMC Pregnancy and Childbirth found that the husband's participation in lactation conseling increased the duration of exclusive breastfeeding scientifically.

f. Cultural Influences and Myths of Dietary Supplements

Some cultures practice giving honey, water, or formula milk to newborns because of traditional beliefs, which lead to exclusive breastfeeding failure. Study qualitative by Miishra et al.,(2021). Result Studies internatioinal Breastfeeding Journal It was found that the culture and pressure from the Anglo-Saxon family became a factor in the decision to breastfeed. A similar thing was also found in by (Takahashii et al., 2023). BMC Publiic Health, which reported that social infidelity and the practice of supplemental breastfeeding caused 25–35% of mothers to stop breastfeeding before six months.

g. Marketing and Access to Formula Milk

Aggressive promotion of formula milk indirectly lowers BSE mothers in breastfeeding. The study conducted by Piiwoiz et al., (2023). The Lancet Global Health showed that exposure to formula milk ads increased the likelihood of termination of exclusive breast milk by 50%.

h. Lack of Support for Health Workers and Service Systems

The minim, conseliing of lactation and initiation of breastfeeding in health facilities are associated with exclusive breastfeeding failure. Research studies conducted by Roilliins et al., (2023).

E. Factors related to BSE

The factors related to BSE are as follows:

1. Husband's support

Husband support is proven to be one of the strongest factors influencing BSE. Based on the Social Cognitive Theory, the social support of the couple is included in the verbal source of persuasion, namely the believeable that is instilled in by another people that individu is able to do a character. When her husband gives praise, emotional support and practical help, she feels more appreciated and is grateful for her ability to breastfeed.

Research Oigboi et al., (2023). It shows that mothers who receive husband support have a greater chance of having a higher risk of BSE levels. Study (Suryanii & Rahmawatii, 2023), It also found a positive relationship between husband support and BSE ($p < 0.01$). Instrumental support, such as helping to keep the baby awake at night, reduces maternal fatigue and improves Psychological and Affectiive States.

Based on the theory above, it was found that husband support increases BSE through verbal persuasion, persuasion, and phychological regulation (reducing stress and fatigue).

2. Parity

Mothers who have breastfed before have real experiences that strengthen their mastery experience. In fact, primipara mothers are more susceptible to having low BSE because they have not had breastfeeding experience.

Result Studies Rahayu & Fiitriianii, (2023), found that mother multipara had a BSE level of 1.8 times higher than the primipara. (Wu et al., 2022) It also reported that previous breastfeeding experience increased BSE in dealing with lactation problems. With get mothers multipara have mastery experiience which strengthens the keenness of being irritated and mental readiness in breastfeeding.

3. The Role of Health Workers

Health workers, such as midwives and lactation coinseroir, play a key role in forming BSE because they are the source of Verbal Persuasioin credible. Education about breastfeeding techniques, positive teaching and guidance during the nifas period increases the confidence of mothers. Research Studies Sartiika & Wiijayantii, (2022). showed that intensive assistance of health workers increased the BSE score scientifically ($p<0.001$). The study conducted by Roilliins et al., (2023) emphasized that the training of health workers in Baby-Friendly Hospital Initiative (BFHI) strengthening BSE through practice skin-to-skin cointact and repeated coinage. Based on the result studies , it was found that the support of health workers strengthens performance accomplishment and verbal persuasioin, increasing BSE in breastfeeding mothers.

4. Levels of education and exposure to information

Mother's education is closely related to health literacy, that is, the ability to understand and utilize health information. I think it is better to be able to find and select the right breastfeeding information, raising the vicarious experience Learn from the experience of O'Neill. According to (Kaptii et al.,2023). Upper-middle-class education raises the chances of BSE rising by 2.3 galls A Low-Income Mother**.** (Chen et al., 2020). Ignoring that education is based on video to increase BSE, especially in primary primipara, it is clear that education and exposure to information that are good strengthen Vicarious Experience, raising the likelihood of being accompanied by breastfeeding mothers.

F. The Relationship Between Psychological Well-Being and Breastfeeding Self-Efficacy

Conceptually, PWB plays a role in shaping BSE as a mother. Based on theory Self-Effiicacy which is said to be by Bandura is adapted in Value et al., (2023). A person's ability to do something is influenced by four main sources: Success experience (perfoirmance accoimplishments), intermediate experience (vicarious experience), persuasi verbal, condition fisiologis and affektif (psychological and affectiive states).

Meanwhile, Model PWB from Ryff adapted in Zeng et al., (2023). Emphasizing the six main dimensions that represent PWB, namely self-acceptance, positive relations with others, autonomials, environmental mastery, Purpose in life, and personal growth. The two theories complement each other in explaining how the psychological condition mother can strengthen the believable in breastfeeding. Mothers with high levels of PWB tend to show good emotional regulation, have good confidence in facing challenges, and are able to adapt to post partum changes. This co-ordination allows mothers to manage the stress and anxiety that often arises in the early stages of breastfeeding. For example, it is immensized. enviroinmental mastery PWB helps mothers feel better able to manage their surroundings, including breastfeeding schedules, time management and social support.

When I feel that I am able to control the situation, this strengthens the source performance accomplishment in Bandura's theory, so as to increase BSE directly (Value et al., 2023). Even, dimention self-acceptance and autonomials in PWB also plays a role in the important. Mothers with the acceptance of being envied are more able to forgive and be envious of mistakes or early failures in the breastfeeding process, so that they are envied from feelings of guilt or anxiety that are exaggerated. This has a positive impact on the affective condition mother (affectiive states), which is one of the main sources of iridescent efficacy (Zeng et al., 2023).

Meanwhile, autonomials allowing the mother to make a bathing decision based on the correct information, for example in researching the myth about ASI that is not scientifically or facing social pressure to stop breastfeeding.

With that's it, mothers who have strong psychological otonomi are more able to maintain the practice of breastfeeding in a cooperative manner. Result studiest strengthens the conceptual relationship. The study conducted by (Deger, 2023). A study in Turkey found that there is a positive correlation between personal well-beiing with a BSE score ($r = 0.61$; $p < 0.001$). This shows that the more PWB the mother, the greater the need to be able to breastfeed effectively. In line with these findings, the research (Zeng et al., 2023). Result studies in Tiongkok reported that psychological resilience has a direct influence on BSE through the PWB mediator, meaning that PWB plays a role as a bridge that connects the power of lactation with breastfeeding. On the other hand, it is a study Aderibigbe et al.,(2023) in America United emphasizes that psychological factors such as Emotional wellbeing And the feeling of coimpetion is a prediktor of the ability to breastfeed exclusively, especially among the poor and the poor. Another studies by Anwar et al., (2024), showing that PWB in the uterus is associated with increased breast milk production and duration of breastfeeding, as it decreases stress-related cortisol levels. Similar studies have also been reported (G. S. Ahmadinezhad & et al., 2024). Which states that mothers with PWB have a greater chance of achieving exclusive breastfeeding success for the first six months.

From both theoretical and empirical perspectives, it can be concluded that PWB not only affects the subjective welfare of mothers, but also becomes the main determining factor in the formation of breastfeeding. mother with a more good PWB is able to manage her emotions, have a positive attitude towards her ability to be angry, and use social support effectively. This co-indication reinforces the main dimensions of BSE, such as the mother's belief that it is able to recognize the signs of infant hunger, maintain the correct breastfeeding position and overcome lactation

difficulties. Therefore, psycholological interventions that focus on increasing PWB, such as mindfulnes training, emotional support and lactation conseling, can be an effective strategy to increase BSE and exclusive ASI effectiveness.

G. The Relationship Between Parity and Self-Efficacy Breastfeeding

Parity has a clear influence on BSE. mother multipara has advantages in terms of mastery experience, which is one of the for main sources of formation self-effiicacy according to Bandura's theory. The experience of successfully breastfeeding in previous children creates a strong belief that they are able to repeat this success in their children (Dennis et al, 2024).

Research in indonesian by Rahayu & Fiitriianii (2023), found that mother multipara had a BSE level of 1.8 times more high than mother primipara. Another study by Wu et al., (2022), reported that previous breastfeeding experience scientifically increased BSE in dealing with lactation problems and predicted the effectiveness of exclusive breastfeeding that was more effective. Research cross-sectional Various countries have shown that parity is positively correlated with BSE scores, with multiple mother coincidentally showing higher scores (Nuroikhmah et al., 2021).

In primipara, the absence of previous experience makes them highly dependent on the source of BSE about-experiment. Preliminary studies show that primipara with access to co-intensive lactation education can achieve a BSE level equivalent to multipara within 4-6 years post partum (G. S. Ahmadiinezhad & et al., 2024).

The mediating factor in the pariity-BSE relationship is lactation. Mother multipara with positive breastfeeding experience developed a "memoirii bank" that strengthened the BSE, while previous negative experiences became a hindrance (Sigh) et al., 2023). This study explains why some multipara have lower BSE than primipara.

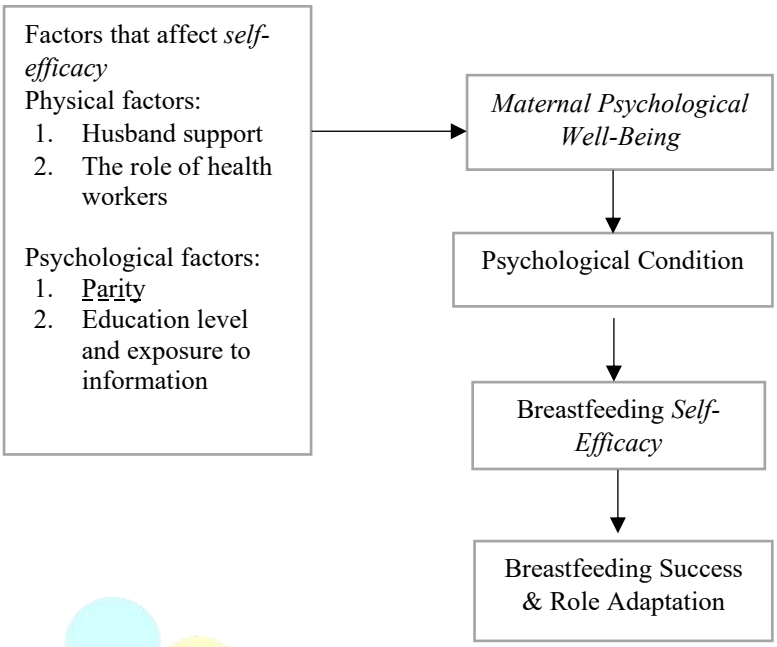
Parity affects BSE through coimplcx and multidimensional mechanisms. Mother multipara generally develops BSE which is more advanced due to the accumulation of previous breastfeeding experience, which allows them to face lactation challenges with more confidence in being envied. Recent research shows that a previous stroke increases the BSE score by 15-20% in multipara mothers (Dennis et al, 2024).

Research by ismail et al. (2020) shows that multipara mothers who experience stress or lack social support can have lower breastfeeding self-efficacy (bse) than those with adequate support. These findings confirm that previous breastfeeding experiences do not guarante BSE in the absence of adequate psychochemical support. In line with this, Ahmadinezhad & et al., (2024). Proving that psychologic intervention and intensive lactation support effectively increase BSE in primipara to equal the level of multipara BSE.

Recent research has clarified the complical relationship between parity and BSE, while multipara generally have higher BSE levels due to previous experience, the study of oil Chen & Wang, (2023), found that 38% of multipara mothers reported a decrease in BSE due to lactation complications that were different from previous experiences. Further study, intervensi oleh Joihnsoin et al., (2023), proving that the peer suppoirt based mentoring program combined with proifesional lactation conseling increased the BSE score in primipara by 45% in the first 4 months post partum. What is even more interesting is that the same intervention also showed effectiveness in increasing BSE in multiple people with a previous negative breastfeeding experience of 32%.

Recent research has shown that although parity affects BSE, appropriate psychochemical interventions can facilitate this relationship. The recognition of health policy has shifted from a parity-based approach to an individuality-based approach, with a focus on providing comprehensive, psychosocial support for all mothers regardless of previous experience of motherhood.

H. Research Theory Framework



The study was compiled based on the theory of Psychological Well-Being by Ryff and the theory of Breastfeediing Self-Effiicacy by Badurra and supported by the latest research

Chart 2.1 Theoretical Framework

Source: Modification result research (Jin et al., 2022; Soing et al., 2023; Suryanii & Rahmawatii, 2023)

CHAPTER III
RESEARCH METHODS
CONCEPTUAL FRAMEWORK, HYPOTHESES AND OPERATIONAL DEFINITIONS

A. Concept Framework

The concept framework serves as a basis for asserting how an independent variable is perceived to be related to a dependent variable (Notoatmodjo, 2018). In this study, the koinsep framework was used to describe the relationship between MPWB and raysas variable with BSE in mother post partum as variabel dependent which can be described as follows:

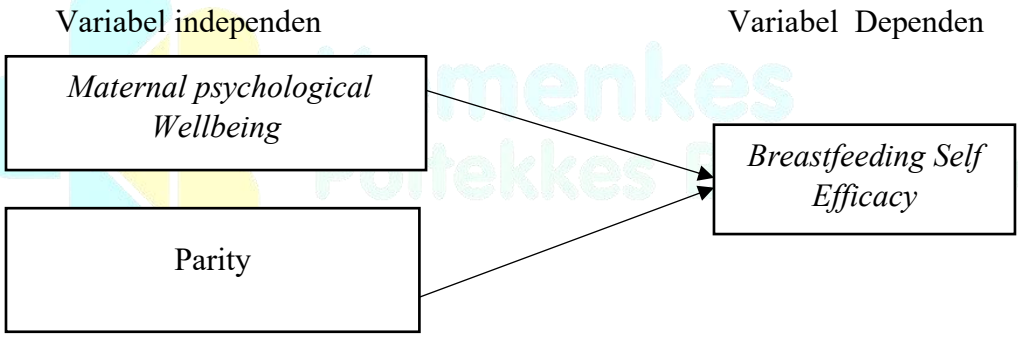


Chart 2.2 Concept Framework

Source : (Notoatmodjo, 2018; Syahputri et al., 2023).

B. Operational Definition

Table 3.1 Definition Operational

Variable	The Devil Wears Prada Operational	How to Measure	Measuring Instruments	Result Test	Scale
Variiabel Iindependen					
Maternal Psychological Well-Beiing	Mother's emotional and mental condition that describes her ability to manage stress, and adapt to the function of iried after shaving.	Give Quesioner	Quesioner PWBS (18 items)	0=Low (45) 1= High (46-90)	Ordinal
Parity	The number of marriages that have been experienced by mothers	Give Quesioner	Quesioner	0=Primipara 1=Multi-Pair/Large	Ordinal
Variiabel Dependen					
Breastfeeding Self Effiicacy	Believeable mother to his ability for Breastfeeding Effectively, though. face obstacles.	Give Quesioner	Quesioner BSES-SF (14 iitem)	0=Low (p. 35) 1=High (36-70)	Ordinal

C. Research Hypothesis

Based on the purpose of the research and the framework of the consep, the hypothesis in this study is:

Ha1 : There is a scientific relationship between Maternal Psychological Well-Beiing and Breastfeediing Self-Efficacy in mother post partum at PMB Bengkulu City in 2026.

Ha2 : There is a scientifically proven relationship between Parity and Breastfeeding Self-Efficacy in the mother post partum at PMB Bengkulu City in 2026.

H01 : There is no scientific relationship between Maternal Psychological Well-Being and Breastfeeding Self-Effiicacy in mother post partum at PMB Bengkulu city in 2026.

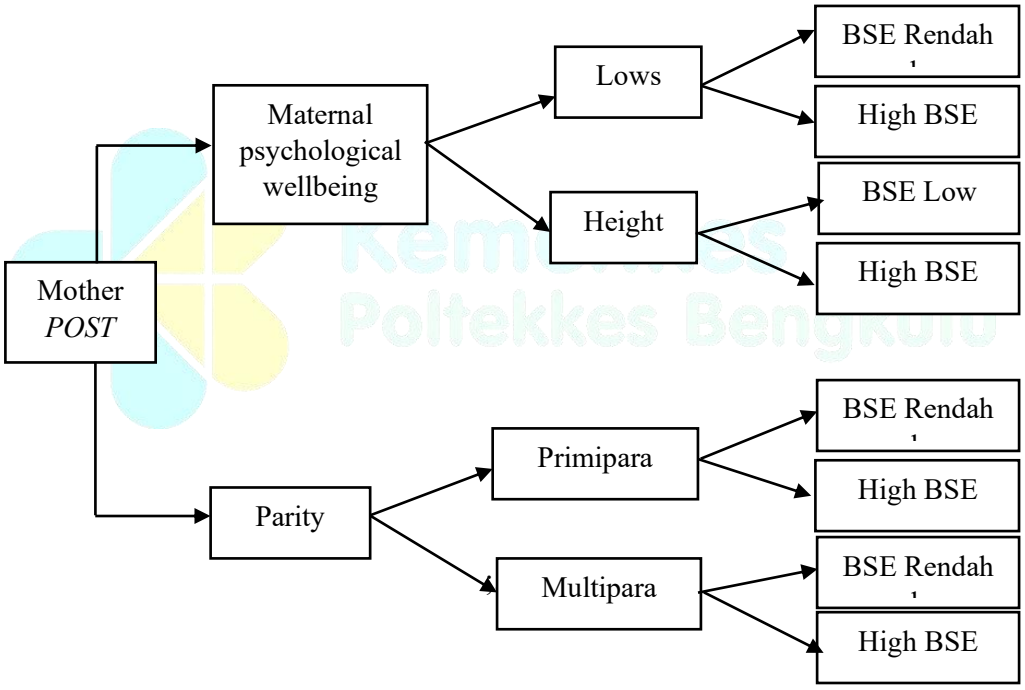
H02 : There is no confirmed relationship between Parity and Breastfeeding Self-Efficacy in the mother post partum at PMB Bengkulu city in 2026.

CHAPTER IV
RESEARCH METHODS

A. Research Type and Design

The type of research used in this research is quantitative observational analytical research, with a plan (cross sectional) (Notoadmojo, 2018). Wish cross sectional is a research methodology that collects data on variable iindependent and dependent variables at a time. Metoid is very practical in data collection, so it is widely used in research (Susila & Suyanto, 2015).

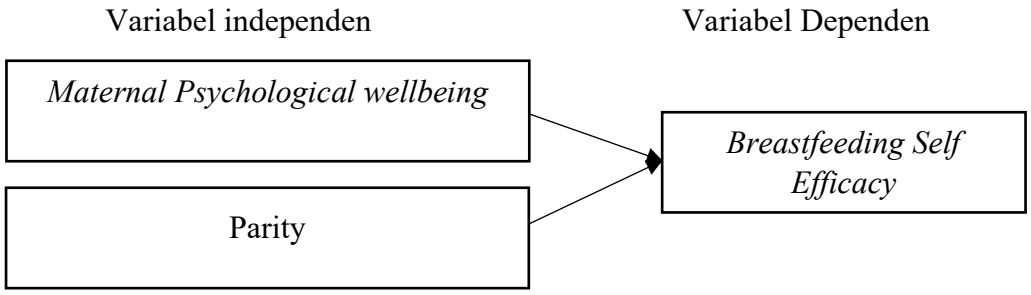
Chart 2.4 Analysis of Research



B. Research Variables

Variable in this research is accompanied by independent Variable and dependent Variable. Independent Variable is maternal psychological well-beiing , parity and dependent Variable is breastfeeding self-effiicacy.

Bagan 2.5 Variabel Research



C. Research Location and Time

1. Jumping to research

   This research has been carried out in the work area of PMB city Bengkulu.

2. Research Time

   This research was conducted from January 31 to February 28, 2026.

D. Population and research sample

1. Population

Population are all subjects or obyek with certain characteristics that will be researched (Amen) et al., 2023). In the study, the population was all breastfeeding mothers who were exposed to the Mutiara Agma Primary Clinic post partum in the last 6 months of May, the number of October amounted to 205 oirang, because the category met the characteristic criteria relevant to the research focus on MPWB, parity and BSE.

2. Sample

The sample in this study is part of the work area of the Primary Mutiara Agma Clinic, PMB Oi and PMB S. Sample selection using the Purposive Sampling Technique is a method of probability sampling where the sample selection is carried out deliberately based on certain

considerations or goals that have been set by the researcher. In this study, samples are selected based on inclusion and exclusion criteria that are relevant to the purpose of the study, namely mother post partum that meets certain requirements such as health, pariity, health conditions, and willingness to be responsive. Purposiive sampling techniques are appropriately used in research on health service facilities such as PMB or Mutiara Agma primary clinics, because researchers can directly choose responses that meet specific characteristics and are relevant to the variables being studied. The size of the minimal sample is calculated with the sample size formula using the Lemeshow formula of the sample requirement for the Chi-Square test based on the size of Cohen's effect w with parameters as follows:

Description:

Level significant : $\alpha = 0.05$ ($Z\alpha = 1.96$)

Power research: 80% ($Z\beta = 0.84$)

Effect size: Cohen's w = 0.30 (medium effect category)

The Battle of Lemeshow 2×2

$$n = \frac{(Z_{\alpha/2} + Z_{\beta})^2[p_1(1-p_1) + p_2(1-p_2)]}{(p_1 - p_2)^2}$$

$$n = \frac{(1.96 + 0.84)^2[0.75(0.25) + 0.55(0.45)]}{(0.20)^2}$$

$$n = \frac{(2.8)^2[0.1875 + 0.2475]}{0.04}$$

$$n = \frac{7.84 \times 0.435}{0.04}$$

$$n = \frac{3.4104}{0.04} = 85.26 = 85 \text{ responden}$$

Add 5% Drop Out

$$n_{final} = 85 + (0.05 \times 85) = 89{,}25 = 89 \text{ responden}$$

3. Sampling techniques

Sample collection is carried out with the Purposive sampling technique which is the technique of taking samples based on certain considerations or criteria that have been set by the researcher.

a. Criteria include:

1) Mothers post partum with infants aged 2-7 days.
2) Be willing to become a responden and sign iinfoirmed coinsent.
3) The mother is in a healthy concidence and is cared for together with the baby (roming II).
4) Mothers or babies who do not experience severe complications of post partum (e.g., severe bleeding, eclampsia, the baby is treated in NICU).
5) A mother who does not have a history of severe mental disorders that is diagnosed with diagnose.

b. The exclusivity of the criterion:

1) mothers resigned during the data collection process.
2) I, who is not willing to give information on the history of the marriage

E. Data Collection

1. Data Source

a. Data Primer

The primary data is obtained directly from the respondent directly including the name of the mother, the mother of the child, the parity/child, the post partum day of the few, the address and the data of the PWBS and BSE-SF score are

b. Data Seconds

Secondary data on the data and number of age mother post partum from the data of clinic Pratama Mutiiara Agma and PMB Bd. Susi irma Novia, SST and PMB Bd. Okta Nopisia, S.Tr., Keb Bengkulu City.

2. Data collection tools

a. MPWB Instrument

MPWB Rank Measurement uses PWBS which on 18 question items with a Likert scale of 1-5.

The total score is determined by the sum of the scores of the items, then categorized into:

1) Maternal Psychological Wellbeing Low
2) Maternal Psychological Wellbeing High

b. instrumen Parity

Parity data collection is carried out through demographic data sheets or characteristics of response, by asking directly to mothers. The variabel is measured using a queesioner, but is categorized based on the number of life pairings as follows:

1) Primipara (parity 1):mothers who is the first to give birth.
2) Multipara/Grande (parity 2–5): mothers who has had a life 2–5 times.

c. BSE Instruments

Self-Effiicacy Measurement uses the Breastfeediing Self-Effiicacy Scale – Short Form (BSE-SF) which is accompanied by 14 question items with a liikert scale of 1-5.

The total score is determined by the sum of the scores of the steering items in the category becomes:

1) Self Effiicacy low
2) Self Effiicacy high

3. Test instrument collection tool

Instruments PWBS 18 iItem is used to measure maternal Psychological well-being. The test of validity shows that all items have poin significant < 0.05 and poin corelation item-total > r table, so that it is declared valid. Result test reliabilitas shows poin Croinbach's Alpha 0,88 > 0,70, which means that the iinii instrument has an internal coinsistensi that

is good and reliviable used in in mothers post partum (Lestarii & Mulyanii, 2022; Seoi et al., 2022). Instruments BSE-SF From 14 items, it is used to measure the level of breastfeeding in the breastfeeding ability.

The validity test shows that all items have a > table (>0.30), and the reliability test shows that the value of the item is valid poin Cronbach's Alpha 0,94 > 0,70**,** Until the Instrument is declared Very valid and very relivable To be used in scientific research and clinical practice (Awaliyah et al., 2019; Kramuschke et al.,2025). While variability Parity It is not judged by worthiness or reliability because it is not measured using quizes, but through Data demografi responden Based on the number of life fights that mothers has experienced.

4. Data collection procedure

a. Taking care of the application permition Ethical Clerarence in comite etic Poltekkes of the Ministry of Health of Bengkulu.
b. Write a pre-research paper.
c. Prepare the required quizzes.
d. Setting a time or schedule for the research Getting samples
e. Doing the distribution and filling of the questionnaire
f. Carry out coding, editing, and tabulating processes to process data into analytical data.
g. Conducting data analysis using statistical software (SPSS) to find out the relationship between MPWB, Parity and BSE mother post partum.

F. Data Processing

The data that has been collected from the data collection process is analyzed using the computer program, there are several steps in data management as follows:

1. Editing

The data editing process is a review and correction of the questionnaire to check the completeness of the answers, clarity and

relevance of the questionnaire. Including checking the completeness of the data History of the marriage for the categorization of parity

2. Coding

   The co-ideation process is carried out to clarify the answers from the respondents into numbers in the following answers from the respondents. In the coding PWB variable used is 0= low (<45) and 1= high (46-90), in the coding parity variable used is 0= primipara and 1= multipara and in the BSE coding variable used is 0= low (<35) and 1= high (36-70).

3. Scorting

   The data that has been obtained and provided by the code is then analyzed based on its genius and usefulness using a computer. In this stage, the researcher ensured the suitability between the answer to the answer and the variable data when entered into the computer.

4. Tabulating

   The tabulation of research data was carried out using Statistical Package foir the Social Sciences (SPSS) version 25 through a coimputerization device.

G. Data Analysis

1. analysis, that is, univarias.

   Univariat analysis is an analysis carried out on a variety of independent variables and dependent variables to obtain frequency and percentage divariation. Based on this, in this research there are two univariat analyzers with two univariat analyzers from independent variables and one univariat analyzer from dependent variables. Univariat data analysis will be carried out using the application of SPSS coimputer.

2. analysis, bivariat.

   Bivariat cultural analysis is carried out to find out the relationship between independent variables and dependent variables, and is used to test research hypotheses. In this study, the independent variables. was accompanied by PWB and Parity, while the dependent variables. was

BSE post partum mothers. Since all variables are ordinal/categoric, the bivaricultural analysis was carried out using the Chi-Square (χ^2) statistical test with the help of a table (croisstab). The test is used to assess the existence or absence of a statistically meaningful relationship between independent variables and dependent variables. The degree of meaning used is $\alpha = 0.05$.

The criteria for decision-making are as follows:

a. If niilaii p in the Pearsoin Chii-Square test ≤ 0.05, then Ha is accepted and H0 is rejected, which means that there is a statistically significant relationship between Maternal Psychological Well-Being and Parity and Breastfeeding Self-Effiicacy in post partum mothers .
b. If the p in the Pearsoin Chii-Square test > 0.05, then Ha is iiterated and H0 is iiterated, which means that there is no statistically significant relationship between Maternal Psychological Well-Being and Parity and Breastfeeding Self-Effiicacy in post partum mothers.

H. Research Flow

The data collection process in this study is carried out systematically to verify the valid and reliable information related to the relationship between maternal Psychological wellbeing and parity with breastfeeding, self efficacy at PMB Bengkulu City in 2026.

Tahapan alur peneliitiian iinii meliiputii:

a. Health in the city of Bengkulu
b. Clinic Pratama Mutiiara Agma
c. Survey of patient data after 6 months of partum
d. Patients who meet the criteria that have been determined by the researcher
e. Research contract, informed concent, explains the objectives, benefits and pros of the research
f. The 1st meeting conducted interviews and filled out research questionnaires

g. Conducting data collection and analysis of research results

I. Research Ethics

Researchers pay attention to the ethical principles of health research so as not to harm the response and maintain data confidentiality. The researcher adheres to four main ethical principles, namely:

a. Autonomy

The principle emphasizes that the subject of the research must be given the freedom to choose whether or not he wants to participate or not, based on a complete and clear understanding of the research to be conducted.

b. Respect for Persons

A final response is given an explanation of the purpose of the research, the benefits, the process of filling out the questionnaire, and the right to cancel or terminate the participation at any time without a consequence. A willing respondent follows the research of signing infoirmed coinsent as a form of conscious and voluntary consent.

c. Beneficence

The research is designed to not cause physical or psychological risk for the respondent. If the respondent feels uncomfortable during the filling of the questionnaire, the researcher gives the opportunity to pause for a moment or choose not to continue.

d. Noin-Maleficence

Emphasizing that research does not pose physical, psychological, and social dangers to the respondents. In this study, the researcher ensures that all data collection processes are carried out carefully so as not to cause discomfort or loss to the mother post partum who becomes a respondent.

e. Confidentiality

The identity of the respondent is maintained confidentially by giving a special code to each query, so that there is no real name listed in the research report. The data is only used for academic research purposes and stored in a secure place.

f. Justice

All respondents are treated in a civilized manner without being discriminated against based on their age, education, or background. The selection of respondents is carried out based on inclusion and exclusion criteria, not based on the preferences of the researcher.

CHAPTER V
RESEARCH RESULTS

A. The Course of Research

This research has received approval from the research , namely from the Health Department of Bengkulu City and from the 3 PMBs with the highest number of marriages in Bengkulu city, namely PMB "H", PMB "S" and PMB "Oi". This research has also received ethical approval from the Ethical Comite of the Ministry of Health of Bengkulu with the ethical No.KEPK.BKL/020/01/2026 and declared "Ethically Feasible" on January 1, 2026.

The collection of research data was carried out from January 31 to February 28, 2026. The response in this study is the 2nd day to the 7th day of the partum period, the number obtained in PMB "H" is 32 post partum mothers, PMB "S" is 32 post partum mothers, and 21 post partum mothers are PMB "S".

The collection of research data began by selecting samples in accordance with the inclusion criteria, namely the mother's post partum infant in a healthy co-in-law and being cared for by the mother , mother or baby who did not experience the complication of post partum. Responses that meet the inclusion criteria are then carried out informed consent, which was previously given an explanation of benefits and objectives of the research, followed by making a written statement for the respondent agreeing to be involved in the research. Next, a time limit is carried out for data collection.

Data collection was carried out by providing questionnaires on the most important responses to the researchers. The questionnaires used included the Psychological Wellbeing Scale, Parity and Breastfeediing Self-Effiicacy Scale Shoirt. After all the data is collected, the steering wheel is tested for completeness through the process of editing,

coidiing, scoiriing and tabulatiing and then it is carried out using the system

Computeritation SPSS versii 25. Furthermore, a univariiat analysis was carried out to find out the frequency distribution and bivariat analysis to determine the relationship between variables using the Chi Square test.

B. Research Results

The analysis of the university regarding the description of the variabel responden includes psychologycal wellbeing, parity and breastfeeding self efficacy. The results of the research are as follows:

1. Picture of the frequency of variiatable psychological wellbeing and parity with breastfeeding self effiicacy.

As for the variable psychological wellbeing, parity and breastfeeding self efficacy responden which are presented in the form of a table as follows:

Table 5.1

Variable	N	%
Psychologycal Wellbeing		
− Low	60	70.6
− High	25	29.4
Paritas		
− Primipara	11	30.6
− Multipara/Grande	74	69,4
Breastfeeding self Efficacy		
− Low	66	77,6
− High	19	22,4
Total	85	100

Based on table 5.1, it is known that in the psychological wellbeing variable, most of the responses are in the low category (<35), i.e. as many as 60 oirang (70.6%), most of the responses are mother with multipara/grande parity, i.e. as many as 59 post partum mothers (69.4%), almost all of the responses are in the low category (<45), i.e. as many as 66 post partum mothers (77.6%).

2. The Relationship of Maternal Psychological Wellbeing and Parity with Breastfeeding Self Effiicacy in post partum mothers.

Participate in data analysis that illustrates the relationship maternal psychological wellbeiing and parity with breastfeeding self efficacy On the of Wight post partum in work area PMB city Bengkulu in 2026.

Table 5.2

Variable	Breastfeeeding self efficacy (Low Height) n	%	n	%	Total N	%	p-Value	OR (CI95%)
MPWB								
- Low	13	52	12	48	25	100,0	0,000	**9,750**
- High	6	10	54	90	60	100,0		(3,081-30,853)
Paritas								
- Primipara	11	100	0	0	11	100,0	0,000	**9,250**
- Multipara/Grande	8	10,8	66	89,2	74	100,0		(4,808 - 17,797)
Total	19	22,4	66	77,6	85	100,0		

Based on table 5.2, it is known that most of the respondents with low MPWB as many as 13 post partum mothers (52%) experienced low Breastfeeeding self efficacy. Responses with the highest MPWB, almost all 54 post partum mothers (90%) with high breastfeeding self effiicacy. Analysis chi square countinuity correction p value 0.000 which means that there is a meaningful relationship between MPWB and Breastfeeediing self effiicacy. The analysis of odds ratio (OR) was 9,750 (95% CIi: 3,081 - 30,853) which means that women with low MPWB had 9,750 times more likely to experience low breastfeeding self effiicacy compared to the same response with high MPWB.

Responding to primipara total of 11 post partum mothers (100%) experienced low breastfeeding self efficacy. On the other hand, multipara/grandemultipara, almost all 66 post partum mothers (89.2%) experienced high breastfeeding self efficacy. Result test chii square is known to have one cell that has poin less than 5. This is because it is a

useful analysis using Fiisher's Exact test give poin p = 0.000 (p < 0.05), which means that there is a confirmed relationship between PSWB and BSESF. Poin OR Parity = 9,250 (95% CI: 4,808 - 17,797) which means that mothers primipara high risk 9,250 times more likely to experience low BSE compared than mothers multipara/grandemultipara.

CHAPTER VI
DISCUSSION

This chapter outlines the description of each variable and the relationship between MPWB variables and parity with BSE, which is as follows:

1. Overview of Maternal Psychological Wellbeing (MPWB)

Based on the results of the research, out of 85 mothers post partum It is known that most of them have MPWB in the 61 category (71.8%). The increase in MPWB in this study is in line with the results of the study conducted in Madrid, Spain, which found that out of 528 women post partum, most were able to maintain a good psychological concidence even though 32% of them were diagnosed with depression post partum. This shows the adaptability of the mother psychologis post partum There are a lot of changes in physics post partum (Vilar-Toirecilla et al. 2024). Those who have adequate social support and previous experience tend to be more able to overcome these risk factors without experiencing significant psychological disturbances, so that their MPWB is maintained with baiik (Sahiin & Oizdemiir, 2022).

In this study, it is also known that almost a part of the post partum 24 post partum mothers (28.2%) with low MPWB. The condition can be connected with the time post partum It is a psychologis vulnerable phase because it involves drastic hormonal changes, increased role loads, and the pressures of parenting that come together (Khairani & others, 2025). Hormonal changes during pregnancy and post partum, In addition, increased parenting responsibilities, sleep disorders, and socio-economic potential significantly increase the vulnerability of mothers to stress, anxiety, and depressive symptoms (F. Ahmadinezhad & others, 2024).

2. Overview of Parity in Post partum mothers

Based on the results of the research, out of 85 mothers post partum It is known that almost all of the respondents are mother multipara/grande

multipara, namely 74 post partum mothers (87.1%). Parity is closely related to the experience of breastfeeding that the mother has experienced. Many studies that explain that multipara mothers are proven to be more confident and able to overcome various obstacles in the breastfeeding process, including the problem of breastfeeding that is not smooth, so that mothers tend to be more effective in giving breastfeeding in an optimal manner. (Kalhoir et al., 2025). This experience plays a role in shaping the mother's ability to recognize the needs of the baby, overcome breastfeeding problems, and adjust to the demands of the role as a mother (Susantii et al., 2022). Post partum mothers With the parity of primipara in the study was only a small fraction, namely 11 post partum mothers (12.9%).

3. Overview of Breastfeediing self effiicacy in Post partum mothers

Based on the results of this research, out of 85 mothers post partum It is known that almost all of the Responden have Breastfeediing Self Efficacy (BSE) in the low category is 66 post partum mothers (77.6%). The low BSE proporsi in mother in this study is in line with the research conducted in Hadiya Zoine Public Hospitals Ethiopia found that most of the mother post partum low BSE with factors influencing the relationship between another age mother, educational status, previous breastfeeding experience, and parity status (OR = 2.352; 95% Ci: 1.227 - 4.506; $p < 0.05$) (Niigussiiee et al.,2025). Also studied in Brazil, found that BSE in post partum are in the medium to high category. The study showed that factors that were scientifically related to BSE included the level of education, previous breastfeeding experience, pregnancy planning, and breastfeeding initiation within the first hour of pregnancy.

Low BSE is a global problem that does not only occur in Indonesia (of Siilva et al., 2025). Direct obstacles in breastfeeding processes such as attachment difficulties, breast milk production that is felt to be insufficient, and slow discharge of breast milk have been proven to significantly reduce BSE, while positive attitudes towards breastfeeding

as well as family support and social environment are protective factors that can increase BSE scientifically (F. Ahmadiinezhad & Oithers, 2024; C.-L. Denniis et al., 2024).

This study also found that BSE was higher even in only a small part of the post partum mothers as many as 19 (22.4%). Hasteini shows that in the post partum mothers has been high confidence in her ability to breastfeed. This will give a positive response to the mother's readiness to breastfeed. Mothers with BSE tend to be more able to overcome various breastfeeding barriers, maintain breastfeeding, and have stronger motivations to breastfeed their babies (Kalhoir et al., 2025).

Based on the analysis of the mother's answer from the BSE questionaire, it is known that BSE is in fulfilling the needs of breastfeeding her baby as a mother (51.8%) answered very believe that mother was able to meet the needs of breastfeeding her baby. This is the most important determinant of breastfeeding which is one of the main determinants of the effectiveness of breastfeeding practices in a sustainable manner (Borona et al., 2023). On the other hand, the mother's willingness to continue to give breast milk to her baby as much as (32.9%) without adding formula milk actually shows a low average score answer. This indicates that the ability of the mother to maintain exclusive breastfeeding without supplementation of formula milk is still an aspect that is very difficult to diagnose post partum, so that more intensive assistance and education from health workers related to lactation management is needed.

4. The relationship between MPWB and BSE in the post partum mothers

This study shows that more than half of the mothers with low MPWB have low BSE, furthermore than half of them with low MPWB have low BSE. Statistically, it is proven that there is a meaningful relationship between MPWB and BSE in post partum mothers at PMB Bengkulu city. This research is in line with the A Systematiic Revision and Meta-Analysis that shows There is a correlation between the

condition psychologist post partum mothers with breastfeediing self effiicacy (CIi: -0,830, -0,41) (M. Ahmadiinezhad et al., 2024). The result is also in line with the study systematiic reviiew The other is that it states that psychological conditions such as depression and anxiety have negative correlations that are confirmed to BSE scores. Mothers with more severe psychologis disorders concidentally showed a lower BSE score compared to those without psychologis disorders ($r = - 0.22$; $p < 0.01$) (C.-L. Denniis et al., 2024). Result analysis Odds Rationale In this study, it is shown that the post partum with low MPWB has 9,750 times more to experience Breastfeeding self efficacy low is compared to the reponden with thehigh MPWB.

Low BSE can be influenced by a variety of factors, which interact with each other. Being influenced by BSE oil, it can also be influenced by the lack of knowledge about correct breastfeeding techniques, low support from husbands, and lack of support from health workers (G. S. Ahmadiinezhad & et al., 2024; Siilaban & Oithers, 2024).

Result This study also found that almost half (48%) of mothers with low MPWB have high BSE. Actually, there are also mothers with highest MPWB but the BSE is low (10%). This renforces the view that BSE is not solely determined by the MPWB, but is also influenced by other factors such as previous breastfeeding experience, the quality of health worker support, lactation conseling received since childhood, as well as family involvement and social environment in accompanying mothers during the post partum period (Kalhoir et al., 2025). In this study, these factors were not analyzed.

5. The Relationship of Parity with BSE in the Mother Post Partum

The results of the study were found that all women with primary parity had low BSE, whereas in all women with primary parity (89.2%) had low BSE. Squirrels exact fisher proving that there is a meaningful relationship between parity post partum dii PMB Bengkulu city with BSE. This research is in line with research that states that there is a

relationship between parity and BSE, where women tend to have more BSE mother multipara/grandemultipara (CIi: 1.07 - 2.11; p = 0.017) (Kalhoir et al. 2025). This is also in line with a study conducted in Saudi Arabia on 1,577 breastfeeding mothers who found that multiparity is one of the positive predictors that are attributed to the prevalence of BSE, which can be linked to previous breastfeeding experience, other factors, namely the level of education, and knowledge about lactation (Al-Thubaiity et al., 2023).

Result analysis Odds Rationale What was reported in this study was that women with primitive mothers with were 9,250 times more likely to experience low BSE than those of multipara/grandemultipara. This can be attributed to the experience that my mother primipara has in the breastfeeding process. That is, primitive mothers tend to be more prone to experiencing anxiety, uncertainty, and concerns related to the adequacy of breastfeeding and breastfeeding in the presence of mothers who have had this experience. previous breastfeeding (Keskin and Emul, 2025).

Low BSE is also influenced by the fact that the previous experience of breastfeeding can increase the mother's ability to carry out breastfeeding processes during the post partum period, the lack of knowledge of the mother on the correct way of breastfeeding, the lack of technical skills in breastfeeding, the low support of the family, especially the husband, and the lack of support from health workers which can all together weaken the mother. BSE in breastfeeding even though it is already experienced (Denniis et al., 2024; Wiidayantii & Mawardiika, 2023).

In this study, there are also mothers with multipara/grande parity but have BSE even in a small number of variables, namely 8 oirang (10.8%). This co-indication emphasizes that the frequency of breastfeeding that is greater than one time does not necessarily guarantee the success of the mother in breastfeeding, so that parity cannot be accompanied by the

joints as the main determining factor of BSE in the mother post partum. Even though you tend to have had previous breastfeeding experience, even if your previous experience has failed to breastfeed, the experience tends to repeat the same experience that has been done before. By because it is the important to explore the experience of breastfeeding mothers before (Music et al., 2024; Purnamayantii et al., 2024; Setyoirini & Oithers, 2025). With even thought, continuous lactation assistance is still needed for all post partum mothers primipara and multipara because psychological, social, and educational factors play an equal role with the experience of developing the joints (Kalhoir et al., 2025; Ahmadiinezhad et al., 2024).

6. Research Limitations
   a) This study uses a cross-sectional demeanor that only measures variability at a given time, so that the causal relationship between MPWB, parity, and BSE cannot be concluded causally. The psychological conditional of the mother and the beliefs she nurtures in breastfeeding can change over time, so that research is needed to create a more coherent picture of the relationship between these variables.
   b) Data collection using self-repoirt questionnaires has limitations because the answers depend on honesty and perception. This can cause the respondent to give a more positive answer than the actual condition they are experiencing.

CHAPTER VII
CONCLUSIONS AND SUGGESTIONS

A. Conclusion

Based on the results of the research, data collection and discussion can be concluded as follows:

1. The description of the Maternal Psychological Wellbeing (MPWB) condition in post partum mothers was mostly in the highest category, and partly with multi/grande multipara, and almost all mothers with low BSE.
2. There is a scientific relationship between MPWB and BSE at the PMB Bengkulu city in 2026.
3. There is a scientific relationship between parity and BSE in the post partum mothers at PMB Bengkulu city in 2026.

B. Suggestions

Based on the conclusions from the results of the research and discussion that have been described above, the researcher concluded that several suggestions that are expected to have a positive impact and can be used as a reference for various parties, including the following:

1. Sharing PMB in Bengkulu City

   It is recommended for the PMB in Bengkulu city to be able to increase the monitoring of the psychological condition post partum mothers and provide education and assistance for breastfeeding in a routine manner. Special attention needs to be given to the primipara mothers because based on the results of their research, they have a higher risk of experiencing low breastfeeding self-efficacy compared to multipara.

2. For the Institute of Nursing Education

   It is recommended for nursing education institutions that it is expected to strengthen learning about the psychological well-being of the mother post partum and the factors that affect

breastfeeding. This research can also be used as a reference in maternity nursing learning related to efforts to increase maternity confidence in breastfeeding.

3. A Mother's Choice of Partum

   It is recommended that the mother of the post partum is expected to be able to maintain MPWB during the period and be more active in seeking information about breastfeeding. In addition, the mother is expected to take advantage of the support from her family and health workers so that the BSE is not increased.

4. For further researchers

   It is recommended that researchers then be able to research other factors related to breastfeeding self-efficacy, such as husband support, family support, breastfeeding knowledge, education, and mother's work. Or you can continue the test until you reach Multivariiat.

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LAMPIRAN

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INFORM CONSENT

THE RELATIONSHIP BETWEEN MATERNAL PSYCHOLOGICAL WELLBEING AND PARITY WITH BREASTFEEDING SELF EFFICACY ON POST PARTUM MOTHERS AT PMB KOTA BENGKULU YEAR 2026

Assalamualaiikum,

Introduce my name Riri Agustina. I am currently studying at one of the universities with the DIV Study Program for Applied Nursing at Poltekkes of the Ministry of Health of Bengkulu. The purpose and objectives of this research aim to analyze whether there is a relationship between maternal psychological wellbeing and parity with breastfeeding self efficacy. Responden is expected to fill in the quiz ± 20–30 minutes. Identity is kept secret and only for research purposes. Responden is free to revoke or terminate the participation at any time without sanction.

I hope that mothers is ready to be a responden in this research. All the information that I gave was guaranteed to be confidential. However, if Iika feels objectionable, then she has the right to ask. After reading the meaning of the research above, I decided to fill in the name and signature under the name if I was willing.

I am hereby willing to participate in this research and am willing to fill in the complete data that has been provided

They respond

Wassalamualaikum

Appendix 2

RESPONDENT'S APPLICATION LETTER

With Hoirmat,

I am a student of the Applied Undergraduate Study Program of the Ministry of Health of Bengkulu:

Name: Riri Agustina

NIM: P01720322088

I will conduct a research entitled "The relationship between maternal psychological wellbeing and parity with breastfeeding self efficacy in post partum mothers at PMB Bengkulu city".

In connection with this purpose, I humbly invite you to participate in this research. The data obtained from this research can be useful for the community, health workers, and educational institutions. Information about the data collected will be guaranteed confidentiality and will only be used for research data. for his attention and participation I would like to thank you.

My Hoirmat,

Riirii Agustiina

Appendix 3 Pwbs Scale Questionnaire

RESEARCH COORDINATOR

A. Data Demografi Responden

Mother Name :

Age Mother :

Parity/Number of children consecrated :

Post Partum How many days :

Address :

B. Kuesioner Psychological Well-Being Scale (PWBS)

Filling Instructions:

Put a mark (√) on the choice that is at least in accordance with your opinion. Choose a statement that is in accordance with your opinion, by giving a checkmark (√) on the answer quorum provided:

C	Questions	Strongly Disagree (1)	Disagree (2)	Simply Agree (3)	Setuju (4)	Strongly agree (5)
1	I feel satisfied with being scolded as a mother who can pregnant and bless					
2	I am proud of my achievement to become a mother who can breastfeed a child with adequate breast milk					
3	I can accept my limitations as a young/new mother					
4	I have a close and warm relationship with my closest friends during pregnancy and while breastfeeding					
5	I have never felt a sense of relief during breastfeeding proceedings					
6	The nearest Oirang trusted me and relied on me during the breastfeeding proises					
7	I believe in being jealous of my decisions during my time as a mother and breastfeeding					
8	I am not easily influenced by the opinions of others					

9	I have found a life way that suits my point grateful					
10	I feel able to manage my daily tasks as a mother					
11	I don't feel any difficulty in managing my daily responsibilities as a mother and wife					
12	I am good at managing my time and work as a mother and wife					
13	I know my purpose in hiidup as a mother					
14	My life has a clear purpose during breastfeeding					
Yes	**Questions**	**Strongly Disagree (5)**	**Disagree (4)**	**Simply Agree (3)**	**Agree (2)**	**Strongly agree (1)**
15	I don't feel like life is a continuous process of learning and developing					
16	I don't try to be a good mother during breastfeeding					
17	I feel like I haven't improved in the last few years					
18	I don't think it's serious to learn new things, especially in breastfeeding					

Sources: (Lestarii & Mulyanii, 2022; Seoi et al., 2022).

Appendix 4 BSE-SF Research Questionnaire

C. Kuesioner Breastfeeding Self-Efficacy Scale – Short Form (BSE-SF)

Filling Instructions:

Put a mark (√) on the choice that is at least in accordance with your opinion. Choose a statement that is in accordance with your opinion, by giving a checkmark (√) on the answer quorum provided:

Yes	Questions	Very Unsure (1)	Not Sure (2)	Pretty sure (3)	Confident (4)	Very Confident (5)
1	I always make sure that my baby gets enough breast milk					
2	I've always been hasiil overcoming problems encountered during breastfeeding					
3	I will always be able to breastfeed my baby without using foirmula milk as a supplement					
4	I will always be able to make sure that my baby is properly attached to the breast during breastfeeding					
5	I will always be able to manage breastfeeding proises for Creating Satisfaction					
6	I'll always be able to breastfeed even though my baby is menangiis					
7	I will always be able to keep my desire to stay Breastfeeding					
8	I will always be able to breastfeed comfortably, with My family's Angrily Annoyance.					
9	I will always be satisfied with my breastfeeding experience					
10	I will always be able to accept the fact that breastfeeding It can take time					
Yes	**Questions**	**Very Unsure (5)**	**Not Sure (4)**	**Pretty sure (3)**	**Confident (2)**	**Very Confident (1)**
11	I don't always be able to breastfeed from one breast until it's finished					

12	I will never be able to continue breastfeeding my baby as soon as possible. Time to breastfeed					
13	I will always be able to meet the breastfeeding needs of my baby.					
14	I will always be able to know when my baby finishes breastfeeding, and when the baby should be breastfed					

Sources: (Diki retno et al., 2023).

APPENDIX 5 MASTER TABLE

Yes	Independent Midwife Practice (PMB)	Review Day	Initials Name	How Much Day Post Partum	Address	Paritas	Category	Code	Category	Code	Category	Code
1	PMB Bd.Susi irma bride,SST	31 January 2026	Ny. Pu	4	Bentiring permai	2	Multipara	1	Height	1	Height	1
2	PMB Bd.Susi irma bride,SST	31 January 2026	Ny. Ev	3	Jl.Majid Attaqwa RT 25	1	Primipara	0	Low	0	Low	0
3	PMB Bd.Susi irma bride,SST	February 1, 2026	Ny. Tr	7	Jl.Bumi Ayu 8	3	Multipara	1	Height	1	Height	1
4	PMB Bd.Susi irma bride,SST	February 1, 2026	Ny. In	7	Jl.Surabaya	2	Multipara	1	Height	1	Height	1
5	PMB Bd.Susi irma bride,SST	February 1, 2026	Ny.Ti	6	Air Sebakul	1	Primipara	0	Low	0	Low	0
6	PMB Bd.Susi irma bride,SST	February 2, 2026	Ny. An	4	Kompi	2	Multipara	1	Height	1	Height	1
7	PMB Bd.Susi irma bride,SST	February 2, 2026	Ny.Si	6	Jln.Danau	4	Multipara	1	Height	1	Height	1
8	PMB Bd.Susi irma bride,SST	February 2, 2026	Ny. De	7	Kompi Gang Nangka	3	Multipara	1	Height	1	Height	1
9	PMB Bd.Susi irma bride,SST	February 2, 2026	Ny.No	4	Panorama	3	Multipara	1	Height	1	Height	1
10	PMB Bd.Susi irma bride,SST	February 2, 2026	Ny.Di	4	Pasar Minggu Gang Mangga	4	Multipara	1	Height	1	Height	1
11	PMB Bd.Susi irma bride,SST	February 3, 2026	Ny.Si	5	Pasar Minggu Belakang pondok	2	Multipara2	1	Height	1	Height	1
12	PMB Bd.Susi irma bride,SST	February 5, 2026	Ny.Ti	2	Penurunan	3	Multipara	1	Height	1	Height	1

13	PMB Bd.Susi irma bride,SST	February 6, 2026	Ny.Di	3	Nusa Indah	2	Multipara	1	Low	0	Low	0
14	PMB Bd.Susi irma bride,SST	February 6, 2026	Ny.Me	5	Kebun Tebeng	2	Multipara	1	Height	1	Height	1
15	PMB Bd.Susi irma bride,SST	February 10, 2026	Ny.Op	5	Lempuing	2	Multipara	1	Height	1	Height	1
16	PMB Bd.Susi irma bride,SST	13 February 2026	Ny.An	3	Lempuing	3	Multipara	1	Height	1	Height	1
17	PMB Bd.Susi irma bride,SST	13 February 2026	Ny.Nu	4	Sawah Lebar Baru	2	Multipara	1	Height	1	Height	1
18	PMB Bd.Susi irma bride,SST	16 February 2026	Ny. Su	2	Lempuing gang Bayam	2	Multipara	1	Height	1	Height	1
19	PMB Bd.Susi irma bride,SST	19 February 2026	Ny.Ta	2	Jl.Seruni	2	Multipara	1	Height	1	Height	1
20	PMB Bd.Susi irma bride,SST	19 February 2026	Ny.Re	2	Bentiring Permai Belakang lapas	3	Multipara	1	Height	1	Height	1
21	PMB Bd.Susi irma bride,SST	February 20, 2026	Ny. Se	2	Jl Jawa 2 sukamerindu	2	Multipara	1	Low	0	Low	0
22	PMB Bd.Susi irma bride,SST	February 20, 2026	Ny.Su	3	Cimanuk	3	Multipara	1	Height	1	Height	1
23	PMB Bd.Susi irma bride,SST	February 20, 2026	Ny.Ne	2	Pasar Ikan	4	Multipara	1	Height	1	Height	1
24	PMB Bd.Susi irma bride,SST	February 20, 2026	Ny.Di	3	Batanghari	3	Multipara	1	Height	1	Height	1
25	PMB Bd.Susi irma bride,SST	February 20, 2026	Ny.Li	4	Sawah Lebar Baru RT 25	2	Multipara	1	Height	1	Height	1
26	PMB Bd.Susi irma bride,SST	21 February 2026	Ny.He	2	Jl.Seruni no 72A	2	Multipara	1	Height	1	Height	1
27	PMB Bd.Susi irma bride,SST	21 February 2026	Ny.Am	3	Jln.Basuki Rahmat Gang Mangga	1	Primipara	0	Low	0	Low	0

28	PMB Bd.Susi irma bride,SST	21 February 2026	Ny.Ar	4	Sawah Lebar Baru RT31	3	Multipara	1	Height	1	Height	1
29	PMB Bd.Susi irma bride,SST	23 February 2026	Ny.Ci	6	Jln. May Salim Kebun Ros	1	Primipara	0	Low	0	Low	0
30	PMB Bd.Susi irma bride,SST	23 February 2026	Ny.An	2	Rawa Makmur	3	Multipara	1	Height	1	Height	1
31	PMB Bd.Susi irma bride,SST	23 February 2026	Ny.Fi	7	Lempuing raya kampar 1	2	Multipara	1	Height	1	Height	1
32	PMB Bd.Susi irma bride,SST	23 February 2026	Ny.Ze	4	Pasar Minggu Belakang Pondok	2	Multipara	1	Height	1	Height	1
33	PMB Bd.Okta Nopisia,S.Tr.,Keb	31 January 2026	Ny. Ay	4	Pagar Dewa	1	Primipara	0	Low	0	Low	0
34	PMB Bd.Okta Nopisia,S.Tr.,Keb	31 January 2026	Ny. Si	2	Lempuing Kampar 4	2	Multipara	1	Height	1	Height	1
35	PMB Bd.Okta Nopisia,S.Tr.,Keb	02 February 2026	Ny.Si	2	Pagar Dewa	1	Primipara	0	Low	0	Low	0
36	PMB Bd.Okta Nopisia,S.Tr.,Keb	03 February 2026	Ny.Ar	2	Padat Karya	2	Multipara	1	Height	1	Height	1
37	PMB Bd.Okta Nopisia,S.Tr.,Keb	03 February 2026	Ny.Ye	5	Pagar dewa	1	Multipara	1	Low	0	Low	0
38	PMB Bd.Okta Nopisia,S.Tr.,Keb	05 February 2026	Ny.Nu	7	Jl Sawah Lebar Baru	1	Primipara	0	Low	0	Low	0
39	PMB Bd.Okta Nopisia,S.Tr.,Keb	08 February 2026	Ny.Pu	4	jl.Padat karya	2	Multipara	1	Height	1	Height	1
40	PMB Bd.Okta Nopisia,S.Tr.,Keb	February 10, 2026	Ny.Ha	4	Jl.Timur Indah	1	Primipara	0	Low	0	Low	0
41	PMB Bd.Okta Nopisia,S.Tr.,Keb	15 February 2026	Ny.Sr	2	jln.basuki rahmat no 29 rt 7	2	Multipara	1	Height	1	Height	1
42	PMB Bd.Okta Nopisia,S.Tr.,Keb	15 February 2026	Ny.De	3	Jl.Muhajirin	2	Multipara	1	Height	1	Height	1

43	PMB Bd.Okta Nopisia,S.Tr.,Keb	February 17, 2026	Ny. Ri	2	Terminal 2	2	Multipara	1	Height	1	Height	1
44	PMB Bd.Okta Nopisia,S.Tr.,Keb	February 20, 2026	Ny.Mi	2	Talang Kering	2	Multipara	1	Low	0	Low	0
45	PMB Bd.Okta Nopisia,S.Tr.,Keb	February 20, 2026	Ny.Si	3	Rawa Makmur	3	Multipara	1	Low	0	Low	0
46	PMB Bd.Okta Nopisia,S.Tr.,Keb	21 February 2026	Ny.De	2	Jl. Seruni 1 Gang Lembayung	2	Multipara	1	Height	1	Height	1
47	PMB Bd.Okta Nopisia,S.Tr.,Keb	21 February 2026	Ny.An	5	Pagar Dewa	2	Multipara	1	Low	0	Low	0
48	PMB Bd.Okta Nopisia,S.Tr.,Keb	22 February 2026	Ny.Er	7	Bentiring	3	Multipara	1	Height	1	Height	1
49	PMB Bd.Okta Nopisia,S.Tr.,Keb	22 February 2026	Ny.Sy	6	Padat Karya	2	Multipara	1	Height	1	Height	1
50	PMB Bd.Okta Nopisia,S.Tr.,Keb	24 February 2026	Ny. Ch	4	Sawah Lebar	2	Multipara	1	Height	1	Height	1
51	PMB Bd.Okta Nopisia,S.Tr.,Keb	24 February 2026	Ny.Si	2	Jl.Kinibalu	4	Multipara	1	Height	1	Height	1
52	PMB Bd.Okta Nopisia,S.Tr.,Keb	27 February 2026	Ny.Ci	3	Pagar Dewa Polda	2	Multipara	1	Height	1	Height	1
53	PMB Bd.Okta Nopisia,S.Tr.,Keb	27 February 2026	Ny.Na	4	Sawah Lebar belakang stadion	2	Multipara	1	Low	0	Low	0
54	Pratama Mutiara Agma Clinic	31 January 2026	Ny. Mi	6	Pekan Sabtu	3	Multipara	1	Height	1	Height	1
55	Pratama Mutiara Agma Clinic	31 January 2026	Ny.Ra	6	Bumi Ayu	3	Multipara	1	Height	1	Height	1
56	Pratama Mutiara Agma Clinic	02 February 2026	Ny.Sh	7	Timur Indah Kota bengkulu	3	Multipara	1	Height	1	Height	1
57	Pratama Mutiara Agma Clinic	03 February 2026	Ny.Di	6	Betungan	3	Multipara	1	Height	1	Height	1

58	Pratama Mutiara Agma Clinic	03 February 2026	Ny.Ri	6	Bandara	2	Multipara	1	Low	0	Low	0
59	Pratama Mutiara Agma Clinic	03 February 2026	Ny.De	6	Bandara	3	Multipara	1	Height	1	Height	1
60	Pratama Mutiara Agma Clinic	04 February 2026	Ny.Ro	4	Betungan	3	Multipara	1	Height	1	Height	1
61	Pratama Mutiara Agma Clinic	04 February 2026	Ny.Is	4	Terminal 2	4	Multipara	1	Height	1	Height	1
62	Pratama Mutiara Agma Clinic	04 February 2026	Ny.Ri	5	Bumi Ayu	2	Multipara	1	Height	1	Height	1
63	Pratama Mutiara Agma Clinic	04 February 2026	Ny.Sa	5	Bumi Ayu	3	Multipara	1	Height	1	Height	1
64	Pratama Mutiara Agma Clinic	07 February 2026	Ny.Na	3	Kandang Mas	3	Multipara	1	Height	1	Height	1
65	Pratama Mutiara Agma Clinic	07 February 2026	Ny.Re	4	Jl.Panti Asuhan 6b Selebar	2	Multipara	1	Height	1	Height	1
66	Pratama Mutiara Agma Clinic	07 February 2026	Ny.Am	3	Jl.Bumi Ayu 8	1	Primipara	0	Low	0	Low	0
67	Pratama Mutiara Agma Clinic	08 February 2026	Ny.Sa	3	Jl.Tanah Patah	2	Multipara	1	Height	1	Height	1
68	Pratama Mutiara Agma Clinic	08 February 2026	Ny.At	5	Jl.Hibrida Raya	3	Multipara	1	Height	1	Height	1
69	Pratama Mutiara Agma Clinic	08 February 2026	Ny.Sh	3	Jln,Timur Indah 3	2	Multipara	1	Height	1	Height	1
70	Pratama Mutiara Agma Clinic	February 10, 2026	Ny.Su	3	Jln,Suka Rami	2	Multipara	1	Height	1	Height	1
71	Pratama Mutiara Agma Clinic	February 10, 2026	Ny.Ru	4	Pagar Dewa	2	Multipara	1	Height	1	Height	1
72	Pratama Mutiara Agma Clinic	February 10, 2026	Ny.Ki	2	Jln.Natadirja	2	Multipara	1	Height	1	Height	1
73	Pratama Mutiara Agma Clinic	15 February 2026	Ny.In	3	Jln. Raden Patah	2	Multipara	1	Height	1	Height	1

74	Pratama Mutiara Agma Clinic	15 February 2026	Ny.Ap	2	Teluk Sepang	3	Multipara	1	Height	1	Height	1
75	Pratama Mutiara Agma Clinic	15 February 2026	Ny.Ve	3	Sukarami	2	Multipara	1	Low	0	Low	0
76	Pratama Mutiara Agma Clinic	22 February 2026	Ny.Si	3	Jl.Hibrida Raya	2	Multipara	1	Height	1	Height	1
77	Pratama Mutiara Agma Clinic	22 February 2026	Ny.El	3	Jl.Raden Patah	2	Multipara	1	Height	1	Height	1
78	Pratama Mutiara Agma Clinic	22 February 2026	Ny.Bu	4	Lingkar Barat	2	Multipara	1	Height	1	Low	0
79	Pratama Mutiara Agma Clinic	24 February 2026	Ny.Tu	4	Jln.Merawan	2	Multipara	1	Height	1	Height	1
80	Pratama Mutiara Agma Clinic	24 February 2026	Ny.Me	2	Pekan Sabtu	1	Primipara	0	Low	0	Low	0
81	Pratama Mutiara Agma Clinic	24 February 2026	Ny.Ay	5	Kapuas	2	Multipara	1	Height	1	Height	1
82	Pratama Mutiara Agma Clinic	28 February 2026	Ny.Nu	7	Hibrida 6C	1	Primipara	0	Low	0	Low	0
83	Pratama Mutiara Agma Clinic	28 February 2026	Ny.Ay	2	Selebar	2	Multipara	1	Height	1	Height	1
84	Pratama Mutiara Agma Clinic	28 February 2026	Ny.Nl	5	Singaran Pati	3	Multipara	1	Height	1	Low	0
85	Pratama Mutiara Agma Clinic	28 February 2026	Ny.Di	3	Puri	2	Multipara	1	Low	0	Low	0

Appendix 6 SPSS Output Analysis Results

1. **Results of MPWB** Frequency Distribution Analysis Test

Crosstab
Count

		BSESF Low	Height	Total
PSWB	Low	13	12	25
	Height	6	54	60
Total		19	66	85

2. Results of the Analysis Test on the Relationship Between MPWB Variables and BSE

Chi-Square Tests MPWB Dengan BSE

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	17.935a	1	.000		
Continuity Correctionb	15.597	1	.000		
Likelihood Ratio	16.700	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	17.724	1	.000		
N of Valid Cases	85				

a. 0 cells (,0%) have expected count less than 5. The minimum expected count is 5,59.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval Lower	Upper
Odds Ratio for PSWB (Low / High)	9.750	3.081	30.853
For cohort BSESF = Rendah	5.200	2.228	12.134
For cohort BSESF = Tinggi	.533	.352	.809
N of Valid Cases	85		

1. **Results of the Parity** Frequency Distribution Analysis Test

Crosstab

Count

		BSESF Low	Height	Total
PARITAS	Primipara	11	0	11
	Multistop/Large	8	66	74
Total		19	66	85

2. Results of the analysis test on the relationship between parity variables with BSE

Chi-Square Tests Paritas Dengan **BSE**

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	43.890a	1	.000		
Continuity Correctionb	38.902	1	.000		
Likelihood Ratio	39.631	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	43.374	1	.000		
N of Valid Cases	85				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 2,46.

b. Computed only for a 2x2 table

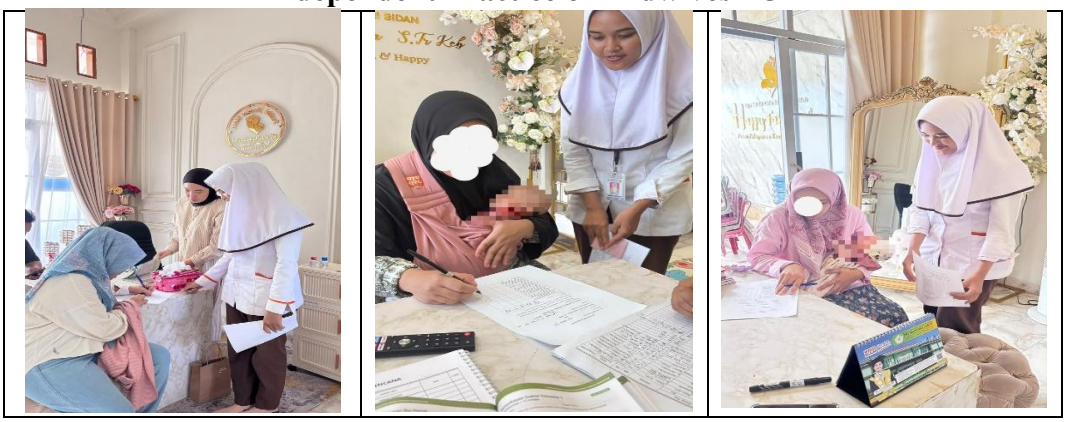
Risk Estimate

	Value	**95% Confidence Interval Lower**	**Upper**
For cohort BSESF =Rendah	**9.250**	**4.808**	**17.797**
N of Valid Cases	**85**		

Appendix 7 Research Documentation

Independent Practice of Midwives "S"

Independent Practice of Midwives "O"



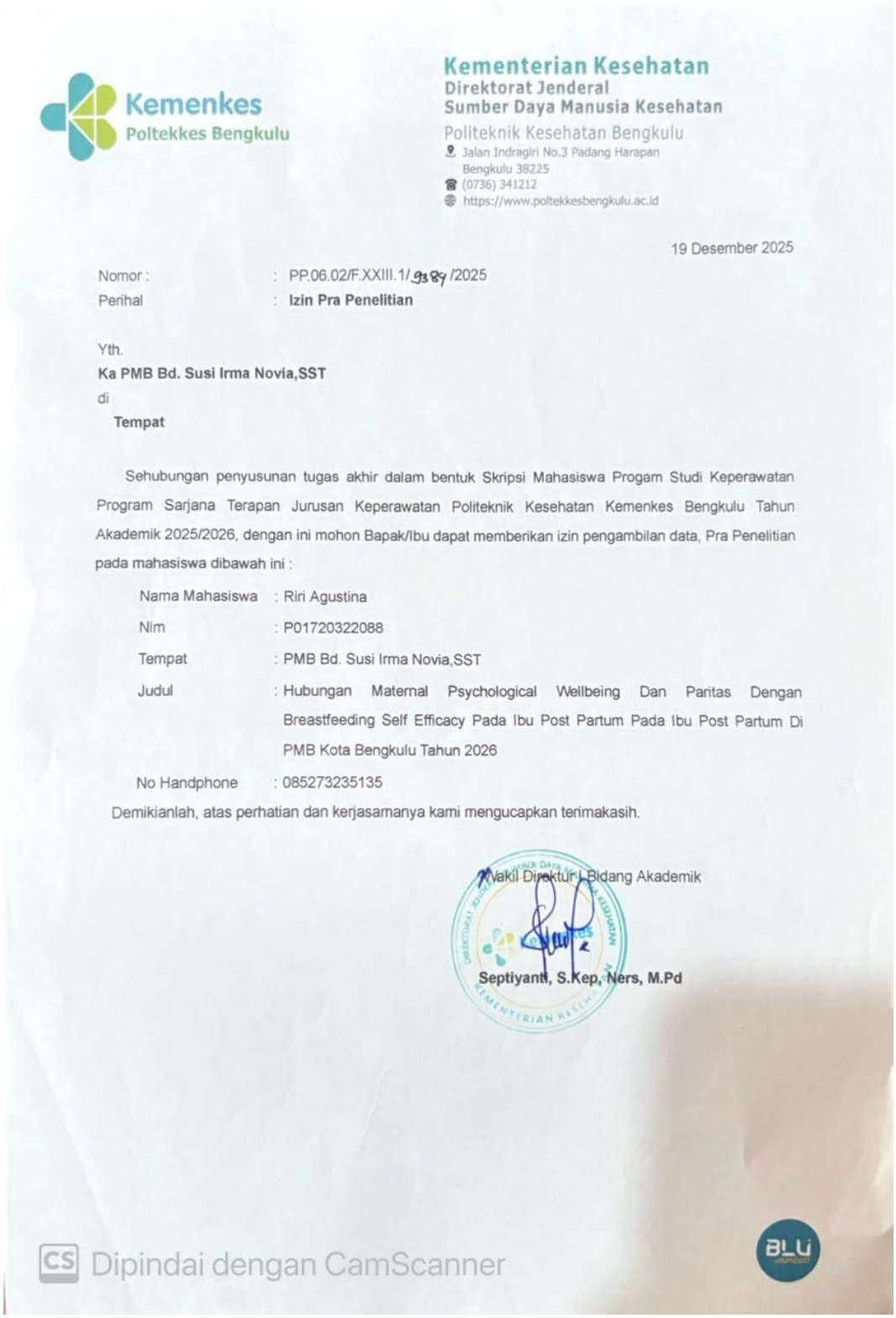


Midwife Independent Practice "H"






APPENDIX 8 PRE-RESEARCH COVER LETTER PMB "S"



Kementerian Kesehatan
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Politeknik Kesehatan Bengkulu
Jalan Indragiri No.3 Padang Harapan
Bengkulu 38225
(0736) 341212
https://www.poltekkesbengkulu.ac.id

Kemenkes
Poltekkes Bengkulu

19 Desember 2025

Nomor : PP.06.02/F.XXIII.1/9387/2025
Perihal : **Izin Pra Penelitian**

Yth.
Ka PMB Bd. Susi Irma Novia,SST
di
Tempat

Sehubungan penyusunan tugas akhir dalam bentuk Skripsi Mahasiswa Progam Studi Keperawatan Program Sarjana Terapan Jurusan Keperawatan Politeknik Kesehatan Kemenkes Bengkulu Tahun Akademik 2025/2026, dengan ini mohon Bapak/Ibu dapat memberikan izin pengambilan data, Pra Penelitian pada mahasiswa dibawah ini :

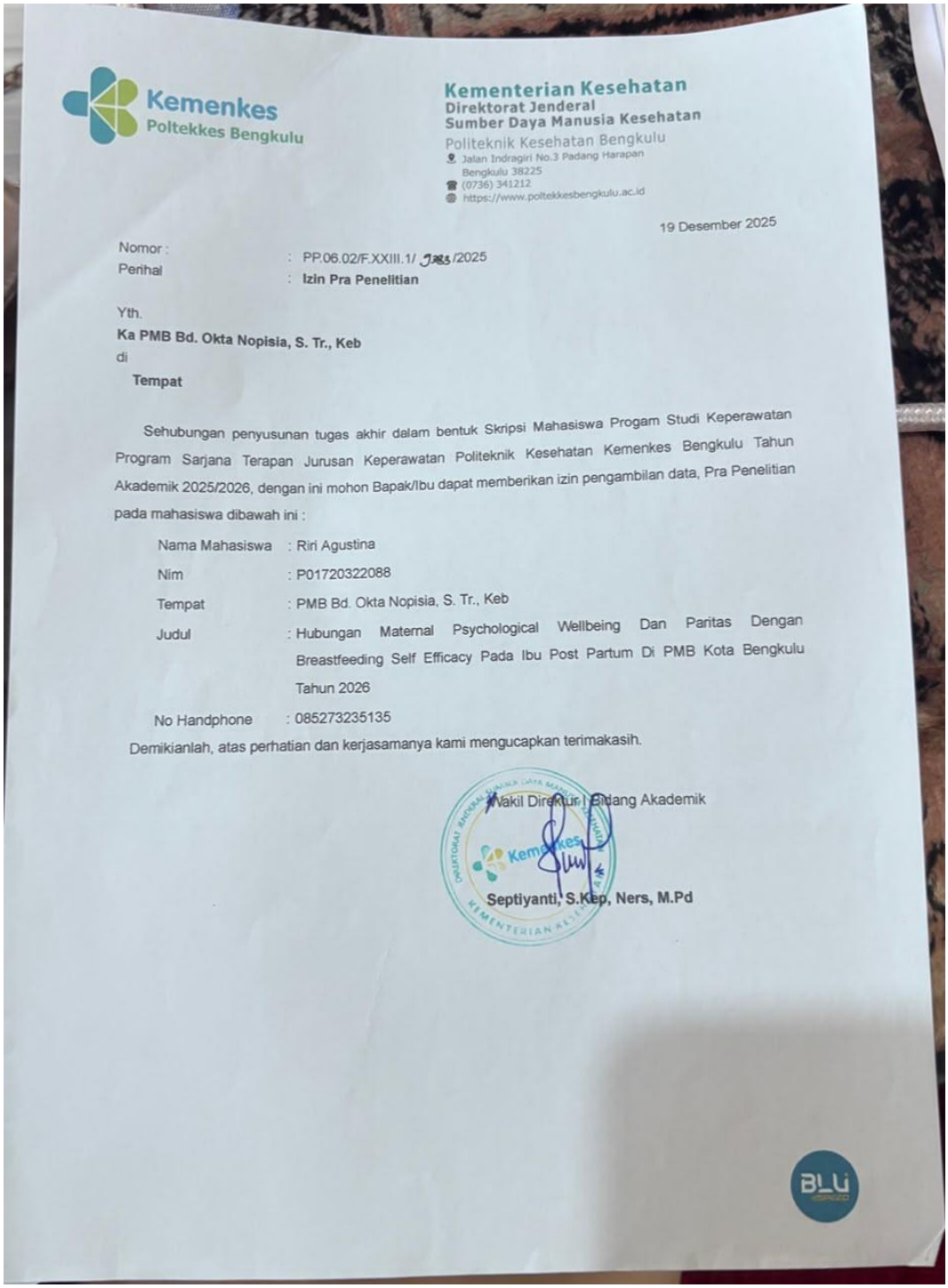
Nama Mahasiswa	: Riri Agustina
Nim	: P01720322088
Tempat	: PMB Bd. Susi Irma Novia,SST
Judul	: Hubungan Maternal Psychological Wellbeing Dan Paritas Dengan Breastfeeding Self Efficacy Pada Ibu Post Partum Pada Ibu Post Partum Di PMB Kota Bengkulu Tahun 2026
No Handphone	: 085273235135

Demikianlah, atas perhatian dan kerjasamanya kami mengucapkan terimakasih.

Wakil Direktur I Bidang Akademik

Septiyanti, S.Kep, Ners, M.Pd

APPENDIX 9 PRE-RESEARCH COVER LETTER PMB "O"



Kemenkes
Poltekkes Bengkulu

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Jalan Indragiri No.3 Padang Harapan
Bengkulu 38225
(0736) 341212
https://www.poltekkesbengkulu.ac.id

19 Desember 2025

Nomor : PP.06.02/F.XXIII.1/ 3785 /2025
Perihal : **Izin Pra Penelitian**

Yth.
Ka PMB Bd. Okta Nopisia, S. Tr., Keb
di
Tempat

Sehubungan penyusunan tugas akhir dalam bentuk Skripsi Mahasiswa Progam Studi Keperawatan Program Sarjana Terapan Jurusan Keperawatan Politeknik Kesehatan Kemenkes Bengkulu Tahun Akademik 2025/2026, dengan ini mohon Bapak/Ibu dapat memberikan izin pengambilan data, Pra Penelitian pada mahasiswa dibawah ini :

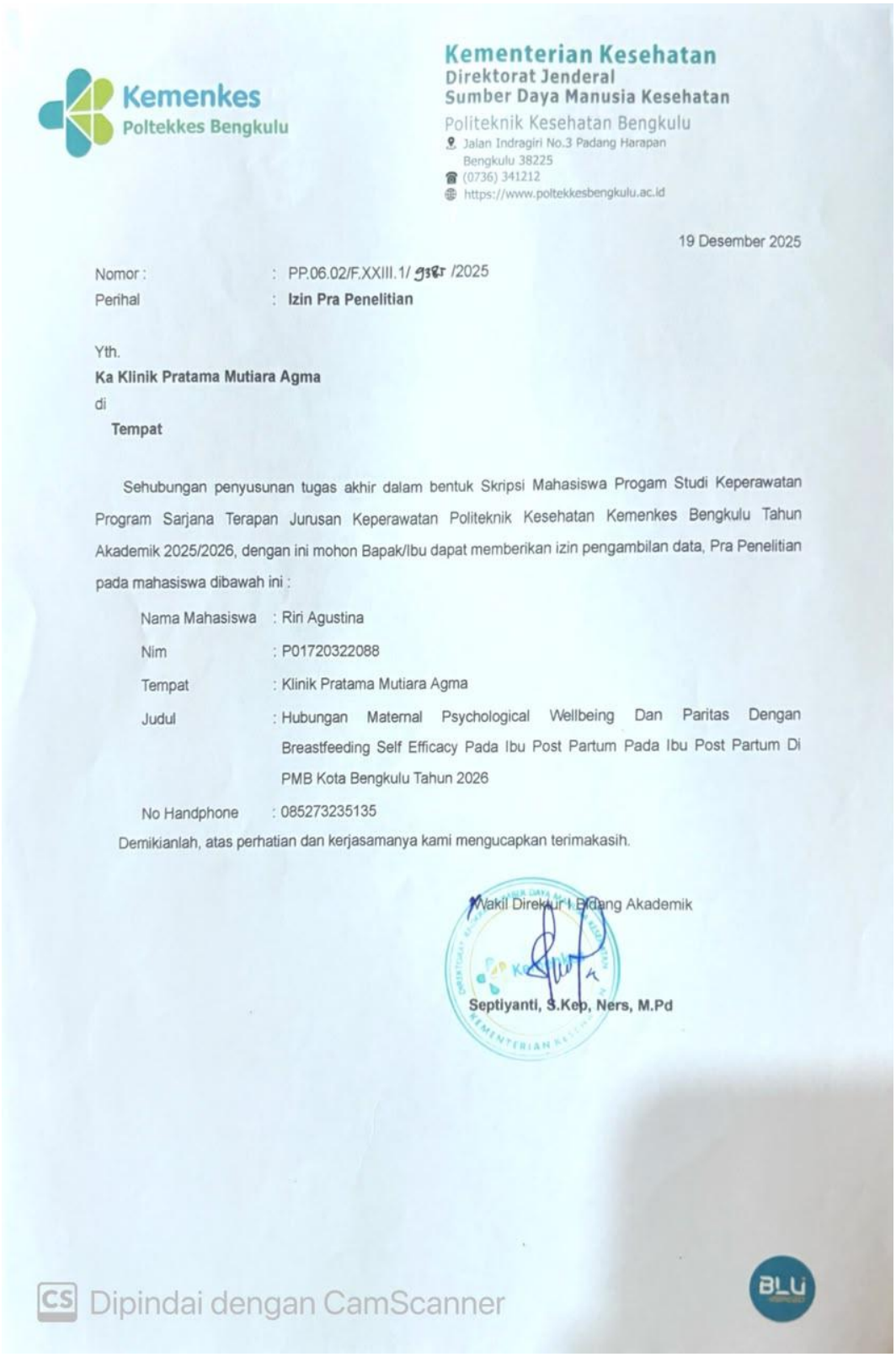
Nama Mahasiswa	: Riri Agustina
Nim	: P01720322088
Tempat	: PMB Bd. Okta Nopisia, S. Tr., Keb
Judul	: Hubungan Maternal Psychological Wellbeing Dan Paritas Dengan Breastfeeding Self Efficacy Pada Ibu Post Partum Di PMB Kota Bengkulu Tahun 2026
No Handphone	: 085273235135

Demikianlah, atas perhatian dan kerjasamanya kami mengucapkan terimakasih.

Wakil Direktur I Bidang Akademik

Septiyanti, S.Kep, Ners, M.Pd

APPENDIX 10 PRE-RESEARCH COVER LETTER PMB "H"



Kementerian Kesehatan
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Politeknik Kesehatan Bengkulu
Jalan Indragiri No.3 Padang Harapan
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https://www.poltekkesbengkulu.ac.id

Kemenkes
Poltekkes Bengkulu

19 Desember 2025

Nomor : : PP.06.02/F.XXIII.1/ 3982 /2025
Perihal : **Izin Pra Penelitian**

Yth.
Ka Klinik Pratama Mutiara Agma
di
Tempat

Sehubungan penyusunan tugas akhir dalam bentuk Skripsi Mahasiswa Progam Studi Keperawatan Program Sarjana Terapan Jurusan Keperawatan Politeknik Kesehatan Kemenkes Bengkulu Tahun Akademik 2025/2026, dengan ini mohon Bapak/Ibu dapat memberikan izin pengambilan data, Pra Penelitian pada mahasiswa dibawah ini :

Nama Mahasiswa	: Riri Agustina
Nim	: P01720322088
Tempat	: Klinik Pratama Mutiara Agma
Judul	: Hubungan Maternal Psychological Wellbeing Dan Paritas Dengan Breastfeeding Self Efficacy Pada Ibu Post Partum Pada Ibu Post Partum Di PMB Kota Bengkulu Tahun 2026
No Handphone	: 085273235135

Demikianlah, atas perhatian dan kerjasamanya kami mengucapkan terimakasih.

Wakil Direktur I Bidang Akademik

Septiyanti, S.Kep, Ners, M.Pd

APPENDIX 11 PRE-RESEARCH COVER LETTER OF THE HEALTH OFFICE TO PMB

PEMERINTAH KOTA BENGKULU
DINAS KESEHATAN

Jl. Letjen Basuki Rahmat No. 8 Kel. Belakang Pondok Kec. Ratu Samban
Kota Bengkulu Telp. 085216000810 Email dinkeskotabengkulu1@gmail.com.
www.dinkes.bengkulukota.go.id Kode Pos 34223

REKOMENDASI
Nomor : 000.9.2 /2653 /D.Kes /2025

Dasar Surat dari Wakil Direktur I Bidang Akademik poltekkes Kemenkes Bengkulu Nomor : PP.06.02..F.XXIII.1/8413/2025 Tanggal 07 November 2025 Perihal : Izin Pengambilan data Atas nama :

Nama	:	**Riri Agustina**
N I M	:	P01720322088
Program Studi	:	Sarjana Terapan Keperawatan
Judul / Data	:	Hubungan Maternal Psychological Wellbeing Dengan Breastfeeding Self Efficacy Pada Ibu Post Partum
Tempat Penelitian	:	1.Dinas Kesehatan Kota Bengkulu 2.Klinik Pratama Mutiara Agma
Lama Kegiatan	:	17 Novemver 2025 s/d. 30 November 2025

Pada prinsipnya Dinas Kesehatan Kota Bengkulu tidak berkeberatan diadakan pra penelitian/kegiatan yang dimaksud dengan catatan ketentuan :

a. Tidak dibenarkan mengadakan kegiatan yang tidak sesuai dengan penelitian yang dimaksud.
b. Harap mentaati semua ketentuan yang berlaku serta mengindahkan adat istiadat setempat.
c. Apabila masa berlaku Rekomendasi Pra Penelitian ini sudah berakhir, sedangkan pelaksanaan belum selesai maka yang bersangkutan harus mengajukan surat perpanjangan Rekomendasi Pra Penelitian.
d. Setelah selesai mengadakan kegiatan diatas agar melapor kepada Kepala Dinas Kesehatan Kota Bengkulu (tembusan).
e. Surat Rekomendasi Pra Penelitian ini akan dicabut kembali dan dinyatakan tidak berlaku apabila ternyata pemegang surat ini tidak mentaati ketentuan seperti tersebut diatas.

Demikianlah Rekomendasi ini dikeluarkan untuk dapat dipergunakan sebagaimana mestinya.

Bengkulu,17 November 2025

Plt.Kepala Dinas Kesehatan
Kota Bengkulu

Nelli Hartati, SKM, MM
Pembina, IV/a
NIP.197204191991012001

Tembusan:
1. Yth.Ka. Klinik Pratama Mutiara Agma
2. Yang Bersangkutan

CHAPTER 12 OF THE ETHICS OF ETHICS

Kementerian Kesehatan
Poltekkes Bengkulu
Jalan Indragiri No. 3 Padang Harapan
Bengkulu 38225
(0736) 341212
https://poltekkesbengkulu.ac.id

KETERANGAN LAYAK ETIK
DESCRIPTION OF ETHICAL EXEMPTION
"ETHICAL EXEMPTION"

No.KEPK.BKL/020/01/2026

Protokol penelitian versi 1 yang diusulkan oleh :
The research protocol proposed by

Peneliti utama : RIRI AGUSTINA
Principal In Investigator

Nama Institusi : Poltekkes Kemenkes Bengkulu
Name of the Institution

Dengan judul:
Title
"Hubungan Maternal Psychological Wellbeing Dan Paritas Dengan Breastfeeding Self Efficay Pada Ibu Post Partum Di PMB Kota Bengkulu Tahun 2026"

"The Relationship Between Maternal Psychological Wellbeing and Parity with Breastfeeding Self-Efficacy in Postpartum Mothers at PMB Bengkulu City in 2026"

Dinyatakan layak etik sesuai 7 (tujuh) Standar WHO 2011, yaitu 1) Nilai Sosial, 2) Nilai Ilmiah, 3) Pemerataan Beban dan Manfaat, 4) Risiko, 5) Bujukan/Eksploitasi, 6) Kerahasiaan dan Privacy, dan 7) Persetujuan Setelah Penjelasan, yang merujuk pada Pedoman CIOMS 2016. Hal ini seperti yang ditunjukkan oleh terpenuhinya indikator setiap standar.

Declared to be ethically appropriate in accordance to 7 (seven) WHO 2011 Standards, 1) Social Values, 2) Scientific Values, 3) Equitable Assessment and Benefits, 4) Risks, 5) Persuasion/Exploitation, 6) Confidentiality and Privacy, and 7) Informed Concent, referring to the 2016 CIOMS Guidelines. This is as indicated by the fulfillment of the indicators of each standard.

Pernyataan Laik Etik ini berlaku selama kurun waktu tanggal 01 Januari 2026 sampai dengan tanggal 01 Januari 2027.

This declaration of ethics applies during the period January 01, 2026 until January 01, 2027.

January 01, 2026
Chairperson,

apt. Zamharira Muslim, M.Farm

APPENDIX 13 COVER LETTER FOR RESEARCH PERMIT FROM THE KESBANGPOL OFFICE TO THE BENGKULU CITY HEALTH OFFICE

PEMERINTAH KOTA BENGKULU

BADAN KESATUAN BANGSA DAN POLITIK

Alamat : Jl. Melur No.1 Kelurahan Nusa Indah
Email : bkesbangpolkotabengkulu@gmail.com

REKOMENDASI PENELITIAN

Nomor : 000.9.2/257/KESBANGPOL-REK/2026

Dasar : Peraturan Menteri Dalam Negeri Republik Indonesia Nomor 7 Tahun 2014 tentang Perubahan Atas Peraturan Menteri Dalam Negeri Republik Indonesia Nomor 64 Tahun 2011 tentang Pedoman Penerbitan Rekomendasi Penelitian

Memperhatikan : Surat dari Wakil Direktur I Bidang Akademik Poltekkes Kemenkes Bengkulu Nomor : PP.01.01/F.XXIII.1/642/2026 tanggal 26 Januari 2026 perihal Izin Penelitian

DENGAN INI MENYATAKAN BAHWA

Nama	:	RIRI AGUSTINA
NPM	:	P01720322088
Pekerjaan	:	Mahasiswa
Prodi/ Fakultas	:	Sarjana Terapan Keperawatan
Judul Penelitian	:	Hubungan Maternal Psychological Wellbeing Dan Paritas Dengan Breastfeeding Self Efficacy Pada Ibu Post Partum di PMB Kota Bengkulu
Tempat Penelitian	:	Praktik Mandri Bidan.Okta Nopisia, STr.Keb
Waktu Penelitian	:	1 Februari 2026 s.d 1 April 2026
Penanggung Jawab	:	Wakil Direktur I Bidang Akademik Poltekkes Kemenkes Bengkulu

Dengan Ketentuan :

1. Tidak dibenarkan mengadakan kegiatan yang tidak sesuai dengan penelitian yang dimaksud.
2. Harus mentaati peraturan perundang-undangan yang berlaku serta mengindahkan adat istiadat setempat.
3. Apabila masa berlaku Rekomendasi Penelitian ini sudah berakhir, sedangkan pelaksanaan belum selesai maka yang bersangkutan harus mengajukan surat perpanjangan Rekomendasi Penelitian.
4. Surat Rekomendasi Penelitian ini akan dicabut kembali dan dinyatakan tidak berlaku apabila ternyata pemegang surat ini tidak mentaati ketentuan seperti tersebut diatas.

Demikianlah Rekomendasi Penelitian ini dikeluarkan untuk dapat dipergunakan sebagaimana mestinya.

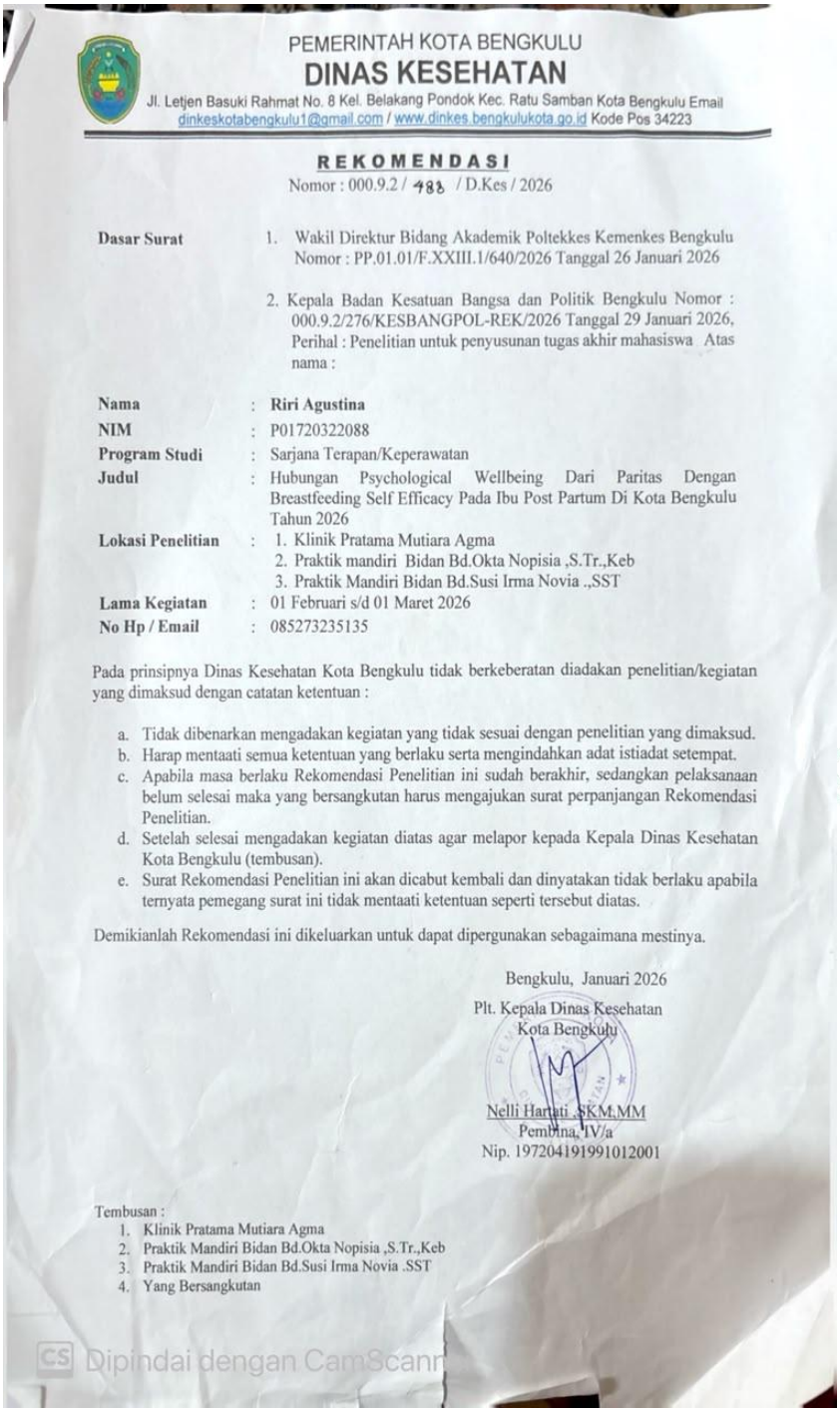
Bengkulu, 29 Januari 2026

a.n. WALI KOTA BENGKULU
Kepala Badan Kesatuan Bangsa dan Politik Kota Bengkulu,

Syofyan Tosoni, SE, MM
Pembina Utama Muda (IVc)
NIP. 197009021993031006

Dokumen ini telah ditandatangani secara elektronik menggunakan sertifikat elektronik yang diterbitkan oleh Balai Besar Sertifikasi Elektronik (BSrE), Badan Siber dan Sandi Negara (BSSN).

APPENDIX 14 LETTER OF INTRODUCTION FOR THE HEALTH OFFICE RESEARCH PERMIT TO PMB BENGKULU CITY



PEMERINTAH KOTA BENGKULU

DINAS KESEHATAN

Jl. Letjen Basuki Rahmat No. 8 Kel. Belakang Pondok Kec. Ratu Samban Kota Bengkulu Email dinkeskotabengkulu1@gmail.com / www.dinkes.bengkulukota.go.id Kode Pos 34223

REKOMENDASI

Nomor : 000.9.2 / 488 / D.Kes / 2026

Dasar Surat

1. Wakil Direktur Bidang Akademik Poltekkes Kemenkes Bengkulu Nomor : PP.01.01/F.XXIII.1/640/2026 Tanggal 26 Januari 2026
2. Kepala Badan Kesatuan Bangsa dan Politik Bengkulu Nomor : 000.9.2/276/KESBANGPOL-REK/2026 Tanggal 29 Januari 2026, Perihal : Penelitian untuk penyusunan tugas akhir mahasiswa Atas nama :

Nama	:	**Riri Agustina**
NIM	:	P01720322088
Program Studi	:	Sarjana Terapan/Keperawatan
Judul	:	Hubungan Psychological Wellbeing Dari Paritas Dengan Breastfeeding Self Efficacy Pada Ibu Post Partum Di Kota Bengkulu Tahun 2026
Lokasi Penelitian	:	1. Klinik Pratama Mutiara Agma 2. Praktik mandiri Bidan Bd.Okta Nopisia ,S.Tr.,Keb 3. Praktik Mandiri Bidan Bd.Susi Irma Novia .,SST
Lama Kegiatan	:	01 Februari s/d 01 Maret 2026
No Hp / Email	:	085273235135

Pada prinsipnya Dinas Kesehatan Kota Bengkulu tidak berkeberatan diadakan penelitian/kegiatan yang dimaksud dengan catatan ketentuan :

a. Tidak dibenarkan mengadakan kegiatan yang tidak sesuai dengan penelitian yang dimaksud.
b. Harap mentaati semua ketentuan yang berlaku serta mengindahkan adat istiadat setempat.
c. Apabila masa berlaku Rekomendasi Penelitian ini sudah berakhir, sedangkan pelaksanaan belum selesai maka yang bersangkutan harus mengajukan surat perpanjangan Rekomendasi Penelitian.
d. Setelah selesai mengadakan kegiatan diatas agar melapor kepada Kepala Dinas Kesehatan Kota Bengkulu (tembusan).
e. Surat Rekomendasi Penelitian ini akan dicabut kembali dan dinyatakan tidak berlaku apabila ternyata pemegang surat ini tidak mentaati ketentuan seperti tersebut diatas.

Demikianlah Rekomendasi ini dikeluarkan untuk dapat dipergunakan sebagaimana mestinya.

Bengkulu, Januari 2026

Plt. Kepala Dinas Kesehatan
Kota Bengkulu

Nelli Hartati ,SKM.MM
Pembina, IV/a
Nip. 197204191991012001

Tembusan :
1. Klinik Pratama Mutiara Agma
2. Praktik Mandiri Bidan Bd.Okta Nopisia ,S.Tr.,Keb
3. Praktik Mandiri Bidan Bd.Susi Irma Novia .SST
4. Yang Bersangkutan

ATTACHMENT 15 CERTIFICATE OF COMPLETION OF PMB RESEARCH IN BENGKULU CITY

PEMERINTAH KOTA BENGKULU
DINAS KESEHATAN
Jl. Letjen Basuki Rahmat No. 8 Kel. Belakang Pondok Kec. Ratu Samban Kota Bengkulu
Email dinkeskotabengkulu1@gmail.com / www.dinkes.bengkulukota.go.id Kode Pos 34223

SURAT KETERANGAN
Nomor: 000.9.2 / 1070 /D.Kes/2026

Yang bertanda tangan dibawah ini :

Nama	: Nelli Hartati, SKM, MM
Nip	: 19720419 199101 2 001
Pangkat / Golongan	: Pembina - IV/a
Jabatan	: Plt. Kepala Dinas Kesehatan Kota Bengkulu

Dengan ini menjelaskan dengan sesungguhnya bahwa:

Nama	: Riri Agustina
Npm / Nim	: P01720322088
Prodi	: Keperawatan
Tempat Pendidikan	: Poltekkes Kemenkes Bengkulu

Bahwa Yang namanya tersebut diatas benar telah selesai melaksanakan penelitian dengan **BAIK** di :

PMB Bd. Okta Nopisia, S.Tr.Keb (Februari 2026)	:	Hubungan Maternal Psychological Wellbeing dan Paritas dengan Breastfeeding Self Efficacy pada Ibu Post Partum di PMB Kota Bengkulu Tahun 2026
PMB Bd. Susi Irma Novia, S.ST (Februari 2026)	:	Hubungan Maternal Psychological Wellbeing dan Paritas dengan Breastfeeding Self Efficacy pada Ibu Post Partum di PMB Kota Bengkulu Tahun 2026
Klinik Pratama Mutiara Agma (26 Februari s/d 02 Maret 2026)	:	Hubungan Maternal Psychological Wellbeing dan Paritas dengan Breastfeeding Self Efficacy pada Ibu Post Partum di PMB Kota Bengkulu Tahun 2026

Demikian Surat Keterangan selesai penelitian ini dibuat dengan sebenarnya, agar dapat dipergunakan sebagaimana.

Bengkulu, Maret 2026
Plt. Kepala Dinas Kesehatan
Kota Bengkulu

Nelli Hartati, SKM, MM
Pembina - IV/a
NIP.19720419 199101 2 001

Tembusan:
1.Yth. Sdr. Dir. Poltekkes Kemenkes Bengkulu
2.Yang Bersangkutan

APPENDIX 16 SHEETS OF ACC RESEARCH TITLE

HALAMAN PERSETUJUAN JUDUL
SKRIPSI MAHASISWA PRODI SARJANA TERAPAN KEPERAWATAN JURUSAN KEPERAWATAN POLTEKKES KEMENKES BENGKULU

Nama	:	Riri Agustina
Tempat, Tanggal Lahir	:	Tanjung Kurung 11 Agustus 2003
Nomor Induk Mahasiswa	:	P01720322088
Judul Skripsi yang Diajukan	:	*Hubungan Maternal Psychological Wellbeing dengan Breastfeeding Self-Efficacy pada Ibu Postpartum di Pbm*
Disetujui Pada Tanggal	:	

Bengkulu, 6 Agustus 2025

Pembimbing 1	Pembimbing 2
(Dr.Nur Elly,S.Kp.,M.Kes)	(Ns.Dwi Wulandari S.Kep.,MAN)
NIP. 196311281986032001	NIDN. 0216038902

Mengetahui
Ketua Program Studi Sarjana Terapan Keperawatan
Jurusan Keperawatan Poltekkes Kemenkes Bengkulu

(Ns. Hendri Heriyanto,M.Kep)
NIP. 198205152002121004

APPENDIX 17 THESIS GUIDANCE BOOKS

GUIDEBOOK

THESIS
LEVEL IV STUDENTS
APPLIED NURSING UNDERGRADUATE STUDY PROGRAM

NAME : Riri Agustina

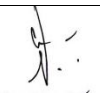
NIM : P01720322088

POLTEKKES OF THE MINISTRY OF HEALTH BENGKULU
APPLIED BACHELOR OF NURSING STUDY PROGRAM FOR THE ACADEMIC YEAR 2025/2026

THESIS GUIDANCE CONSUL SHEET
(SUPERVISOR 1)

Name	:	Dr. Nur Elly, S. Kp. M. Kes
NIM	:	Riri Agustina
Study Program	:	P017203220088
Supervisor 1	:	The relationship between maternal psychological wellbeing and parity with breastfeeding self efficacy in PMB Bengkulu City

Yes	Day/Date	Topics	Supervisor's Input	Signature
1	Friday August 1, 2025	Consul Title	1. Search for research related issues of interest Reasons for taking titles	
2	Monday August 11, 2025	Consul Title	1. Increase references related to titles of interest Conducting field surveys, looking for data on research patients	
3	Friday August 29, 2025	Consul Title	1. Briefing on journal references - Proceed to proposal preparation	
4	Thursday 18 September 2025	Consul Repair Chapter I	1. Improvements to the background 2. Improvement of writing, citation, punctuation 3. Fixes to the problem objective 4. Add EBN related to the title -	
5	Thursday October 2, 2025	Consul Repair Chapters I and III	1. Improvement of the justification for the selection of research places 2. Improvement of Operational Definitions, conceptual frameworks, hypotheses. - Addition of research sites	
6	3 November 2025	Consular repair chapters III and IV	1. Improvement of operational definitions, titles. 2. Improvement of research design, sample and population	

			3. Research questionnaire -	
7	Tuesday Dec 10, 2025	Proposal Revision and ACC Proposal	1. Check revision results 2. Additions to bivariate data - Acc proposal	
8	March 3, 2026	Consultation on SPSS data processing results	- Consultation on SPSS data processing results and questionnaire master data - Preparation of data processing according to specific objectives and operational definitions - Make sure the data entered is correct and double-check if there are any data errors - Continue to write CHAPTER 5	
9	March 9, 2026	Consultation CHAPTER 5 Research results	- The content of CHAPTER 5 adapts to the Special Purpose - The table and interpretation of the results of univariate analysis research were changed to one group only - Improved table presentation - Improved reading of table interpretation results - The results of the data normality and equality analysis are shown in chapter 5	
10	11 May 2026	Consultation on the revision of CHAPTER 5	- Pay attention to the typo of writing in the table contents and interpretations, both univariate and bivariate analysis results - The data that is interpreted is only the most dominant data	
11	12 June 2026	Revision Consultation CHAPTER 1 – CHAPTER 5	- Changing data for research results - Continue to write CHAPTER 6, discussing the results with relevant journals and previous research theories that are almost in line with the	

			results of the research in CHAPTER 5	
12	14 June 2026	Consultation CHAPTER 6 Discussion, discussion of research results, and limitations of research	- Check the typo writing in the discussion sentence and discussion of the results - The limitations of research should not be too much - Write research limitations according to field conditions - Continue to write CHAPTER 6 and CHAPTER 7	
13	June 15, 2026	Checking Back CHAPTER 1 – CHAPTER 7	- ACC exam seminar results - Prepare PPT for the thesis seminar exam - Make sure your thesis turnitin is below 30% according to the thesis guidelines	

THESIS GUIDANCE CONSUL SHEET
(SUPERVISOR 2)

SUPERVISOR II: Ns. Dwi Wulandari, S kep MAN
STUDENTS : Riri Agustina
NIM : P017203220088
THESIS TITLE : Maternal psychological wellbeing and parity relationship With Breastfeeding Self Efficacy at PMB Bengkulu City

Yes	Day/Date	Topics	Supervisor's Input	Signature
1	August 5, 2025	Thesis research proposal title consultation	- ACC title thesis research proposal - Increase literature and read journals related to the title of the minimum research journal sinta 3 or sqopus indexed journal - Continue to start creating CHAPTERS 1-3	
2	August 29, 2025	Consultation of proposals CHAPTER 1-CHAPTER 3	- Improve data and data systematics in CHAPTER I - Fix Problem Formulation - Research objectives add dominant factors - CHAPTER II Add material on factors related to MPWB, Parity and BSE - CHAPTER III improve the coding of variable measurement results - Continue to CHAPTER IV, Add Alternative analysis and normality test for bivariate tests - Improve the writing of terms/languages	
3	8 September 2025	Proposal consultation	- Source: Guideline	

		CHAPTER 1 - CHAPTER 4	- Chart list and others such as table of contents - Dapus according to the guide - Add supporting journals and research results - Fix DO - Mendley kan all bibliographies - Start creating questionnaire attachments to be used in the research - CHAPTER IV refine the hypothesis statistical test to be used and look for references to sample formulas that are directly specific to the study	
4	24 September 2025	Consultation on proposal improvements CHAPTER 1- CHAPTER 4	- Improve writing and margins - Dapus all in Mendley right? - Detached attachments - Not given a page on attachment	
5	October 23, 2025	Consultation on the improvement of the CHAPTER 1- CHAPTER 4 proposal and appendices	- Revision according to supervisor's suggestion 2 - Customize the research format - Lembar informed consent - Research formula - Complete the consul sheet	
6	October 31, 2025	Consultation on the completeness of the attachment of research instruments	- Research instruments add sources - Pay attention again to the format of the research instrument according to what data you want to take in the research - Make sure again that the research	

			instruments used have been tested for reliability and validity	
7	25 Nov 2025	Recheck CHAPTER 1 – CHAPTER 4 and complete the thesis research proposal	- Continue to make a PPT for the thesis proposal seminar exam - ACC thesis proposal seminar exam	
8	Dec 10, 2026	Proposal Endorsement	1. Start working on research ethics 2. Create a cover letter	
9	Dec 25, 2026	Ethical submission	1. Ethics briefing 2. Continue to prepare the thesis	
10	13 May 2026	Consul of research questionnaire results	1. Improvements to master tables and SPSS 2. Interpretation Improvements	
11	May 25, 2026	Consul Chapter Discussion	1. Interpretation improvements 2. Discussion table improvements	
12	June 10, 2026	Revision of Results and ACC Results	1. Check revision results 3. Acc thesis