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.

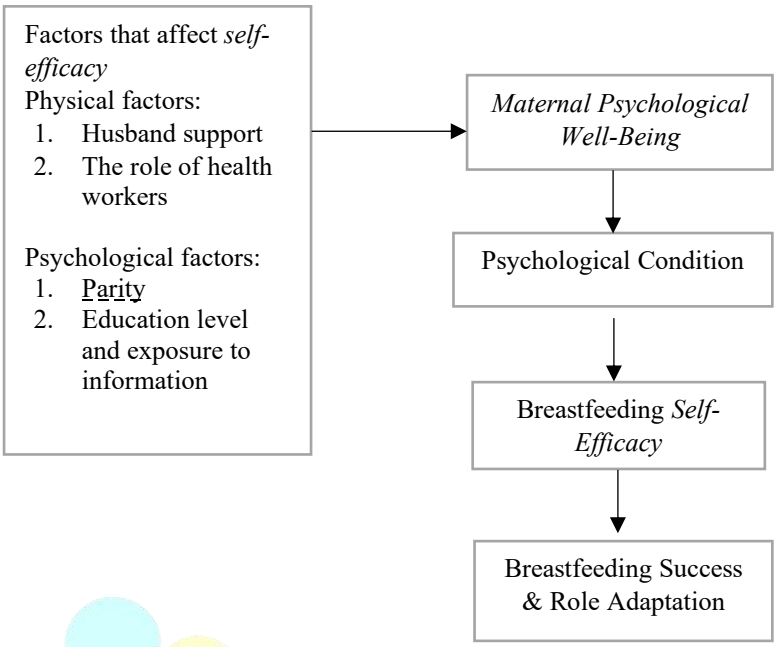
Parity affects BSE through coimplcx and multidimensional mechanisms. Mother multipara generally develops BSE which is more advanced due to the accumulation of previous breastfeeding experience, which allows them to face lactation challenges with more confidence in being envied. Recent research shows 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)