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Applying Social Cognitive Theory to Exclusive Breastfeeding Behavior: A Path Analysis Model

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ABSTRACT

Background: Choosing exclusive breast milk is the best decision made by mothers for the health of mothers and babies, breast milk is the best nutrition for babies in the first 6 months of life. This study aims to identify how Social Cognitive Theory (SCT) factors through self-efficacy, outcome expectation, modeling, and reinforcement in maternal decision-making to determine the choice of exclusive breastfeeding and the success of exclusive breastfeeding.
Subjects and Method: This study uses a cross sectional study approach. The target population is mothers who have children aged 0-6 months in 12 health centers in the Boyolali Regency area. A total of 256 study samples were determined using the Purposive Random Sampling technique. The dependent variable is the selection of exclusive breast milk. The independent variables are self-efficacy, outcome expectation, modeling, reinforcement. Data were collected through questionnaires and multivariate analysis using pathway analysis techniques and using STATA 17.
Results: The results of the pathway analysis showed that the selection of exclusive breast milk was directly influenced by self-efficacy (OR= 2.22; CI 95%= 1.22 to 4.02; p=0.009) and strengthening (OR= 5.06; CI 95%= 2.81 to 9.14; p<0.001). The selection of exclusive breast milk was indirectly influenced through self-efficacy by modeling (OR= 1.74; CI 95%= 1.00 to 3.02; p=0.050), outcome expectation (OR= 2.66; CI 95%= 1.55 to 4.56; p<0.001). Influenced by strengthening by outcome expectations (OR= 2.98; CI 95%= 1.70 to 5.23; p<0.001).
Conclusion: The choice of exclusive breastfeeding is directly influenced by self-efficacy and strengthening. It is also indirectly influenced by modeling and outcome expectations.

Keywords: social cognitive theory, exclusive breast selection, pathway analysis.

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BACKGROUND

Globally, only about 44% of infants aged 0-6 months were exclusively breastfed in 2021. This figure is still far from the global target set in Global Nutrition Targets 2025, which is to reach 50% of exclusive breastfeeding to babies worldwide. Despite significant improvements, it brings us closer to the World Health Organization's target of increasing exclusive breastfeeding to at least 50% by

2025 (WHO, 2024).

In Indonesia, exclusive breastfeeding still faces serious problems that hinder the achievement of national targets. In 2021, less than half of babies (48.6 percent) received breast milk in the first hour after birth, a significant decrease from 58.2 percent in 2018. In addition, only 52.5 percent of babies were exclusively breastfed during the first six months of life, which also showed a sharp decline from 64.5 percent in 2018 (UNICEF, 2023). The Ministry of Health (KEMENKES) has set a minimum target to achieve 50% exclusive breastfeeding coverage, various significant challenges still hinder this effort, so the achievement of a higher national target is still far from expectations (Ministry of Health, 2023).

Although data from the Indonesian Central Statistics Agency shows an increasing trend in exclusive breastfeeding coverage for infants aged 0-5 months from year to year of 71.58% in 2021, 71.58% in 2022, and 73.97% in 2023, this achievement is not evenly distributed in all regions. For example, the rate of exclusive breastfeeding in Central Java Province shows fluctuations with a decrease from 78.93% in 2021 to 78.71% in 2022.

To overcome the problem of exclusive breastfeeding, the Social Cognitive Theory (SCT) developed by Albert Bandura can be applied effectively. This theory explains that individual behavior is influenced by the interaction between personal factors, environmental factors, and the behavior itself. This approach is particularly relevant in promoting exclusive breastfeeding practices and understanding exclusive breastfeeding options among mothers, as it includes the cognitive, emotional, and social influences that play a role in a mother's decision. For example, studies have shown that a mother's confidence in her ability to breastfeed called breastfeeding self-efficacy is a significant predictor of a mother's likelihood of initiating and sustaining exclusive breastfeeding (Khorshidifard et al., 2017).

Self-efficacy of breastfeeding mothers is a mother's belief in her ability to successfully breastfeed. Studies show that high self-efficacy is related to several factors, including the number of antenatal visits, previous breastfeeding experience, and a good level of knowledge about breastfeeding. Mothers who have a good knowledge of breastfeeding tend to have higher self-efficacy, which in turn can increase the success of their breastfeeding practices (Gizaw et al., 2022). By increasing self-efficacy through interventions based on Social Cognitive Theory (SCT), mothers can be better prepared to succeed in exclusive breastfeeding. In addition, planned behavior theory has also been used to investigate the practice of exclusive breastfeeding, which states that an individual's intention to breastfeed is influenced by perceived attitudes, subjective norms, and behavioral controls (Ismail et al., 2016).

Outcome expectation Breastfeeding mothers regarding exclusive breastfeeding options are influenced by many factors, including maternal knowledge, social support, and psychological readiness. Mothers who have a higher level of knowledge about the benefits of exclusive breastfeeding are more likely to practice it (Nkrumah et al., 2020). The nutritional composition of breast milk is uniquely tailored to meet the needs of babies, breast milk contains essential nutrients, antibodies, and bioactive compounds that promote healthy growth and development. For example, breast milk has been shown to provide protective effects against infection and inflammation, particularly in vulnerable populations such as premature babies and those with low birth weight (Quan et al., 2023).

Exclusive breastfeeding modeling affects the selection of exclusive breastfeeding can be understood effectively. Social Cognitive Theory states that individuals learn behavior through observation and modeling, which is particularly relevant in the context of breastfeeding. Studies have shown that mothers who observe positive breastfeeding behavior in their social environment, including family and peers, are more likely to breastfeed exclusively on their own. For example, highlight the important role of social influence in shaping breastfeeding practices, noting that mothers who receive peer support and encouragement are more likely to initiate and maintain exclusive breastfeeding (Bai et al., 2019).

The strengthening of mothers' experiences and interactions with personal and institutional factors also influences their choices and ability to maintain these practices (Agyekum et al., 2022). Lack of social support has been identified as a significant barrier to exclusive breastfeeding, so interventions that can provide informational, instrumental, emotional, and evaluative support are needed (Fadjriah et al., 2021).

The purpose of this study is to find, analyze and understand how the application of Social Cognitive Theory (SCT) can improve self-efficacy, outcome expectation, modeling, and reinforcement in mothers, thus encouraging them to choose and practice exclusive breastfeeding selection during the first six months of a baby's life.

SUBJECTS AND METHOD

1. Study Design

The type of study uses a cross sectional study conducted in August – October 2024 in Boyolali Regency.

2. Population and Sample

The study population is mothers who have children aged 0-6 months in 12 health centers in the Boyolali Regency Region. The study sample was determined using the purposive random sampling technique. The total sample analyzed in this study was 256 subjects.

3. Inclusion Criteria

The inclusion criteria in this study were willing to be the study subject, mothers who have children aged 0-6 months.

4. Exclusion Criteria

The inclusion criteria in this study were willing to be the study subject, mothers who have children aged 0-6 months.

5. Study Variables

The dependent variable in this study is the selection of exclusive breast milk. The independent variables are self-efficacy, outcome expectation, modelling, reinforcement.

6. Variable Operational Definition

The choice of exclusive breast milk is the decision of the mother or family to provide breast milk as the main source of nutrition for the baby during the lactation period, either exclusively (without the addition of other foods or drinks) or in combination with complementary foods. The measurement instrument used is a questionnaire. The scale of the data used is dichotomy.

Self-efficacy is a person's belief in his or her ability to perform a behavior and maintain that behavior in the long term successfully. The measurement instrument used is BSES-SF (Breastfeeding Self-Efficacy Scale-Short Form) which has been modified. The scale used is dichotomy. With a total self-efficacy rating code of <12 = low; Total self-efficacy value >= high.

Outcome expectation is a personal belief about the effect of an action to achieve a certain outcome on the selection of exclusive breastfeeding. The measurement instrument used is a quorum. The scale of the data used is dichotomy. With a total scoring code

of ≤ 12 = negative; and a total value of > 12 = positive.

Modeling is behavioral learning by observing and observing the behavior of others (model), storing information (retention), then imitating and reproducing / replicating that behavior, which occurs in the context of social interaction. The measurement instrument used is a quorum. The scale of the data used is dichotomy. With a total scoring code of ≤ 11= no modeling; and a total value of > 11 = there is modeling.

Reinforcement is an internal or external response to a person's behavior that affects (increases or decreases) the likelihood of repeating or stopping that behavior. The measurement instrument used is a quorum. The scale of the data used is dichotomy. With a total scoring code ≤ 9 = no reinforcement; and a total value of > 9 = there is strengthening.

7. Study Instruments

The data collection in this study used an exclusive breastfeeding selection variable questionnaire using a closed yes or no question. The self-efficacy variables were measured using a questionnaire adopted from BSES-SF (Breastfeeding Self-Efficacy Scale-Short Form) which had been modified using favorable and unfavorable questions.

The outcome expectation variable was measured using a questionnaire with favorable and unfavorable questions. The modeling variables were measured using queries with favorable and unfavorable questions. The reinforcement variable was measured using a questionnaire with favorable and unfavorable questions.

8. Data Analysis

Univariate analysis was used to see the frequency distribution and characteristics of the study subjects. Bivariate analysis used the chi-square test to analyze the relationship between exclusive breast milk selection and independent variables. Multivariate analysis uses the path analysis technique. The effect of self-efficacy, outcome expectation, modeling, and reinforcement on the selection of exclusive breastfeeding.

9. Study Ethics

Study ethics include informed consent, anonymity, confidentiality, and ethical consent. Study ethics were obtained from the Study Ethics Committee at Dr. Moewardi Hospital, with decree number: 2.253/IX/-HREC/2024.

RESULTS

1. Characteristics samples

Table 1 shows a total of 256 subjects in 12 health centers in Boyolali Regency as study locations. There were 125 subjects (48.83%) for mothers aged <29 years, while mothers aged ≥29 years were 131 (51.17%) and the dominant age of mothers who had children aged 0-6 months was mothers aged ≥29 years. Based on the mother's last education from the 256 subjects studied, there were 151 subjects (58.98%) in primary education (SD-SMA), while in higher education there were 105 subjects (41.02%), so that the mother's last education dominated primary education (SD-SMA).

Based on the work of mothers from 256 subjects studied, there were 143 subjects (55.86%) who did not work, while working mothers 113 (44.14%), so that they dominated the mothers who did not work. Based on the family income of the 256 subjects studied, there were 125 (48.83) family incomes of less than 2,500,000, while family income was more than equal to 2,500,000 (51.17%), so the dominating family income was more than equal to 2,500,000.

Table 1. Characteristics of the study subject (dichotomous data)

Characteristic	Frequency (n=256)	Percentage (%)
Mother's Age		
<29 Years old	125	48.83
≥29 Years old	131	51.17
Maternal Education		
Low (SD-SMA)	151	58.98
Height (D1-S2)	105	41.02
Mother's Work		
Not Working	143	55.86
Work	113	44.14
Family Income		
<2.500.000	125	48.83
≥2.500.000	131	51.17

2. Univariate Analysis

The univariate variable frequency distribution explains the general description of each variable studied including the influence of self-efficacy, outcome expectation, modeling, and reinforcement on the selection of exclusive breastfeeding. Table 2 shows the results of univariate analysis that out of 256 study subjects, the self-efficacy variable showed results (Mean = 11.21; SD = 2.73) with a minimum score of 3 and a maximum score of 14. The outcome expectation variable showed the outcome (Mean = 11.05; SD= 1.40) with a minimum score of 4 and a maximum score of 12. The modeling variable showed the result (Mean= 10.16; SD= 2.43) with a minimum score of 0 and a maximum score of 12. The strengthening variable showed the result (Mean = 8.46; SD= 2.00) with a minimum score of 0 and a maximum score of 10. The variable of exclusive breastfeeding selection showed the result (Mean = 0.71; SD= 0.45) with a minimum score of 0 and a maximum score of 1.

Table 2. Results of univariate analysis of self-efficacy, outcome expectation, modelling, strengthening and exclusive breastfeeding selection

Study variables	N	Mean	SD	Min	Max
Self-efficacy	256	11.21	2.73	3	14
Outcome expectation	256	11.05	1.40	4	12
Modelling	256	10.16	2.43	0	12
Strengthening	256	8.46	2.00	0	10
Selection of exclusive breast milk	256	0.71	0.45	0	1

3. Bivariate Analysis

Bivariate analysis explains the influence of independent variables on dependent variables. The independent variables in this study were self-efficacy, outcome expectation, modelling, reinforcement. Meanwhile, the dependent variable in this study is the selection of exclusive breast milk. The method used in this bivariate analysis is the chi-square test.

Based on the chi-square calculation in Table 3, there is a statistically significant relationship between outcome expectations and exclusive breastfeeding selection.

Mothers who had a positive outcome expectation were 7.4 times more likely to choose exclusive breastfeeding than mothers who had a negative outcome expectation, statistically significant (OR = 7.44; 95% CI = 4.01 to 13.81; p<0.000).

Table 3. The modeling variable has a statistically significant relationship between modeling and exclusive breastfeeding selection. Mothers with modeling were 6.8 times more likely to have exclusive breastfeeding selection than mothers without modeling, statistically significant (OR = 6.82; 95% CI = 3.72 to 12.48; p<0.000).

Table 3. The strengthening variable has a relationship between strengthening and exclusive breastfeeding selection which is statistically significant. Mothers with reinforcement were 5.5 times more likely to choose exclusive breastfeeding than mothers without reinforcement, statistically significant (OR = 5.53; 95% CI = 3.09 to 9.89; p<0.000).

Table 3. Results of bivariate analysis of the effect of self-efficacy, outcome expectation, modeling, and reinforcement on exclusive breastfeeding selection

Independent Variables	OR	95% CI		p
		Lower Limit	Upper Limit	
Self-efficacy	2.63	1.50	4.59	< 0.001
Outcome expectation	7.44	4.01	13.81	< 0.000
Modelling	6.82	3.72	12.48	< 0.000
Strengthening	5.53	3.09	9.89	< 0.000

4. Multivariate Analysis

The multivariate analysis used in this study is a path analysis model to analyze the direct and indirect relationships between study variables using the STATA 17 application.

In this study, there are 5 measurable variables consisting of 3 endogenous variables, namely: self-efficacy, strengthening, exclusive breastfeeding selection and 2 exogenous variables outcome expectation, modeling.

a. Model Specifications

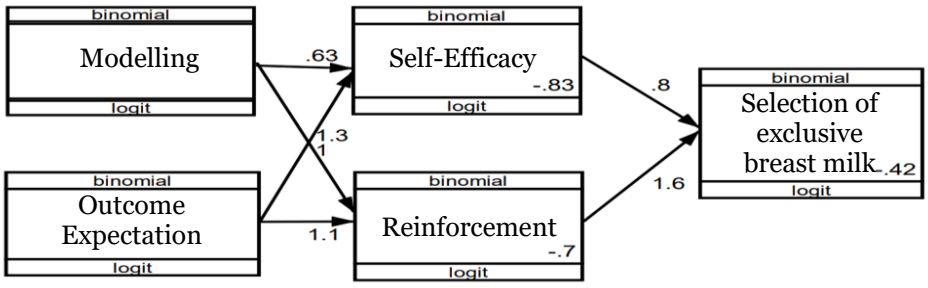

Figure 1. Results of estimation of parameters of analysis of the pathway of self-efficacy, *outcome expectation, modelling*, reinforcement on exclusive breastfeeding selection

b. Model identification

At this stage, the degree of freedom (df) calculation is carried out with the result of df = 1, then the path analysis model is called over identified, which means that hypothesis testing about the relationship between variables can be carried out.

c. Parameter estimation

Table 4 showed that self-efficacy (OR = 2.22; 95% CI= 1.22 to 4.02; p= 0.009) and reinforcement (OR = 5.06; 95% CI= 2.81 to 9.14; p<0.001) directly increased selection of exclusive breastfeeding.

There was an indirect and positive influence between modeling on exclusive breastfeeding selection through self-efficacy and statistically significant. Mothers who received modeling were more likely to choose exclusive breastfeeding by 1.74 units than mothers who did not have modeling (OR= 1.74; 95% CI= 1.00 to 3.02; p= 0.050).

There is an indirect and positive influence between outcome expectations on exclusive breastfeeding selection through self-efficacy and statistically significant. Mothers with a positive outcome expectation were more likely to choose exclusive breast milk by 2.66 units than mothers with a negative outcome expectation (OR= 2.66; 95% CI= 1.55 to 4.56; p<0.001).

There was no indirect and positive effect between strengthening the selection of exclusive breastfeeding through self-efficacy and was statistically insignificant. Mothers who received reinforcement were more likely to choose exclusive breastfeeding by 1.31 units than mothers who did not receive reinforcement (OR= 1.31; 95% CI= 0.73 to 2.34; p = 0.363).

There is an indirect and positive influence between modeling on exclusive breast milk selection through reinforcement and statistically significant. Mothers with modeling were more likely to choose exclusive breastfeeding by 3.71 units than mothers without modeling (OR= 3.71; 95% CI= 2.12 to 6.50; p<0.001).

There is an indirect effect of outcome expectations on exclusive breastfeeding selection through reinforcement and statistically significant. Mothers with a positive outcome expectation were more likely to choose exclusive breastfeeding by 2.98 units than mothers with a negative outcome expectation (OR= 2.98; 95% CI= 1.70 to 5.23; p<0.001).

Table 4. Results of the estimation of parameters of the analysis of the pathway of self-efficacy, outcome expectation, modelling, and reinforcement on the selection of exclusive breastfeeding

Dependent Variables		Independent Variables	OR	95% CI		p
				Lower limit	Upper limit	
Direct Effect						
Selection of exclusive	←	Self-efficacy	2.22	1.22	4.02	0.009
breast milk	←	Reinforcement	5.06	2.81	9.14	< 0.001
Indirect Effect						
Self-efficacy	←	Modeling	1.74	1.00	3.02	< 0.050
	←	Outcome expectation	2.66	1.54	4.56	< 0.001
	←	Reinforcement	1.30	0.73	2.34	0.363
Strengthening	←	Modeling	3.71	2.12	6.50	< 0.001
	←	Outcome expectation	2.98	1.70	5.23	< 0.001
N Observation = 256						
Likelihood ratio = -442.5						

DISCUSSION

1. The effect of self-efficacy on exclusive breastfeeding selection

According to Zulkarnaini et al. (2023) stated that higher breastfeeding self-efficacy was more likely to successfully engage in exclusive breastfeeding practices. For example, low levels of self-efficacy negatively impact the mother's commitment to exclusive breastfeeding, while high self-efficacy correlates with successful breastfeeding outcomes. Failure to breastfeed for six months is influenced by several factors, namely low self-efficacy levels, fatigue and setress experienced by working mothers, poor milk production, limited information and fear of the baby when crying (Mudaharimbi, 2021).

Mothers with high self-efficacy have a strong belief in providing exclusive breastfeeding and face various breastfeeding challenges. They are more proactive in seeking help or information when facing obstacles, and have a greater commitment to continue breastfeeding for up to 6 months. This increases the chances of exclusive breastfeeding success and supports health. Mothers with low self-efficacy tend to doubt their ability to breastfeed exclusively. They are easily influenced by negative information, lack confidence in facing breastfeeding challenges, and are more likely to switch to formula or supplements. As a result, the chances of success of exclusive breastfeeding are reduced, so the baby does not get breast milk optimally.

2. The effect of reinforcement on exclusive breastfeeding selection

Reinforcement refers to the support and encouragement that mothers receive from healthcare providers, family members, and social networks, which can significantly affect their intention and ability to breastfeed exclusively. Women who express a strong prenatal intention to breastfeed exclusively are less likely to stop this practice postpartum compared to those who plan to use a combination of breastfeeding and formula feeding (Brani et al., 2024).

An internal or external response to a person's behavior that influences (increases or decreases) the likelihood of repeating or stopping the behavior. Reinforcement can be obtained internally/self-initiated (e.g., satisfaction, pride, sense of completing important tasks/behaviors), or from external environments (gift-giving, praise, recognition). Studies have shown that mothers who receive adequate breastfeeding advice and support during the prenatal and postnatal periods are more likely to initiate and maintain exclusive breastfeeding (Helmizar et al., 2024).

Continuous reinforcement helps the mother's psychological resilience in the face of breastfeeding challenges, reinforcing her commitment to breastfeed exclusively until the baby is 6 months old. Mothers who receive less support tend to doubt their ability to breastfeed and are more prone to choosing alternatives such as formula. Support from family, friends, and health workers plays an important role as a source of motivation, building self-confidence, and improving the mother's ability to deal with breastfeeding obstacles. This reinforcement includes positive information about the benefits of exclusive breastfeeding, physical assistance, and emotional rewards for mothers

3. The influence of modeling on exclusive breastfeeding selection through self-efficacy

The important role of social influence in shaping breastfeeding practices, noting that mothers who receive peer support and encouragement are more likely to initiate and maintain exclusive breastfeeding (Bai et al., 2019). Mothers who observe positive

breastfeeding behavior in their social environment, including family and peers, are more likely to do exclusive breastfeeding on their own.

This study is in line with the results of the study Zulkarnaini et al. (2023), mothers with higher breastfeeding self-efficacy were more likely to successfully engage in exclusive breastfeeding practices, low levels of self-efficacy negatively impacted the mother's commitment to exclusive breastfeeding, while high self-efficacy correlated with successful breastfeeding outcomes.

When mothers see people around them, such as peers, family, or public figures, succeed in providing exclusive feeding, their confidence in their own ability to breastfeed increases. This higher self-efficacy then motivates them and encourages them to be more committed to exclusive breastfeeding**.**

4. Effect of outcome expectation on exclusive breastfeeding through self-efficacy

Mothers with high self-efficacy are more likely to start breastfeeding and continue it exclusively for the recommended duration (Radwan et al., 2022). Mothers who have a higher level of knowledge about the benefits of exclusive breastfeeding are more likely to practice it (Nkrumah et al., 2020). Another study found that mothers who were well-informed about breastfeeding and its benefits tended to develop a more positive attitude toward breastfeeding, which in turn increased their self-efficacy (Ra, 2021).

Outcome expectation in the context of exclusive breastfeeding refers to the mother's belief that breastfeeding will provide long-term health benefits for her child and herself. Mothers who have high outcome expectations tend to choose to give exclusive breastfeeding because mothers know the benefits of the nutritional content contained in breast milk and the health benefits for them, if the mother breastfeeds her baby exclusively. So that the mother will go through all the challenges during breastfeeding her baby, which directly contributes to the success of exclusive breastfeeding.

5. The strengthening effect of exclusive breastfeeding through self-efficacy

The role of reinforcement in the mother's decision to breastfeed exclusively appears to have less of a direct effect, although reinforcement from the social environment, such as support from a health care provider or encouragement from a family member, can increase maternal self-efficacy, it may not independently predict success in the practice of exclusive breastfeeding (Beheshti et al., 2022).

However, this study is not in line with the results of the study Kronborg et al. (2018). The absence of self-efficacy can weaken the strengthening effect, which suggests that self-efficacy is an important mediating factor in this relationship. Breastfeeding self-efficacy (BSE) is defined as a mother's confidence in her ability to breastfeed successfully, which has been shown to have a significant impact on the duration and exclusivity of breastfeeding in various populations (Prastyoningsih et al., 2021).

Statistically, the effect of strengthening on mothers' self-efficacy in choosing exclusive breastfeeding was not significant, indicating that social strengthening factors were not the main determinant in the success of exclusive breastfeeding in this sample. Although positive support and feedback are important, high self-efficacy, supported by knowledge and social support, proved to be more influential in the mother's decision to choose exclusive breastfeeding. This self-efficacy is influenced by a variety of factors, including past experiences and social contexts. Therefore, interventions to increase exclusive breastfeeding coverage

should be focused on improving self-efficacy through education, support, and mitigation of previous negative experiences.

6. The influence of modeling on exclusive breastfeeding through reinforcement

A mother's intention to breastfeed exclusively is significantly influenced by the support she receives from her social circle, including her partner, family members, and healthcare professionals (Khoirunnisa, 2023).

According to the theory, reinforcement is influenced by outcome expectations and modeling, the influence of modeling through reinforcement in choosing exclusive breastfeeding is a complex interaction of social, educational, and psychological factors. The evidence underscores the need to foster a supportive environment, increase maternal knowledge, and address psychological barriers to increase the rate of exclusive breastfeeding.

7. The effect of outcome expectations on exclusive breastfeeding selection through strengthening

Communal reinforcement can lead to better breastfeeding outcomes as mothers share their challenges and successes, thereby normalizing the breastfeeding experience and increasing their expectations of positive outcomes. The influence of social networks also extends to family dynamics; fathers and other family members can significantly influence a mother's decision to breastfeed exclusively by providing emotional and practical support (Crippa et al., 2021). Outcome expectation and reinforcement are intertwined, as positive experiences and support can lead to increased confidence and a greater likelihood of adhering to exclusive breastfeeding practices. Exclusive breastfeeding (EBF) options among mothers are significantly influenced by outcome expectations, which include anticipated benefits and perceptions regarding breastfeeding.

Outcome expectations have a significant influence on the selection of exclusive breastfeeding, especially when strengthened through internal and external social support. This reinforcement indirectly increases mothers' confidence in their ability to breastfeed, which is an important aspect of maintaining exclusive breastfeeding. Expectations about the long-term benefits of breastfeeding, both for the health of their babies and maternal health and well-being, can motivate them to commit to choosing exclusive breastfeeding. The social support received, both from family, friends, and health workers, reinforces this hope and serves as a form of strengthening that increases the mother's confidence in the benefits of breastfeeding.

This study has several limitations, including: The questionnaire was filled out without direct supervision by the researcher and enumerator, this study is a quantitative study with a cross-sectional design where the study is only carried out at one time. The study ignored the analysis of the influence of certain factors on the selection of exclusive breast milk specifically in that period, but did not observe changes or developments in breastfeeding behavior over time.

This study has several advantages, including making a new contribution by applying Social Cognitive Theory to understand the factors that affect the selection of exclusive breastfeeding, both from individual aspects such as self-efficacy and social aspects such as family support, media, and health workers. With a comprehensive approach and in-depth analysis methods such as path analysis, this study is able to explain the direct and indirect relationships between variables in detail. Its focus on mothers with children aged 0–6 months makes it relevant to increase the success of

exclusive breastfeeding programs. In addition, the results of this study can be used to design effective intervention strategies to support national and global health policies

This study concludes that the application of Social Cognitive Theory can provide an in-depth understanding of individual and social factors that influence mothers' decisions in exclusive breastfeeding choices Communal reinforcement can lead to better breastfeeding outcomes as mothers share their challenges and successes, thereby normalizing the feeding experience and increasing their expectations of positive outcomes. The influence of social networks also extends to family dynamics; fathers and other family members can significantly influence a mother's decision to breastfeed exclusively by providing emotional and practical support (Crippa et al., 2021). Outcome expectation and reinforcement are intertwined, as positive experiences and support can lead to increased confidence and a greater likelihood of adhering to exclusive breastfeeding practices. Exclusive breastfeeding (EBF) options among mothers are significantly influenced by outcome expectations, which include anticipated benefits and perceptions regarding breastfeeding.

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This study concludes that the application of Social Cognitive Theory can provide an in-depth understanding of individual and social factors that influence mothers' decisions in exclusive breastfeeding choices.

AUTHOR CONTRIBUTION

Normalia Levi Rismawati was responsible for conceptualizing the study, designing the research methodology. Eti Poncorini Pamungkasari conducted data collection and analysis, and contributed to the

interpretation of results. Revi Gama Hatta Novika drafted the manuscript, revised it critically for important intellectual content, and managed the submission process.

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CONFLICT OF INTEREST

There is no conflict of interest in the study.

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