



## EMPOWERING PRIMIPAROUS MOTHERS THROUGH KEGEL EXERCISE : A STRATEGY TO ENHANCE SEXUAL SELF EFFICACY DURING THE POST PARTUM PERIOD

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### ABSTRACT

The postpartum period is a critical phase marked by significant physical and psychological changes, particularly for primiparous mothers who are experiencing childbirth for the first time. One of the common challenges encountered during this period is a decrease in sexual self-efficacy, defined as the individual's confidence in engaging in a healthy and satisfying sexual life. This study aimed to examine the effect of Kegel exercise education on improving sexual self-efficacy among primiparous women. A quasi-experimental design with a pretest-posttest control group approach was employed. The intervention consisted of structured Kegel education delivered through sequential stages: situational analysis, problem identification, planning, and implementation. The study sample consisted of 34 primiparous mothers from the Lerep Public Health Center working area, divided equally into intervention and control groups using purposive sampling. Respondents in the intervention group were those who received Kegel exercise education, while the control group consisted of those who did not receive any intervention. Univariate analysis was conducted using central tendency, while bivariate analysis was performed using the Man Whitney, which showed a p-value of  $0.01 < \alpha$  (0.05). The results demonstrated a statistically significant improvement in the sexual self-efficacy of the intervention group compared to the control group. It can be concluded that Kegel exercise education is an effective and empowering strategy to support the recovery of sexual function and improve the quality of life in primiparous women during the postpartum period.

Keywords: education; kegel exercise; primiparous woman; sexual self-efficacy

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### INTRODUCTION

The postpartum period represents a significant physical and emotional transition for mothers, particularly for those experiencing childbirth for the first time (primiparous women)(Astutiningrum et al., 2016). Beyond the adjustments required for their new maternal role, this phase is often accompanied by changes in bodily functions and self-perception, including aspects related to sexual life. Many primiparous women report a decline in self-confidence regarding sexual intimacy after childbirth, which may adversely affect the quality of their relationship with their partner and their overall psychological well-being(Assarzadeh et al., 2021).

Sexual self-efficacy refers to an individual's confidence in their ability to engage in a healthy and satisfying sexual life (Guritno & Mawardika, 2024). It encompasses a person's belief in their capacity to make informed decisions related to sexual activity, including the ability to refuse unwanted advances or practice safe sex in various social contexts (MICHA, 2017). Among women who have undergone vaginal delivery, the pelvic floor structures are often subjected to significant pressure, which may weaken the strength and endurance of the associated muscles. This condition has the potential to reduce sexual responsiveness, including arousal and the quality of orgasm (Suralaga et al., 2020). These effects are more commonly experienced by primiparous women, who are navigating postpartum sexual activity for the first time. Consequently, they may be more vulnerable to anxiety compared to multiparous or grand multiparous women who have previously undergone childbirth and postpartum sexual adjustment) (Yulia Fitri et al., 2019).

In primiparous women, factors such as birth-related trauma, perineal pain, fatigue, and a lack of information and support often hinder the development of optimal sexual self-efficacy. Therefore, interventions are needed that address not only physical recovery but also provide psychological empowerment (Salehi et al., 2015). One approach that has gained increasing attention is Kegel exercise, a pelvic floor muscle-strengthening activity known for its effectiveness in enhancing sexual function, reducing urinary incontinence, and accelerating postpartum recovery (Ketut et al., 2018). Beyond its physical benefits, Kegel exercise holds substantial potential in improving body awareness and control, thereby contributing to enhanced sexual self-confidence (Yunifitri et al., 2022).

The exercise has been shown to strengthen the pelvic floor muscles, which play a vital role in postnatal sexual function and physical control (Zare et al., 2024). Its implementation typically involves several phases, including initial assessment, identification of problems, development of an intervention plan, and systematic execution of educational activities. Through structured Kegel education and practice, primiparous women are empowered not only physically but also emotionally. This educational intervention serves as a means of empowerment, allowing mothers to better understand their bodies, regain control over their sexual functioning, and enhance the quality of interpersonal relationships within the household (Nurbaiti & Kardewi, 2023). This study aims to analyze the effect of Kegel exercise education on improving sexual self-efficacy among primiparous women, with the expectation that it will contribute to the development of a more holistic, humanistic, and empowering model of postpartum intervention.

**METHOD**

This study employed a quasi-experimental design using a pretest–posttest control group approach. The research was conducted in the working area of Lerep Public Health Center, Semarang Regency, during November to December 2024. The sample consisted of 34 primiparous mothers residing in Semarang Regency, selected using purposive sampling. The participants were divided into two groups: an intervention group and a control group. The instrument used in this study was the Sexual Self-Efficacy for Females (SSEF) questionnaire, which had previously undergone a validity test with a result of  $r_{count} (0.63) > r_{table} (0.46)$ . The reliability test was conducted using Cronbach’s Alpha, yielding  $r_{count} (0.93) > r_{table} (0.70)$ , indicating that the instrument was highly reliable. The measurement tool used in this study had obtained ethical clearance, with approval number 88/KEP/EC/UNW/2024. Univariate analysis was presented using measures of central tendency, while bivariate analysis was conducted using the Mann–Whitney test, resulting in a p-value of 0.01, which is less than  $\alpha = 0.05$ , indicating a statistically significant difference.

**RESULT**

Table 1  
Respondent Characteristics Based on Age (n = 34)

Age	Control Group		Intervention Group	
	f	%	f	%
< 20 years	5	22,7	2	9
20-35years	13	59	15	68,18
>35 years	4	18,3	5	22,72

Table 1, the majority of respondents in the control group were aged 20–35 years, totaling 13 respondents (59%), while the majority in the intervention group were also aged 20–35 years, comprising 15 respondents (68.18%). Overall, it can be concluded that most primiparous mothers in this study were within the 20–35 years age range. Table 2, the majority of respondents in the control group fell into the medium education category, totaling 19 respondents (86.5%), while in the intervention group, all respondents (100%) were also classified under the medium education category.

Table 2.  
Respondent Characteristics Based on Education (n = 34)

Education Level	Control Group		Intervention Group	
	f	%	f	%
Low	2	9	0	0
Medium	19	86,5	22	100
High	1	4,5	0	0

Table 3  
Mean Scores of Sexual Self-Efficacy Among Primiparous Mothers Before (Pre) Intervention in the Control and Intervention Groups (n = 34)

Group	N	Median	Minimal	Maksimal	Std. Dev	t	P v
Control (Pre-Test)	17	368,0	368	2521	618,702	1,98	0,276
Intervention (Pre-Test)	17	368,0	368	3136	1027,851		

Table 3, the data illustrate the sexual self-efficacy scores of primiparous mothers before receiving Kegel exercise education. In the control group, the median score was 368.00, with a minimum score of 368, a maximum score of 2521, and a standard deviation of 618.702. In the intervention group, the median score was also 368.00, with a minimum score of 368, a maximum score of 3136, and a standard deviation of 1027.851. The analysis produced a t-value of -1.98 and a p-value of 0.276. The results indicate that the p-value (0.276) is greater than the significance level ( $\alpha = 0.05$ ). Therefore, it can be concluded that there was no statistically significant difference in sexual self-efficacy scores between the control group and the intervention group prior to the intervention.

Table 4.  
Mean Scores of Sexual Self-Efficacy Among Primiparous Mothers After (Post) Intervention in the Control and Intervention Groups (n = 34)

	N	Median	Minimal	Maksimal	Std. Dev	t	P v
Control (Post Test)	17	1173,00	368	2826	821,927	10,421	0,01
Intervention (Post Test)	17	3345,00	368	3692	224,044		

Table 4, the data illustrate the sexual self-efficacy scores of primiparous mothers after receiving Kegel exercise education. In the control group, the median score was 1173.00, with a minimum score of 368, a maximum score of 2826, and a standard deviation of 821.927. In contrast, in the intervention group, after receiving health education related to sexuality, the median score was 3345.00, with a minimum score of 2871, a maximum score of 3692, and a standard deviation of 224.044. The analysis yielded a t-value of 10.421 and a p-value of 0.01. The results indicate that the p-value (0.01) is less than the significance level ( $\alpha = 0.05$ ). Therefore, it can be concluded that there is a statistically significant difference in the sexual self-efficacy scores between the intervention group and the control group after the administration of Kegel exercise education.

Tabel 5  
Mean Scores of Sexual Self-Efficacy in Primiparous Mothers Before and After Kegel Exercise Education in the Control Group

Group	N	Median	Minimal	Maksimal	Std. Dev	t	P v
Pre-Test (Control)	17	368,0	368	2837	724,152	7,437	0,17
Post Test (Control)	17		368	2837			

Table 5, the data illustrate the sexual self-efficacy scores of primiparous mothers before and after the intervention in the control group. The median score remained at 368.00, with minimum scores before and after the intervention both at 368, and maximum scores reaching 2837 in both cases. The standard deviation was 724.152, with a t-value of 7.437 and a p-value of 0.17. The mean difference in sexual self-efficacy before and after the intervention in the control group yielded a p-value of 0.17, which is greater than the significance level ( $\alpha = 0.05$ ). Therefore, it can be concluded that there was no statistically significant difference in sexual self-efficacy before and after the intervention in the control group.

Table 6.  
Mean Scores of Sexual Self-Efficacy in Primiparous Mothers Before and After Kegel Exercise Education in the Intervention Group (n = 17)

Group	N	Median	Minimal	Maksimal	Std. Dev	t	P v
Pre-Test (Intervention)	17	368,0	368	2836	1324,972	9,829	0,01
Post-Test Interventio	17		368	3672			

Table 6, the data demonstrate the sexual self-efficacy scores of primiparous mothers in the intervention group, both before and after receiving Kegel exercise education. Prior to the intervention, the median score was 368.0, with a minimum of 368 and a maximum of 2836. After the intervention, the median score increased significantly to 2981.27, with a maximum score of 3672, while the standard deviation remained at 1324.972, t -9,829 and P(Value) (0,01). The paired t-test yielded a t-value of -9.829 and a p-value of 0.01, which is less than the significance level ( $\alpha = 0.05$ ). These findings indicate a statistically significant difference in sexual self-efficacy scores before and after the intervention in the intervention group.

Table 1.  
Analysis of the Effect of Kegel Exercise Education on Sexual Self-Efficacy Among Primiparous Mothers

Group	N	Median	Minimal	Maksimal	Std. Dev	P v
Control	17	368,0	368	2837	817,115	0,01
Intervention	17	2981,27	368	3672	1248,127	

Table 7, the data were analyzed using the Mann–Whitney test to assess the effect of Kegel exercise education on sexual self-efficacy in primiparous mothers. In the control group, the median score was 368.00, with a minimum score of 368, a maximum score of 2837, and a standard deviation of 817.115. Meanwhile, in the intervention group, the median score increased markedly to 2981.27, with a minimum of 368, a maximum of 3672, and a standard deviation of 1248.127. Minimum 368, Maximal 3672. The test statistic showed an Asymp. Sig. (2-tailed) p-value of 0.01, which is less than the significance level of  $\alpha = 0.05$ . This result indicates a statistically significant effect of Kegel exercise education on sexual self-efficacy among primiparous mothers.

## DISCUSSION

### Sexual Self-Efficacy of Primiparous Mothers Before (Pre) Intervention in the Control and Intervention Groups

The univariate analysis showed that the mean sexual self-efficacy scores of primiparous mothers prior to the intervention did not differ significantly between the control group and the intervention group ( $p = 0.276$ ;  $p > 0.05$ ). This indicates that both groups were in a relatively balanced condition at baseline, which is critical for ensuring the internal validity of a quasi-experimental study. Such baseline equivalence strengthens the argument that any observed post-intervention differences can be attributed to the intervention itself, rather than to pre-existing disparities between the groups. The design of this study aligns with previous findings (Lolowang & Ancient, 2023) reported that prior to pelvic floor muscle training, the baseline sexual self-efficacy scores among primiparous participants were comparable between groups, and significant improvements were observed only after six weeks of intervention.

In addition, Catharina and Eka (2016) highlighted that the success of an intervention is closely linked to the initial readiness of the participants. Therefore, achieving a balanced baseline is a crucial prerequisite in evaluating the effectiveness of educational programs (Astutiningrum et al., 2016). Given that no significant initial differences were observed between the two groups, further analysis of the effects of Kegel exercise education could be conducted with greater accuracy and confidence. Supporting this, a study conducted in Iran (2013) also confirmed that a structured pelvic floor muscle training program significantly improved sexual self-efficacy among primiparous mothers without bias from baseline differences. These findings reinforce the argument that Kegel

education should not be regarded merely as a physical intervention, but also as a psychological empowerment strategy to support the recovery of sexual function and overall postpartum well-being.

### **Sexual Self-Efficacy of Primiparous Mothers After (Post) Intervention in the Control and Intervention Groups**

The results of this study indicate a significant difference in sexual self-efficacy scores between the intervention group and the control group following the Kegel exercise education ( $p=0.01$ ;  $p<0.05$ ). This finding confirms that educational interventions have a substantial impact on improving sexual self-confidence among postpartum mothers. These results are consistent with the study by Lolowang et al. (2019), which reported a significant increase in sexual self-efficacy after six weeks of Kegel training ( $p=0.001$ ). Similarly, research conducted by (Selvan & Surjaningrum, 2023) in Iran found that an eight-week pelvic floor muscle training program significantly improved sexual self-efficacy among primiparous women ( $p=0.001$ ). Furthermore, a meta-analysis published in the American Journal of Obstetrics and Gynecology (2024) concluded that pelvic floor muscle training is an effective intervention for addressing postpartum sexual dysfunction, contributing not only to physical recovery but also to enhanced psychological well-being and improved control over sexual activity.

The findings of the present study support the notion that Kegel education represents a holistic empowerment strategy. Strengthening the pelvic floor muscles provides not only physiological benefits, such as improved muscle tone and bladder control, but also psychological empowerment through the rebuilding of self-confidence, grounded in the experience of personal achievement. As emphasized by Catharina & Eka (2016), while the initial condition of participants is important, the consistency in applying Kegel exercises is even more critical to achieving tangible psychosexual benefits (Khalesi et al., 2017).

### **Mean Sexual Self-Efficacy Scores in Primiparous Mothers Before and After Kegel Exercise Education in the Control Group**

Following the univariate analysis, the mean sexual self-efficacy scores in the control group, before and after receiving non-intervention care (routine postpartum care only), showed no significant difference ( $p=0.17$ ;  $p>0.05$ ). This suggests that routine care alone has no meaningful impact on enhancing sexual self-confidence among primiparous mothers. The findings reinforce previous research which asserts that, in the absence of specific interventions—such as educational support or pelvic floor muscle exercises—sexual self-efficacy tends to remain stagnant during the postpartum period. These results are consistent with the study by Musavi et al. (2024), which found that the control group—who received only standard postpartum care—did not experience a significant increase in sexual self-efficacy or sexual self-confidence during postnatal follow-up.

Similarly, a meta-analysis conducted by Assarzadeh et al. (2021) emphasized that psychological and physical factors such as fatigue, perineal pain, and fear of bodily changes tend to persist in the absence of active intervention, thereby hindering improvements in sexual self-confidence. This lack of change is particularly important in the context of quasi-experimental design. The stability of the control group's outcomes reflects a consistent baseline condition, thereby validating that any improvements observed in the intervention group are truly attributable to the Kegel education, rather than a placebo effect or natural postpartum changes. For instance, a study conducted in Mashhad (2018) similarly found no significant improvements in pelvic floor muscle strength or sexual self-efficacy in the control group without exercise-based interventions, despite slight natural recovery over time. Accordingly, this scenario provides a strong foundation for accurately measuring the impact of Kegel education. The absence of improvement in the control group implies that the effects of Kegel-based education are both exclusive and substantial, reinforcing the

argument that consciously designed interventions are essential for promoting postpartum sexual health, and that reliance on standard care alone is insufficient.

### **Mean Sexual Self-Efficacy Scores in Primiparous Mothers Before and After Kegel Exercise Education in the Intervention Group**

The bivariate analysis revealed a significant difference in sexual self-efficacy scores among primiparous mothers before and after receiving Kegel exercise education in the intervention group, with a  $p$ -value = 0.01 ( $< \alpha = 0.05$ ). This indicates that the Kegel exercise education intervention had a direct and positive impact on enhancing postpartum mothers' sexual self-confidence. The observed change reflects the effectiveness of Kegel exercises in strengthening individual perceptions of sexual capability, particularly during the postpartum adjustment period, which is commonly associated with reduced sexual function and self-esteem. These findings are consistent with the study by (Addoh et al., 2017), which demonstrated that pelvic floor muscle training significantly improved sexual self-efficacy after an eight-week intervention among postpartum women. This improvement was linked to the strengthening of the pubococcygeus muscle, which directly contributes to bodily control, sexual sensitivity, and orgasmic function. Beyond its physiological benefits, the exercise also offers psychological advantages, such as enhanced body awareness and restored confidence (Golmakani et al., 2015).

This study further supports the argument made by (Khalesi et al., 2017), who stated that sex education-based interventions can improve sexual self-efficacy and promote healthy sexual behavior among postpartum women. Active participation in Kegel exercises—especially when combined with adequate education—enables women to reconnect with their body anatomy and function after childbirth, fostering a more positive perception of their own sexual capabilities. This is particularly crucial for primiparous mothers, who may lack prior experience in navigating the physical and emotional transitions of the postpartum period. Thus, the findings of this study affirm that Kegel education is not only physically effective but also emotionally and psychosexually empowering. The post-intervention improvement in sexual self-efficacy reflects the success of a holistic approach to restoring sexual function in primiparous mothers. This type of education could serve as a community-based intervention model, effectively integrated into primary health care services to support the overall quality of life of postpartum women.

### **The Effect of Kegel Exercise Education on Sexual Self-Efficacy in Primiparous Mothers**

Based on the statistical test using the Mann–Whitney analysis, a significant difference was found between the control and intervention groups, with a  $p$ -value of 0.01 ( $< \alpha = 0.05$ ). This indicates a statistically significant effect of Kegel exercise education on sexual self-efficacy in primiparous mothers at the Lerep Primary Health Center. The postpartum period is a critical phase in which women must adjust to their new role as mothers. This adjustment process is experienced not only by women but also by their partners. Changes during this period go beyond parental roles and include transformations in interpersonal relationships, social functions, and sexual life (Parantean & Ni'amah, 2023). Such adjustments are central to postpartum care in primary healthcare settings. Although sexual dysfunction is common during this period, many women hesitate to disclose these issues to healthcare providers (Norton et al., 2016).

Pelvic injuries frequently occur in primiparous women who undergo vaginal deliveries. The delivery process exerts substantial pressure on the puborectalis muscle, which may result in avulsion detachment of the muscle from its insertion at the pubic bone (Syamsuriati et al., 2024). Such injuries impact the dimensions of the levator hiatus, affecting the positioning of pelvic organs and the strength of pelvic floor contractions. Studies have shown that approximately 89% of women experience a significant reduction in pelvic floor muscle strength after their first childbirth. Factors such as mode of delivery, episiotomy, perineal tears, and muscle avulsion contribute to this

dysfunction. However, many studies have not further analyzed aspects of sexual function related to pelvic muscle strength due to limitations in data collection instruments (Zare et al., 2024).

Vaginal delivery exerts great pressure on vaginal support structures, which can weaken pelvic muscle strength and endurance (Assarzadeh et al., 2019). This condition often results in diminished sexual desire and orgasmic difficulties. Many women report experiencing sexual dysfunction, particularly within the first three months postpartum, including reduced interest in intercourse, pain during penetration, vaginal discomfort, and decreased natural lubrication (Yunifitri et al., 2022). Data show that approximately 51% of women experience decreased sexual desire within 12 months postpartum, while 30% continue to engage in intercourse despite pain. In primiparous women, the desire to resume sexual activity is often delayed due to pain, emotional discomfort, fear of unintended pregnancy, and fatigue (Selvan & Surjaningrum, 2023).

Pelvic floor muscle health is closely linked to sexual function, including female sexual response and satisfaction. Imbalances in pelvic muscle tone, whether due to hypertonicity or hypotonicity, can cause difficulties in sexual intimacy or orgasm (Boone et al., 2015). Weak pelvic muscles are a major risk factor for sexual dysfunction. This weakness can lead to decreased orgasmic quality and sexual desire, negatively impacting sexual fulfillment (Assarzadeh et al., 2021). Kegel exercises, designed to strengthen pelvic floor muscles, have been proven effective in addressing a variety of sexual health issues. These interventions improve sexual function in both women with and without dysfunction, including improvements in desire, arousal, and orgasmic capacity (Lolowang & Ancient, 2023).

The concept of sexual self-efficacy refers to an individual's belief in their ability to make decisions regarding sexual activity, such as refusing unwanted sexual contact, using contraception effectively, and seeking help when needed (Lolowang et al., 2019). A strong understanding of sexual self-efficacy is believed to reduce risky sexual behavior. Pregnancy and the postpartum period represent transitional phases that influence women's sexual lives, both in terms of activity and intimacy with their partners. During the postpartum phase, female sexual function is often affected by identity shifts associated with motherhood. Despite the prevalence of sexual difficulties during this stage, few women openly discuss them with healthcare professionals (Addoh et al., 2017). Research by Lee dan Tsai (2022) demonstrated that appropriately delivered sexual education during the postpartum period significantly improves sexual self-efficacy, directly influencing sexual health and behavior in postpartum women (Zare et al., 2024).

Kegel exercises have also been shown to improve scores on the Female Sexual Function Index (FSFI), both in women with and without sexual dysfunction, during the postpartum period (Zare et al., 2024). Women with stronger pelvic floor muscles tend to exhibit better sexual functioning. Repeated pelvic strengthening exercises improve muscle tone and strength while providing structural stability to the perineum (Assarzadeh et al., 2021). This activity promotes local muscle hypertrophy, enhances cortical awareness of the muscle groups involved, and optimizes motor nerve coordination. Sustained improvement in pelvic floor strength and tone supports the recovery of normal reflexes and enhances neuromuscular control (Lolowang & Ancient, 2023).

Kegel exercises specifically target the pubococcygeus muscle—an essential support for the pelvic organs—through repetitive contractions and relaxations. Each cycle involves contracting and drawing in the anus, vagina, and urethra for 10 seconds, followed by a relaxation phase of equal duration, repeated over multiple sets as recommended. This practice enhances pelvic muscle functionality and directly contributes to improvements in sexual response and satisfaction (Lolowang et al., 2019). Beyond physical training, providing education on sexual health plays a crucial role in enhancing postpartum sexual self-efficacy (Zare et al., 2024). When mothers possess adequate knowledge about bodily changes, sexual functioning, and management strategies,

they are more confident in navigating their sexual lives (Astutiningrum et al., 2016). Increased sexual self-efficacy indirectly contributes to better overall sexual health and encourages long-term adaptive and healthy sexual behavior (Guritno & Mawardika, 2024).

## CONCLUSION

Based on the findings of this study, statistical analysis using the Mann–Whitney test revealed a p-value of 0.001 ( $< \alpha = 0.05$ ), indicating a significant effect of Kegel exercise education on the sexual self-efficacy of primiparous mothers in the working area of the Lerep Primary Health Center

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