

Article

# Association of Family Support and Breastfeeding Self Efficacy with Exclusive Breastfeeding Practice Among Lactating Mothers in The Working Area of Gunung Tinggi Health Center

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## Abstract

**Background:** Exclusive breastfeeding during the first six months of life is one of the most effective public health interventions to reduce infant mortality. However, its coverage in the working area of Gunung Tinggi Health Center remains below the national target (80%), as many mothers face barriers such as limited family support and low self-efficacy in breastfeeding. **Objectives:** This study aimed to examine the association between family support and breastfeeding self-efficacy (BSE) with exclusive breastfeeding practices among lactating mothers. **Methods:** An analytical observational study with a cross-sectional design was conducted from June to August 2025 involving 78 mothers with infants aged 6–11 months, selected using multistage sampling. Family support was assessed using a 20-item questionnaire covering informational, emotional, instrumental, and appraisal aspects, while BSE was measured using the Breastfeeding Self-Efficacy Scale–Short Form. Data were analyzed using univariate and bivariate analyses, and associations were tested with the Chi-square test. **Results:** About 67.9% of mothers received good family support, and 51.3% had low BSE levels. The proportion of exclusive breastfeeding was 62.8%. Significant associations were found between family support and BSE ( $p=0.023$ ;  $PR=1.735$ , 95%CI: 1.160-2.594), family support and exclusive breastfeeding ( $p=0.009$ ;  $PR=2.271$ , 95%CI: 1.308-3.944), and BSE and exclusive breastfeeding ( $p=0.002$ ;  $PR=2.986$ , 95%CI: 1.445-6.167). **Conclusions:** The findings highlight that family support plays a crucial role in enhancing maternal BSE, which in turn contributes to the success of exclusive breastfeeding. Health centers are encouraged to implement family-based education programs involving husbands and parents to strengthen maternal confidence and improve exclusive breastfeeding coverage.

**Keywords:** exclusive breastfeeding, breastfeeding self-efficacy, family support, Gunung Tinggi Health Center

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## 1. Introduction

Exclusive breastfeeding during the first six months of life is a highly effective public health intervention to reduce infant mortality. According to the World Health Organization (WHO), exclusive breastfeeding can prevent approximately 13% of deaths among children under five years of age, most of which are caused by infections that can be prevented through breastfeeding<sup>1</sup>. Despite its well-documented benefits, the global coverage of exclusive breastfeeding remains low—only 44% among infants aged six months, far below the WHO target of 50%<sup>2</sup>. In developing countries, approximately 2.5 million infants die each year during their first year of life, and nearly 45% of these deaths could be prevented through exclusive breastfeeding<sup>3</sup>. The main barriers to achieving global exclusive breastfeeding coverage include insufficient social support, limited maternal understanding of the benefits of breastfeeding, and cultural norms favoring formula feeding<sup>4</sup>. The early introduction of complementary foods also hampers the success of exclusive breastfeeding. The persistently low coverage of exclusive breastfeeding underscores the need for stronger global efforts to improve the implementation and promotion of exclusive breastfeeding practices<sup>5,6</sup>.

Breast milk contains complete and balanced nutrients that are essential for infant growth and development. It provides not only macronutrients such as carbohydrates, proteins, and fats but also vital micronutrients including vitamins, minerals, and enzymes that support digestion and nutrient absorption<sup>7</sup>. In addition, breast milk contains antibodies and immune cells that protect infants from infections, strengthen their immune system in early life, and reduce the risk of long-term diseases such as allergies, asthma, and obesity. The benefits of breastfeeding also extend to brain development, as breast milk is rich in polyunsaturated fatty acids, particularly docosahexaenoic acid (DHA), which is crucial for neural and visual development<sup>8,9</sup>. Several studies have demonstrated that exclusively breastfed infants tend to have higher intelligence and a lower risk of developmental disorders compared to non-breastfed infants. Moreover, breastfeeding fosters a strong emotional bond between mother and child, which is vital for the infant's socio-emotional development. Therefore, exclusive breastfeeding during the first six months of life serves as a fundamental foundation for the health and well-being of infants<sup>10,11</sup>.

The Indonesian government has implemented various efforts to increase the coverage of exclusive breastfeeding, as reflected in national health policies and public health programs. One of the main initiatives is the Ministry of Health Regulation No. 15 of 2013 on Exclusive Breastfeeding, which mandates exclusive breastfeeding for the first six months of life and provides education to mothers regarding its benefits<sup>12</sup>. The Ministry of Health has also introduced the *First 1000 Days of Life* (HPK) program, aimed at optimizing child growth and development through exclusive breastfeeding and adequate nutrition from pregnancy until the age of two<sup>13,14</sup>. Despite these initiatives, the main challenges in achieving exclusive breastfeeding coverage in Indonesia include the lack of social and cultural support, as well as the prevailing belief that formula milk is a more practical and superior alternative to breast milk. The strong influence of formula milk marketing and the common practice of introducing complementary foods too early remain significant barriers<sup>15,16</sup>. In this context, family support—particularly from husbands and parents—plays a vital role in creating an environment that encourages mothers to practice exclusive breastfeeding<sup>17</sup>. Without such support, many mothers experience low confidence in their ability to breastfeed exclusively, even though they are aware of its benefits<sup>18</sup>.

However, despite various interventions to promote exclusive breastfeeding, its achievement continues to be hindered by several interrelated factors. One of the primary barriers is the lack of social and family support, which significantly influences the success of exclusive breastfeeding<sup>19</sup>. Many mothers struggle to breastfeed exclusively due to insufficient emotional and practical support from their partners or family members<sup>20</sup>.

Furthermore, mothers' knowledge about the benefits of exclusive breastfeeding is often limited, and misconceptions about formula feeding or the early introduction of complementary foods remain widespread. Another contributing factor is maternal concern about insufficient milk production, which is often influenced by breastfeeding self-efficacy (BSE)-a mother's confidence in her ability to breastfeed. Mothers with low BSE are more likely to lose motivation and switch to formula feeding or introduce complementary foods earlier than recommended<sup>21</sup>.

Breastfeeding self-efficacy (BSE), or a mother's confidence in her ability to breastfeed, plays a crucial role in the success of exclusive breastfeeding. Mothers with high BSE tend to be more confident in nursing their infants, which in turn increases the likelihood of maintaining exclusive breastfeeding for the first six months of life<sup>21,22</sup>. However, BSE is influenced not only by maternal knowledge about breastfeeding but also significantly by social support, particularly from the family. Support from husbands, parents, and other family members is essential in strengthening a mother's belief that she can breastfeed successfully<sup>23</sup>. Husbands who provide emotional support and assist in infant care, as well as families who offer encouragement and positive reinforcement, can enhance maternal BSE and reduce anxiety or fear of failure<sup>24</sup>. In addition, families play a vital role in creating a supportive environment, such as helping mothers maintain a healthy diet, keeping the baby close to the mother, and avoiding the premature introduction of formula milk or complementary foods. Therefore, a high level of BSE supported by a positive family environment serves as a key factor in improving exclusive breastfeeding coverage and ensuring breastfeeding success<sup>25,26</sup>.

In the working area of the Gunung Tinggi Health Center, despite various efforts to increase exclusive breastfeeding coverage, the achievement rate remains below the national target. According to reports from the health center, the coverage of exclusive breastfeeding is approximately 60–70%, still lower than the national target of 80% set in the National Medium-Term Development Plan (RPJMN) 2020–2024<sup>27</sup>. This condition indicates a gap that requires targeted intervention strategies. The low coverage may be attributed to multiple factors, among which family support plays a critical role that needs to be strengthened through appropriate interventions. Based on the aforementioned considerations, this study aims to determine the association between family support and breastfeeding self-efficacy with exclusive breastfeeding practices among lactating mothers in the working area of the Gunung Tinggi Health Center.

## 2. Materials and Methods

### 2.1 Study Design and Setting

This study employed an analytical observational design with a cross-sectional approach to identify the association between family support and breastfeeding self-efficacy (BSE) with exclusive breastfeeding practices among lactating mothers. The research was conducted from June to August 2025 in the working area of the Gunung Tinggi Health Center.

### 2.2 Population and Sampling

The study population consisted of all breastfeeding mothers with infants aged 6–11 months residing in the health center's coverage area. A total of 78 respondents were selected using a multistage sampling technique. The inclusion criteria included mothers who were willing to participate, able to communicate effectively, and in a physical and psychological condition suitable for the study. The exclusion criteria were mothers with medical conditions or obstetric complications that hindered breastfeeding and infants with contraindications to breastfeeding.

### 2.3 Data Collection

Family support was measured using a structured questionnaire consisting of 20 items covering four main dimensions: informational, emotional, instrumental, and appraisal support. Breastfeeding self-efficacy (BSE) was assessed using the *Breastfeeding Self-Efficacy*

Scale–Short Form (BSES-SF), which comprises 14 items. The characteristics of the respondents collected in this study included maternal age, education level, occupation, and parity. Data were gathered by trained enumerators through face-to-face interviews after the respondents provided written informed consent.

2.4 Variables and Operational Definitions

The independent variables in this study included family support provided to mothers during the breastfeeding period and breastfeeding self-efficacy (BSE), which refers to a mother’s confidence in her ability to exclusively breastfeed. The dependent variable was exclusive breastfeeding practice, defined as feeding infants only breast milk without any additional food or drink, except for prescribed medicines and vitamins.

2.5 Data Analysis

Data were analyzed univariately to describe the distribution of respondent characteristics and main variables. Bivariate analysis was performed using the Chi-square test to determine the association between family support and BSE with exclusive breastfeeding, with a significance level of 5% ( $p < 0.05$ ).

2.6 Ethical Considerations

This study received ethical approval from the Health Research Ethics Committee of the Faculty of Medicine, Muhammadiyah University of North Sumatra (ethical clearance number: 1545/KEPK/FKUMSU/2025). To maintain confidentiality, respondent identities were recorded using initials.

3. Results

3.1. Respondent Characteristics

The characteristics of respondents in the working area of the Gunung Tinggi Health Center obtained from the study are presented in Table 1 below:

Table 1. Frequency Distribution of Respondents’ Characteristics in the Working Area of the Gunung Tinggi Health Center

Characteristics	n	%
<b>Mother’s Age</b>		
<20 years	9	11.5
20-35 years	51	65.4
>35 years	18	23.1
<b>Education Level</b>		
Primary school graduate	2	2.6
Junior high school graduate	10	12.8
Senior high school graduate	57	73.1
University graduate	9	11.5
<b>Occupation</b>		
Unemployed/housewife	40	51.3
Employed	38	48.7
<b>Parity</b>		
≤2	54	69.2
>2	25	30.8
<b>Total</b>	<b>78</b>	<b>100.0</b>

The majority of the mothers were aged 20–35 years, accounting for 51 respondents (65.4%), followed by those aged over 35 years (18 respondents, 23.1%) and those under 20 years (9 respondents, 11.5%). Maternal age can significantly influence the success of exclusive breastfeeding, as younger mothers may lack prior breastfeeding experience, which can reduce their confidence or self-efficacy in breastfeeding. Conversely, mothers aged 20–35 years, who are generally more emotionally stable and have greater access to information about the benefits of breastfeeding, tend to be more confident in exclusively

breastfeeding their infants. Furthermore, mothers at older ages may benefit from prior breastfeeding experience, which enhances their confidence and ability to continue exclusive breastfeeding<sup>28</sup>.

Most mothers in the study area had completed senior high school or vocational school, accounting for 57 respondents (73.1%), followed by those with junior high school education (10 respondents, 12.8%) and primary school education (2 respondents, 2.6%). Maternal education level has a strong relationship with exclusive breastfeeding practices, as more educated mothers tend to have a better understanding of the health benefits of breastfeeding. This higher level of knowledge can increase their self-efficacy, making them more confident in providing exclusive breastfeeding and more capable of overcoming challenges during the breastfeeding process. In contrast, mothers with lower education levels may require greater support in understanding the benefits of exclusive breastfeeding and in learning practical ways to sustain it<sup>29,30</sup>.

In terms of occupation, most respondents were unemployed, totaling 40 mothers (51.3%), while 38 mothers (48.7%) were employed, with the majority being housewives. Employment status may affect both the opportunity and ability of mothers to breastfeed exclusively. Working mothers often face challenges in direct breastfeeding due to limited time and opportunity to be with their infants, which can decrease their self-efficacy in exclusive breastfeeding. On the other hand, mothers who are not employed or who stay at home have more time to breastfeed, which may enhance their confidence and ability to maintain exclusive breastfeeding<sup>31</sup>.

Most mothers in this study had two or more children (54 respondents, 69.2%), while 25 mothers (30.8%) had only one child. Parity plays an important role in shaping a mother's breastfeeding experience. Mothers with more than one child generally have greater breastfeeding experience, which can strengthen their self-efficacy by giving them more confidence to provide exclusive breastfeeding to subsequent infants. Conversely, first-time mothers may have lower confidence or require more guidance and support in exclusive breastfeeding, particularly if they are experiencing breastfeeding for the first time<sup>32</sup>.

### 3.2. Descriptive Analysis

Table 2. Frequency Distribution of Family Support

Family Support	n	%
Poor	25	32.1
Good	53	67.9
<b>Total</b>	<b>78</b>	<b>100.0</b>

Based on Table 2, family support received by the respondents was categorized into two levels: poor and good. Of the total 78 respondents, the majority (67.9%) reported receiving good family support, while 32.1% reported poor support. Family support encompasses various forms of assistance, including emotional support that provides a sense of security and comfort, practical support such as help with childcare and daily needs, and social support involving motivation and encouragement from family members. The availability of strong family support can enhance mothers' confidence, reduce stress levels, and strengthen their motivation to fulfill their role as exclusive breastfeeders.

Table 3. Frequency Distribution of Breastfeeding Self-Efficacy

Breastfeeding Self-Efficacy	n	%
Low	40	51.3
High	38	48.7
<b>Total</b>	<b>78</b>	<b>100.0</b>

Based on Table 3, the respondents' breastfeeding self-efficacy (BSE) was divided into two categories: low and high. Of the total 78 respondents, 40 mothers (51.3%) had low BSE, while 38 mothers (48.7%) had high BSE. Breastfeeding self-efficacy reflects a mother's confidence in her ability to breastfeed, including her capacity to overcome breastfeeding challenges, maintain consistent breastfeeding routines, and sustain exclusive breastfeeding practices. A high level of breastfeeding self-efficacy can enhance a mother's confidence, minimize concerns related to breastfeeding, and support the success of exclusive breastfeeding among infants.

Table 4. Frequency Distribution of Exclusive Breastfeeding Practices

Exclusive Breastfeeding Practice	n	%
No	29	37.2
Yes	49	62.8
<b>Total</b>	<b>78</b>	<b>100.0</b>

Based on Table 4, exclusive breastfeeding among lactating mothers was categorized into two groups: exclusive breastfeeding and non-exclusive breastfeeding. Of the total 78 respondents, 49 mothers (62.8%) practiced exclusive breastfeeding, while 29 mothers (37.2%) did not. Exclusive breastfeeding is a critical factor in promoting infant health, as breast milk provides complete nutrition and antibodies that help strengthen the infant's immune system. A higher rate of exclusive breastfeeding indicates greater maternal awareness and support for the importance of breastfeeding in infant growth and development, contributing to optimal nutritional fulfillment during the early stages of life.

### 3.3. Bivariate Analysis

Table 5. Association Between Family Support and Breastfeeding Self-Efficacy

Family Support	Breastfeeding Self-Efficacy						p	Ratio Prevalence (CI)
	Low		High		Total			
	n	%	n	%	n	%		
Poor	18	72.0	7	28.0	25	100.0	0.023	1.735 (1.160-2.594)
Good	22	41.5	31	58.5	53	100.0		

Based on Table 5, the relationship between family support and the level of breastfeeding self-efficacy (BSE) indicates that the support received by breastfeeding mothers has a significant influence on their confidence in breastfeeding. Among the 25 respondents who reported poor family support, 72.0% had low BSE, while only 28.0% had high BSE. Conversely, among those who received good family support, 41.5% had low BSE, and 58.5% had high BSE. These findings demonstrate a clear difference between the two groups in terms of breastfeeding confidence levels.

Statistical analysis showed a *p*-value of 0.023, which is below the significance threshold of 0.05, indicating a significant association between family support and BSE. The prevalence ratio (PR) of 1.735 with a 95% confidence interval (CI) ranging from 1.160 to 2.594 suggests that mothers who received good family support were 1.735 times more likely to have high BSE compared to those with poor family support. These results highlight that family support plays an essential role in enhancing mothers' confidence in providing exclusive breastfeeding.

Table 6. Association Between Family Support and Exclusive Breastfeeding Practice

Family Support	Exclusive Breastfeeding Practice						p	Ratio Prevalence (CI)
	No		Yes		Total			
	n	%	n	%	n	%		
Poor	15	60.0	10	40.0	25	100.0	0.009	2.271 (1.308-3.944)
Good	14	26.4	39	73.6	53	100.0		

Based on Table 6, the association between family support and exclusive breastfeeding practice shows that the level of family support received by mothers significantly influences their decision to practice exclusive breastfeeding. Among the 25 respondents who reported poor family support, 60.0% did not provide exclusive breastfeeding, while only 40.0% successfully practiced exclusive breastfeeding. Conversely, among those who received good family support, 26.4% did not practice exclusive breastfeeding, whereas 73.6% did. These results indicate a clear difference between the two groups in terms of exclusive breastfeeding behavior.

Statistical analysis revealed a *p*-value of 0.009, which is lower than the significance threshold of 0.05, indicating a significant relationship between family support and exclusive breastfeeding practice. The prevalence ratio (PR) of 2.271 with a 95% confidence interval (CI) ranging from 1.308 to 3.944 suggests that mothers who received good family support were 2.271 times more likely to practice exclusive breastfeeding than those who received poor family support. Therefore, the findings demonstrate that family support plays an essential role in increasing the prevalence of exclusive breastfeeding among mothers.

Table 7. Association Between Breastfeeding Self-Efficacy and Exclusive Breastfeeding Practice

Breastfeeding Self-Efficacy	Exclusive Breastfeeding Practice						p	Ratio Prevalence (CI)
	No		Yes		Total			
	n	%	n	%	n	%		
Low	22	55.0	18	45.0	40	100.0	0.002	2.986 (1.445-6.167)
High	7	18.4	31	81.6	38	100.0		

Based on Table 7, the association between breastfeeding self-efficacy (BSE) and exclusive breastfeeding practice indicates that a mother’s confidence in her ability to breastfeed significantly influences her decision to practice exclusive breastfeeding. Among the 40 respondents with low BSE, 55.0% did not provide exclusive breastfeeding, while only 45.0% successfully practiced exclusive breastfeeding. Conversely, among mothers with high BSE, only 18.4% did not provide exclusive breastfeeding, whereas 81.6% successfully practiced it. These findings demonstrate a clear difference between the two groups regarding exclusive breastfeeding practice.

Statistical analysis showed a *p*-value of 0.002, which is below the significance threshold of 0.05, indicating a significant relationship between BSE and exclusive breastfeeding. The prevalence ratio (PR) of 2.986 with a 95% confidence interval (CI) ranging from 1.445 to 6.167 suggests that mothers with high BSE were 2.986 times more likely to practice exclusive breastfeeding than those with low BSE. These results highlight that BSE plays an important role in increasing the prevalence of exclusive breastfeeding..

#### 4. Discussion

In this study, family support included emotional, practical, and social assistance that could influence the success of exclusive breastfeeding. Social support, including that from family, provides a sense of security and reduces stress, both of which are crucial for psychological well-being<sup>33</sup>. Good family support—particularly emotional encouragement, appropriate information, and practical help—can strengthen a mother’s ability to perform her role as an exclusive breastfeeder. This finding is consistent with the study by Utami et al. (2025), which found that mothers who received stronger family support exhibited higher levels of BSE and were better able to overcome breastfeeding challenges<sup>17</sup>.

Furthermore, according to Bandura’s (1999) *Self-Efficacy Theory*, an individual’s confidence or self-efficacy is influenced by four primary sources: mastery experiences, vicarious experiences, social persuasion, and physiological and emotional states. In the context of breastfeeding, mothers who receive positive support from their families,

particularly during the initial challenges of breastfeeding, tend to have higher confidence in their ability to breastfeed. Family support in the form of practical help—such as assisting in infant care—or emotional encouragement can enhance mothers' sense of control over the breastfeeding process, thereby improving their BSE<sup>34</sup>. A study by Islam et al. (2021) also supports these findings, reporting that mothers who received strong social support from their families were more likely to succeed in exclusive breastfeeding. Therefore, it can be concluded that strong family support plays a vital role in strengthening maternal BSE, which in turn contributes to the success of exclusive breastfeeding<sup>20</sup>.

The significant relationship between family support and exclusive breastfeeding can be explained through the social support theory, which posits that family support enhances maternal confidence in breastfeeding exclusively. Such support helps reduce maternal stress, strengthen self-confidence, and provide motivation to continue breastfeeding despite challenges. Previous studies, such as that by Budiati et al. (2021), revealed that mothers who perceived strong family support—particularly from their husbands—were more likely to follow exclusive breastfeeding recommendations. This support includes assistance in infant care and emotional encouragement that reduces anxiety and social pressure, both of which can hinder breastfeeding practices<sup>18</sup>.

Thus, the influence of family support on exclusive breastfeeding decisions is substantial. In this study, the significant *p*-value indicates that mothers receiving strong family support were more likely to exclusively breastfeed their infants, thereby contributing to better infant health outcomes, such as reduced infection risk and improved developmental progress. Consequently, intervention programs focusing on strengthening family support for mothers—especially in infant care and breastfeeding practices—should be prioritized in public health initiatives. A similar study by Susanti and Hety (2021) also emphasized the importance of family involvement in promoting exclusive breastfeeding success and highlighted the need for family participation in maternal and child health education programs<sup>35</sup>.

The significant association between BSE and exclusive breastfeeding can be explained by the understanding that a mother's confidence in her breastfeeding ability is crucial to the success of exclusive breastfeeding. Mothers with high BSE feel more capable of handling common challenges during breastfeeding, such as pain or discomfort, concerns about milk production, and doubts about whether the milk is sufficient for their infant's needs. High-BSE mothers tend to be more confident and persistent in maintaining exclusive breastfeeding even when faced with such challenges. This is related to their greater coping skills and better strategies to manage anxiety or frustration that could otherwise hinder successful breastfeeding. Breastfeeding self-efficacy is not only about technical breastfeeding skills but also about how mothers perceive their ability to manage the emotional and psychological aspects of breastfeeding, which directly influences breastfeeding success<sup>37</sup>.

Existing studies have consistently shown that BSE is strongly associated with the success of exclusive breastfeeding. Suja et al. (2023) reported that mothers with high BSE were more likely to succeed in breastfeeding even when faced with obstacles such as physical discomfort or difficulties related to newborn care<sup>38</sup>. This finding underscores that psychological factors, particularly BSE, play a major role in supporting mothers' resilience to sustain exclusive breastfeeding, ultimately contributing to better infant health outcomes. Moreover, other factors such as adequate social support, sufficient access to information, and prior breastfeeding experience also help strengthen BSE, thereby enhancing mothers' confidence and ability to breastfeed effectively<sup>39</sup>.

## 5. Conclusions

The results of this study conclude that there was a significant relationship between family support and BSE, where mothers who received good family support were 1.735

times more likely to have high BSE compared to those with poor family support. There was also a significant relationship between family support and exclusive breastfeeding, with mothers who received good family support being 2.271 times more likely to practice exclusive breastfeeding than those with poor family support. In addition, a significant association was found between BSE and exclusive breastfeeding, where mothers with high BSE were 2.986 times more likely to provide exclusive breastfeeding compared to those with low BSE. It is recommended that health centers strengthen educational programs involving families, particularly husbands and parents, to create a supportive environment for exclusive breastfeeding. Programs designed to improve maternal BSE—such as breastfeeding skill training and emotional support initiatives—are highly encouraged. By enhancing family involvement and boosting mothers' confidence in their breastfeeding abilities, the coverage of exclusive breastfeeding can be improved, ultimately supporting optimal infant health and development.

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## 7. Conflicts of Interest

The authors declare no conflict of interest.

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