



The Relationship between Family Support and Self-Efficacy with the Success of Exclusive Breastfeeding in Postpartum Mothers

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Abstract

Exclusive breastfeeding during the first six months of life is an important strategy to support infant growth and Successful development exclusive breastfeeding is influenced not only by maternal and infant conditions but also by family support and maternal confidence in her ability to breastfeed , known as breastfeeding self-efficacy. This study aimed to determine the relationship between family support and self-efficacy with exclusive breastfeeding success among postpartum mothers . An analytical observational study with a cross-sectional design was conducted at a primary health care facility in an urban area from May to July 2026. The sample consisted of 93 postpartum mothers selected using purposive sampling. Family support and breastfeeding self-efficacy were assessed using questionnaires , while exclusive breastfeeding success was assessed through interviews regarding the infant's history of food and fluid intake . Chi- square tests were used for bivariate analysis. The results showed that 58 respondents (62.4%) received good family support , 55 respondents (59.1%) had high breastfeeding self-efficacy , and 61 respondents (65.6%) succeeded provided exclusive breastfeeding . Exclusive breastfeeding success was 75.9% among mothers with good family support compared with 48.6% among mothers with inadequate Exclusive support breastfeeding success was 78.2% among mothers with high self-efficacy compared with 46.1% among mothers with low self-efficacy. Chi- square analysis demonstrated significant associations between family support and exclusive breastfeeding success ($p=0.011$) and between breastfeeding self-efficacy and exclusive breastfeeding success ($p=0.004$). Family support and breastfeeding self-efficacy were associated with exclusive breastfeeding success among postpartum mothers .

Keywords : Family Support , Self-Efficacy , Exclusive Breastfeeding , Postpartum Mothers , Breastfeeding

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1. Introduction

Breast milk is the primary source of nutrition recommended for infants in the early stages of life. Breastfeeding provides numerous benefits for both infants and mothers, including supporting optimal growth and development, protecting infants against infectious diseases, and contributing to maternal health and recovery after childbirth (Victora et al., 2016; World Health Organization [WHO], 2023).

The World Health Organization recommends exclusive breastfeeding for the first six months of life. After six months, complementary foods should be introduced while breastfeeding is continued up to two years of age or beyond, depending on the circumstances of the mother and child (WHO, 2023). These recommendations are also supported by evidence showing that breastfeeding contributes to improved child survival, health, and development (Rollins et al., 2016; Victora et al., 2016).

Although the benefits of exclusive breastfeeding are widely recognized, its success is influenced by various factors. These include maternal and infant health, breastfeeding experience, maternal knowledge, employment, access to health services, psychological well-being, and support from the surrounding environment (Taveras et al., 2003; Odom et al., 2013; McFadden et al., 2017). The availability of appropriate breastfeeding support is important in helping mothers overcome difficulties that may arise during the breastfeeding period (McFadden et al., 2017).

Family is the closest social environment for postpartum mothers. Support from partners, parents, and other family members can help mothers navigate the challenges associated with breastfeeding. Such support may include emotional support, information, practical assistance, and encouragement of the mother's decision to breastfeed (Taveras et al., 2003; McFadden et al., 2017). Supportive environments can contribute to maintaining breastfeeding practices, particularly when mothers experience difficulties during the early postpartum period.

Psychological factors within the mother also play an important role. One relevant concept is breastfeeding self-efficacy, which refers to a mother's confidence in her ability to breastfeed successfully (Dennis & Faux, 1999; Dennis, 2003). Mothers with higher breastfeeding self-efficacy tend to have greater confidence in managing breastfeeding challenges and maintaining breastfeeding practices. Previous evidence indicates that interventions aimed at improving breastfeeding self-efficacy can contribute to improved breastfeeding outcomes (Brockway et al., 2017).

Mothers with low self-efficacy may more easily experience feelings of inadequacy when faced with problems such as sore nipples, perceived insufficient milk supply, breastfeeding difficulties, or fatigue. These experiences may contribute to early discontinuation of breastfeeding (Odom et al., 2013; Sipsma et al., 2015). Therefore, maternal confidence in breastfeeding is an important psychological component that may support breastfeeding continuation.

Family support and self-efficacy may also be interrelated. A supportive family environment can provide encouragement and practical assistance that may strengthen a mother's confidence in performing her breastfeeding role. Conversely, inadequate support





may increase the psychological burden experienced by mothers and make it more difficult for them to cope with breastfeeding challenges (Taveras et al., 2003; McFadden et al., 2017). This indicates that breastfeeding success may be influenced by the interaction between individual psychological factors and the mother's social environment.

Primary health care plays a crucial role in improving the success of exclusive breastfeeding. Health workers can provide breastfeeding counseling, assist mothers in overcoming lactation problems, involve family members in breastfeeding education, and provide continued support after mothers return home (WHO, 2017; McFadden et al., 2017). Antenatal and postnatal counseling can also provide mothers with knowledge and confidence to prepare for breastfeeding and manage potential challenges. Recent evidence also indicates that lactation education can improve breastfeeding confidence among postpartum mothers (Parwati et al., 2026).

Based on this description, this study aims to determine the relationship between family support and breastfeeding self-efficacy with the success of exclusive breastfeeding among postpartum mothers..

2. Research Methods

This study used an analytical observational design with a cross-sectional approach to examine the relationship between family support, breastfeeding self-efficacy, and exclusive breastfeeding success. The research was conducted at a health service facility from May to July 2026. The study population consisted of postpartum mothers who received health services during the research period, with a total sample of 93 postpartum mothers selected using purposive sampling. Family support was assessed using a questionnaire covering emotional, informational, instrumental, and appreciation support, while breastfeeding self-efficacy was measured using the Breastfeeding Self-Efficacy Scale adapted to the research context.

Exclusive breastfeeding success was determined based on the breastfeeding history during the first six months, with successful exclusive breastfeeding defined as providing the infant with breast milk without any other food or drink during the first six months. The study adhered to research ethics, including informed consent, confidentiality of respondents' identities, voluntary participation and the right to withdraw, and the use of collected information solely for research purposes.

3. Results And Discussion

a. Result

Table 1. Distribution of Postpartum Mother Characteristics

Characteristics	Frequency (n=93)	Percentage (%)
Age		
<25 years	21	22.6
25–34 years	55	59.1
≥35 years	17	18.3
Education		
Base	12	12.9
Intermediate	57	61.3
Tall	24	25.8





Parity		
Primipara	38	40.9
Multipara	55	59.1
Total	93	100.0

Based on Table 1, the majority of respondents were aged 25–34 years (55 people) (59.1%). Based on education, the majority had secondary education (57 people) (61.3%). Based on parity, 55 respondents were multiparous (59.1%).

Table 2. Distribution of Family Support

Family support	Frequency	Percentage (%)
Good	58	62.4
Not enough	35	37.6
Total	93	100.0

A total of 58 respondents (62.4%) received family support in the good category, while 35 respondents (37.6%) received family support in the poor category.

Table 3. Distribution of Mothers' Self-Efficacy in Breastfeeding

Self-efficacy	Frequency	Percentage (%)
Tall	55	59.1
Low	38	40.9
Total	93	100.0

A total of 55 respondents (59.1%) had high breastfeeding *self-efficacy*, while 38 respondents (40.9%) had low *self-efficacy*.

Table 4. Distribution of Exclusive Breastfeeding Success

Success of exclusive breastfeeding	Frequency	Percentage (%)
Succeed	61	65.6
Not successful	32	34.4
Total	93	100.0

A total of 61 mothers (65.6%) succeeded in providing exclusive breastfeeding for six months, while 32 mothers (34.4%) failed to provide exclusive breastfeeding until the age of six months.

Table 5. Relationship between Family Support and the Success of Exclusive Breastfeeding

Family support	Success n (%)	Not successful n (%)	Total	p-value
Good	44 (75.9)	14 (24.1)	58	0,011
Not enough	17 (48.6)	18 (51.4)	35	
Total	61 (65.6)	32 (34.4)	93	

The results of the analysis showed that the proportion of successful exclusive breastfeeding in mothers who received good family support was 75.9%, while in mothers who received less family support it was 48.6%. Square test showed $p=0.011$, so there is a significant relationship between family support and the success of exclusive breastfeeding.





Table 6. Relationship between Self-Efficacy and the Success of Exclusive Breastfeeding

Self-efficacy	Success n (%)	Not successful n (%)	Total	p-value
Tall	43 (78.2)	12 (21.8)	55	0,004
Low	18 (47.4)	20 (52.6)	38	
Total	61 (65.6)	32 (34.4)	93	

The success of exclusive breastfeeding in mothers with high *self-efficacy* was 78.2%, while in mothers with low *self-efficacy* it was 47.4%. Square test showed $p=0.004$, so there is a significant relationship between *self-efficacy* and the success of exclusive breastfeeding.

b. Discussion

The study results showed that mothers with good family support had a higher proportion of successful exclusive breastfeeding than mothers with less support. Statistical tests showed a significant relationship between family support and successful exclusive breastfeeding. Family is one of the closest social environments that can influence a mother's decisions and behaviors during breastfeeding. Family support may help mothers maintain breastfeeding practices when facing fatigue, time-management difficulties, or breastfeeding challenges (Taveras et al., 2003; McFadden et al., 2017).

Emotional support can take the form of attention, encouragement, and appreciation for a mother's efforts in breastfeeding. Instrumental support may include assistance with household chores or infant care, allowing mothers to have more time and energy to breastfeed. Informational support is also important because postpartum mothers may encounter various sources of information regarding infant feeding. Families who understand the importance of exclusive breastfeeding can help mothers maintain their decision to breastfeed and reduce pressure to introduce additional foods or drinks prematurely (McFadden et al., 2017; WHO, 2017).

Partners play an important role in providing support. Partner involvement may include helping with household activities, providing emotional support, assisting mothers in managing breastfeeding difficulties, and helping mothers seek assistance from healthcare professionals. Support from partners and family members has been identified as an important component of a supportive environment for breastfeeding mothers (Taveras et al., 2003; McFadden et al., 2017). However, family support is not the only factor determining the success of exclusive breastfeeding. Maternal and infant health, breastfeeding experience, access to counseling, employment conditions, social environment, and socioeconomic circumstances may also influence breastfeeding practices (Odom et al., 2013; Rollins et al., 2016).

The results of the study showed that mothers with high self-efficacy had a higher proportion of successful exclusive breastfeeding than mothers with low self-efficacy. Statistical tests showed a significant relationship between self-efficacy and successful exclusive breastfeeding. Breastfeeding self-efficacy describes a mother's belief in her ability to perform breastfeeding behaviors successfully (Dennis & Faux, 1999; Dennis, 2003). This belief may influence how mothers respond to various obstacles encountered during the breastfeeding process.





Mothers with high self-efficacy tend to believe that they can maintain breastfeeding despite difficulties. This belief may motivate mothers to seek solutions when facing problems such as difficulty with infant attachment, sore nipples, or concerns about milk supply. In contrast, mothers with low self-efficacy may experience greater doubts about their ability to breastfeed when encountering challenges. Such doubts may affect motivation and persistence in maintaining breastfeeding (Sipsma et al., 2015; Brockway et al., 2017).

Self-efficacy can be strengthened through successful breastfeeding experiences, social support, observation or demonstration of breastfeeding techniques, and positive communication from healthcare professionals. Breastfeeding counseling and targeted support may help mothers understand their breastfeeding situation, develop practical strategies, and strengthen their confidence (Dennis, 2003; Brockway et al., 2017; McFadden et al., 2017). Individual breastfeeding counseling may therefore serve as an important component of postpartum support.

Family support and self-efficacy represent two different but potentially mutually reinforcing dimensions. Family support is an environmental or social factor, whereas self-efficacy represents an individual's belief in her own ability to perform a behavior. Mothers who receive positive support from their families may feel more valued and less alone during the breastfeeding process, which may contribute to greater confidence in their breastfeeding role (Taveras et al., 2003; Sipsma et al., 2015).

Conversely, inadequate family support may increase the burden experienced by mothers, particularly when they are fatigued or experiencing breastfeeding difficulties. A lack of supportive social conditions may make it more difficult for mothers to maintain recommended breastfeeding practices (Taveras et al., 2003; McFadden et al., 2017). The findings of this study therefore highlight the importance of an approach that extends beyond the mother alone. Exclusive breastfeeding education should involve partners and family members living with or supporting the mother so that they understand the importance of breastfeeding and how to provide appropriate assistance (WHO, 2017; McFadden et al., 2017).

Healthcare professionals also play an important role in strengthening self-efficacy. Counseling that provides realistic information, assists mothers in addressing breastfeeding difficulties, and offers positive reinforcement may help mothers feel more capable of maintaining breastfeeding. Evidence indicates that interventions designed to improve breastfeeding self-efficacy can contribute to improved breastfeeding outcomes (Brockway et al., 2017). Recent evidence also suggests that lactation education can improve breastfeeding confidence among postpartum mothers (Parwati et al., 2026).

The success of exclusive breastfeeding is therefore likely to result from the interaction of multiple individual, social, and healthcare-related factors. Family support and strengthening self-efficacy may consequently form important components of a comprehensive approach to postpartum care and infant health care (Rollins et al., 2016; WHO, 2017).





The study used a cross-sectional design; therefore, the relationships identified cannot be interpreted as confirming cause-and-effect relationships. Family support and self-efficacy were measured using questionnaires, so responses may have been influenced by respondents' subjective perceptions. Furthermore, exclusive breastfeeding success was assessed based on breastfeeding history, potentially introducing recall bias. The study also did not simultaneously analyze other potentially relevant factors, such as maternal employment status, infant health condition, support from healthcare workers, lactation problems, and socioeconomic conditions. These limitations should be considered when interpreting the findings and when generalizing the results to other populations.

4. Conclusion

There is a significant relationship between family support and successful exclusive breastfeeding in postpartum mothers. Mothers who receive good family support have a higher proportion of successful exclusive breastfeeding. There is a significant relationship between *self-efficacy* and the success of exclusive breastfeeding. Mothers with high breastfeeding *self-efficacy* have a higher proportion of successful exclusive breastfeeding than mothers with low *self-efficacy*. Family support and increasing maternal confidence in their breastfeeding abilities need to be part of efforts to increase the success of exclusive breastfeeding. Further research could use longitudinal designs and multivariate analysis to identify the factors that most contribute to the success of exclusive breastfeeding.

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