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Family support as a predictor of breastfeeding self-efficacy among postpartum mothers

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ABSTRACT

While family support is widely acknowledged as a critical determinant of breastfeeding self-efficacy, research on its independent predictive effect remains sparse. This limitation is particularly pronounced among postpartum mothers in Indonesia, where context-specific evidence is currently insufficient. This study aimed to analyze the relationships and effects of family support, educational level, and parity status on postpartum mothers' breastfeeding self-efficacy. A multicenter cross-sectional study was conducted among 180 postpartum mothers recruited from nine primary health centers across urban, semi-urban, and rural areas using purposive sampling. Family support was measured using a Friedman-based questionnaire, and breastfeeding self-efficacy was assessed using the Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF). Spearman correlation and multiple linear regression were performed. Family support showed a moderate positive correlation with breastfeeding self-efficacy ($r_s = 0.559$, $p < 0.01$). In multivariate analysis, family support remained the strongest predictor of breastfeeding self-efficacy ($\beta = 0.509$, $p < 0.01$), followed by parity ($\beta = 0.255$, $p < 0.001$), whereas maternal education was not statistically significant. Family support is the primary determinant of breastfeeding self-efficacy among postpartum mothers. Interventions to improve breastfeeding outcomes should integrate family-centered support strategies, particularly for first-time mothers.

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INTRODUCTION

Extensive epidemiological evidence recognizes breastfeeding as a critical public health intervention for reducing morbidity and mortality rates among both mothers and infants (North et al., 2022). Global health authorities, including the World Health Organization, recommend exclusive breastfeeding for the first six months postpartum to ensure optimal infant development and maternal recovery (Wojcieszek et al., 2023). Notwithstanding these straightforward guidelines, adherence rates remain suboptimal worldwide, as mothers encounter myriad physiological, logistical, and societal barriers (Moret-Tatay et al., 2024). While biological capacity is a prerequisite, the successful initiation and maintenance of breastfeeding are not determined solely by physical factors; instead, they are significantly influenced by a complex interplay of psychological, social, and environmental determinants that can either facilitate or hinder the breastfeeding journey (Asimaki et al., 2022).

Central to the psychological determinants of breastfeeding success is the construct of Breastfeeding Self-Efficacy (BSE) (Li et al., 2022). Defined as a mother's confidence in her ability

to provide exclusive breastfeeding effectively, BSE is rooted in Bandura's social cognitive theory, which posits that self-efficacy influences the initiation of behavior, the effort exerted, and persistence in the face of adversity (Liu et al., 2025). In the postpartum context, mothers possessing high levels of BSE are statistically more likely to sustain breastfeeding practices when confronted with everyday challenges, such as latching difficulties or perceived insufficient milk supply (Heng & Azhari, 2025). Conversely, low self-efficacy is often a precursor to early weaning, suggesting that enhancing a mother's confidence is as crucial as addressing physical lactation issues (McGovern et al., 2024).

Theoretical frameworks suggest that self-efficacy is not an innate trait but is shaped through mastery experiences, verbal persuasion, vicarious experiences, and emotional states (Torquato et al., 2025). Within this context, family support emerges as a pivotal external variable that aligns with these efficacy-enhancing mechanisms (Hu et al., 2025). Consistent with the family support model, the family system provides emotional, instrumental, informational, and appraisal support that directly bolsters a mother's confidence (Friedman, 2025). Emotional support mitigates stress, instrumental support assists with daily tasks to allow for breastfeeding, informational support clarifies misconceptions, and appraisal support validates the mother's efforts (Duchsherer et al., 2024). Consequently, the family unit acts as a primary resource that can theoretically predict variations in a mother's breastfeeding self-efficacy (Miller et al., 2022).

Despite established theoretical links between social support and health behaviors, empirical evidence on the specific independent contribution of family support to BSE remains limited, particularly across diverse primary health care settings (Konukbay et al., 2024). Existing literature often relies on univariate analyses or focuses on specific cultural contexts, limiting the generalizability of findings (Dennis et al., 2024). There is a pressing need for multivariate approaches that can isolate the effect of family support from other confounding variables across multiple regions (Zeng et al., 2024). Understanding this relationship within community health centers is essential, as these settings serve as the frontline for postpartum care and intervention delivery (Rodríguez-Gallego et al., 2023).

Consequently, this study aims to analyze the effect of family support on breastfeeding self-efficacy among postpartum mothers using a robust multivariate approach. By examining data across multiple community health centers, this research seeks to elucidate the extent to which emotional, instrumental, informational, and appraisal support independently predict maternal confidence (Chen et al., 2026). The findings are expected to strengthen the evidence base regarding the psychosocial drivers of breastfeeding success, ultimately informing the design of family-centered interventions in primary health care settings to promote exclusive breastfeeding adherence (Yang et al., 2026).

METHOD

Study Design and Setting

This study used a cross-sectional design to examine the associations among family support, educational attainment, and parity status with breastfeeding self-efficacy among postpartum mothers in North Sumatra Province, Indonesia. The study was conducted from January to April 2025 at nine primary health care centers, consisting of three public health centers in Medan City, three in Deli Serdang Regency, and three in Langkat Regency, North Sumatra Province, Indonesia. These three areas were deliberately selected to represent urban (Medan), semi-urban (Deli Serdang), and rural (Langkat) settings.

Population and Sample Method

The target population of this study comprised all postpartum mothers registered in the maternal and child health programs at each selected primary health care center. The sample comprised 180 postpartum mothers, with 20 from each selected health center. Participants were selected using a purposive sampling technique. The criteria established for participants included in this study were: Mothers aged 18–40 years; Being in the 0–6 weeks postpartum period; Having a live-born infant and currently breastfeeding; Living with family members; Willing to participate by signing informed consent; and Mothers with severe complications or psychological disorders, as well as those whose infants had congenital abnormalities, were excluded from this study. Although purposive sampling limits generalizability, it allowed recruitment of postpartum mothers actively engaged in breastfeeding during the critical early postpartum period.

Study Variables and Operational Definitions

The variables in this study consisted of dependent and independent variables. The dependent variable was breastfeeding self-efficacy (BSE). BSE was measured using the Breastfeeding Self-Efficacy Scale–Short Form (BSES-SF). The independent variables included family support (FS), the formal educational level of postpartum mothers (Edu), and parity status (Pt). The FS variable referred to the mother's perception of emotional, informational, instrumental, and appraisal support provided by family members during the study period. The Edu variable was categorized based on the highest level of formal education completed. Meanwhile, the Pt variable was classified into two categories: primiparous and multiparous.

Data Collection and Research Instruments

Data collection was conducted once during the 0–6 weeks postpartum period. Data were collected using questionnaires and completed based on respondents' answers at the study sites. Data for the family support (FS) variable were collected using an FS questionnaire and subsequently adjusted to the study area's cultural context. The FS questionnaire demonstrated good internal consistency (Cronbach's $\alpha > 0.70$). The BSES-SF has been validated in multiple countries and was linguistically adapted for Indonesian respondents. The items in the FS questionnaire encompassed emotional, informational, instrumental, and appraisal support, measured using a 4-point Likert scale ranging from 1 to 4. Higher scores indicated better family support.

The education variable was coded as 0 for elementary school, and 1, 2, and 3 for junior high school, senior high school, and university, respectively. The parity variable was coded as 1 for primiparous mothers and 2 for multiparous mothers. BSES-SF scores are assessed using 14 items that also employ a Likert scale. Higher scores indicate greater maternal confidence in breastfeeding.

Data Analysis Method

The analysis began with the presentation of respondents' characteristics and the distribution of variables used in this study. Subsequently, relationship analyses were conducted to examine the associations between the FS, Edu, and Pt variables and BSE scores. The Spearman's rho correlation test was employed to analyze these relationships. Thereafter, analyses were performed to assess the effects of the FS, Edu, and Pt variables on BSES scores, both simultaneously and partially. Multiple linear regression analysis was used for this purpose.

Ethical Considerations

This study was conducted after obtaining approval from the Health Research Ethics Committee of the Faculty of Midwifery, Institut Kesehatan Deli Husada Deli Tua (No. 088/KEP-IKDH.DT/I/2025). All postpartum mothers who participated as respondents were provided with a study explanation and subsequently signed informed consent forms. All research procedures were carried out in accordance with the ethical principles outlined in the Declaration of Helsinki.

RESULT

Sociodemographic Profile of the Sample

In this section, the profile of the study sample is presented in terms of frequencies and percentages, as well as mean and standard deviation. The results of the analysis of the overall study sample (n = 180) are presented in the table below.

Table 1. Sociodemographic profile of the sample

Profile	Frequency	Percentage	Mean	Std. Deviation	Min	Max
Age (Years)	180	100.0	29.4	6.54	18	40
18 – 23.5	42	23.3	-	-	-	-
24 – 29.5	49	27.2	-	-	-	-
30 – 35.5	48	26.7	-	-	-	-
36 – 41.5	41	22.8	-	-	-	-
Education	180	100.0	-	-	-	-
Elementary School	-	-	-	-	-	-
Junior High School	26	14.4	-	-	-	-
Senior High School	113	62.8	-	-	-	-
University	41	22.8	-	-	-	-
Parity	180	100.0	-	-	-	-
Primiparous	63	35.0	-	-	-	-
Multiparous	117	65.0	-	-	-	-
Score of Family Support	180	100.0	41.9	7.02	26	58
4 – 23 (Low)	-	-	-	-	-	-
24 – 43 (Middle)	105	58.0	-	-	-	-
> 43 (High)	75	42.0	-	-	-	-
Score of Breastfeeding Self-efficacy	180	100.0	64.1	5.3	52	70

Based on the analysis presented in the table, the mean age of postpartum mothers included in this study was 29.4 years (± 6.54), with an age range of 18 to 40 years. Regarding formal education, no respondents reported completing only elementary school. Most participants had completed senior high school education, totaling 113 mothers (62.8%), followed by university graduates with 41 mothers (22.8%), while the remaining 26 mothers (14.4%) had completed junior high school. Meanwhile, regarding parity status, most of the study sample had a history of more than one childbirth (multiparous), comprising 117 mothers (65.0%), whereas 63 mothers (35.0%) were experiencing their first childbirth (primiparous).

The analysis of family support scores showed a mean of 41.9 (± 7.02), with values ranging from 26 to 58. Further analysis indicated that most respondents fell into the moderate to high family support categories, comprising 105 mothers (58.0%) and 75 mothers (42.0%), respectively. Meanwhile, the analyzed BSES scores ranged from 52 to 70, with a mean of 64.1 (± 5.3).

Correlation Analysis Results

The results of the correlation analysis using Spearman's rho test are presented in the following table.

Table 2. Correlation Analysis Using Spearman's rho

Variables	r	p-value
FS and BSES	0.559	0.001
Edu and BSES	0.017	0.819
Pt and BSES	0.315	0.001

The table above shows a summary of the Spearman's rho correlation coefficients (r) and their corresponding significance values (p-values). The r value for the relationship between family support scores (FS) and Breastfeeding Self-Efficacy Scale (BSES) scores was 0.559. This indicates that, statistically, the relationship between FS and BSES was positive and moderate. The significance value was 0.001, which is less than 0.01, indicating a statistically significant association between the two variables. The r value between educational level (Edu) and BSES was 0.017, with a significance value of 0.819 (> 0.01). This finding indicates that the correlation between Edu and BSES was positive but weak, and the relationship between these two variables was not statistically significant. The r value between parity (Pt) and BSES was 0.315, indicating a weak, statistically significant positive relationship. However, given the significance value of 0.001 (< 0.01), this result indicates a statistically significant relationship between parity and BSES.

Regression Analysis Results

Before conducting the regression analysis using SPSS, it should be noted that the data in this study met the classical assumptions, particularly the normality assumption. The results of the Kolmogorov–Smirnov normality test showed a significance value of 0.200 (> 0.01), indicating that the data were normally distributed. The results of the regression analysis are summarized in the table below.

Table 3. Summary of regression analysis

Variables	Unstandardized B	Standardized β	t	Sig.
Coefficients				
Constant	43.045	-	18.170	0.000
FS	2.865	0.509	4.182	0.000
Edu	(0.039)	(0.004)	(0.073)	0.942
Pt	0.390	0.255	8.342	0.000
Model Summary				
R-Square	0.358	-	-	-
Adjusted R-Square	0.347	-	-	-
Durbin-Watson	1.935	-	-	-
ANOVA				
F	32.722	-	-	0.000

Based on the analysis results, family support was the strongest predictor of breastfeeding self-efficacy (β = 0.509; p < 0.001), followed by parity (β = 0.255; p < 0.001), while education was not significant (β = −0.004; p = 0.942). The regression equation in this study is as follows:

BSES = 43.045 + 2.865 x FS – 0.039 x Edu + 0.390 x Pt

Based on the ANOVA test, the SPSS output showed an F value of 32.722 with a significance level of 0.000. This indicates that all variables included in the model (FS, Edu, and Pt) jointly had a statistically significant effect on BSES scores. The adjusted R-square obtained was 0.347, indicating that the variables included in this study explained 34.7% of the variance in breastfeeding self-efficacy scores, with the remaining variance predicted by other variables not included in this study. The regression coefficient for the FS variable was 0.390 (p < 0,01). This indicates that the independent variable FS partially predicted the dependent variable BSES. Furthermore, an increase of one unit in family support (FS) was associated with an increase of 0.390 units in the BSES score. The regression coefficient for the Edu variable was -0.039 (p > 0.01). These results indicate that formal educational level negatively affected BSES. However, because the significance value was greater than 0.01, this effect was not statistically significant. The regression coefficient for the Pt variable was 2.865 (p < 0.01). This indicates that, statistically, parity significantly influenced BSES in this study. An increase of one unit in Pt was associated with an increase of approximately 2.865 units in the BSES score. Overall, the results indicate that family support is the primary determinant of breastfeeding self-efficacy among postpartum mothers. In contrast, parity contributes to a lesser extent, and education does not play a significant role.

DISCUSSION

This study was conducted to contribute to the academic literature and to address gaps in empirical evidence, particularly regarding the determinants of family support based on Friedman's concept (Friedman, 2025) and their influence on breastfeeding self-efficacy among postpartum mothers, as outlined in the background section. Based on the Spearman's rho correlation analysis, family support scores showed a significant positive relationship with breastfeeding self-efficacy scores, with a moderate strength of association. In addition, family support scores were also identified as a significant partial predictor of breastfeeding self-efficacy among postpartum mothers in North Sumatra.

Theoretically, these findings can be explained through Bandura's self-efficacy theory and Friedman's family support model. Emotional support from family members helps reduce maternal anxiety and stress during the postpartum period, thereby strengthening the affective conditions that facilitate the development of self-efficacy (Nourizadeh et al., 2023). Instrumental support, such as assistance with infant care and household tasks, reduces maternal physical fatigue and enables more consistent breastfeeding practices. Informational support enhances knowledge and technical breastfeeding skills, while appraisal support reinforces the mother's confidence in her ability. The combination of these mechanisms aligns directly with Bandura's sources of self-efficacy: verbal persuasion, vicarious experience, and positive emotional states (Harun et al., 2025).

Based on the correlation analysis findings of this study, previous literature such as Astuti and Sustiwi (2022) and Titaley (2022) reported a significant relationship between family support and maternal breastfeeding self-efficacy. However, the measurements in those studies were

conducted during the antenatal phase. In contrast, the postpartum phase is a critical period, as maternal breastfeeding self-efficacy may change, particularly when mothers begin to face direct breastfeeding experiences and breastfeeding-related problems tend to emerge during the postpartum period (Krupa-Kotara et al., 2025). The findings of the present study provide further evidence that the effect of family support on breastfeeding self-efficacy remains significant and relevant during the early postpartum phase (< 6 weeks).

In contrast, during a more extended postpartum period (beyond 6 weeks), the prior study found that family support also significantly influenced maternal self-efficacy in complementary feeding practices during the 6 to 24 months postpartum period (Muniroh et al., 2024). Although the research focus and study periods differed, the consistency of these findings suggests that family support plays a significant and sustained role in maternal self-efficacy, from pregnancy through the child-rearing period. The finding that family support is the strongest predictor of breastfeeding self-efficacy (BSE) is particularly relevant in collectivistic sociocultural contexts such as Indonesia, where maternal health decisions and behaviors are often shaped by family norms and roles (Sabilla et al., 2025). The involvement of partners, parents, or other family members in maternal and infant care can shape breastfeeding norms and strengthen mothers' confidence in sustaining breastfeeding practices (Bengough et al., 2022). This helps explain why family support in this study had a greater influence than individual factors, such as education.

In contrast to family support, the level of formal education in this study did not show a statistically significant relationship or a significant partial effect on breastfeeding self-efficacy. These findings differ from previous studies, such as Titaley (2022) and da Silva et al. (2025), which reported a positive association between education and breastfeeding self-efficacy. However, the results of the present study are consistent with those of Çetindemir and Cangöl (2024), who suggested that education is not a direct determinant of self-efficacy but rather exerts its influence through mediating factors, such as access to breastfeeding-related information and support from health professionals. This discrepancy indicates that, within specific social contexts, family support and practical experience may play a more substantial role than formal educational background in shaping breastfeeding self-efficacy.

Regarding the parity variable, this study demonstrated a significant relationship with BSES scores, and a positive, significant effect was observed in the partial regression analysis (t-test). These findings are consistent with previous studies by Da Silva et al. (2025). In addition, this study's results support self-efficacy theory, which posits that experience is a fundamental factor in the development of individual confidence.

The adjusted R-square value obtained in this study was 34.7%. This indicates that family support scores, formal educational level, and parity status explained only part of the variation in breastfeeding self-efficacy scores, with the remaining variance influenced by other factors. This finding is consistent with the study by Chipojola et al. (2025), which demonstrated that internal maternal factors, including psychological factors and perceptions, also significantly affect BSES. In addition, other factors, including nuclear family type, participation in social security programs, and access to information during the antenatal period, as well as a history of successful breastfeeding, early initiation of breastfeeding, and parental presence, analyzed by Hu et al. (2025), may also influence breastfeeding self-efficacy.

The practical implication of this finding is the need for a family-centered approach to breastfeeding support. Breastfeeding education and counseling in primary health care should not be directed solely at mothers. However, they should also involve partners and key family members as sources of emotional, instrumental, and informational support. This approach has

the potential to enhance breastfeeding self-efficacy, particularly among primiparous mothers who lack prior breastfeeding experience (Al-Jarrah et al., 2025).

CONCLUSION

Family support was identified as the primary determinant of breastfeeding self-efficacy among postpartum mothers. The magnitude of its effect was greater than that of parity and maternal formal education, and education did not show a statistically significant effect. These findings indicate that maternal confidence in breastfeeding is more strongly influenced by the family environment and prior breastfeeding experience than by formal educational background. Breastfeeding support programs in primary health care should therefore integrate a family-based approach through education and counseling that actively involves partners and core family members, especially for first-time mothers. Future studies are recommended to adopt longitudinal designs to examine changes in breastfeeding self-efficacy over extended postpartum periods.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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