



RESEARCH ARTICLE

Article URL: <https://ojs.poltekkes-malang.ac.id/index.php/HAJ/index>**Support Systems and Maternal Motivation for Exclusive Breastfeeding in Kediri****Edzwina Hayyu Saffira^{1(CA)}, Susanti Pratamaningtyas², Finta Isti Kundarti³, Eny Sendra⁴**^{1,2,3} Department of Midwifery, Ministry of Health Polytechnic of Malang, IndonesiaCorresponding author's email (CA): edzwina93@gmail.com

ABSTRACT

Exclusive breastfeeding is defined as natural breast milk without any other additives for the first six months of a baby's life. Despite its significant benefits, exclusive breastfeeding in Indonesia remains suboptimal. Support systems, or social support, are among the factors that support exclusive breastfeeding. This study aims to examine the impact of the support system on maternal motivation for exclusive breastfeeding at the Balowerti Community Health Center in Kediri City. This research is quantitative, with a cross-sectional, analytical-correlational design. The study population comprised 112 breastfeeding mothers aged 0–6 months, of whom 86 were selected by simple random sampling. The collective instrument was a structured questionnaire. Data analysis was performed using Fisher's Exact test. The results showed a significant relationship between the Support System and maternal motivation regarding exclusive breastfeeding ($p=0.000$; $p<0.05$). Increased support from family, health workers, and the surrounding environment is needed to strengthen mothers' motivation to breastfeed exclusively.

Keywords: Support system; motivation; exclusive breastfeeding; breastfeeding mothers

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INTRODUCTION

Exclusive breastfeeding means feeding an infant only breast milk, without other foods or liquids, for the first six months of life. It provides essential nutrition and immune protection during a critical period of growth and development [1]. Globally, exclusive breastfeeding remains below optimal levels; WHO and UNICEF reported that approximately 48% of infants under six months were exclusively breastfed in 2024, highlighting the continued need for effective breastfeeding protection and support [2].

Breast milk contains various substances essential for a child's growth and development, including water, fat, carbohydrates, protein, vitamins, minerals, immune substances, lactoferrin, lysosomes, colostrum, and others, which ensure the health and survival of infants. Despite the numerous benefits of breast milk, breastfeeding is not evenly distributed, and not all breastfeeding mothers exclusively breastfeed their babies [3].

Breastfeeding success is influenced by interacting maternal, family, health-service, and social

factors. International studies show that breastfeeding intention, self-efficacy, and perceived social support are closely linked with breastfeeding practices, while adequate professional and interpersonal support can help mothers manage early breastfeeding difficulties [4]. These findings indicate that breastfeeding is not solely an individual maternal behavior but is also shaped by the support available around the mother.

In Indonesia, exclusive breastfeeding coverage has not reached the expected 80%. According to the Indonesian Ministry of Health, exclusive breastfeeding coverage in 2023 was 63.9%, decreasing from 67.96% in 2022 [5]. In East Java, coverage in 2023 was approximately 74.8%, increasing from 67% in 2022 [6]. At the local level, coverage in Kediri City reached 65.11%, while the Balowerti Community Health Center working area reached 63.55%.

Low exclusive breastfeeding coverage is associated with multiple internal and external factors. Internal factors include age, knowledge, perception, health status, breastfeeding intention, and self-efficacy, whereas external factors include education, employment, place of birth, family support, health-worker support, workplace conditions, cultural norms, and exposure to formula promotion [7][8].

Among these external factors, social support is particularly relevant because it can provide emotional reassurance, practical assistance, information, and appraisal during breastfeeding. Longitudinal and qualitative evidence indicates that support from family, partners, peers, and communities can reduce perceived stress and help mothers maintain breastfeeding efforts, especially when they encounter fatigue, discomfort, or uncertainty [9].

Support from husbands or partners is also important, but the quality of support appears more important than mere presence. Responsive and coordinated partner support has been associated with stronger breastfeeding intentions and longer duration [10], while father-focused education and support interventions have improved breastfeeding practices in several settings [11]. Conversely, paternal co-residence without effective practical or emotional support does not necessarily improve exclusive breastfeeding outcomes [12].

These findings are relevant to Kediri City, where exclusive breastfeeding coverage remains below the national target. Family and social support may influence mothers not only through direct assistance but also by strengthening psychological readiness, confidence, and persistence in breastfeeding. A structural equation modeling study found that breastfeeding intention and self-efficacy were directly associated with exclusive breastfeeding, while perceived social support had an indirect relationship through these psychological factors [13].

Other recent studies support this pathway. Higher father-support breastfeeding self-efficacy has been associated with exclusive breastfeeding in the early postpartum period [14], and social support has been significantly related to breastfeeding self-efficacy among mothers [25]. Although these studies do not measure maternal motivation using the same instrument as the present study, they provide a plausible psychosocial basis for examining whether stronger support systems are associated with stronger

maternal motivation.

Indonesian evidence also suggests that family support is related to breastfeeding confidence and practice. Bahriah and Kurniati [15] reported an association between family support and breastfeeding self-efficacy, reinforcing the importance of the mother's immediate social environment in sustaining breastfeeding.

Based on a preliminary study conducted in January 2025 in the working area of the Balowerti Community Health Center, Kediri City, exclusive breastfeeding coverage was 63.55%, lower than the Kediri City figure of 65.11% and below the national target of 80%. Brief interviews with 10 breastfeeding mothers attending Posyandu activities also indicated differences in family and partner support between mothers who maintained exclusive breastfeeding and those who did not. Mothers who described receiving practical and emotional assistance reported support such as help with household work, provision of nutritious food, and encouragement during breastfeeding difficulties. These preliminary findings suggested that the support available around mothers may be relevant to their motivation to breastfeed exclusively.

Based on the global, national, and local evidence described above, this study aimed to determine the relationship between support systems and maternal motivation to provide exclusive breastfeeding in the working area of the Balowerti Community Health Center, Kediri City.

METHODS

This study used a quantitative method with a correlational analytical design and a cross-sectional approach. The aim was to analyze the relationship between support systems and mothers' motivation to breastfeed exclusively. The study was conducted in the Balowerti Community Health Center in Kediri City from June 5–14, 2025.

The study population comprised 112 mothers with infants aged 0–6 months at the Balowerti Community Health Center in Kediri City. The sampling technique used was probability sampling, specifically simple random sampling. The sample size was determined using the Slovin formula with a 5% error rate, resulting in 86 respondents.

The research data consisted of primary data collected via a structured questionnaire that included information on respondents' characteristics, support systems, and motivations for exclusive breastfeeding. Secondary data were obtained from health profile documents from the Kediri City Health Office and the Balowerti Community Health Center. The independent variable was the support system, and the dependent variable was maternal motivation for exclusive breastfeeding. The data collection tool in this study used a questionnaire to gather information on maternal support systems and motivation for exclusive breastfeeding.

Data analysis included univariate and bivariate analyses. Univariate analysis aimed to describe the characteristics of each research variable, including maternal age, maternal education, maternal

occupation, and parity. This analysis generally produced frequency and percentage distributions for each variable [16]. Meanwhile, a bivariate analysis aimed to determine the relationship between support systems and maternal motivation to provide exclusive breastfeeding at the Balowerti Community Health Center in Kediri City. Submitting ethical clearance to the Health Research Ethics Commission (KEPK) of the Malang Ministry of Health Polytechnic. The researcher obtained a permit letter from the KEPK of the Malang Ministry of Health Polytechnic, with letter number No. DP.04.03/F.XXI.30/00744/2025.

RESULT

The research results consist of general data and specific data.

General Data

Table 1. Frequency Distribution of Respondent Characteristics

Characteristics	Category	F	%	p- value
Mother's Age	<20 years	1	1.2	0.113
	20-35 years	75	87.2	
	>35 years	10	11.6	
Education	No school	0	0	0.412
	Elementary School	2	2.3	
	Junior high school	3	4.7	
	Senior High school	47	54.7	
	College	33	38.4	
Work	Work	47	54.7	0.153
	Doesn't work	39	45.3	

Referring to Table 1, the majority of respondents were aged 20–35 years (87.2%), followed by those aged >35 years (11.6%), and only 1 person (1.2%) aged <20 years. Based on the results of the homogeneity test on the respondent characteristic variables (age, education, and occupation), the p-values were 0.113, 0.412, and 0.153, indicating that the data from each group are homogeneous.

Special Data

Table 2. Respondent Characteristics Based on Support System

Support System Category	Frequency (n)	Percentage (%)
Tall	78	90.7
Low	8	9.3
Total	86	100

Based on the data in Table 2, 78 (90.7%) of the 86 respondents reported having a strong support system. Good support helps reduce stress and increase mothers' confidence in breastfeeding. This is consistent with research by [17] which states that social support can improve breastfeeding success.

Table 3. Respondent Characteristics Based on Motivation

Motivation Category	Frequency (n)	Percentage (%)
Tall	72	83.7
Low	14	16.3
Total	86	100

Table 3 show that 72 (83.7%) respondents have high motivation to provide exclusive breastfeeding, indicating that the majority of mothers have a strong desire and drive to breastfeed exclusively.

Table 4 Cross Tabulation of the Relationship between Support Systems and Mothers' Motivation to Provide Exclusive Breastfeeding

Support System	Mother's Motivation				Total		p- value
	Tall		Low				
	F	%	F	%	F	%	
Tall	70	81.4	8	9.3	78	90.7	0.000
Low	2	2.3	6	7.0	8	9.3	
Total	72	83.7	14	16.3	86	100	

Table 4 shows that of the 78 mothers with a high Support System, 70 (81.4%) had high motivation. Conversely, of the 8 mothers with a low Support System, only 2 (2.3%) had high motivation. The results of the Fisher Exact test ($p=0.000$) showed a significant relationship between Support System and maternal motivation in providing exclusive breastfeeding ($p<0.05$). These results support the hypothesis that the higher the Support System received, the higher the mother's motivation to breastfeed exclusively.

DISCUSSION

Support System for Exclusive Breastfeeding

The predominance of a high support system in this study indicates that most mothers had access to emotional, informational, instrumental, and appraisal resources that could facilitate breastfeeding. Support during breastfeeding is important not only because it provides practical assistance but also because it can reduce psychological burden, strengthen confidence, and help mothers cope with breastfeeding difficulties. Recent evidence emphasizes that breastfeeding support is most effective when it is responsive to mothers' actual needs rather than merely being available.

This interpretation is supported by Sartika et al. [18], who studied mothers in West Java, Indonesia, and found that low paternal support was associated with a higher likelihood of exclusive breastfeeding failure. Their qualitative findings also showed that fathers' involvement in breastfeeding planning encouraged mothers to continue breastfeeding, whereas inadequate knowledge about exclusive breastfeeding limited the effectiveness of paternal support. Similarly, Zeng et al. [14] reported that stronger father-support breastfeeding self-efficacy was positively associated with exclusive breastfeeding during the early postpartum period. These findings indicate that the presence of family

members alone may not be sufficient; support should involve active encouragement, appropriate information, and practical involvement in breastfeeding-related challenges.

Professional support is another important component of the maternal support system. Lojander et al. [4] found that mothers who received adequate postnatal breastfeeding support had substantially lower odds of experiencing breastfeeding difficulties after delivery. The study also highlighted the importance of timely access to assistance when breastfeeding problems emerge. Therefore, in the Balowerti Community Health Center setting, strengthening collaboration between husbands, family members, health workers, cadres, and peer groups may provide mothers with a more comprehensive support system. However, the present study did not separately measure the contribution of each source of support; consequently, it cannot determine whether family, partner, health-worker, or community support was the strongest component.

Maternal Motivation for Exclusive Breastfeeding

Maternal motivation should be understood as a dynamic psychological process that influences the decision to initiate breastfeeding and the persistence required to continue it when difficulties arise. Thus, the generally high maternal motivation observed in this study may reflect not only mothers' awareness of the benefits of breastfeeding but also their personal commitment, expectations, confidence, and interactions with their social environment.

A recent systematic review by Carrasco-López et al. [19] confirms that breastfeeding motivation is multidimensional and is influenced by the interaction of intrinsic motivation, intention, self-efficacy, previous breastfeeding experiences, sociocultural conditions, and professional support. The review emphasized that motivation may change throughout the breastfeeding period and that supportive environments can help mothers maintain more autonomous forms of breastfeeding motivation. This evidence supports the interpretation that maternal motivation should not be viewed as a fixed personal characteristic but as a factor that can be strengthened or weakened by mothers' experiences during lactation.

The importance of motivation is also demonstrated by Gu et al. [20] in a longitudinal study of breastfeeding mothers. Autonomous breastfeeding motivation, social support, and husband support were identified as factors that contributed to maintaining exclusive breastfeeding, whereas increasing childcare stress made continuation more difficult. Therefore, mothers who initially have strong motivation may still require continuous support, particularly when they experience fatigue, uncertainty regarding milk production, childcare stress, or competing family and occupational responsibilities.

Motivation may also be strengthened through targeted psychological and educational interventions. Dağlı and Aktaş Reyhan [21], through a randomized controlled study, found that hypno-breastfeeding and solution-focused psychoeducation increased mothers' breastfeeding motivation while reducing their perception of insufficient milk. This suggests that breastfeeding motivation can be

actively strengthened through counseling and psychological support rather than being considered an entirely internal characteristic of the mother.

Relationship between Support System and Maternal Motivation

The significant relationship identified in this study indicates that mothers who receive stronger support tend to demonstrate stronger motivation to provide exclusive breastfeeding. This relationship is theoretically reasonable because emotional encouragement can reduce psychological pressure, informational support can help mothers understand and solve breastfeeding problems, instrumental support can reduce practical burdens, and appraisal support can reinforce mothers' perception that their breastfeeding efforts are valuable. Together, these forms of support may strengthen mothers' willingness and persistence to continue breastfeeding.

A particularly relevant recent study was conducted by Erdoğan and Özerdoğan [22], who directly evaluated the relationship between **father support and mothers' breastfeeding motivation**. Their findings showed that greater paternal breastfeeding support was associated with higher autonomous breastfeeding motivation among both primiparous and multiparous mothers. The authors also found that paternal support contributed to specific forms of maternal motivation, including intrinsic and infant-health-related motivation. This finding strongly supports the present study because it demonstrates that social support may influence not only breastfeeding behavior but also the mother's underlying motivation to continue breastfeeding.

The findings are further supported by Gu et al. (2025), who demonstrated longitudinally that autonomous breastfeeding motivation, social support, and husband support were jointly associated with longer exclusive breastfeeding duration. These results suggest a possible pathway in which supportive relationships strengthen maternal psychological resources, which subsequently help mothers maintain breastfeeding behavior when difficulties arise. This mechanism is also consistent with Li et al. [23], who found that perceived social support was indirectly associated with exclusive breastfeeding through breastfeeding intention and self-efficacy. Although self-efficacy and motivation are distinct psychological constructs, both findings demonstrate that social support can strengthen internal psychological factors related to breastfeeding persistence.

Recent Indonesian evidence provides additional contextual support. Sartika et al. [18] found that low paternal support was associated with greater exclusive breastfeeding failure among mothers in West Java, highlighting the importance of fathers as active members of the breastfeeding support system. At a broader level, a 2026 systematic review and meta-analysis by Samiun et al. found that paternal-support interventions increased overall breastfeeding success and improved exclusive breastfeeding outcomes at several postpartum stages, although the effect on maternal breastfeeding self-efficacy showed variability across studies. This indicates that support is important, but its effectiveness may depend on the type, timing, intensity, and appropriateness of the support provided.

Importantly, recent intervention studies also indicate that providing support does not automatically guarantee long-term breastfeeding success. Lok et al. [24] in a randomized clinical trial, found that video-based peer support improved maternal breastfeeding self-efficacy and exclusive breastfeeding at two months, but did not significantly improve exclusive breastfeeding at six months. This finding provides a useful perspective for interpreting the present study: a strong support system may contribute to stronger motivation, but breastfeeding continuation is likely determined by multiple interacting factors, including maternal confidence, breastfeeding difficulties, work demands, childcare stress, and the continuity and quality of support.

Therefore, the relationship between support systems and maternal motivation found in the present study should not be interpreted simply as “more support causes higher motivation.” Rather, the findings suggest that emotional, informational, instrumental, and appraisal support may create a more favorable psychological and practical environment in which breastfeeding motivation can be maintained. This highlights the importance of involving husbands and family members in breastfeeding education, ensuring timely professional assistance, strengthening the role of health cadres, and developing accessible peer-support mechanisms. Because the present study employed a cross-sectional design, however, temporal direction and causality cannot be established. Future longitudinal or intervention studies are needed to determine which types and sources of support have the greatest influence on maternal breastfeeding motivation and subsequent exclusive breastfeeding behavior.

CONCLUSION

Most mothers in the working area of the Balowerti Community Health Center had a high support system and high motivation to provide exclusive breastfeeding. A statistically significant relationship was found between support systems and maternal motivation, indicating that stronger support is associated with stronger motivation to breastfeed exclusively. These findings support efforts to strengthen involvement from families, health workers, and the social environment. Future studies should include broader study areas and consider additional variables such as maternal knowledge, attitudes, breastfeeding self-efficacy, and the role of health workers.

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