



Original

The Relationship Between Family Support and Breastfeeding Motivation in Third-Trimester Pregnant Women

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Abstract

Background: Family support is a factor in the successful practice of exclusive breastfeeding. Good family support will increase the motivation of mothers to breastfeed babies exclusively. This study determined the relationship between family support and motivation to breastfeed in third-trimester pregnant women at the Community Health Center in Semarang City.

Method: A descriptive correlational study with a cross-sectional approach. The population were pregnant women in their third trimester at the Community Health Center in Semarang City. Purposive sampling with inclusion criteria third-trimester pregnant women (28 - 40 weeks) was used. Pregnant women who underwent ANC examinations at the Halmahera, Bangetayu and Ngesrep Health Centers, and no pregnancy complications such as hypertension, DM and bleeding. A total of 100 samples were respondents. The instrument used in this study was a family support and breastfeeding motivation questionnaire, further an association between family support and breastfeeding motivation was analysed by regression analysis.

Result: The average age of the respondents was 29 years old with the youngest being 20 years old and the oldest being 41 years old with a high school background. Most of the respondents were gravida status, married and not working. Family support status among patients was good at 81% and breastfeeding motivation at 94%. Based on statistical test data using the regression analysis, r value 0.480 was obtained while the P-value was 0.000 < 0.05.

Conclusion: There is a significant relationship between family support and motivation to breastfeed in third-trimester pregnant women at the primary Health Centers in Semarang City.

Keywords: Family support, Breastfeeding motivation, Breastfeeding.



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Introduction

Breastfeeding is a crucial period for postnatal mothers, especially for mothers who give birth for the first time. In breastfeeding, mothers or their babies are often faced with several obstacles, which can cause failure in the process of breastfeeding the baby. The impact of breastfeeding can save the lives of more than 820,000 babies caused by infectious diseases.¹ The data show that 44% of babies under the age of six months are exclusively breastfed worldwide. In North America, the number of infants aged less than six months who are exclusively breastfed is 26%, 33% in the Middle East and North Africa, 31% in East Asia and the Pacific, as well as 45% in Southeast Asia.²

Southeast Asia is one of the countries with the highest rates of exclusive breastfeeding. In Indonesia, only 1 out of 2 babies under the age of 6 months are exclusively breastfed, and more than 40% of babies are introduced to complementary foods too early before reaching the age of 6 months. It illustrates that exclusive breastfeeding behaviour in mothers who have babies is 50.8%, mothers who give exclusive breastfeeding are 49.2% while others who do not give exclusive breastfeeding are 41.5% of respondents admitted that they had given milk formula when the baby was \leq 6 months.³

Family support is a form of interaction that is a relationship of mutual giving and receiving real assistance carried out by the husband towards his wife.⁴⁻⁶ Family support comes from the husband, father, mother and in-laws. Family support is expected to be able to provide benefits or to encourage mothers to provide exclusive breastfeeding.⁷ Family support is one of the factors that influences mothers' attitudes towards exclusive breastfeeding. Support from family is a support that can make individuals feel comfortable, confident, cared for and loved by sources of social support so that individuals can face problems better.⁴⁻⁶ Support from the family is expressed through verbal and nonverbal communication. This includes emotional support, including listening, empathy, and providing calm and comfort.⁸ Support from family can help restore self-confidence or reduce feelings of inadequacy. A form of family support is that the family gives praise to the mother after breastfeeding the baby and encourages the mother to communicate all personal difficulties so that she does not feel alone in carrying all the problems she has.^{5,9,10} The research results show that not all mothers

have a good family support system. These results can be caused because the family support system can be influenced by several things, including internal factors and external factors.

Various factors cause a mother to be unable to exclusively breastfeed such as low education level of mothers, young mothers, occupation, formula milk promotion, and lack of support from health professionals and family.¹¹ Family support is one of the most important factors in breastfeeding because a mother has high self-confidence to continue breastfeeding her baby exclusively.^{8,12} 70.9% of respondents admitted that their families suggested giving complementary foods to babies aged <6 months, while the results of the same study found that 52.7% of respondents admitted that their husbands did not wait for them during the breastfeeding process. Lack of family support can affect a mother's confidence in breastfeeding her baby.¹³ Lack of information and preparation for breastfeeding during pregnancy makes mothers less confident and motivated to give exclusive breastfeeding to their babies.^{14,15} If there are still mothers who have less motivation because mothers think that exclusive breastfeeding cannot be given at any time, this is especially for working mothers as many as 85 respondents (66.7%) and mothers do not believe that exclusive breastfeeding can reduce the risk of breast cancer and uterine cancer as many as 44 respondents (50.6%).³

Preliminary data collection at the Halmahera Health Center, Bangetayu Health Center, and Ngesrep Health Center by observing and interviewing 12 pregnant women, it was found that 8 of 12 pregnant women came to the health facilities by themselves without any family. Studies that explore the status of family support and mothers' motivation for breastfeeding have not been explored much, especially data about what kind of support mothers most expect to increase their motivation for breastfeeding in Semarang, Indonesia. Based on this description, the authors are interested in conducting a study on the relationship between family support and breastfeeding motivation in third-trimester pregnant women at community health centres in the city of Semarang. This study aimed to determine whether there is a relationship between family support and mothers' motivation to breastfeed in third-trimester pregnant women.

Methods

Study design

A cross-sectional design was used. Purposive sampling was used to recruit subjects from the primary healthcare centres, in Semarang, Central Java, Indonesia.

Subjects, time and settings

The study samples are third-trimester pregnant women. Samples were obtained using a purposive sampling technique. All respondents who met the criteria and were willing to include were included as samples in the study as many as 100 respondents. The sample inclusion criteria included: Third-trimester pregnant women (28 - 40 weeks), Pregnant women who underwent ANC examinations at the Halmahera, Bangetayu and Ngesrep Health Centers, and no pregnancy complications such as hypertension, DM and bleeding. Patients who refused were excluded from this study. We explained the study to the participants and had them sign the consent form and complete the survey. The data were obtained during a single session. This study was conducted from Juni to Agustus 2022.

Outcome measures

Data was collected using a family support and breastfeeding motivation questionnaire developed from the Breastfeeding Motivation Scale (BMS) instrument ¹⁶. Patients who meet the criteria were asked to fill out a questionnaire accompanied by a research assistant to ensure that the data filled in was match with the real conditions experienced by the patient and to ensure that no questions were missed or filled in completely. The questionnaire was provided in Bahasa version further the categories of instruments are categorized into good, enough and bad in family support and breastfeeding motivation.

Validity and reliability

the Breastfeeding Motivation Scale (BMS) questionnaire was developed from the Breastfeeding Motivation Scale (BMS) instrument. The motivational questionnaire was developed from the Breastfeeding Motivation Scale instrument which consists of 24 favourable statements with answers using a Likert scale: strongly agree = 4, agree = 3, disagree = 2, disagree = 1.¹⁶ Instruments that examine mothers' positive feelings when breastfeeding (1,2,3,4,5,6,7,8,9), 6 statements that examine mothers' perceptions about breastfeeding (10,11,12,13,14,15), 2 statements examine the benefits of breastfeeding for the baby's health (16,17), 4 statements examine the pressure

from other people that affect the breastfeeding process (18, 19, 20, 21) and 3 statements examine the mother's intention to breastfeed her baby (22, 23,24).¹⁶

Data analysis

The collected data were managed and analysed by IBM SPSS Statistics for Windows version 21 (IBM Corp. Released 2023. IBM SPSS Statistics for Windows, Version 29.0.2.0 Armonk, NY: IBM Corp). Descriptive statistics and frequency distribution were performed to analyse the participant's demographics and clinical characteristics. Furthermore, an association between family support and breastfeeding motivation was analysed by regression analysis.

Results

Table 1: Frequency Distribution of Respondents Based on Education, Occupation, Obstetric Status, Family Support and Motivation for Breastfeeding Trimester Pregnant Women at Community Health Centers in Semarang City (n = 100) in 2022.

Variables	Frequency	Percentage (%)
Education		
Elementary School	4	4.0
Junior High School	7	7.0
Senior High School	61	61.0
Diploma/Bachelor degree	28	28.0
Occupation		
Housewife	61	61.0
Self-employed	20	20.0
Laborer	5	5.0
Civil servant	4	4.0
Private employees	10	10.0
Obstetric status		
Gravida 1	46	46.0
Gravida 2	29	29.0
Gravida 3	18	18.0
Gravida 4	4	4.0
Gravida 6	3	3.0
Family support		
Good	81	81.0
Enough	19	19.0
Breastfeeding motivation		
Good	94	94.0
Enough	6	6.0

Based on Table 1, it is known that the last education of the majority of respondents was senior high school 61 (61%) people, then followed by a diploma/bachelor's degree with 28 (28%) people and junior high school with 7 (7%) people. As many as 61 (61%) of the respondents were housewives, 46 (46%) of the mothers were pregnant with their first child or gravida 1, 28 (28%) were pregnant with their second child, 18 (18%) were

pregnant with their third child. Almost all respondents have good family support 81 (81%). Respondents had good motivation to breastfeed when they were pregnant in the third trimester of pregnancy 94 (94%). The data from this study show that the average age of the respondents in this study was 28.5 years with the youngest age being 20 years and the oldest being 41 years.

Table 2: Relationship between family support and breastfeeding in third-trimester pregnant women at the Wilyaha Kota Health Center (n=100) 2022.

Indicators	Breastfeeding motivation		Correlation coefficient	p
	Good	Enough		
Family support				
Good	44 (86.3%)	7 (13.7%)	0.632	0,0001 ^a
Enough	9 (18.4%)	40 (81.6%)		

^a regression analysis

Researchers used the regression analysis in the study, aiming to assess whether there is a relationship between family support and motivation to breastfeed. The results of the Spearman Rank Correlation test in this study were the correlation coefficient (r) = 0.632 with a significance value (p) = 0.0001. These results indicate that there is a significant relationship between family support and breastfeeding motivation in respondents because the p -value is less than 0.05

Discussion

Mothers who have strong self-motivation to breastfeed have a higher chance to provide exclusive breastfeeding and support from the family is a factor that positively influences the motivation to breastfeed.¹⁷ Several respondents admitted that the current pregnancy was the moment they had been waiting for because the mother had never experienced pregnancy before. The family is looking forward to the presence of a baby in the family, this can be seen in every mother having a pregnancy check-up, the mother is always accompanied by one of her family and accompanied when she is being examined by health workers at the primary health care center. The support that the family gets causes the mother to be motivated to always seek information about her pregnancy by consulting with health professionals at the primary health care center, because the mother knows

that her current pregnancy is a risky pregnancy for the mother and the baby, besides that the mother also wants to give her best for one of which is to breastfeed the baby exclusively. There is a significant relationship between family support and breastfeeding.¹⁸ Support from the family is very much needed by a pregnant woman, with family support a mother feels more confident so that the mother can have the motivation to breastfeed exclusively and support the mother in making decisions.^{16,19} Moreover, family support causes high maternal and breastfeeding motivation.^{1,12}

The data from our study the average age of the respondents in this study was 28.5 years. In the age range of 20-35 years or at a mature age. The experience that a mother has in breastfeeding will increase her self-confidence so that the possibility of successful breastfeeding will be greater.²⁰⁻²² On the other hand, the younger age has a higher risk of giving exclusive breastfeeding.^{8,19} Moreover, mothers aged 21-30 are mothers with healthy reproductive conditions, this is because the age of 21-30 is a productive age range so the ability to breastfeed is also considered the most optimal, this is due to the productive age of mammary glands by the hormone's progesterone and oestrogen. Age is a positive factor that influences motivation.¹⁷ In the 20-35 age category, most of the respondents said that milk reproduction was smooth. Smooth breastfeeding makes mothers highly motivated to breastfeed their babies so

that they reduce their intention to use formula milk and even provide complementary foods for early breastfeeding.^{15,23}

Apart from that, quite a lot of respondents also have a fairly good educational background as much as 28%. This shows that education greatly influences the way of thinking and making wise choices, one of which is determining whether a mother will breastfeed her baby exclusively or not.^{15,24,25} Mothers who have higher education are more easily exposed to information, so they can increase their curiosity and be more motivated to provide the best food for their babies.²⁴ The higher the education of a mother, the more mothers will give her exclusive breastfeeding.^{11,16} This is because a mother with a higher education will have the curiosity to monitor the growth and development of her baby.²⁶ Moreover, 81.8% of mothers with low education were reluctant to give breast milk to their babies.^{13,25}

This study was conducted at Community Health Center, Semarang City, Indonesia where this place is in a residential area. In that area, many mothers who have breastfeeding babies come from various families with different characteristics. Many factors can cause motivation including education, age, occupation, and role of health professionals.^{11,25}

Strengths and limitations of the study

This study reinforces the importance of family assistance in making maternal breastfeeding a success, so there is a need for hospital policies to encourage families to provide support or assistance to mothers. On the other hand, many variables might influence breastfeeding motivation, such as education, age, occupation, and role of health professionals, but this study has not been able to elaborate on these variables, so further research needs to be carried out in the future.

Conclusion

Family support is essential for pregnant women. Family support status among patients was good at 81% and breastfeeding motivation at 94%. Based on statistical test data using regression analysis, r value 0.632 was obtained while the P -value was $0.000 < 0.05$. There is a significant relationship between family support and motivation to breastfeed in third-trimester pregnant women at the primary Health Centers in Semarang City, Indonesia

Declarations

Ethical Consideration: This study has been approved by the Health Research ethics commission Universitas Muhammadiyah Semarang, with number: 0163/KEPK/VII/2022

Author contributions: Machmudah Machmudah was involved in all aspects of the study. Esti Yunitasari and Mira Triharini was supervisor, Satriya Pranata was review the literature and final checking the draft. Nikmatul Khayati, Ernawati and Gita Mega Maryani were data acuration.

Conflict of Interest: The authors affirm no conflict of interest in this study

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References

1. Zakarija-Grković I, Puharić D, Malički M, Hoddinott P. Breastfeeding booklet and proactive phone calls for increasing exclusive breastfeeding rates: RCT protocol. *Matern Child Nutr*. 2017;13(1):1–13.
2. van Heerden J, Irumba LC, Assani K, Downing J, Davidson A, Hessissen L, et al. Conference report on the 14th International Society of Paediatric Oncology African Continental Meeting, 16-18 March 2022, Kampala, Uganda. *Ecancermedicallscience* [Internet]. 2022 May 29; 16:1423. Available from: <https://app.dimensions.ai/details/publication/pub.1149319542>
3. Barati Z, Purwestri RC, Wirawan NN, Beitz DE, Srour L, Moehring J, et al. Breastfeeding and complementary feeding practices among children living in a rice surplus area, Central Java, Indonesia. *Nutr Food Sci* [Internet]. 2018 Jan 1;48(4):589–604. Available from: <https://doi.org/10.1108/NFS-07-2017-0144>
4. Piankusol C, Sirikul W, Ongprasert K, Siviroj P. Factors affecting breastfeeding practices under lockdown during the covid-19 pandemic in Thailand: A cross-sectional survey. *Int J Environ Res Public Health* [Internet]. 2021 Jun 20;18(16):8729. Available from: <https://app.dimensions.ai/details/publication/pub.1140511615>



5. Zukova S, Krumina V, Buceniece J. Breastfeeding preterm born infant: Chance and challenge. *Int J Pediatr Adolesc Med* [Internet]. 2021 Jun 20;8(2):94–7. Available from: <https://app.dimensions.ai/details/publication/pub.1124623536>
6. Johnson AM, Kirk R, Rooks AJ, Muzik M. Enhancing Breastfeeding Through Healthcare Support: Results from a Focus Group Study of African American Mothers. *Matern Child Health J*. 2016; 20:92–102.
7. Taha Z, Garemo M, El Ktaibi F, Nanda J. Breastfeeding Practices in the United Arab Emirates: Prenatal Intentions and Postnatal Outcomes. *Nutrients* [Internet]. 2022 Jun 20;14(4):806. Available from: <https://app.dimensions.ai/details/publication/pub.1145548004>
8. Wood NK, Woods NF, Blackburn ST, Sanders EA. Breastfeeding Initiation, Duration, and Exclusivity: A SYSTEMATIC REVIEW. *Mcn*. 2016;(October 2016):299–307.
9. Yalçın SS, Erat Nergiz M, Elci ÖC, Zikusooka M, Yalçın S, Sucakli MB, et al. Breastfeeding practices among Syrian refugees in Turkey. *Int Breastfeed J* [Internet]. 2022 Jun 20;17(1):10. Available from: <https://app.dimensions.ai/details/publication/pub.1145515382>
10. Snyder K, Hulse E, Dingman H, Cantrell A, Hanson C, Dinkel D. Examining supports and barriers to breastfeeding through a socio-ecological lens: a qualitative study. *Int Breastfeed J* [Internet]. 2021 Jun 20;16(1):52. Available from: <https://app.dimensions.ai/details/publication/pub.1139622132>
11. Wahyuni S, Budi NGMAA, Mulyo GPE, Mulyati S, Fauzia F. Predictors of Exclusive Breast Milk Failure Before Six Months: A Study on Exclusive Breastfeeding in the City of Bogor, West Java, Indonesia. *Open Access Maced J Med Sci*. 2022;10(B):197–204.
12. Vakilian K, Colsum O, Farahani T, Heidari T. Enhancing Breastfeeding – Home-Based Education on Self-Efficacy: A Preventive Strategy. *Int J Prev Med* [Internet]. 2020;11(63):1–6. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7297412/pdf/IJPVM-11-63.pdf>
13. Mehlawat U, Puri S, Rekhi TK. Breastfeeding Practices among Mothers at Birth and at 6 Months in Urban Areas of Delhi-Ncr, India. *J Gizi dan Pangan*. 2020;15(2):101–8.
14. Martín-Iglesias S, Santamaría-Martín MJ, Alonso-Álvarez A, Rico-Blázquez M, del Cura-González I, Rodríguez-Barrientos R, et al. Effectiveness of an educational group intervention in primary healthcare for continued exclusive breast-feeding: PROLACT study. *BMC Pregnancy Childbirth*. 2018;18(1):1–11.
15. Awaliyah SN, Rachmawati IN, Rahmah H. Breastfeeding self-efficacy as a dominant factor affecting maternal breastfeeding satisfaction. *BMC Nurs*. 2019;18(Suppl 1):1–8.
16. Kestler-Peleg M, Shamir-Dardikman M, Hermoni D, Ginzburg K. Breastfeeding motivation and Self-Determination Theory. *Soc Sci Med* [Internet]. 2015;144(September 2015):19–27. Available from: <http://dx.doi.org/10.1016/j.socscimed.2015.09.006>
17. Mizrak Sahin B, Ozerdogan N, Ozdamar K, Gursoy E. Factors affecting breastfeeding motivation in primiparous mothers: An application of breastfeeding motivation scale based on self-determination theory. *Health Care Women Int*. 2019;40(6):637–52.
18. Azza A, Triharini M. A Cultural Nursing Care Model to Prevent Preeclampsia in the Provision of Basic Services in Eastern Indonesia. 2023;5293.
19. Gharaei T, Amiri-Farahani L, Haghani S, Hasanpoor-Azghady SB. The effect of breastfeeding education with grandmothers' attendance on breastfeeding self-efficacy and infant feeding pattern in Iranian primiparous women: A quasi-experimental pilot study. *Int Breastfeed J*. 2020;15(1):1–11.
20. French PT, Dickmeyer JJ, Winterer CM, Stone SE, Sherman AK, Simpson EA. Breastfeeding Advocacy: A Look into the Gap between Breastfeeding Support Guidelines and Personal Breastfeeding Experiences of Faculty Physicians. *Breastfeed Med* [Internet]. 2022 Jun 20;17(3):239–46. Available from: <https://app.dimensions.ai/details/publication/pub.1143868049>
21. Tsaras K, Sorokina T, Papathanasiou I, Fradelos E, Papagiannis D, Koulierakis G. Breastfeeding Self-efficacy and Related Socio-demographic, Perinatal and Psychological Factors: a Cross-sectional Study Among Postpartum Greek Women. *Mater Socio Medica* [Internet]. 2021 Jun 20;33(3):206. Available from: <https://app.dimensions.ai/details/publication/pub.1141777674>



22. Tristão RM, Barbosa MP, Araújo T, Neiva ER, Costa KN, De Jesus JAL, et al. Breastfeeding success and its relation to maternal pain, behaviour, mental health, and social support. *J Reprod Infant Psychol* [Internet]. 2021 Jun 20;41(3):346–61. Available from: <https://app.dimensions.ai/details/publication/pub.1142676495>
23. Wu SFV, Chen SC, Liu HY, Lee HL, Lin YE. Knowledge, intention, and self-efficacy associated with breastfeeding: Impact of these factors on breastfeeding during postpartum hospital stays in Taiwanese women. *Int J Environ Res Public Health*. 2021;18(9).
24. Timiyatun E, Oktavianto E. What Factors Are Supporting Breastfeeding of Working Mothers: Literature Review as Approach. *Proceeding 4th Int Nurs Conf*. 2019 Nov;0(0):1–9.
25. Prepelita T, Ricchi A, Patrizia Messina M, Molinazzi MT, Cappadona R, Fieschi L, et al. Self-efficacy in breastfeeding support: A research on Italian midwifery students. *Acta Biomed*. 2020;91(1):27–34.
26. Rejeki S, Pranata S, Yanto A, Wahyuni S. Complementary Therapies and Factors Related to Dysmenorrhoea in Adolescents: A Bibliometric Analysis. *Scr Medica (Banja Luka)*. 2024;55(1):85–95.