

Original Article

The relationship between maternal knowledge and family support on exclusive breastfeeding: A cross-sectional study

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Abstract

Background

Exclusive breastfeeding is vital for optimal infant growth and health, yet its coverage in Indonesia remains suboptimal. Maternal knowledge and family support are key factors influencing breastfeeding success.

Objective

This study aimed to analyze the relationship between maternal knowledge and family support on exclusive breastfeeding practices.

Methods

A quantitative study with an analytic survey and cross-sectional design was conducted in the working area of TPMB Ririn Sevda Korini, Ogan Komering Ulu District, in December 2024. A total of 80 respondents were selected using total sampling. Data were collected using a structured questionnaire and analyzed using the Chi-Square test with a 0.05 significance level.

Results

Most mothers (71.3%) did not practice exclusive breastfeeding. The majority had moderate knowledge (60%) and lacked family support (68.8%). A significant relationship was found between maternal knowledge and family support with exclusive breastfeeding practices ($p = 0.000$).

Conclusion

Better maternal knowledge and stronger family support significantly increase the likelihood of exclusive breastfeeding. Breastfeeding promotion interventions should include educational support for mothers and families, workplace-friendly policies, and community-based strategies to foster supportive breastfeeding environments.

Background

Exclusive breastfeeding (EBF) during the first six months of life is a fundamental strategy for ensuring optimal infant nutrition. It not only supports growth and development but also enhances the infant's immune defense against infectious diseases (Maryunani, 2022; Proverawati & Wati, 2020). Despite its proven benefits, the national coverage of EBF in Indonesia remains below the target. Previous studies have shown that many mothers do not practice EBF adequately, influenced by both internal and external factors (Abdullah et al., 2020; Fikawati & Syafiq, 2022).

One of the primary determinants of successful EBF is maternal knowledge concerning the benefits of breastfeeding, proper techniques, and the risks of introducing complementary foods before six months of age (Parapat et al., 2022; Putri & P, 2022). A lack of understanding may lead to reluctance or reduced confidence in breastfeeding exclusively, often resulting in the premature introduction of formula or other

foods (Handayani, 2022; Widiastuti & Ramayanti, 2022). Maternal knowledge is strongly shaped by access to information through media, healthcare providers, and educational programs such as antenatal classes (Andayani et al., 2020; Fata & Rahmawati, 2022).

Family support—particularly from husbands and grandparents—also plays a crucial role in promoting EBF practices (Batubara et al., 2023; Rambu, 2022). Emotional, physical, and logistical support from family members can significantly boost maternal confidence and reduce stress during the breastfeeding period (Friedman, 2022; Rahmi & Al-Rahmad, 2023). Research has shown that mothers who receive strong family support are more consistent in practicing EBF than those who lack such support (Pertiwi & Suyatno, 2022; Rilyani et al., 2022).

Maternal employment is another significant barrier to EBF, particularly among women working in the formal sector (Asikin, 2020; Amer & Kateeb, 2023; Oliya et al., 2023). The

absence of breastfeeding-friendly facilities in workplaces, limited breaks, and heavy workloads often hinder mothers from maintaining exclusive breastfeeding (Bahriyah et al., 2021; Widiawati et al., 2022). Therefore, workplace policies that support breastfeeding are essential to ensure EBF continuity.

Psychosocial factors such as maternal self-efficacy and anxiety also influence breastfeeding practices. Postpartum pain, particularly following cesarean sections, can lower self-efficacy and interfere with milk production and breastfeeding (Anggraeni, 2022; Esfahani et al., 2022). A holistic approach integrating education, family support, and healthcare services is critical in helping mothers achieve optimal EBF (Suryani & Siswiyanti, 2021; Soetjningsih, 2022).

Social and cultural environments further shape maternal decisions regarding breastfeeding. In some communities—especially those with lower educational attainment—cultural norms continue to promote the early introduction of honey, water, or solid foods (Monica, 2020; Lestari, 2022). Community-based interventions and the involvement of local leaders in breastfeeding campaigns can play a strategic role in shifting collective behaviors (Khofiyah, 2022; Kurniawan, 2022).

Low EBF rates are also linked to limited participation in educational programs such as antenatal classes, which have been shown to enhance maternal knowledge and commitment to breastfeeding (Pertiwi & Suyatno, 2022; Djayanti et al., 2022). These programs offer safe spaces for discussion, allowing mothers to voice concerns and seek solutions from healthcare professionals and peers. Such interventions have proven effective in strengthening both knowledge and social support systems essential for EBF (Sasa et al., 2024; Olya et al., 2023).

In summary, the success of exclusive breastfeeding is shaped by a complex interplay of maternal knowledge, family support, work conditions, and cultural norms. This study aims to analyze the relationship between maternal knowledge and family support with EBF practices. The findings are expected to inform the development of family-centered and educational interventions to improve EBF coverage in Indonesia.

Methods

Study Design

This study employed a quantitative approach with an analytical survey design using a cross-sectional method. This design was selected to examine the relationship between the independent variables (maternal knowledge and family support) and the dependent variable (exclusive breastfeeding), measured simultaneously at a single point in time. This approach is suitable for assessing prevalence and associations among variables without the need for long-term follow-up. The research was conducted at the Independent Midwifery Practice of Ririn Sevda Korini, located in Ogan Komering Ulu Regency, in December 2024.

Sampling

The study population included all mothers with infants aged ≥ 6 months who were registered as participants in the integrated health post (posyandu) services within the working area of TPMB Ririn Sevda Korini during the period of December 2023 to January 2025. A total sampling technique was used, where all individuals meeting the inclusion criteria were selected as study participants. The final sample consisted of 80 respondents.

Inclusion criteria comprised mothers with infants aged ≥ 6 months, attendance at posyandu activities in the designated area, ability to communicate effectively, and willingness to participate. Exclusion criteria included mothers with cognitive or psychological impairments that might interfere with their ability to respond independently and objectively to the questionnaire.

Instruments

Data were collected using a structured questionnaire administered through face-to-face interviews. Exclusive breastfeeding was categorized as "Yes" if the mother exclusively breastfed for 0–6 months, and "No" otherwise, with measurement using a nominal scale.

Maternal knowledge was assessed through a set of questions and categorized into three levels: good (76–100%), moderate (56–75%), and poor ($\leq 55\%$), measured on an ordinal scale.

Family support was measured based on the number of correct responses to relevant

questions. A score of more than 7 correct responses was categorized as "supportive," while fewer than 7 correct responses were categorized as "non-supportive," using a nominal scale.

Data Collection

Data collection was conducted in December 2024 through face-to-face interviews using the structured questionnaire. Prior to the interviews, all participants were given a clear explanation regarding the study's purpose and procedures. Data were collected individually to ensure confidentiality and respondent comfort throughout the process.

Data Analysis

Data analysis was carried out in two stages: univariate and bivariate analysis. Univariate analysis aimed to describe the characteristics of respondents and the distribution of research variables. Bivariate analysis was used to examine the relationship between maternal knowledge and family support with exclusive breastfeeding practices. The Chi-square test was applied with a significance level of $\alpha = 0.05$ and

a 95% confidence interval. A p-value ≤ 0.05 indicated a statistically significant association, whereas a p-value > 0.05 suggested no significant relationship.

Ethical Consideration

Prior to conducting the study, ethical approval was obtained from the relevant institutional review board. All respondents received a detailed explanation regarding the purpose, benefits, risks, and procedures of the study. Written informed consent was obtained from participants willing to be involved. The researcher ensured confidentiality of data and participant identities, and respected participants' rights to withdraw from the study at any time without consequence.

Results

This section presents the univariate analysis results aimed at describing the characteristics of respondents based on the three main variables in the study: exclusive breastfeeding, maternal knowledge, and family support. The detailed frequency distribution of respondents for each variable is presented in Table 1.

Table 1. Frequency Distribution of respondents based on exclusive breastfeeding, maternal knowledge, and family support

Variables	Frequency (n)	Percentage (%)
Exclusive Breastfeeding		
Yes	23	28,7
No	57	71,3
Maternal Knowledge		
Good	14	17,5
Moderate	48	60
Poor	18	22,5
Family Support		
Supportive	25	31,3
Not Supportive	55	68,8
Total	80	100

Table 1 presents the frequency distribution of respondents based on exclusive breastfeeding practices, maternal knowledge, and family support. Out of 80 respondents, the majority (71.3%) did not practice exclusive breastfeeding, while only 28.7% reported exclusive breastfeeding. In terms of maternal knowledge, most mothers had a moderate level

of knowledge (60.0%), followed by those with poor knowledge (22.5%), and only 17.5% of mothers demonstrated good knowledge. Family support was relatively low, with 68.8% of respondents reporting a lack of support, and only 31.3% indicating they received support from family members.

Table 2. The association between maternal knowledge and family support with exclusive breastfeeding practice

Variables	Exclusive Breastfeeding				Total		Pvalue
	Yes		No				
	n	%	n	%	n	%	
Maternal Knowledge							
Good	13	92,9	1	7,1	14	100	0,000
Moderate	5	10,4	43	89,6	48	100	
Poor	5	27,8	13	72,2	18	100	
Family Support							
Supportive	20	80	5	20	25	100	0,000
Not Supportive	3	5,5	52	94,5	55	100	

Table 2 demonstrates a statistically significant association between maternal knowledge and family support with exclusive breastfeeding practice among respondents. Mothers with good knowledge were significantly more likely to practice exclusive breastfeeding, with 92.9% (13 out of 14) reporting adherence to the practice. In contrast, among those with moderate and poor knowledge, 89.6% and 72.2% respectively did not exclusively breastfeed. Similarly, family support showed a strong influence. Among mothers who received family support, 80.0% (20 out of 25) practiced exclusive breastfeeding, compared to only 5.5% (3 out of 55) among those who did not receive support. The Chi-square test results for both variables yielded a p-value of 0.000, indicating a statistically significant relationship between maternal knowledge and family support with exclusive breastfeeding ($p < 0.05$).

Discussion

The findings of this study indicate a significant association between maternal knowledge and exclusive breastfeeding practices. Mothers with a high level of knowledge were more likely to breastfeed exclusively compared to those with moderate or poor knowledge. This result is consistent with the findings of Parapat et al. (2022), who emphasized that better maternal knowledge increases the likelihood of practicing exclusive breastfeeding. Knowledge provides a rational basis for health-related decision-making, including breastfeeding practices. Similarly, Abdullah et al. (2020) affirmed that knowledge is a dominant factor influencing exclusive breastfeeding, particularly in communities with limited access to information.

Therefore, improving maternal knowledge should be regarded as a strategic first step in promoting exclusive breastfeeding.

Maternal knowledge is shaped by various sources, ranging from healthcare services to social media. Educational programs such as antenatal classes have been shown to effectively enhance maternal understanding of breastfeeding (Andayani et al., 2020). In addition, intensive prenatal education can increase mothers' self-efficacy in initiating and maintaining breastfeeding (Fata & Rahmawati, 2022). Mothers who are well-informed about breastfeeding techniques and the benefits of breast milk tend to be better prepared—both mentally and physically—for exclusive breastfeeding (Handayani, 2022). Thus, education-based interventions are urgently needed to bridge knowledge gaps, particularly among mothers with low educational backgrounds.

In addition to knowledge, family support was also found to be significantly associated with exclusive breastfeeding. Mothers who received support from their husbands or other family members were more likely to breastfeed exclusively (Agustina, Darussalam, & Julia, 2024; Batubara et al., 2023). This finding is supported by Rambu (2022), who noted that emotional and practical support from family can reduce both psychological and physical barriers to breastfeeding. Friedman (2022) further explained that such support may reduce maternal anxiety, thereby stabilizing milk production. A supportive family environment thus serves as a crucial external factor in the success of breastfeeding.

Strong family support fosters a positive psychosocial environment for breastfeeding mothers. Rahmi and Al-Rahmad (2023) reported that such support may include emotional encouragement, assistance with domestic responsibilities, and reinforcement of maternal decisions to breastfeed. When mothers feel supported, their confidence and motivation to sustain breastfeeding are enhanced. Consequently, family-based approaches should be integrated into strategies aimed at increasing exclusive breastfeeding coverage. Supporting this notion, Pertiwi and Suyatno (2022) highlighted that family involvement in antenatal education programs significantly enhances the impact of social support on breastfeeding behaviors.

Despite these positive influences, many mothers continue to face barriers to exclusive breastfeeding due to insufficient support in their social and work environments. Studies by Amer and Kateeb (2023) revealed that working mothers are more likely to discontinue exclusive breastfeeding due to time constraints and lack of lactation facilities in the workplace. Bahriyah et al. (2021) found similar results, indicating that maternal employment status strongly influences breastfeeding consistency. Asikin (2020) further noted that unsupportive workplace environments are a major reason for the low prevalence of exclusive breastfeeding among employed mothers. This highlights the need for policy interventions, such as maternity leave and lactation room provisions, to be expanded.

Cultural beliefs also play a significant role in shaping breastfeeding practices. In certain communities, traditions that promote the early introduction of honey, water, or solid foods persist, often undermining exclusive breastfeeding efforts (Monica, 2020; Lestari, 2022). These misconceptions remain prevalent in various regions and contribute to low exclusive breastfeeding rates. To counter this, educational efforts must extend beyond mothers to include extended family and community leaders. Community-based education has been shown to be more effective in shifting cultural norms and promoting

sustainable health behaviors (Khofiyah, 2022; Soleha, 2024).

Beyond knowledge and support, physiological factors—such as postpartum pain—also influence breastfeeding outcomes. Anggraeni (2022) explained that mothers experiencing severe pain after cesarean delivery may have reduced milk production. Interventions such as warm compresses, acupressure, and breastfeeding assistance can help address these physiological barriers (Esfahani et al., 2022; Rosa et al., 2025). Therefore, exclusive breastfeeding requires not only psychosocial readiness but also comprehensive medical support. This underscores the importance of a multidisciplinary approach to breastfeeding promotion.

In conclusion, exclusive breastfeeding is influenced by a complex interplay of maternal knowledge, family support, occupational factors, cultural beliefs, and physiological conditions. Fragmented interventions are unlikely to be effective unless complemented by cross-sectoral strategies. Therefore, efforts to improve exclusive breastfeeding coverage must integrate maternal education, family engagement, workplace advocacy, and community support (Fikawati & Syafiq, 2022; Olya et al., 2023). This study reinforces the critical role of maternal knowledge and social support as the foundational pillars for successful exclusive breastfeeding in community settings.

Conclusion and Recommendation

This study revealed a significant association between maternal knowledge and family support with exclusive breastfeeding practices. Mothers with a higher level of knowledge were more likely to practice exclusive breastfeeding compared to those with moderate or low knowledge. Additionally, family support was found to play a critical role; mothers who received support from family members were significantly more likely to provide exclusive breastfeeding than those who did not. These findings underscore the importance of both cognitive (knowledge) and social (family support) factors in ensuring the success of

exclusive breastfeeding for infants aged 0–6 months.

It is recommended that healthcare professionals continue to strengthen educational initiatives on the importance of exclusive breastfeeding, targeting not only mothers but also their families through programs such as antenatal classes and community health education. Families particularly husbands and close relatives are encouraged to provide active emotional, physical, and logistical support to breastfeeding mothers to foster an enabling environment for optimal breastfeeding practices.

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Declaration of conflict of interest

The authors declare no competing interests.

Declaration on the Use of AI

No AI tools were used in the preparation of this manuscript.

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