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Family-Driven Support: an Intervention for Successful Exclusive Breastfeeding

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ABSTRACT

Introduction: Exclusive breastfeeding during the first six months of life is important for infant growth and development, yet national coverage in Indonesia remains below the target. Low family support for breastfeeding mothers is one of the contributing factors. To develop and evaluate the Family-Driven Support model, an intervention that actively involves the immediate family (husband and mother/mother-in-law) to improve exclusive breastfeeding success.

Methods: This study used a quasi-experimental design with a pretest–posttest control group, involving 30 mother-family pairs in the working area of Karanggeneng Community Health Center, Lamongan (15 intervention, 15 control). The intervention included family education classes, couple counseling, digital support via WhatsApp Group, and distribution of a family education booklet. Data were collected using knowledge, attitude, and practice (KAP) questionnaires on family support and indicators of exclusive breastfeeding achievement. Statistical used Wilcoxon signed-rank test to analyze the differences within group, while between group comparisons were conducted using the independent t-test, with a significance level of $\alpha = 0.05$.

Results: Initial results showed that most families had moderate knowledge (70%), neutral attitudes (63.3%), and low support practices (83.3%). The Family-Driven Support intervention did not significantly improve knowledge ($p=0.090$), but successfully enhanced attitudes ($p<0.001$) and support practices ($p < 0.001$) toward exclusive breastfeeding.

Conclusion: The Family-Driven Support model has the potential to be an innovative and replicable approach to strengthen family–healthcare collaboration in supporting exclusive breastfeeding success.

Keywords: Exclusive breastfeeding, Family driven support, Intervention

INTRODUCTION

The first 1,000 days of life—from conception to a child's second birthday represent a golden period that determines the future quality of a child's health, growth, and intelligence. During this critical window, one of the most important interventions is exclusive breastfeeding for the first six months of life. According to the World Health Organization (who) and the United Nations Children's Fund (unicef), infants should initiate breastfeeding within the first hour after birth and be fed only breast milk (with no other foods or liquids) for the first six months, followed by the introduction of safe, appropriate complementary foods while continuing breastfeeding up to two years or beyond (who, 2025)

Exclusive breastfeeding fulfills the infant's nutritional needs, strengthens the immune system, reduces the risk of infections (e.g., diarrhoea and pneumonia), and enhances the emotional bond between mother and child. Moreover, breastfeeding provides health benefits for mothers, including reduced risk of postpartum haemorrhage, accelerated recovery, and lowered long-term risk of breast and ovarian cancers (Scalling Up Nutritions, 2023).

Despite its proven benefits and the strong global endorsement of exclusive breastfeeding, coverage remains suboptimal in many countries. Globally, the rate of exclusive breastfeeding in the first six months of life reached approximately 48% in 2023, still short of the global target of 50% by 2025 (unicef, 2023). In Indonesia, data from the Kementerian Kesehatan Republik Indonesia (Kemenkes) indicate that only

about 66% of infants under six months received exclusive breastfeeding up to mid-2022. This is still far from the national target set in the National Medium-Term Development Plan (RPJMN) (WHO, 2023).

Various studies reveal that low exclusive breastfeeding rates are influenced by multidimensional factors, such as maternal knowledge, psychological conditions, and environmental support. (Hillary et al., 2020) found that psychological factors and low family support significantly affect breastfeeding success. Family support is strongly associated with exclusive breastfeeding practices among infants aged 6–12 months (Area et al., 2023) Family support has been identified as a key determinant of breastfeeding success, encompassing emotional, informational, instrumental, and appraisal dimensions (Arsil et al., 2023). Mothers who receive positive support from their families have higher levels of confidence and motivation to exclusively breastfeed compared to those who do not. Conversely, a lack of family involvement has been identified as a cause of breastfeeding failure, even when mothers have received education from health professionals (Carin et al., 2025).

Furthermore found that paternal emotional and instrumental support significantly improves exclusive breastfeeding success, particularly in community-based interventions (Safitri et al., 2021). Similarly, emphasized that community-based approaches involving families and local health workers effectively enhance breastfeeding practices and safe infant care behaviors. These findings reinforce the need to design breastfeeding programs that integrate

family and community participation (Menon et al., 2023).

This research offers significant novelty in improving exclusive breastfeeding outcomes in Indonesia. Unlike most breastfeeding education programs that focus primarily on mothers, this study develops a Family-Based Support Model that positions husbands, mothers, and mothers-in-law as central actors in breastfeeding decision-making. The approach combines structured family education, couple counseling, and continuous support through digital media tailored specifically for families. Theoretically, this study contributes by adapting the Health Promotion Model (HPM) to a family-based context, shifting the unit of behavioral change from the individual to the family. In addition, the study expands the role of KP-ASI as family support facilitators, establishing a more comprehensive support ecosystem from pregnancy through the postpartum period. The combination of innovative approaches, methods, and technological integration provides new insights and contributions to strategies aimed at increasing exclusive breastfeeding rates in Indonesia.

METHOD

This study employed a quasi-experimental design with a pretest–posttest control group approach, conducted from March to November 2025 in the working areas of public health centers (Puskesmas) in Lamongan Regency, East Java, Indonesia. This design was selected to evaluate the direct effects of the intervention on maternal knowledge, attitudes, and practices regarding breastfeeding while

controlling for external factors that could potentially influence the outcomes.

Participants consisted of breastfeeding mothers with infants aged 0–6 months and their family members, including husbands, mothers, or mothers-in-law, residing in the same household. Participants were recruited using purposive sampling based on the inclusion criteria: mothers of infants aged ≤ 6 months, willingness to participate, and active family involvement in caregiving and breastfeeding support. A total of 30 mother–family pairs were enrolled, divided equally into an intervention group ($n = 15$) and a control group ($n = 15$). Exclusion criteria included mothers or infants with medical conditions that could interfere with breastfeeding, mothers not residing with or lacking regular contact with key family supporters, and participants unwilling or unable to complete the intervention sessions.

The intervention, Family-Driven Support Program (FDS), was implemented over three months and comprised four main components. First, structured family education was delivered in four sessions covering breastfeeding preparation, early breastfeeding practices, family support for common breastfeeding challenges, and strategies for maintaining exclusive breastfeeding for six months. Second, two couple counseling sessions were conducted to strengthen the husband's role in breastfeeding decision-making and to provide emotional support for the mother. Third, digital support via WhatsApp included weekly educational messages, practical reminders, and brief consultation opportunities for mothers and families. Fourth, participants received a family-focused booklet containing essential information on breastfeeding, family roles,

correct breastfeeding techniques, strategies to overcome common breastfeeding problems, and guidelines for creating a supportive home environment. The control group received the standard breastfeeding education provided by public health centers without additional family-based or digital support.

Data collection was performed before and after the intervention using a validated Breastfeeding Knowledge-Attitude-Practice (KAP) questionnaire, adapted from the WHO KAP Survey Model. Maternal knowledge was assessed using true-false items and classified as good, fair, or poor based on the proportion of correct answers. Attitudes were measured using a 1-4 Likert scale and categorized as positive, neutral, or negative. Practices were evaluated through a checklist of breastfeeding behaviors and family support, classified into good, fair, or poor. This WHO-based instrument was selected because it is an internationally validated standard, suitable for accurately measuring behavioral changes before and after educational interventions.

For data analysis, within-group differences were examined using the Wilcoxon signed-rank test, while between-group comparisons were conducted using the independent t-test, with a significance level of $\alpha = 0.05$. This analytical approach allowed for the identification of significant changes in maternal knowledge, attitudes, and practices as a result of the Family-Based Support Program.

RESULTS

Based on data from 30 breastfeeding mothers, a general overview of respondents is presented in Table 1 presents the sociodemographic

characteristics of the 30 breastfeeding mothers included in the study. The majority of participants were aged 20-35 years (80%), with 10% under 20 years and 10% over 35 years. Most mothers had completed senior high school (40%), followed by junior high school (26.7%), higher education (20%), and elementary school (13.3%). Regarding parity, the distribution was relatively balanced, with primiparous mothers accounting for 46.7% and multiparous mothers for 53.3%. These characteristics reflect a sample of predominantly young, moderately educated mothers with diverse childbirth experiences.

Table 2 shows that before the intervention, most mothers had fair knowledge (70%) about exclusive breastfeeding, neutral attitudes (63.3%), and poor practices (83.3%). These results suggest that adequate knowledge was not yet accompanied by positive attitudes or optimal practices, emphasizing the need for focused educational and behavioral interventions to improve exclusive breastfeeding outcomes.

Table 3 presents the changes in knowledge, attitude, and practice of breastfeeding mothers before and after the intervention in both control and intervention groups. Before the intervention, most respondents in both groups had fair knowledge (66.7% in control; 73.3% in intervention). After the intervention, the proportion of mothers with good knowledge increased notably in the intervention group (from 26.7% to 80%). Regarding attitude, the majority of participants initially showed a neutral attitude (60% in control; 66.7% in intervention). Post-intervention, positive attitudes increased to 53.3%

Table 1. Distribution of Characteristics of Breastfeeding Mothers

Characteristics	n	(%)
Age		
< 20 years	3	10%
20–35 years	24	80%
> 35 years	3	10%
Total	30	100%
Education Level		
Elementary School	4	13.3%
Junior High School	8	26.7%
Senior High School	12	40%
Higher Education	6	20%
Total	30	100%
Parity Type		
Primipara	14	46.7%
Multipara	16	53.3%
Total	30	100%

Table 2. Knowledge, Attitude, Practice Level of Breastfeeding Mother

Variable	n	(%)
Knowledge		
Good	9	30%
Fair	21	70%
Poor	0	0%
Total	30	100%
Attitude		
Positive	4	13.3%
Neutral	19	63.3%
Negative	7	23.3%
Total	30	100%
Practice		
Good	0	0%
Fair	5	16.7%
Poor	25	83.3%
Total	30	100%

in the control group and 86.7% in the intervention group. In terms of practice, almost all mothers showed poor practices before the intervention (86.7% in control; 80% in intervention). After the program,

good practices improved to 46.7% in the control group and 73.3% in the intervention group.

The Wilcoxon Signed Rank Test indicated no significant change in knowledge ($Z=-1.698$; $p=0.090$), but a significant improvement in both attitude ($Z=-5.112$; $p<0.001$) and practice ($Z=-4.964$; $p<0.001$). These findings suggest that the Family-Driven Support intervention effectively improved mothers' attitudes and practices toward exclusive breastfeeding, although knowledge changes were not statistically significant.

DISCUSSION

This study explored the effectiveness of the Family-Driven Support (FDS) model in improving maternal knowledge, attitudes, and practices toward exclusive breastfeeding. The findings demonstrated a substantial improvement in attitudes and practices but a relatively smaller change in knowledge, indicating that emotional and environmental reinforcement may play a greater role than cognitive input alone. The discussion below integrates the present results.

Maternal Knowledge Before and After the Intervention

The results of this study show an increase in knowledge in both groups, with a greater rise in the intervention group (the proportion of respondents with good knowledge. However, this improvement was not statistically significant. This fact indicates that although the family-based intervention provided practical benefits, its strength was not sufficient to produce a statistically meaningful change in knowledge.

Table 3. Knowledge, Attitude, Practice Before and After Intervention

Variable	Pre Test				Post Test				Wilcoxon Signed Rank Test
	Control	(%)	Intervention	(%)	Control	(%)	Intervention	(%)	
Knowledge									
Good	5	33.3%	4	26.7%	6	40%	12	80%	Z = -
Fair	10	66.7%	11	73.3%	6	40%	2	13.3%	1.698;
Poor	0	0%	0	0%	3	20%	1	6.7%	p = 0.090
Attitude									
Positive	2	13.3%	2	13.3%	8	53.3%	13	86.7%	Z =
Neutral	9	60%	10	66.7%	5	33.3%	1	6.7%	5.112;
Negative	4	26.7%	3	20%	2	13.3%	1	6.7%	p < 0.001
Practice									
Good	0	0%	0	0%	7	46.7%	11	73.3%	Z =
Fair	2	13.3%	3	20%	6	40%	3	20%	4.964;
Poor	13	86.7%	12	80%	2	13.3%	1	6.7%	p < 0.001

This finding aligns with the theories proposed by Arezi et al. (2024) and Naufal et al. (2023), who state that knowledge retention requires family involvement and continuous reinforcement. The cognitive-participatory learning model described by Mauliyah & Kartikasari (2024) also highlights the importance of two-way interaction in maintaining knowledge. Masruroh (2019) emphasizes that knowledge is only the initial component of behavior change and does not always increase significantly if not accompanied by emotional and social support.

The researcher believes that the non-significant statistical increase in knowledge may be due to two main factors. First, the intervention duration of only three months did not provide sufficient reinforcement frequency to generate long-term knowledge retention. Second, some mothers already had basic knowledge from health-center education prior to the study, leaving limited room for improvement (ceiling effect). Additionally,

variability in family support and uneven husband involvement may influence mothers' ability to absorb and retain information.

Although the statistical results were not significant, the increased proportion of good knowledge in the intervention group shows that the family-based approach still provides substantive benefits. The researcher concludes that similar interventions would yield stronger effects if implemented with a longer duration, higher intensity, and accompanied by structured postpartum reinforcement.

Maternal Attitudes Before and After the Intervention

The results of this study show a significant improvement in mothers' attitudes after participating in the FDS intervention. The data indicate a clear increase in the proportion of positive attitudes in the intervention group, confirming that family support—particularly from husbands—is a

key factor in shaping positive attitudes toward exclusive breastfeeding. Partner support has been shown to enhance mothers' emotional well-being and confidence, as reported by Agung et al. (n.d.), Isnaeni et al. (2025), and Carin et al. (2025), who found a strong correlation between fathers' involvement and breastfeeding success.

These findings are consistent with Pender's Health Promotion Model, which emphasizes the influence of interpersonal support and perceived benefits in shaping attitudes. Studies by Arsil et al. (2023) and Hillary et al. (2020) also show that supportive family dynamics increase maternal satisfaction, reduce stress, and strengthen resilience during breastfeeding. Conversely, a lack of family support often leads to early breastfeeding cessation (Ayu et al., 2024; Qiao et al., 2023). Cultural norms also play a role, as family expectations in many developing countries often shape a mother's breastfeeding decisions more strongly than her individual knowledge—making family-based interventions like FDS highly relevant (Pramukti et al., n.d.).

Emotional support, encouragement, and empathy are strong determinants of positive health attitudes. The affective components of the FDS model—dialogue, empathy, and shared commitment—likely explain why attitude changes were more pronounced than changes in knowledge (Isnaeni et al., 2025; Zhou et al., 2024).

The significant improvement in attitudes indicates that the strength of FDS lies in its emotional and social components rather than information delivery alone. Family involvement, especially from husbands, creates a psychologically supportive environment that facilitates the

development and maintenance of positive attitudes. The researcher believes that this family-based approach has strong potential to enhance breastfeeding practices when implemented consistently.

Maternal Practices Before and After the Intervention

The results of the study show that among all KAP domains, behavior (practice) experienced the highest increase, with the proportion of good breastfeeding practices rising significantly in the intervention group. This confirms that the FDS intervention effectively translates knowledge and attitudes into real actions in daily breastfeeding practices. This finding aligns with Pakilaran et al. (2022), who reported that consistent family support, particularly from husbands and grandmothers, directly influences mothers' adherence to exclusive breastfeeding.

The integration of family support in the FDS intervention is also consistent with other empirical evidence emphasizing the family's role in breastfeeding success. The FDS model strengthens emotional bonds, provides informational support, and fosters shared responsibility for breastfeeding practices. A meta-analysis by Zhou et al. (2024) confirmed that paternal support significantly increases breastfeeding initiation and maintenance, while Koralage et al. (2018) found that father-targeted interventions effectively improve exclusive breastfeeding rates, especially in patriarchal settings.

Based on these findings, the researcher believes that the success of behavioral change in breastfeeding is more influenced by affective and social aspects than by information alone. Involving family—especially husbands and close relatives—

creates a supportive environment that encourages mothers to consistently practice exclusive breastfeeding. The researcher suggests that FDS has the potential to sustain breastfeeding behaviors because the approach not only delivers knowledge but also strengthens motivation, confidence, and collective family responsibility, thereby reducing the risk of early cessation of breastfeeding.

The Influence of the Family-Driven Support Model on Breastfeeding Success

Overall, this study demonstrates that the Family-Driven Support (FDS) model is effective in improving maternal attitudes and breastfeeding practices. FDS places the family as the main actor in assisting breastfeeding mothers, fostering shared responsibility and strengthening emotional and instrumental support within the household.

This finding is consistent with Arezi et al. (2024), who reported that family-oriented counseling significantly enhances breastfeeding continuity by increasing mothers' emotional stability and confidence. Similarly, Rossau et al. (2024) found that community-based and family-inclusive breastfeeding interventions improve self-efficacy and promote equitable breastfeeding outcomes. The family-centered approach strengthens motivation, resilience, and the mother's ability to overcome breastfeeding challenges.

Hence, the FDS model serves not only as an educational intervention but also as a family empowerment framework. The family acts as a sustainable support system that ensures long-term breastfeeding success. This perspective aligns with

contemporary health promotion strategies emphasizing family-centered care and community empowerment to achieve sustainable healthy behavior change (Zhou et al., 2024; Mang et al., 2025).

Although the FDS model effectively improved attitudes and practices, the lack of significant improvement in knowledge indicates the need for stronger repetitive educational elements and digital-based guidance to ensure continuous learning. Emotional support from the family should be balanced with evidence-based information so that both knowledge and practice evolve synergistically.

By integrating education, emotional reinforcement, and family empowerment in a holistic manner, primary health care-based breastfeeding promotion programs can become more effective in increasing exclusive breastfeeding rates and sustaining positive maternal-infant health outcomes.

CONCLUSION

This study demonstrates that the family-based FDS intervention is effective in improving attitudes and practices of mothers regarding exclusive breastfeeding, with the most pronounced improvement observed in breastfeeding practices. Although knowledge increased, the difference was not statistically significant, indicating that cognitive changes require more intensive interventions or a longer duration. These findings suggest that the FDS model effectively bridges the gap between knowledge and action, enabling mothers to apply exclusive breastfeeding practices consistently.

The conclusion emphasizes the importance of a holistic and participatory approach that integrates maternal

education, practical experience, and interactive methods to achieve meaningful and sustainable behavioral changes in breastfeeding. Therefore, the FDS intervention proves to be an effective strategy for enhancing the success of exclusive breastfeeding among mothers.

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