

# Association Between Family Support and Breastfeeding Success in a Neonatal Care Unit: A Study at Islam Hospital Surabaya Jemursari

Lina Purwandira<sup>1</sup>, Siti Nurjanah<sup>2</sup>, Nur Hidaayah<sup>3</sup>, Ratna Yunita Sari<sup>4</sup>

<sup>1,2,3,4</sup>Department of Nursing Faculty Nursing and Midwifery, Universitas Nahdlatul Ulama Surabaya, Indonesia



Jurnal Keperawatan Komprehensif  
(Comprehensive Nursing Journal)

Volume 11 (3), 510-516  
<https://doi.org/10.33755/jkk.v11i3>

## Article info

Received : July 28, 2023  
Revised : March 18, 2024  
Accepted : July 27, 2025  
Published : July 31, 2025

## Corresponding author

### Lina Purwandira\*

Department of Nursing Faculty Nursing  
and Midwifery, Universitas Nahdlatul  
Ulama Surabaya  
Jl. Smea No. 57, Wonokromo, Surabaya  
Phone : -  
e-mail: 1130222009@student.unusa.ac.id

## Citation

Purwandira, L., Nurjanah, S., Hidaayah, N., & Sari, R. Y. (2025). Association between family support and breastfeeding success in a neonatal care unit: A study at Islam Hospital Surabaya Jemursari. *Jurnal Keperawatan Komprehensif (Comprehensive Nursing Journal)*, 11(3), 510-516.

## Website

<https://journal.stikep-ppnijabar.ac.id/jkk>

This is an **Open Access** article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License



p-ISSN : [2354 8428](#)  
e-ISSN: [2598 8727](#)

## INTRODUCTION

Breastfeeding is a fundamental aspect of infant nutrition that significantly impacts a child's early development and long-term health outcomes. Despite its benefits, many mothers encounter

substantial challenges when attempting to breastfeed exclusively, particularly in the initial postpartum period. Common concerns include limited milk production, infant irritability due to hunger, early signs of dehydration such as neonatal jaundice, and progressive weight loss.

## Abstract

**Background:** Successful breastfeeding is influenced by various factors, one of which is family support. Support from a husband, mother, or other close family members plays a crucial role in building a mother's confidence and commitment to exclusive breastfeeding. Lack of emotional, informational, or instrumental support may lead to early weaning or the use of formula milk.

**Objective:** This study aimed to analyze the relationship between family support and the success of breastfeeding in the neonatal room of Islam Hospital Surabaya Jemursari.

**Methods:** A cross-sectional design was employed involving 48 postpartum mothers whose neonates were admitted to the neonatal room. Participants were selected using simple random sampling. The independent variable was family support, and the dependent variable was the success of breastfeeding. Data were collected using a validated structured questionnaire assessing the level of family support and breastfeeding outcomes. Statistical analysis was conducted using the Spearman rho correlation test with a significance level of  $\alpha = 0.05$ .

**Results:** Among the 27 respondents who reported successful breastfeeding, the majority received sufficient family support, while a smaller proportion reported low support. Interestingly, among 21 respondents who also reported breastfeeding success, nearly half received less family support. The Spearman rho test yielded a p-value of 0.211, indicating no statistically significant relationship between family support and breastfeeding success ( $p > 0.05$ ).

**Conclusion:** This study found no significant relationship between family support and breastfeeding success in the neonatal unit. Further research with larger sample sizes and more detailed measurement tools is recommended to explore this relationship further.

**Keywords:** Breastfeeding Success, Cross-Sectional Study, Family Support, Neonatal Care, Postpartum Mothers,

These issues are frequently compounded by maternal exhaustion and emotional stress, especially among first-time mothers (1).

One of the most influential external factors affecting breastfeeding success is the level of support a mother receives from her immediate family. Emotional encouragement, physical assistance, and informational guidance from spouses, parents, or extended family can substantially increase a mother's confidence and perseverance in breastfeeding, particularly during difficult early days. Conversely, when familial support is absent or undermined by discouraging remarks, mothers often feel disheartened and may resort to formula feeding prematurely (2).

In many instances, families lack adequate knowledge about the physiological process of lactation. There is often a misconception that insufficient milk supply necessitates immediate supplementation with formula. In reality, colostrum though small in volume is rich in antibodies and nutrients critical for neonatal immunity. Moreover, healthy term infants are typically born with adequate glycogen stores to sustain them for several days without nutritional risk. Misunderstanding this natural process can lead to anxiety, pressure on mothers, and a lack of appreciation for the importance of skin-to-skin contact and frequent breastfeeding as stimulants for milk production (3).

In the Indonesian context, exclusive breastfeeding remains a national health priority. According to the 2020 Health Profile published by the Indonesian Ministry of Health, the proportion of infants exclusively breastfed stood at 61.62%, still below the targeted rate of 80%. This gap underscores the need for enhanced community and family-level interventions to promote and sustain breastfeeding practices. Numerous studies have highlighted that positive family involvement, especially from husbands and close relatives, significantly contributes to continued breastfeeding. (4,5) Damayanti for instance, reported that mothers with strong family support were 6.8 times more likely to breastfeed exclusively compared to those without such support.

A qualitative observation conducted in December 2022 at the Neonatal Room of RS Islam Jemursari Surabaya offers illustrative insights. Among five postpartum mothers

interviewed, only two expressed a strong desire to breastfeed, which they attributed to supportive attitudes from their spouses and family members. In contrast, the other three mothers chose to discontinue breastfeeding, citing discouraging comments from partners or relatives regarding the physical appearance of breasts or concerns over crying infants due to perceived milk insufficiency. These instances illustrate how social pressure and misinformation within families can negatively affect maternal confidence and decisions around infant feeding.

Breastfeeding success is also influenced by a combination of maternal and contextual factors. These include parity, maternal age, educational background, employment status, and access to breastfeeding education. Among these, family support is especially significant because it is modifiable and can be enhanced through targeted interventions. The presence of a partner who actively supports breastfeeding by offering encouragement, helping with newborn care, or participating in educational sessions can dramatically alter a mother's experience and determination to continue breastfeeding.

The psychosocial dimension of breastfeeding should not be overlooked. Maternal self-efficacy, or belief in one's ability to breastfeed, is often shaped by the level of reassurance and affirmation received from close family members (6,7). When this support is lacking, mothers may become overwhelmed, especially in the face of early difficulties. This can lead to early cessation of breastfeeding or a shift toward formula feeding. On the other hand, when family members provide constructive feedback, reinforce the benefits of breast milk, and demonstrate patience during the transition to full lactation, mothers are more likely to persist despite initial setbacks (8).

Moreover, the role of healthcare providers and educational programs in guiding families toward supportive behaviors is essential. Antenatal and postnatal counseling sessions that include partners and relatives can bridge the information gap and align family expectations with evidence-based practices. Healthcare workers play a pivotal role in addressing misconceptions about breastfeeding and creating an environment that encourages both mother and family to commit to exclusive breastfeeding, especially during the first six months.

Research by Sulistyowati (9) also highlights the importance of various psychosocial and demographic variables, including family support, in determining breastfeeding outcomes. She emphasized that while physiological barriers to breastfeeding certainly exist, social support networks often determine whether or not a mother will overcome those barriers. When family members misunderstand the early breastfeeding process particularly the role of colostrum and normal variations in milk onset it can result in unnecessary supplementation, a drop in maternal confidence, and a shortened duration of breastfeeding (10).

It is also important to recognize that the postpartum period can be physically and emotionally taxing for new mothers. In this context, family support extends beyond verbal encouragement; it includes helping with daily tasks, assisting with newborn care, promoting maternal rest, and refraining from negative or judgmental statements about breastfeeding performance. When families embrace this supportive role, they not only promote better health outcomes for the infant but also contribute to the emotional well-being of the mother.

In addition to support from spouses, extended family plays a considerable role, particularly in cultures where communal living is common. Mothers may receive conflicting advice from various family members, which can either reinforce or undermine professional guidance. Ensuring consistent messaging through culturally sensitive health education that targets entire households not just mothers may be a critical step in improving breastfeeding outcomes (11,12).

Healthcare initiatives must also include counseling on strategies to increase milk supply, such as frequent breastfeeding, proper latch techniques, adequate hydration, balanced nutrition, and breast massage. Integrating family members into this education ensures shared understanding and reduces pressure on the mother during early breastfeeding challenges (13,14).

This study aims to examine the association between family support and breastfeeding success among mothers in the neonatal unit of RS Islam Jemursari Surabaya. By analyzing how various forms of familial encouragement emotional, informational, instrumental, and

appraisal support relate to mothers' breastfeeding outcomes, the study seeks to provide evidence for developing effective, family-inclusive breastfeeding promotion strategies.

## METHODS

### Study Design

This study utilized an analytical observational design with a cross-sectional approach to investigate the relationship between family support and breastfeeding success among postpartum mothers. This design was selected to capture data at a single point in time, allowing for analysis of potential associations between variables without manipulating any conditions.

### Population and Sample

The study population comprised all multiparous mothers who gave birth in the Neonatal Room of Jemursari Islamic Hospital, Surabaya, during December 2022. A total of 55 individuals were identified as the accessible population. Consecutive sampling was employed to recruit participants based on their order of arrival and fulfillment of inclusion criteria. The final sample consisted of 48 eligible respondents, selected based on the following inclusion criteria: multiparous mothers who had delivered within the hospital during the study period, were physically and psychologically stable, capable of understanding the questionnaire, and willing to provide informed consent. Exclusion criteria included critical maternal conditions or incomplete questionnaire data.

### Instrument

The study utilized two structured questionnaires as the primary research instruments. The first instrument assessed family support, including emotional, informational, instrumental, and appraisal dimensions. The second instrument measured breastfeeding success, which included indicators such as early initiation, exclusive breastfeeding practice, frequency of breastfeeding, and maternal confidence. Both instruments were adapted from existing validated tools and reviewed by expert panels for face and content validity.

### Data Collection

Data were collected by trained research assistants who distributed the questionnaires directly to postpartum mothers in the neonatal

ward. Respondents completed the instruments independently under the supervision of data collectors to ensure comprehension and completeness. Data collection was conducted over a period of one week.

### Data Analysis

Data were entered and analyzed using SPSS version 25. The relationship between the independent variable (family support) and the dependent variable (breastfeeding success) was assessed using the Spearman Rank correlation test, which is appropriate for ordinal data and non-parametric distributions. A p-value of <math><0.05</math> (two-tailed) was considered statistically significant. If the resulting p-value exceeded

0.05, the null hypothesis (no association) would be retained.

### Ethical Consideration

Prior to data collection, the study obtained ethical clearance from the Research Ethics Committee of the health institution associated with Jemursari Islamic Hospital. All participants provided written informed consent after receiving an explanation regarding the study's objectives, procedures, confidentiality measures, and their right to withdraw at any time without consequence. The study adhered to the principles of the Declaration of Helsinki, ensuring the protection of human subjects in health research.

## RESULTS

**Table 1. Characteristics of Respondents, Family Support, and Breastfeeding Success (N = 48)**

Variable	Category	Frequency (f)	Percentage (%)
<b>Age</b>	< 20 years	0	0.0
	20–35 years	37	77.1
	> 35 years	11	22.9
<b>Education</b>	Senior High School	26	54.2
	College	22	45.8
<b>Occupation</b>	Private	14	29.2
	Self-employed	4	8.3
	Civil Servant	4	8.3
	Housewife	23	47.9
	Others	3	6.2
<b>Family Support</b>	Enough	27	56.3
	Less	21	43.7
<b>Breastfeeding Success</b>	Yes	46	95.8
	No	2	4.2

The majority of respondents (77.1%) were within the 20–35 years age range, indicating they were in the typical reproductive age group. In terms of educational background, more than half of the mothers (54.2%) had completed senior high school, while the rest (45.8%) held a college degree. Regarding employment status, nearly half (47.9%) identified as housewives, and the remainder were employed in the private sector, self-employed, civil servants, or other occupations.

In relation to family support, slightly more than half of the participants (56.3%) reported receiving sufficient support, whereas 43.7% indicated receiving limited support. Despite this, breastfeeding success was notably high, with 95.8% of mothers reporting successful breastfeeding, and only 4.2% not achieving breastfeeding success. These findings suggest that while family support plays a role, other factors may also significantly influence breastfeeding outcomes.

**Table 2. Cross-tabulation of the Relationship Between Family Support and Breastfeeding Success in the Neonatal Room at Surabaya Islamic Hospital, Jemursari (N = 48)**

Family Support	Unsuccessful Breastfeeding (n, %)	Successful Breastfeeding (n, %)	Total (n, %)
Good	0 (0.0%)	0 (0.0%)	0 (0.0%)
Enough	2 (4.2%)	25 (52.1%)	27 (56.3%)
Not Enough	0 (0.0%)	21 (43.8%)	21 (43.8%)
Total	2 (4.2%)	46 (95.8%)	48 (100.0%)

Statistical Test: Spearman Rank correlation

Correlation coefficient (r): 0.184

P-value: 0.211

The cross-tabulation reveals that among mothers who received sufficient family support, 92.6% successfully breastfed their newborns, while only 7.4% were not successful. Notably, all mothers who received less family support still managed to breastfeed successfully. The Spearman Rank correlation yielded a weak positive correlation ( $r = 0.184$ ) with a p-value of 0.211, indicating no statistically significant relationship between family support and breastfeeding success at the 5% significance level. These findings suggest that although family support is important, it may not be the sole determinant of breastfeeding outcomes in this population.

## DISCUSSION

This study aimed to examine the relationship between family support and breastfeeding success among multiparous mothers in the Neonatal Room at Jemursari Islamic Hospital, Surabaya. Although a majority of the respondents reported receiving sufficient family support, the findings revealed no statistically significant correlation between family support and the success of breastfeeding. This disconnect highlights the complexity of breastfeeding behavior and the multifactorial nature of support (15).

Many multiparous mothers in the study were full-time homemakers, responsible not only for the newborn but also for other children and extensive household responsibilities. Despite having more parenting experience, these mothers reported high levels of physical and emotional exhaustion, which appeared to hinder optimal breastfeeding. Stress, lack of sleep, and fatigue are widely known to affect oxytocin release, which is critical for milk letdown and overall lactation success. Therefore, even when

basic support is present, the quality and depth of that support may be insufficient to offset the psychological and physical burdens mothers face postpartum (16,17).

In addition, the structure of the household and living arrangements played a role in the degree of support mothers received. Respondents who lived away from extended family or did not have access to shared caregiving networks experienced greater strain. While husbands may have been present, their own occupational fatigue often limited their capacity to offer continuous support. As a result, mothers were frequently left to manage newborn care and household responsibilities independently. The strain of this dual burden may compromise maternal health and diminish the likelihood of exclusive and sustained breastfeeding (18,19).

A further contributing factor was the broader social environment in which these mothers lived. In many cases, participants reported being surrounded by individuals neighbors or relatives who promoted or normalized formula feeding. Cultural beliefs that equate crying babies with hunger or dissatisfaction with breastmilk can cause mothers to question their adequacy and switch prematurely to formula. Even in the presence of nominal support, negative reinforcement from the environment may diminish a mother's confidence and resolve.

Family support, as defined by Friedman (20,21), includes emotional, instrumental, appraisal, and informational support. Emotional support involves empathy, love, and trust. Instrumental support refers to tangible assistance such as help with chores or baby care. Informational support includes advice or guidance, and appraisal support involves feedback and affirmation. In this study, many mothers received only limited forms of support, primarily

instrumental or sporadic emotional assistance. The lack of comprehensive and consistent support across these domains likely contributed to the absence of a significant statistical relationship.

Moreover, while breastfeeding is often considered a natural process, it is also a learned behavior that requires technical skill, confidence, and perseverance particularly when milk production is delayed or initial breastfeeding experiences are painful or challenging. Without appropriate counseling and active encouragement, even mothers with prior experience may struggle, especially if early attempts at breastfeeding are not immediately successful. The role of healthcare providers in supporting the initiation and continuation of breastfeeding cannot be overstated and should complement family-based support.

## CONCLUSION

The study concludes that although the majority of mothers in the Neonatal Room at Surabaya Islamic Hospital Jemursari received moderate to sufficient family support and were generally successful in initiating breastfeeding, no statistically significant relationship was found between the level of family support and breastfeeding success.

### Implications for Practice

The findings suggest that family support, while important, must be multidimensional and consistent to meaningfully influence breastfeeding outcomes. Healthcare providers should actively engage not just mothers but also families especially spouses and extended family members in prenatal and postnatal breastfeeding education. Culturally sensitive interventions that aim to shift community norms surrounding breastfeeding may further enhance maternal confidence and promote exclusive breastfeeding.

### Implications for Research

Future research should explore the quality and functional impact of family support, rather than treating it as a binary or unidimensional variable. Mixed-method studies incorporating in-depth interviews or focus groups could reveal nuanced insights into how support is perceived and experienced by mothers. Longitudinal designs may also help clarify whether support received over time impacts breastfeeding duration or exclusivity.

## Acknowledgement

this research is really needed by nurses to increase family involvement when patients (breastfeeding mothers are treated with their babies in the neonatal room)

## Funding Source

This study was funded by independent costs

## Author's contribution

Lina Purwandira conceptualized and designed the study and conducted data collection. Siti Nurjanah contributed to data analysis and interpretation. Nur Hidaayah was responsible for drafting the manuscript. Ratna Yunita Sari critically reviewed and revised the manuscript for intellectual content. All authors have read and approved the final version of the manuscript for submission.

## Conflict of Interest Disclosure

The authors declare no conflict of interest in the conduct, analysis, or publication of this study. All research activities were conducted independently, without influence from any commercial, financial, or personal relationships that could be perceived as a potential conflict.

## Data Availability Statement

The datasets generated and analyzed during the current study are available from the corresponding author on reasonable request. To protect participant confidentiality, individual responses have been anonymized and stored in a secure database accessible only to the research team.

## REFERENCES

1. Bengough T, Dawson S, Cheng H, McFadden A, Gavine A, Rees R, et al. Factors that influence women's engagement with breastfeeding support: A qualitative evidence synthesis. *Matern Child Nutr.* 2022;18(4):e13405.
2. Modak A, Ronghe V, Gomase KP, Dukare KP. The psychological benefits of breastfeeding: fostering maternal well-being and child development. *Cureus.* 2023;15(10).
3. Jack A, Mullin C, Brown E, Burtner M, Standish KR, Fields A, et al. Academy of Breastfeeding Medicine Clinical Protocol# 19: breastfeeding promotion in the prenatal period (revised 2024). *Breastfeeding Medicine.* 2024;19(8):575–87.

4. Rowi UH, Novita N. The Effect of Health Education in Postpartum Mothers on Colostrum on the Intensity of Early Breastfeeding in Newborn Babies. *Jurnal Keperawatan Komprehensif (Comprehensive Nursing Journal)*. 2022;8(4).
5. Damayanti NA, Doda V, Rompas S. Status gizi, umur, pekerjaan dengan pemberian asi eksklusif pada bayi usia 6-12 bulan saat ibu kembali bekerja. *Jurnal Keperawatan*. 2020;8(1):23.
6. Farlikhatun L, Sukaemi N. The Effect of the Use of Progestin Contraception Pills and Combinations on Adequate Production of Exclusive Breast Milk in Breastfeeding Women. *Jurnal Keperawatan Komprehensif (Comprehensive Nursing Journal)*. 2023;9(SpecialEdition).
7. Aulia D, Mariyani M. The Effect of Husband Support on the Successful Initiation of Early Breastfeeding in the Work Area of Pakisjaya Public Health, Karawang Regency In 2022. *Jurnal Keperawatan Komprehensif (Comprehensive Nursing Journal)*. 2023;9(SpecialEdition).
8. Fujianty M, Dewi MK, Sulaeman E. Hubungan Breastfeeding Self Efficacy, Manajemen Laktasi dan Dukungan Keluarga Terhadap Keberhasilan Pemberian Asi Eksklusif di TPMB Winda Winarti Kabupaten Garut Tahun 2024. *Innovative: Journal Of Social Science Research*. 2024;4(5):4120–30.
9. Sulistyowati I, Cahyaningsih O, Alfiani N. Dukungan Keluarga dalam Pemberian ASI Eksklusif. *Jurnal SMART Kebidanan*. 2020;7(1):47.
10. Muthoharoh H, Ningsih ES. Hubungan Dukungan Keluarga Dengan Keberhasilan Pemberian ASI Eksklusif pada Bayi Usia 7-12 Bulan di Desa Payaman. *Journal for Quality in Women's Health*. 2019;2(1):1–6.
11. Purnamasari ARP, Rahmatika R. Perbedaan dukungan sosial dari ibu mertua pada ibu menyusui yang bekerja dan tidak bekerja. *Jurnal Psikologi*. 2016;15(1):21–35.
12. Hapsari QR, Sarajar DK. Hubungan Dukungan Sosial Dengan Self-Efficacy Pada Ibu Menyusui Yang Bekerja. *Jurnal Sosial Ekonomi Dan Humaniora*. 2024;10(2):123–30.
13. Erlizar E, Amelia KR, Muharrina CR. Hubungan Teknik Menyusui dengan Kejadian Regurgitasi pada Bayi Usia 0-6 Bulan Di Wilayah Kerja Puskesmas Darussalam Kecamatan Darussalam Aceh Besar. *Jurnal Aceh Medika*. 2023;7(2):26–32.
14. Rakhmawati M, Irawan D, Setyaningrum I. Hubungan Antara Teknik Menyusui dan Kejadian Regurgitasi pada Bayi di Desa Jatilawang. *OJS Journal of Health Matters (JoHM)*. 2025;2(1):18–27.
15. La Isa WM. Hubungan dukungan keluarga dalam becoming a mother di wilayah kerja puskesmas moncongloe kabupaten maros. *JIMPK: Jurnal Ilmiah Mahasiswa & Penelitian Keperawatan*. 2022;2(2):259–65.
16. Novarinda E, Indriyani D, Asmuji A. Hubungan Dukungan Keluarga dengan Adaptasi Perawatan Bayi Baru Lahir pada Ibu Primipara di Puskesmas Kalibaru Kulon Banyuwangi. *Health & Medical Sciences*. 2023;1(1):10.
17. Nurdianti D. Hubungan dukungan keluarga pada ibu hamil trimester III dengan persiapan persalinan di wilayah kerja puskesmas Cigeureung kota Tasikmalaya tahun 2017. *Jurnal BIMTAS: Jurnal Kebidanan Umtas*. 2017;1(2):36–43.
18. Li JL, Washington-Nortey M, Kifle TH, Cotier F, Hoekstra RA. The role of extended family members in the lives of autistic individuals and their parents: a systematic review and meta-synthesis. *Clin Child Fam Psychol Rev*. 2025;1–33.
19. Wright BM, Benigno JP, Mccarthy JW, Chabot J. 'They change our lives more than we change them': Young adults' perspectives on relationships with autistic siblings. *Intl J Disabil Dev Educ*. 2024;71(3):389–402.
20. Friedman C. Supporting families: formal HCBS supports for informal family caregivers of people with IDD. *J Dev Phys Disabil*. 2025;37(1):5–33.
21. Friedman C, Rizzolo MC. Un/Paid labor: Medicaid Home and Community Based Services waivers that pay family as personal care providers. *Intellect Dev Disabil*. 2016;54(4):233–44.