



The Relationship between Family Roles and the Success of the Breastfeeding Process at the Neneng Village Health Center in Banjarmasin

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Abstract. Successful breastfeeding is a crucial factor in ensuring maternal and infant health, yet many postpartum mothers experience obstacles in optimally breastfeeding. One factor that plays a significant role in successful breastfeeding is family support and involvement. Families, particularly husbands and immediate family members, play a strategic role in providing the emotional, informational, and instrumental support mothers need during the postpartum period. This study aims to analyze the relationship between family roles and successful breastfeeding in postpartum mothers at TPMB Bdn. Neneng Banjarmasin. This study employed an observational analytical design with a cross-sectional approach. The sample consisted of 35 postpartum mothers with infants aged 0–6 months selected using purposive sampling. Data were collected using a structured questionnaire to measure family roles and successful breastfeeding, including aspects of early breastfeeding initiation, breastfeeding frequency, maternal comfort, and sustainability of breastfeeding practices. Data were analyzed univariately and bivariately using the Chi-square test with a significance level of $p < 0.05$. The results showed that most respondents received good family support and that the majority of postpartum mothers experienced successful breastfeeding. Bivariate analysis showed a significant relationship between family roles and breastfeeding success. In conclusion, family roles are significantly associated with breastfeeding success in postpartum mothers. This finding underscores the importance of a family-centered midwifery care approach in supporting breastfeeding success in community midwifery practice.

Keywords: Breast Milk; Breastfeeding Process; Family Role; Independent Midwife Practice; Postpartum Mothers

1. INTRODUCTION

Successful breastfeeding is a key pillar in improving maternal and infant health. Breastfeeding not only plays a role in meeting the optimal nutritional needs of infants, but also provides immunological protection, supports growth and development, and reduces the risk of various infectious and non-communicable diseases later in life. For mothers, breastfeeding contributes to uterine involution, a reduced risk of postpartum hemorrhage, and long-term protection against breast and ovarian cancer (Victora et al., 2016; Rollins et al., 2016). Therefore, breastfeeding is considered a strategic, effective, and low-cost public health intervention.

Globally, the World Health Organization (WHO) and UNICEF recommend early initiation of breastfeeding within the first hour of life, exclusive breastfeeding for the first six months, and continued breastfeeding until two years of age or beyond with adequate complementary foods (WHO, 2023). However, global exclusive breastfeeding outcomes remain suboptimal. Global data shows that approximately 48% of infants worldwide are exclusively breastfed, a figure that, while approaching the World Health Assembly target, still leaves significant disparities across regions and social groups (UNICEF, 2023). This disparity

demonstrates that breastfeeding success is not solely determined by maternal knowledge, but also by support from the immediate environment, including family and the health care system.

In Indonesia, breastfeeding practices show a dynamic trend. The 2023 Indonesian Health Survey reported that the proportion of infants aged 0–5 months who were exclusively breastfed reached more than two-thirds nationally. However, this achievement still hides regional variations and challenges in sustaining breastfeeding, particularly in the early postpartum period (Ministry of Health of the Republic of Indonesia, 2023). Several reports also indicate that breastfeeding success often declines as the baby ages, indicating barriers to the breastfeeding process itself, not just the mother's initial decision to breastfeed (UNICEF Indonesia, 2024). This situation emphasizes the importance of viewing breastfeeding as an ongoing process, not simply a final status of "exclusive" or "non-exclusive."

Clinically, the breastfeeding process is influenced by a complex interaction between physiological, psychological, and social factors. Breast milk production and release are controlled by the hormones prolactin and oxytocin, which are highly sensitive to the mother's emotional state. Stress, fatigue, pain, and lack of emotional support can inhibit the oxytocin reflex and impact breastfeeding success (Uvnäs-Moberg et al., 2020). Furthermore, technical issues such as ineffective attachment, perceptions of insufficient milk supply, or prelacteal feeding interventions can interfere with successful breastfeeding from the start (Gianni et al., 2019). In this context, family support is a crucial factor that can strengthen a mother's confidence and help overcome breastfeeding barriers.

Various studies have shown that family support, particularly from husbands and other immediate family members, is strongly associated with breastfeeding success. This support can be emotional, informational, or instrumental, such as helping with household chores, caring for the baby, or providing positive reinforcement for the mother's decision to breastfeed (Sherriff et al., 2014; Brown & Davies, 2014). Studies in Southeast Asia have also shown that active husband involvement during the postpartum period is associated with longer breastfeeding duration and adherence to exclusive breastfeeding practices (Susiloretni et al., 2019).

In Indonesia, several studies have reported that mothers who receive family support have a greater chance of optimal breastfeeding success than those who receive less support. Husband's support has been shown to be associated with increased maternal self-confidence, increased breastfeeding frequency, and decreased use of formula milk in the early postpartum period (Rohmah et al., 2020; Sari et al., 2021). In addition to husbands, other family members, such as the biological mother or mother-in-law, also play a significant role, both positively and

negatively, depending on their understanding of and attitudes toward breastfeeding (Februhartanty et al., 2017).

Although evidence on the importance of family support for successful breastfeeding is strong, there are still research gaps that require further study. First, most studies focus on exclusive breastfeeding outcomes as the endpoint, while successful breastfeeding—which includes early breastfeeding initiation, effective attachment, breastfeeding frequency, maternal comfort, and continuity of practice—has not been comprehensively explored. Second, the context of community midwifery services, such as Independent Midwife Practice Centers (TPMB), has different characteristics than hospitals or community health centers, particularly in terms of the closeness of the midwife's relationship with the mother and family and the intensity of lactation counseling (Hoddinott et al., 2015). Third, local sociocultural factors, including family norms, myths about breastfeeding, and household decision-making patterns, may mediate the relationship between family roles and successful breastfeeding, necessitating contextual, location-based evidence.

From a public health perspective, strengthening the family's role in supporting breastfeeding aligns with *the family-centered care approach* and the continuity of midwifery care. This approach positions the family as an active partner in the care of mothers and babies, rather than merely a passive companion (Britton et al., 2021). Given that TPMBs are the frontline of midwifery services in the community, research exploring the family's role in successful breastfeeding in this setting is highly relevant and applicable.

Based on this description, this study aims to analyze the relationship between family roles and breastfeeding success at the Neneng Community Midwifery Center (TPMB) in Banjarmasin. The results are expected to contribute to scientific evidence on the social determinants of breastfeeding and serve as a basis for developing more effective lactation counseling and family support strategies in community midwifery practice in Indonesia.

2. RESEARCH METHOD

Research Design

This study used an observational analytical design with a cross-sectional approach to analyze the relationship between family roles and breastfeeding success. This design was chosen because it allows for simultaneous assessment of the relationship between independent and dependent variables at a single measurement point and is suitable for examining social factors in community midwifery practice.

Location and Time of Research

The study was conducted at the Independent Midwife Practice (TPMB) Bdn. Neneng located in Banjarmasin City from June to August 2025. The location was selected based on the high number of postpartum mothers who received postpartum midwifery services and the existence of routine breastfeeding counseling involving families.

Population and Sample

The population in this study was all postpartum mothers who visited postpartum and breastfeeding services at TPMB Bdn. Neneng Banjarmasin during the study period. The study sample consisted of 35 postpartum mothers selected using a purposive sampling technique. Inclusion criteria included postpartum mothers with infants aged 0–6 months, directly breastfeeding, living in the same house as the nuclear family, and willing to be respondents. Exclusion criteria included mothers with medical conditions that hinder breastfeeding and infants with congenital abnormalities that affect the breastfeeding process.

Research Variables

The independent variable in this study was the role of the family, while the dependent variable was breastfeeding success. The family role encompasses emotional, informational, and instrumental support provided to the mother during breastfeeding, while breastfeeding success encompasses early breastfeeding initiation, breastfeeding frequency, maternal comfort during breastfeeding, and continued breastfeeding practice.

Research Instruments

The research instrument used was a structured questionnaire. The family role questionnaire was based on the concept of family social support for breastfeeding and consisted of a number of Likert-type statements. Breastfeeding success was measured using a questionnaire that assessed maternal behavior and experiences. All instruments underwent validity and reliability testing before being used in data collection.

Research Procedures

The research procedure began with an explanation of the research objectives and procedures to potential respondents and a request for consent. Next, respondents were asked to independently complete a questionnaire on family roles and breastfeeding success, with researcher assistance if necessary. Data collection was conducted during postpartum visits or well-baby visits at the TPMB, without any additional intervention.

Data Analysis

Data analysis was performed using statistical software. Univariate analysis was used to describe respondent characteristics, family roles, and breastfeeding success in the form of frequency distributions and percentages. Bivariate analysis was conducted to examine the relationship between family roles and breastfeeding success using the Chi-square test with a significance level of $p < 0.05$.

3. RESULTS AND DISCUSSION

Results

Characteristics of Postpartum Mother Respondents

This study involved 35 postpartum mothers who were breastfeeding and met the inclusion criteria. Respondent characteristics are presented to provide an overview of the demographic and obstetric profiles of the postpartum mothers who were the study subjects, as shown in Table 1.

Table 1. Characteristics of Postpartum Mother Respondents at TPMB Bdn. Neneng Banjarmasin (n = 35).

Characteristics	Frequency (n)	Percentage (%)
Mother's Age		
20–35 years	26	74.3
>35 years	9	25.7
Education		
Primary–secondary education	21	60.0
Higher education	14	40.0
Employment Status		
Doesn't work	23	65.7
Work	12	34.3
Parity		
Primipara	15	42.9
Multipara	20	57.1
Baby Age		
0–1 month	14	40.0
2–3 months	12	34.3
4–6 months	9	25.7
The Most Influential Family Member		
Husband	18	51.4
Biological mother	10	28.6
Mother-in-law/other family members	7	20.0

Based on Table 1, most respondents were in the reproductive age group of 20–35 years (74.3%), while 25.7% were over 35 years old. The respondents' education level was dominated by elementary to secondary education (60.0%), while 40.0% had higher education. In terms of employment, the majority of postpartum mothers were unemployed (65.7%), while 34.3% worked outside the home. Based on parity, most respondents were multiparous (57.1%), followed by primiparous (42.9%). The age of the respondents' babies was mostly in the 0–1 month range (40.0%), which is the critical period for the initial breastfeeding process. In addition, the family member who played the most important role in supporting the breastfeeding process was the husband (51.4%), followed by the biological mother (28.6%) and other family members (20.0%). These characteristics indicate that respondents have diverse demographic and social backgrounds, and reflect the family context that plays an important role in the breastfeeding process at TPMB Bdn. Neneng Banjarmasin.

Distribution of Family Roles in the Breastfeeding Process

The distribution of family roles is presented to illustrate the level of support postpartum mothers receive during the breastfeeding process. Family roles in this study were assessed based on emotional, informational, and instrumental support, which were then categorized as good, adequate, and inadequate. The distribution of family roles is shown in Table 2.

Table 2. Distribution of Family Roles in the Breastfeeding Process at TPMB Bdn. Neneng Banjarmasin (n = 35).

The Role of the Family	Frequency (n)	Percentage (%)
Good	20	57.1
Enough	10	28.6
Not enough	5	14.3
Total	35	100

Based on Table 2, the majority of respondents (20 respondents) received good family support, amounting to 57.1%. Meanwhile, 10 respondents (28.6%) received adequate family support, and 5 respondents (14.3%) received poor family support. These findings indicate that the majority of postpartum mothers at the Neneng Banjarmasin TPMB receive relatively optimal family support during the breastfeeding process. However, some respondents still receive limited family support, which could potentially impact the smoothness and sustainability of the breastfeeding process.

Distribution of Successful Breastfeeding Process in Postpartum Mothers

The distribution of breastfeeding success rates is presented to illustrate the extent to which postpartum mothers are able to optimally breastfeed. In this study, breastfeeding success was assessed based on several aspects, including early breastfeeding initiation, breastfeeding frequency, maternal comfort during breastfeeding, and sustainability of breastfeeding practices. The distribution of breastfeeding success rates is shown in Table 3.

Table 3. Distribution of Successful Breastfeeding Process in Postpartum Mothers at TPMB Bdn. Neneng Banjarmasin (n = 35).

Successful Breastfeeding Process	Frequency (n)	Percentage (%)
Succeed	22	62.9
Less successful	13	37.1
Total	35	100

Based on Table 3, the majority of respondents indicated successful breastfeeding, namely 22 postpartum mothers (62.9%). Meanwhile, 13 respondents (37.1%) were categorized as less successful in carrying out the breastfeeding process. These results indicate that although the majority of postpartum mothers were able to carry out the breastfeeding process well, a significant proportion still experienced obstacles in breastfeeding. This condition indicates the need for special attention to supporting factors, including the role of the family, in efforts to improve the success of the breastfeeding process in postpartum mothers at TPMB Bdn. Neneng Banjarmasin.

Analysis of the Relationship between Family Roles and the Success of the Breastfeeding Process in Postpartum Mothers

Bivariate analysis was conducted to determine the relationship between family roles and breastfeeding success among postpartum mothers at the Neneng Village Health Center in Banjarmasin. The Chi-square test was used as the statistical test because both variables were categorical. The results of the analysis of the relationship between family roles and breastfeeding success are presented in Table 4.

Table 4. Relationship between Family Roles and Breastfeeding Success at TPMB Bdn. Neneng Banjarmasin (n = 35).

The Role of the Family	Success n (%)	Less Successful n (%)	Total n (%)
Good	17 (85.0)	3 (15.0)	20 (100)
Enough	4 (40.0)	6 (60.0)	10 (100)
Not enough	1 (20.0)	4 (80.0)	5 (100)
Total	22 (62.9)	13 (37.1)	35 (100)

The results of the Chi-square test showed a statistically significant relationship between family roles and successful breastfeeding in postpartum mothers at TPMB Bdn. Neneng Banjarmasin ($p < 0.05$). Postpartum mothers who received good family roles tended to experience more successful breastfeeding compared to mothers who received adequate or inadequate family roles. This finding indicates that the more optimal the family role given to postpartum mothers, the greater the mother's chance of successfully breastfeeding. This relationship emphasizes the importance of family support as a social factor that plays a role in determining the success of the breastfeeding process at the community midwifery service level.

Discussion

The results of this study indicate a significant relationship between family roles and breastfeeding success among postpartum mothers at the Neneng Community Health Center (TPMB) in Banjarmasin. Mothers with good family roles had a significantly higher proportion of successful breastfeeding compared to mothers with adequate or inadequate family roles. This finding confirms that breastfeeding success is not only determined by the mother's biological readiness but is also significantly influenced by close social support, particularly the nuclear family.

Clinically, breastfeeding is a physiological process that is sensitive to the mother's psychological and environmental conditions. Breast milk production and release are controlled by the hormones prolactin and oxytocin, with oxytocin being strongly influenced by feelings of comfort, calm, and emotional support. A supportive family environment can create a sense of security and reduce maternal stress, enabling the oxytocin reflex to function optimally and facilitate breastfeeding (Uvnäs-Moberg et al., 2020). Conversely, a lack of family support can increase postpartum maternal anxiety and fatigue, potentially hindering successful breastfeeding.

The results of this study align with various previous studies that emphasize the important role of the family, particularly the husband, in supporting successful breastfeeding. Research in several Asian countries shows that the husband's active involvement in infant and postpartum maternal care is positively correlated with the duration and sustainability of breastfeeding (Sherriff et al., 2014; Susiloretni et al., 2019). Studies in Indonesia also report that husband and family support are significantly associated with successful exclusive breastfeeding and reduced use of formula milk in the early postpartum period (Rohmah et al., 2020; Sari et al., 2021). These consistent results strengthen the argument that the family is a key factor in the breastfeeding ecosystem.

Interestingly, this study not only assessed breastfeeding success as an endpoint, but also as a process encompassing initiation, frequency, maternal comfort, and sustainability of the practice. This approach is relevant to current views emphasizing that breastfeeding is a dynamic process that can change over time and is influenced by the mother's daily experiences (Gianni et al., 2019). In this context, the role of the family is a persistent factor in the mother's life, so its influence on the breastfeeding process is ongoing, not fleeting.

Significant findings in the family role category indicate that emotional, informational, and instrumental support work synergistically. Emotional support increases maternal confidence (*breastfeeding self-efficacy*), informational support helps mothers make informed decisions about breastfeeding, while instrumental support—such as helping with housework or baby care—reduces the physical burden on postpartum mothers (Dennis, 2017; Britton et al., 2021). When these three forms of support are optimally present, mothers are more likely to overcome the initial challenges of breastfeeding.

On the other hand, the study also showed that in the categories of adequate and inadequate family support, the proportion of mothers who were less successful at breastfeeding was relatively higher. This finding indicates that partial or inconsistent family support is not sufficient to guarantee successful breastfeeding. Several studies have shown that ambiguous support—for example, when a family supports breastfeeding but continues to encourage formula feeding when the baby is fussy—can actually lower a mother's self-confidence and disrupt breastfeeding continuity (Brown & Davies, 2014; Februhartanty et al., 2017). This explains why not all mothers with "adequate" family support demonstrate successful breastfeeding.

In the context of community midwifery services, particularly in community midwifery centers (TPMB), the findings of this study have strong practical implications. TPMBs have close relationships with mothers and families, making them a strategic space for implementing a *family-centered care approach*. Lactation counseling involving husbands and other family members has been shown to be more effective than counseling focused solely on the mother (Hoddinott et al., 2015). Therefore, midwives in TPMBs need to view families as active partners in postpartum care and breastfeeding.

Another clinical implication is the need to shift the focus of interventions from simply technical breastfeeding education to strengthening family support systems. Family-based breastfeeding support programs have the potential to improve breastfeeding success and sustainability, particularly during the early postpartum period, which is vulnerable to

breastfeeding failure (Lau et al., 2020). This approach also aligns with promotive and preventive efforts in maternal and child health services.

Overall, the results of this study strengthen the evidence that the role of the family is an important social determinant of successful breastfeeding. This research provides a contextual contribution to community midwifery practice in Indonesia, particularly in TPMB, by emphasizing that successful breastfeeding is the result of collaborative efforts between the mother, family, and health workers. Future research is recommended to further explore the most influential forms of family support and develop structured family intervention models to support sustainable breastfeeding success (Victora et al., 2016; Rollins et al., 2016).

4. CONCLUSION

This study aims to analyze the relationship between family roles and successful breastfeeding in postpartum mothers at the Neneng Community Health Center (TPMB) in Banjarmasin. The results indicate that family roles have a significant relationship with successful breastfeeding, with optimal family support linked to mothers' ability to breastfeed more effectively and sustainably. These findings confirm the scientific significance that successful breastfeeding is the result of the interaction of physiological and social factors, not solely the mother's individual responsibility. Clinically, the results of this study reinforce the importance of a *family-centered care approach* in midwifery care, particularly during the postpartum period. Active family involvement in breastfeeding counseling and support has the potential to increase successful breastfeeding and support the holistic health of mothers and infants.

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