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The Spousal Support and Breastfeeding Motivation in Primiparous Breastfeeding Mothers: A Correlational Study

Primipar Emziren Annelerde Eş Desteği ve Emzirme Motivasyonu: Korelasyonel Bir Çalışma

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ABSTRACT

Objective: This study aimed to examine the relationship between spousal support and breastfeeding motivations of primiparous breastfeeding mothers.

Methods: This correlational study was conducted with 362 primiparous mothers who met the sample criteria and applied to the gynecology outpatient clinic of a training and research hospital in Izmir, located in the west of Türkiye, for postpartum control. The research data collected using the Individual Introduction Form, Breastfeeding Support Scale for Couples and Breastfeeding Motivation Scale were evaluated using Pearson correlation analysis and simple linear regression analysis.

Results: The Breastfeeding Support Scale for Couples total score of the primiparous mothers participating in the study was 9.05±2.68, and the Breastfeeding Motivation Scale total score was 74.89±9.10. A significant, weak and positive correlation was determined between spousal support and breastfeeding motivation (r=0.215, p=0.000). In the model established to examine the effects of spousal support, sociodemographic and obstetric variables on breastfeeding motivation, it was determined that maternal age and spousal support explained 7.5% of breastfeeding motivation (R^2=0.075 p=0.000).

Conclusion: Inadequate spousal support caused primiparous mothers to have lower breastfeeding motivation. In order to increase spousal support and breastfeeding success in breastfeeding primiparous mothers, breastfeeding programs should be designed in which comprehensive information about breastfeeding is made understandable by partners.

ÖZ

Amaç: Bu çalışmada, primipar emziren annelerin eş desteği ile emzirme motivasyonları arasındaki ilişkinin incelenmesi amaçlanmıştır.

Yöntem: Bu korelasyonel çalışma, Türkiye'nin batısında yer alan İzmir'deki bir eğitim ve araştırma hastanesinin kadın doğum polikliniğine doğum sonrası kontrol amacıyla başvuran, örneklem kriterlerini karşılayan 362 primipar anne ile yürütülmüştür. Birey Tanıtım Formu, Emzirme Destek Ölçeği ve Emzirme Motivasyon Ölçeği kullanılarak toplanan araştırma verileri Pearson korelasyon analizi ve basit doğrusal regresyon analizi kullanılarak değerlendirilmiştir.

Bulgular: Araştırmaya katılan primipar annelerin Emzirme Destek Ölçeği toplam puanı 9.05±2.68, Emzirme Motivasyon Ölçeği toplam puanı 74.89±9.10 olarak bulunmuştur. Eş desteği ile emzirme motivasyonu arasında anlamlı, zayıf ve pozitif bir ilişki belirlenmiştir (r=0.215, p=0.000). Emzirme motivasyonuna eş desteği, sosyodemografik ve obstetrik değişkenlerin etkisini incelemek amacıyla kurulan modelde, anne yaşı ve eş desteğinin emzirme motivasyonunun %7,5'ini açıkladığı belirlenmiştir (R^2=0.075 p=0.000).

Sonuç: Yetersiz eş desteği, primipar annelerin emzirme motivasyonlarının düşmesine neden olmaktadır. Emziren primipar annelerde eş desteğinin ve emzirme başarısının artırılması için emzirmeye ilişkin kapsamlı bilgilerin eşler tarafından anlaşılır hale getirildiği emzirme programları tasarlanmalıdır.

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INTRODUCTION

When the physical and psychological needs of mothers are met, their thoughts and behaviors regarding breastfeeding can change, and breastfeeding durations can be extended. Moreover, encouragement and support from significant others can increase mothers' motivation regarding breastfeeding (Yunita and Budiati, 2021). Motivation is the fundamental driving force behind individuals' successes, leading them to move in the desired direction (Studer and Knecht, 2016). The motivation to breastfeed is a significant factor in mothers' initiation of breastfeeding (Lau et al., 2016; Zhao, Liu and Mi, 2019). If a mother does not value breastfeeding, believes she will fail in breastfeeding, her motivation for breastfeeding decreases, and the likelihood of continuing breastfeeding decreases (Dağlı and Aktaş Reyhan, 2024; Kestler-Peleg, Shamir-Dardikman, Hermoni, and Ginzburg, 2015). According to Self-Determination Theory, individuals with high levels of autonomous (volitional, based on personal interest and importance) motivation act more quickly and successfully in performing a behavior, whereas those driven by controlled (containing causality, dependent on personal or externally imposed pressure) motivation cannot sustain the activity for long periods (Liu and Gu, 2022; Kestler-Peleg et al., 2015; Şahin, Özerdoğan, Özdamar and Gürsoy, 2019). Mothers with autonomous motivation for breastfeeding breastfeed their babies for longer durations, while those with controlled motivation terminate breastfeeding sooner (Liu and Gu, 2022; Şahin et al., 2019).

Understanding breastfeeding motivation is important to encourage and increase autonomy in primiparous mothers, who are more likely to terminate breastfeeding early due to insufficient experience with breastfeeding (Liu and Gu, 2022). In a meta-analysis examining factors affecting breastfeeding, the results of 22 qualitative studies showed that nearly all mothers received physical or psychological support from their partners, which increased their breastfeeding success and motivation (Wu, Zhang, Silva Zolezzi, Fries and Zhao, 2021). Mothers' social support systems, especially involving their partners, should be involved in the breastfeeding process to ensure successful initiation and continuation of breastfeeding (Dağlı and Aktaş Reyhan, 2024).

In patriarchal societies like Türkiye, the sources of motivation for breastfeeding mothers and their supporters generally include family members such as mothers, mothers-in-law, and sisters. Since childcare is typically considered the mother's responsibility in patriarchal societies, fathers are often excluded from the breastfeeding process (Uludağ, Ayar and Bektaş, 2023). Breastfeeding is a skill that can be particularly challenging for primiparous mothers, requiring a great deal of assistance and support for them to manage this process successfully. Therefore, healthcare professionals working in women's health should assess support systems for primiparous mothers from the pregnancy period onwards, particularly preparing their partners for pregnancy, childbirth, and the postpartum period (Chainakin, Sansiriphun, Chaloumsuk and Deeluea, 2023; Durmazoğlu, Çiçek and Okumuş, 2021). In this context, this study aimed to examine the status of spousal support and breastfeeding motivation in primiparous breastfeeding mothers and the correlation between spousal support and breastfeeding motivation.

METHODS

Study Design

The research was designed as a descriptive and correlational research.

Population and Sample

The research population was consisted of mothers who applied for postpartum check-ups at the obstetrics outpatient clinic of a training and research hospital in the western region of Türkiye. Convenience sampling method was used in the selection of the sample. The sample set of the study consisted of primiparous mothers who applied for postpartum check-ups at the obstetrics outpatient clinic of the hospital where the research was conducted between March 2022 and May 2022 and met the inclusion criteria. The acceptance criteria were as follows: being between 18-49 years old, married, primiparous, literate in Turkish language, able to speak Turkish, in the eighth week postpartum and still breastfeeding, having no barriers to breastfeeding for herself and the baby, giving birth at term (between 37-42 weeks of gestation), having a baby with a birth weight of 2500 grams or above, having a singleton baby, and consenting to participate in the study. The sample set size was calculated as 272 with a 95% confidence interval, 5% margin of error, and small effect size (d=0.2) using G*Power statistical software (Akbulut and Çapık, 2022), and the study was completed with 362 primiparous breastfeeding mothers who were able to be reached. The power of the study was found to be 97% in the posthoc test.

Data Collection

Research data were collected face-to-face interview technique by researchers using data collection forms in

the consultation room of the outpatient clinic from primiparous mothers who applied for postpartum check-ups. The data collection process took approximately 20-30 minutes. A pre-application was conducted with 10 mothers to determine the comprehensibility of the data collection forms, and the mothers involved in the pre-application were not included in the analysis.

Data Collection Tools

Participant Identification Form

Consists of 19 questions developed by the researchers to determine mothers' identifying characteristics and breastfeeding-related situations (Dağlı and Aktaş Reyhan, 2024; Uludağ et al., 2023; Moriwaki and Haku, 2016).

Breastfeeding Support Scale for Couples (BSSC)

The scale was developed by Moriwaki and Haku in 2016 to measure women's social motivations for breastfeeding and spousal support regarding breastfeeding, consisting of 14 items and three factors (thoughts for the spouse, cooperation in childcare and housework, and spouse's desires regarding breastfeeding). The scale utilized in the study yields scores ranging from 0 to 14, with higher scores indicating greater levels of support. In the original scale, the Cronbach's Alpha coefficient was reported as 0.89 (Moriwaki and Haku, 2016), whereas in the Turkish validity and reliability study conducted by Akgün and Taştekin in 2019, it was found to be 0.68 (Akgün and Taştekin, 2019). In the current study, the Cronbach's Alpha coefficient was calculated to be 0.76.

Breastfeeding Motivation Scale (BMS)

Based on self-determination theory and developed by Kestler-Peleg et al. in 2015, the scale is a four-point Likert-type scale consisting of 23 items and five factors (integrated, identified, introjected, external regulation, and intrinsic motivation) to measure breastfeeding motivation. The score that can be obtained from the scale is in the range of 23-92, where an increase in score indicates high breastfeeding motivation (Kestler-Peleg et al., 2015) The Cronbach's Alpha coefficient was 0.88 in the Turkish validity and reliability study conducted by Şahin et al. in 2019, while it was found to be 0.93 in this study.

Data Analysis

Data obtained from the research were analyzed using SPSS 22.0. Descriptive statistics were given as number, percentage, mean, and standard deviation. Assessing the assumption of normality analysis (Shapiro–Wilk tests) was conducted to examine the mean scores of mothers' BSSC and BMS scores, and parametric tests were used. Multiple regression analysis was conducted to determine the effect of spousal support, sociodemographic and obstetric variables on breastfeeding motivation in primiparous mothers. A significance level of $p<0.05$ was considered in all statistical analyses.

Ethical Considerations

The study adhered to the ethical guidelines outlined in the Helsinki Declaration. Approval was obtained from the İzmir Katip Celebi University Non-Interventional Clinical Research Ethics Committee (23/12/2021 date and 2021-523 decision number). Verbal and written consent were obtained from both the institutions involved in the research and the individuals participating in the study. Additionally, permission to utilize the scales was acquired via email from the authors responsible for establishing the Turkish validity and reliability of the scales.

RESULTS

The socio-demographic characteristics of primiparous mothers included in the study are presented in Table 1. The mean age of the mothers was 24.32±3.98 years, with 26.8% being primary school graduates, 73.2% not working, and 50.8% having an income equivalent to expenses. The mean age of the mothers' spouses was 28.26±4.58 years, with 32.8% being high school graduates, and 98.1% employed. The mean duration of marriage was 2.97±1.87 years. It was determined that there was a weak positive correlation between the mothers' BSSC ($r=0.120$, $p=0.023$) and BMS ($r=0.115$, $p=0.025$) mean score and their mean age. There was a statistically significant difference between the mothers' BSSC mean score according to their employment ($t=2.444$, $p=0.015$). There was also a difference between the mothers' BSSC ($F=3.268$, $p=0.039$) and BMS ($F=4.902$, $p=0.008$) mean scores according to their income status (Table 1).

Table 1. Breastfeeding Support Scale for Couples and Breastfeeding Motivation Scale Mean Scores According to the Mothers' Socio-Demographic Characteristics (n=362)

Variables	Mean±SD (min-max)	BSSC Total Score	BMS Total Score
Mean age (years)	24.32±3.98 (18-38)	**r= 0.120** **p= 0.023***	**r= 0.115** **p= 0.025***
Spouse's mean age (years)	28.26±4.58 (20-50)	r= 0.055 p= 0.294	r= 0.007 p= 0.895
Duration of marriage (years)	2.97±1.87 (1-13)	r= -0.023 p= 0.658	r= 0.091 p= 0.085
	n (%)	**Mean±SD**	**Mean±SD**
Educational level			
Literate	34 (9.4)	8.85± 2.82	76.85±9.10
Primary school graduate	65 (18.0)	8.58±2.96	75.44±9.41
Middle school graduate	87 (24.0)	9.02±2.64	74.66±8.99
High school graduate	97 (26.8)	9.03±2.51	74.67±8.52
Higher education graduate	79 (21.8)	9.58±2.60	74.13±9.71
F		1.318	0.615
p		0.263	0.652
Employment status			
Employed	97 (26.8)	9.61±2.55	74.39±9.71
Unemployed	265 (73.2)	8.84±2.70	75.08±8.88
t		**2.444**	-0.639
p		**0.015***	0.523
Spouse's education level			
Literate	28 (7.7)	8.92±3.07	74.46±9.02
Primary school graduate	49 (13.6)	8.59±2.54	77.48±8.55
Middle school graduate	101 (27.9)	9.10±2.83	74.22±9.13
High school graduate	118 (32.6)	8.92±2.56	74.89±9.47
Higher education graduate	66 (18.2)	9.59±2.57	74.18±8.72
F		1.120	1.251
p		0.347	0.289
Spouse's employment status			
Employed	355 (98.1)	9.05±2.66	75.01±9.09
Unemployed	7 (9.1)	8.71±3.81	69.00±7.87
t		0.336	1.736
p		0.737	0.083
Income status			
Income less than expenses	132 (36.5)	9.19±2.78	76.28±8.88
Income equal to expenses	184 (50.8)	8.75±2.54	73.44±9.01
Income more than expenses	46 (12.7)	9.82±2.82	76.71±9.34
F		**3.268**	**4.902**
p		**0.039***	**0.008****

**p <0.05 ** p< 0.01;SD: Standard Deviation; Min: Minimum; Max: Maximum; t: Independent T test; F: ANOVA; BSSC: Breastfeeding Support Scale for Couples; BMS: Breastfeeding Motivation Scale*

Of the mothers, 90.1% had planned pregnancies, with a mean gestational age of 38.16±1.13 weeks, 56.6% had vaginal deliveries, and 53% had male infants. The mean birth weight of breastfeeding primiparous mothers' babies was 3188.53±455.62 grams, and the mean weight at the eighth week postpartum was 6641.81±1498.08 grams. 79.3% of the mothers had not received breastfeeding education, with 37.3% of those who received education doing so alone, and 32% with their spouses. 84.3% of primiparous mothers initiated breastfeeding within the first 30 minutes, 71.3% exclusively breastfeeding, 28.7% gave something other than breast milk to their babies, and 86.5% of those who provided food/drink gave formula milk. 83.1% of the mothers did not experience any breastfeeding problems, while 16.9% did, with 39.3% of those experiencing problems thinking their milk was insufficient, 37.7% experiencing nipple problems, and 23% reporting that the baby did not want the breast. The mean planned breastfeeding duration of the mothers was 7.72±4.82 months. There is a difference between the BSSC mean score of mothers according to whether the pregnancy was planned or not (t=3.036, p=0.003), the gender of the baby (t=3.099, p=0.002) and whether they received breastfeeding education (t=2.832, p=0.005). There is a statistically significant difference in the BMS mean score of primiparous mothers according to other foods/drinks given beside breast milk (t=-2.555, p=0.012) (Table 2).

Table 2. Breastfeeding Support Scale for Couples and Breastfeeding Motivation Scale Mean Scores According to the Characteristics of Mothers' Pregnancies

Variables	Mean±SD (min-max)	BSSC Total Score	BMS Total Score
Baby's gestational age (weeks)	38.16±1.13 (37-42)	r= 0.027 p= 0.607	r= -0.037 p= 0.478
Baby's birth weight (grams)	3188.53±455.62 (2500-4550)	r= 0.068 p= 0.196	r= -0.019 p= 0.715
Baby's weight at eight weeks postpartum (grams)	6641.81±1498.08 (3140-9800)	r= -0.019 p= 0.719	r= 0.010 p= 0.848
Planned duration of breastfeeding (months)	7.72±4.82 (2-24)	r= -0.03 p= 0.962	r= 0.042 p= 0.423
	n (%)	**Mean±SD**	**Mean±SD**
Planned pregnancy			
Yes	326 (90.1)	9.19±2.57	75.02±9.21
No	36 (9.9)	7.77±3.31	73.72±8.03
t		**3.036**	0.816
p		**0.003****	0.415
Mode of delivery			
Vaginal birth	205 (56.6)	8.96±2.66	74.31±8.59
Cesarean section	157 (43.4)	9.16±2.71	75.66±9.70
t		-0.701	-1.400
p		0.484	0.162
Baby's gender			
Female	170 (47.0)	9.51±2.69	75.53±9.34
Male	192 (53.0)	8.64±2.61	74.33±8.87
t		**3.099**	1.255
p		**0.002****	0.210
Received breastfeeding education			
Yes	75 (20.7)	9.82±2.43	76.48±8.02
No	287 (79.3)	8.85±2.71	74.48±9.33
t		**2.832**	1.695
p		**0.005****	0.091
Who received breastfeeding education (n=75)			
Alone	28 (37.3)	9.89±2.71	75.07±8.05
With spouse	24 (32.0)	9.87±2.47	77.87±7.46
With relative	23 (30.7)	9.69±2.09	76.73±8.60
F		0.047	0.801
p		0.954	0.453
Time of first breastfeeding			
Within the first 30 minutes	305 (84.3)	9.01±2.68	74.77±9.32
30 minutes - 2 hours	14 (3.8)	8.35±2.84	75.35±7.21
1-2 days later	43 (11.9)	9.55±2.63	75.60±8.16
F		1.267	0.173
p		0.283	0.841
Exclusively breastfeeding			
Yes	258 (71.3)	9.08±2.64	75.00±9.28
No	104 (28.7)	8.96±2.79	74.63±8.67
t		-0.409	-0.349
p		0.683	0.727
Other food/drinks given besides breast milk (n=104)			
Formula milk	90 (86.5)	9.00±2.86	73.80±8.53
Water	14 (13.5)	8.71±2.33	80.00±7.82
t		0.354	**-2.555**
p		0.724	**0.012****
Experienced breastfeeding problems			
Yes	61 (16.9)	9.13±2.78	74.04±7.75
No	301 (83.1)	9.03±2.66	75.06±9.35
t		0.251	-0.783
p		0.802	0.434
Type of breastfeeding problems (n=61)			
Perceived insufficient milk supply	24 (39.3)	9.29±2.31	74.66±7.84
Breast problems	23 (37.7)	9.47±3.23	74.43±7.79
Baby's refusal	14 (23.0)	8.28±2.78	71.92±7.57
F		0.857	0.621
p		0.430	0.541

**p <0.05 ** p< 0.01; SD: Standard Deviation; Min: Minimum; Max: Maximum; t: Independent T test; F: ANOVA*
BSSC: Breastfeeding Support Scale for Couples; BMS: Breastfeeding Motivation Scale

The BSSC total score for primiparous breastfeeding mothers included in the study was 9.05±2.68. Mothers scored 4.45±2.00 on the spouse-related factors, 1.27±0.99 on cooperation in childcare and housework, and 3.32±0.94 on the spouse's desires regarding breastfeeding factors. The mean total score of the BMS for mothers was 74.89±9.10. The mean scores for the sub-dimensions were as follows: intrinsic and integrative regulation 31.46±4.30, identified regulation 17.20±2.24, introjected regulation 9.26±2.02, external regulation-baby's health 6.96±0.96, and external regulation-instrumental needs 9.99±1.56. It was indicated a statistically significant, albeit weak, positive association between the level of spousal support and breastfeeding motivation among first-time mothers (r= 0.215, p= 0.000) (Table 3).

Table 3. Mean Scores of Mothers on the Breastfeeding Support Scale for Couples and Breastfeeding Motivation Scale

Scale	Mean ±SD	Min-Max	Statistical Analysis[a]
Breastfeeding Support Scale for Couples total score	**9.05±2.68**	**2-14**	
Partner-related issues	4.45±2.00	0-7	
Collaboration in childcare and household chores	1.27±0.99	0-3	
Partner's desires regarding breastfeeding	3.32±0.94	0-4	
Breastfeeding Motivation Scale total score	**74.89±9.10**	**35-92**	**r= 0.215 p= 0.000*** **
Intrinsic and integrative regulation	31.46±4.30	11-36	
Identified regulation	17.20±2.24	9-20	
Introjected regulation	9.26±2.02	4-16	
External regulation-baby's health	6.96±0.96	4-9	
External regulation-instrumental needs	9.99±1.56	3-12	

**p <0.05 ** p< 0.01 ***p<0.001; SD: Standard Deviation; Min: Minimum; Max: Maximum; r: Correlation coefficient; [a] It shows the correlational analysis between the Breastfeeding Support Scale for Couples total score and the Breastfeeding Motivation Scale total score*

The effects of spouse support, mother's age, employment status, income status, whether the pregnancy was planned or not, baby's gender and breastfeeding education status on breastfeeding motivation were examined with multiple regression analysis. According to the multiple regression analysis, independent variables explained 7.5% of the total variance in breastfeeding motivation ($R^2 = 0.075$). The model was generally found to be significant (F = 4.092; p=0.000). The Durbin-Watson value was calculated as 1.522 for the examination of autocorrelation and was found to be within acceptable limits. In the model, it was found that spousal support (ß = 0.655, Beta = 0.193, t = 3.604, p = 0.000) and maternal age (ß = 0.341, Beta = 0.149, t = 2.584, p = 0.010) had a significant effect on breastfeeding motivation; while employment status, income status, whether the pregnancy was planned or not, gender of the baby and breastfeeding education status had no effect on breastfeeding motivation (Table 4).

Table 4. The Results of Multiple Linear Regression Analysis of Sociodemographic and Obstetric Variables on Breastfeeding Motivation

Variables	Breastfeeding motivation								
	ß	SE	Beta	t	p	F	Model (p)	R^2	Durbin Watson
Spousal support	0.655	0.182	0.193	3.604	**0.000*** **				
Mother age	0.341	0.132	0.149	2.584	**0.010** **				
Employment status	1.969	1.211	0.096	1.626	0.105				
Income status	-1.131	0.822	-0.082	-1.375	0.170				
Planned pregnancy	-0.335	1.582	0.011	.0.212	0.832	4.092	**0.000*** **	0.075	1.522
Baby's gender	-0.606	0.952	-0.033	-0.636	0.525				
Received breastfeeding education	-1.650	1.205	-0.074	1.370	0.172				

**p <0.05 ** p< 0.01 ***p<0.001; ß: Standardized regression coefficient; SE: Standart Error; R^2: squared R*

DISCUSSION

For first-time mothers, the postpartum period brings about numerous unknowns and anxiety-inducing physical and emotional changes related to infant care and breastfeeding. Spouses serve as one of the most significant sources of support in women's lives, and mothers typically expect support from their partners during the postpartum period (Eslahi, Bahrami, Allen and Alimoradi, 2021; Leonard, Evans, Kjerulff and Downs, 2020). Spouses support mothers in various aspects, including participating in the decision-making process regarding infant feeding methods, assisting in household chores and other childcare tasks, and providing emotional support (Demontigny, Gervais, Larivière-Bastien and St-Arneault, 2018).

The study identified that primiparous breastfeeding mothers received high levels of support from their partners, and this support was related to the mother's age, employment and income status, whether the pregnancy was planned or not, the gender of the baby, and whether they received breastfeeding education. Studies conducted by Susilawati, Anzani and Arifin (2022) and Baño-Piñero, Martínez-Roche, Canteras-Jordana, Carrillo-García and Orenes-Piñero (2018) found that 83% and 82% of mothers, respectively, received breastfeeding support from their partners (Susilawati et al., 2022; Baño-Piñero et al., 2018). Similarly, a study by Fadjriah, Krisnasari, and Gugu (2021) investigating the relationship between social support and breastfeeding behaviors reported that mothers mostly received spousal support, and mothers supported by their spouses had higher rates of exclusive breastfeeding (Fadjriah et al., 2021). Consistent with the findings in the literature, a study examining the impact of perceived spousal support on breastfeeding by Durmazoğlu et al. (2021) found that mothers perceived high levels of spousal support, which increased exclusive breastfeeding rates. Literature reviews have consistently shown that spousal support significantly influences mothers' breastfeeding decisions, intentions, durations, and self-efficacy (Durmazoğlu et al., 2021). Studies conducted by Açıkgöz and Yoruk (2022), Emmott, Page and Myers (2020), Ogbo et al. (2020), and Soltani Hosseinzadeh, Mirghafourvand, Aghajari and Burns (2024) have all reported that positive spousal support leads to increased breastfeeding intentions, longer breastfeeding durations, and higher levels of breastfeeding self-efficacy among mothers. The high level of spousal support in this study is thought to be associated with the vast majority of the sampled mothers having planned pregnancies with their first child.

The study discovered that mothers exhibited high levels of motivation to breastfeeding, and determined that the mother's age and income status were sociodemographic variables that affected breastfeeding motivation. Breastfeeding fosters a deep emotional connection between the mother and the baby, leading to increased maternal satisfaction and a sense of achievement. Close interaction during breastfeeding fosters bonding between the mother and the infant, positively impacting the mother's self-esteem. Enhanced self-esteem is linked to greater satisfaction and motivation for breastfeeding (Chainakin et al., 2023; Emmott et al., 2020; Karaçam and Sağlık, 2018).

The study also found that mothers receiving support from their partners demonstrated higher motivation for breastfeeding, with spousal support and mother’s age accounting for 7.5% of breastfeeding motivation. Another study examining spousal support shortly after childbirth revealed a significant, positive correlation with breastfeeding motivation among first-time mothers, with spousal support explaining 24% of the variability (Uludağ et al., 2023). Strong motivation, proactive management of breastfeeding, and social support play pivotal roles in initiating and maintaining successful breastfeeding (Karaçam and Sağlık, 2018). Partner involvement in household chores and childcare reduces the mother's workload, allowing her to devote more time and energy to breastfeeding, thereby enhancing her enjoyment of the process. Spousal support fosters a sense of understanding in mothers and strengthens family bonds, while also boosting maternal confidence and self-perception (Emmott et al., 2020; Ogbo et al., 2020; Rempel, Rempel and Moore, 2017). Therefore, enhancing social support systems for families postpartum and providing effective resources for partners to support breastfeeding will improve their knowledge and motivation to aid in breastfeeding. Nurses working in this field should consider culture-specific motivation sources that influence women's breastfeeding behaviors when planning breastfeeding interventions (Uludağ et al., 2023; Durmazoğlu et al., 2021). Additionally, involving partners in breastfeeding education and all breastfeeding-related practices during pregnancy and the postpartum period will positively impact breastfeeding outcomes. When both parents receive breastfeeding education together, fathers provide advice during breastfeeding difficulties, are more willing to share childcare and household chores, pay attention to their partners' moods, and provide psychological support (Wu et al., 2021).

Limitations

The study examined the spousal support perceived by primiparous mothers, and the most important limitation of the study is that no information was obtained from the spouses about the support provided. In addition, the fact that the study was conducted with primiparous mothers who applied to a single hospital can be considered a limitation in that the results cannot be generalized to the whole population.

CONCLUSION

Based on the findings of the study, spousal support influences breastfeeding motivation in primiparous mothers. In order to increase spousal support during breastfeeding, it is important to include spouses in all processes from the beginning of pregnancy. In order to increase spousal support by ensuring that spouses clearly understand information about breastfeeding, easily accessible, comprehensive breastfeeding programs should be designed.

Author(s) contribution(s)

Concept and design: E.T., N.E.C. Data collection: E.T. Data analysis and interpretation: E.T., N.E.C. Writing manuscript: E.T., N.E.C. Critical review: E.T., N.E.C.

Conflict of Interest
The authors have no conflicts of interest to declare.

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