Research Square

Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or referenced by the media as validated information.

Association Between Paternal Support and Maternal Breastfeeding Motivation: A Cross- Sectional Study

ZÜBEYDE EZGİ ERÇELİK
Bandırma Onyedi Eylül University
FATMA ASLAN DEMİRTAŞ
faslan@bandirma.edu.tr

Bandırma Onyedi Eylül University

Research Article

Keywords: Breastfeeding, Motivation, Paternal support, Mother

Posted Date: July 24th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-9910169/v1

License: This work is licensed under a Creative Commons Attribution 4.0 International License. Read Full License

Additional Declarations: No competing interests reported.

Abstract

Background

Breastfeeding offers unique nutritional, immune, and psychosocial benefits for both infants and mothers. While maternal factors influencing breastfeeding motivation and duration have been extensively studied, paternal involvement remains an underexplored area, particularly in the Turkish context. This study aims to identify the factors associated the effect of fathers' support during the breastfeeding period on maternal breastfeeding motivation.

Methods

A cross-sectional study was conducted among primiparous and multiparous mothers and fathers in Türkiye. Data were collected using a Sociodemographic information form, Paternal Support Scale Of Breastfeeding and Breastfeeding Motivation Scale. Descriptive statistics and association analysis were conducted.

Results

Paternal support for breastfeeding was found to have a positive effect on breastfeeding motivation among primiparous mothers ($r = 0.179$, $p = 0.018$), whereas no such effect was observed in multiparous mothers ($B = 0.074$, $p = 0.283$). Primiparous mothers who received breastfeeding education reported significantly higher motivation levels ($p = 0.024$). Interestingly, both primiparous ($p = 0.021$) and multiparous mothers ($p = 0.007$) without family support exhibited higher levels of breastfeeding motivation.

Conclusion

This study found that paternal support significantly enhances breastfeeding motivation among primiparous mothers, whereas its impact is limited among multiparous mothers due to self-efficacy developed through previous experiences. The findings suggest that breastfeeding counseling and educational programs should emphasize paternal involvement, particularly for first-time mothers. For multiparous mothers, interventions aimed at maintaining motivation should focus more on socioeconomic support and working conditions.

INTRODUCTION

Breast milk is a unique source of nutrition that provides all essential nutrients necessary for the healthy growth and development of infants. The most effective and natural method of delivering breast milk to an infant is through breastfeeding. In addition to improving maternal and infant health, breastfeeding offers numerous economic and psychosocial benefits [1].

The World Health Organization (WHO) recommends initiating breastfeeding within the first hour after birth and exclusively breastfeeding for the first six months [2]. According to the Global Breastfeeding Collective (2018–2024), 48% of infants were breastfed within the first hour of life; over the past five years, global rates of

continued breastfeeding at one and two years of age have risen by approximately 10 percentage points. Furthermore, nearly half of all infants under six months of age are now exclusively breastfed [3]. In Türkiye, the 2018 Turkey Demographic and Health Survey (TNSA) reported that 71% of infants were breastfed in the first hour, 41% were exclusively breastfed for six months, and 34% continued breastfeeding up to two years [4].

Motivation is a critical factor in successful breastfeeding. Women with high breastfeeding motivation tend to breastfeed longer and achieve greater success [5,6]. However, several factors influence this motivation. Initiating and maintaining breastfeeding can be affected by the mode of delivery, postpartum pain, maternal employment, stress, fatigue, and various breastfeeding challenges [7,8,9]. Difficulties such as poor latch, nipple pain, engorgement, mastitis, non-nipple-related pain, perceived low milk supply, burnout, return to work, and prescribed medications are among the most common reasons for discontinuing breastfeeding [8].

Other issues like low milk production, insufficient infant weight gain, breastfeeding difficulties, nipple cracks, infant reluctance, lack of knowledge about feeding intervals, maternal fatigue, or the presence of medical conditions in either the mother or infant may also hinder breastfeeding [10,11]. Breastfeeding is a learned skill that develops over time for both mother and child. While mothers are expected to feed effectively, they are also often required to manage household duties and care for other children simultaneously. Balancing these responsibilities alone can lead to self-doubt and concerns about milk adequacy [12].

Supportive or obstructive influences can significantly affect a mother's perception of breastfeeding success. Among these, paternal support is considered one of the most influential factors [13]. A paternal figure who offers emotional support and displays a positive attitude toward breastfeeding can play a pivotal role in helping the mother initiate and sustain breastfeeding for longer durations. A woman's confidence and belief in her ability to breastfeed are strongly associated with longer breastfeeding durations, while fear of insufficient milk can reduce her motivation. During the early postpartum period, mothers require assistance not only from healthcare professionals but also from their partners [14,15].

Although recent studies demonstrate the positive impact of paternal involvement on breastfeeding initiation, continuation, and cessation [16–18], most research in Türkiye continues to focus primarily on mothers. Moreover, there is a significant lack of studies that explore how paternal support affects maternal breastfeeding motivation.

In this study, we examine the effect of the support that mothers receive from paternal figures during the breastfeeding period on their breastfeeding motivation.

METHODS

Study design and setting

The study adopted a cross-sectional, descriptive design in which two previously validated questionnaires were translated and completed by a sample of patients in Bandırma, Türkiye. Data collection commenced in July 2024 and concluded in December 2024.

Participants and settings

The sampling frame for this study was parents (mother and father) with a baby aged 0-6 months. Inclusion criteria included doing literate and having babies aged 0-6 months. Exclusion criteria included babies who are not breastfed or fed only formula formula. The information processing and statistical units of the institution were interviewed and it was learned that there were 2865 applicants between the ages of 0-6 months in the previous year to the obstetrics and gynecology service and pediatric outpatient clinics. In the calculation of the sample size, the sampling method with 90% reliability and a margin of error of 0.05 was used and the minimum sample size was calculated as 219. Eventually 246 patients completed the study.

Ethical statement

Ethical approval was obtained from the Ethics Committee of Bandirma Onyedi Eylul University (2024-81), and institutional permission was obtained from the relevant hospital committee. The participants of this study were mothers of infants aged 0–6 months; infants were not directly recruited as study participants. There were no participants under the age of 16 in this study. Before data collection, all participants received a full explanation of the content and purpose of the study and were informed about the confidentiality of the data. All participants received both an oral explanation and a written information document. Written informed consent was obtained from all participants prior to participation. Since infant-related information was provided by the mothers, who were the parents/legal guardians of the infants, no additional consent procedure for minors was applicable. To ensure confidentiality, the names of the participants were replaced with codes (A1, A2, etc.).

Measures

Approval was received from the ethics committees of the university and participating hospitals. Following an explanation of the purpose of the study consent was obtained from those who met the inclusion criteria and agreed to parents. The three questionnaires which Paternal Support Scale Of Breastfeeding, Breastfeeding Motivation Scale and Sociodemographic Information Form took approximately 10 min to complete. The Sociodemographic Information Form was developed by the researchers specifically for this study based on the relevant literature.. The other instruments used in the study were previously published scales with established validity and reliability, and the relevant references are provided in the manuscript.

Sociodemographic information form

The form was prepared by the researchers according to the literatüre. Individual and family characteristics family type (age, education level, working or not, income level, wanting the pregnancy, baby’s sex, having received breastfeeding education before, number of children, the person to provide, support for postpartum care, type of baby's nutrition) were measured with closed- ended, multiple-choice questions (for mothers 15, for fathers 12 questions) [12,17,19]

Paternal Support Scale Of Breastfeeding

Paternal Support Scale Of Breastfeeding Scale was developed by Kurt Sezer and colleagues [12].The primary objective of the scale is to assess fathers' support for mothers’ during the breastfeeding process. The outcome of the validity-reliability analysis aligns with a one-dimensional structure, encompassing 21 items. This scale formatted as a 5-point Likert scale. Scores on the scale range between a minimum of 21 and a

maximum of 105 points. A higher total score indicates a greater level of support that fathers provide to mothers' during the breastfeeding journey. Total item correlation coefficient of this scale was found to vary between 0.63 and 0.81. [12]. In this study, the Cronbach alpha value of the scale for primiparous father was found to be 0.951; and the Cronbach alpha value for multiparous father was found to be 0.956.

Breastfeeding Motivation Scale (BMS)

The Breastfeeding Motivation Scale was developed by Kestler-Peleg and colleagues [20]. Turkish reliability and validity of the scale were performed by Mızrak Sahin and colleagues [19]. The BMS for primiparous women is composed of 24 items and 5 sub-scales (integrated regulation, intrinsic motivation, identified regulation, introjected regulation-social approval, introjected regulation-social pressure, external regulation-additional benefits). This scale is a four-point Likert scale, and each item is scored from 1 (Strongly Disagree) to 4 (Strongly agree). The scale has no total score. As the score from the subscale of the scale increases, the motiv- ation that represents that subscale also increases. Cronbach's alpha value was found 0.887 on the scale for primiparous mothers, and Cronbach's alpha values were found between 0.658 and 0.879 for the sub-scales [19]. In this study, the Cronbach alpha value of the scale for primiparous mothers was found to be 0.889; and the Cronbach alpha value for multiparous mothers was found to be 0.801.

Data analysis

The data obtained within the scope of this research were analyzed using the SPSS version 25.0. Descriptive statistics including mean, standard deviation, minimum and maximum values, as well as frequency and percentage distributions were calculated. To examine the relationship between scores on the Paternal Support Scale of Breastfeeding and the Breastfeeding Motivation Scale, Pearson correlation analysis was performed. In order to identify the factors affecting breastfeeding motivation, a two-step hierarchical multiple linear regression analysis was conducted. In the first model, only individual and sociodemographic variables were included. In the second model, the paternal support variable was added. The significance of the regression models was assessed using the F-test, while their explanatory power was evaluated with Adjusted R^2 values. A p-value less than 0.05 ($p < 0.05$) was considered statistically significant for all analyses.

RESULTS

Table 1. Descriptive Characteristics of the Mothers

	Primiparous Mothers (N:176)		Multiparous Mothers (N:70)	
Age	31,46±4,55 (min:19-max:45)		32,06±5,61 (min:22-max:48)	
Age of baby (month)	5,26±4,45 (min:1-max:6)		4,59±3,07 (min:1-max:6)	
	n	**%**	**n**	**%**
Education				
Primary School	6	3.4	11	17.7
Lower Secondary School Graduate	10	5.7	12	17.1
High School	32	18.2	29	41.4
University Degree or Higher	128	72.7	18	25.7
Occupation				
Public Sector Employee	110	62.5	13	18.6
Self-Employed	15	8.5	3	4.3
Private Sector Employee	12	6.8	5	7.1
Housewife	38	21.6	49	70
Employment Status				
Employed	112	63.6	20	28.6
Unemployed	64	36.4	50	71.5
Income Status				
Income is less than my expenses	21	11.9	26	37.1
Income is equal to my expenses	105	59.7	34	48.6
Income is greater than my expenses	50	28.4	10	14.3
Infant's Sex				
Female	78	44.3	32	45.7
Male	98	55.7	38	54.3
Was the pregnancy planned?				
Yes	146	83	29	41.4
No	28	17	41	58.6
Mode of delivery				
Vaginal	66	37.5	38	54.3

Cesarean section	110	62.5	32	45.7
Support for child care?				
Yes	126	71.6	29	41.4
No	50	28.4	41	58.6
Have you received any breastfeeding education?				
Yes	100	56.9	40	57.1
No	76	43.1	30	42.9

Table 1 presents the distribution of the descriptive characteristics of the participating mothers. The mean age of primiparous mothers was 31.46±4.55 years (range: 19–45), while that of multiparous mothers was 32.06±5.61 years (range: 22–48). The infants' mean age was 5.26±4.45 months (range: 1–6) for primiparous mothers and 4.59±3.07 months (range: 1–6) for multiparous mothers. Regarding education, the highest proportion of primiparous mothers (72.7%) had a university degree or higher, compared to 25.7% among multiparous mothers. Most primiparous mothers were civil servants (62.5%), while the majority of multiparous mothers were housewives (70%). In terms of employment status, 63.6% of primiparous mothers were employed, whereas 71.5% of multiparous mothers were not working. For income status, 59.7% of primiparous and 48.6% of multiparous mothers reported their income as equal to their expenses. Regarding the infants' sex, both groups had slightly more male infants (primiparous: 55.7%; multiparous: 54.3%). A higher proportion of pregnancies were planned among primiparous mothers (83.0%) compared to multiparous mothers (41.4%). Cesarean delivery was more common among primiparous mothers (62.5%), while vaginal delivery was more frequent among multiparous mothers (54.3%). In the postpartum period, 71.6% of primiparous mothers received family support, compared to only 41.4% of multiparous mothers. A majority of both groups received breastfeeding education (primiparous: 56.9%; multiparous: 57.1%) (Table 1)

Table 2. Descriptive Characteristics of the Fathers

	Primiparous Fathers Group (N:176)		Multipar Fathers Group (N:70)	
Age	33,28±6,69 (min:20,max:47)		34,39±5,73 (min:24-max:50)	
	n	**%**	**n**	**%**
Education				
Primary School	4	2	7	10
Lower Secondary School Graduate	18	10.2	25	35.7
High School	42	23.9	18	25.7
University Degree or Higher	112	63.9	20	28.6
Occupation				
Public Sector Employee	52	29.5	11	15.7
Self-Employed	79	44.9	42	60
Private Sector Employee	45	25.6	16	24.3
Employment Status				
Employed	170	96.6	66	94.3
Unemployed	6	3.4	4	5.7
Have you received any breastfeeding education?				
Yes	100	56.9	12	17.1
No	76	43.1	58	82.9

Table 2 summarizes the descriptive characteristics of the fathers. The mean age was 33.28±6.69 years for primiparous fathers and 34.39±5.73 years for multiparous fathers. Among primiparous fathers, 63.9% had a university degree or higher, whereas 35.7% of multiparous fathers had completed only secondary education. In terms of occupation, the largest proportion of both groups worked in the private sector (primiparous: 44.9%; multiparous: 60%). Nearly all fathers in both groups were employed (primiparous: 96.6%; multiparous: 94.3%). More than half of the primiparous fathers (56.9%) had received breastfeeding education, while the majority of multiparous fathers (82.9%) had not (Table 2).

Table 3. Scale Scores for Paternal Support and Breastfeeding Motivation

Scales	X	±SD	Minimum	Maximum
Total Score of Paternal Support Scale Of Breastfeeding-Primipar	3,76	±0,86	1,29	5
Total Score of Paternal Support Scale Of Breastfeeding-Multipar	3,48	±0,81	1,81	4,18
Total Score of Breastfeeding Motivation Scale -Primipar	73,57	±10,22	46	92
Total Score of Breastfeeding Motivation Scale -Multipar	73,47	±11,66	48	90

Table 3 shows the mean scale scores for the **Paternal Support Scale of Breastfeeding and the Breastfeeding Motivation Scale**. The mean score for the paternal support scale was 3.76±0.86 (min: 1.29, max: 5.00) among primiparous fathers and 3.48±0.81 (min: 1.81, max: 4.18) among multiparous fathers. The mean breastfeeding motivation score was 73.57±10.22 (min: 46, max: 92) for primiparous mothers and 73.47±11.66 (min: 48, max: 90) for multiparous mothers (Table 3).

Table 4. Relationship Between Breastfeeding Paternal Support Scale and Breastfeeding Motivation Scale Scores in Primiparous and Multiparous Mothers

Variables		Total Score of Breastfeeding Motivation Scale
Total Score of Paternal Support Scale Of Breastfeeding-Primipar	r	**0,179***
	p	0,018
Total Score of Paternal Support Scale Of Breastfeeding-Primipar	r	0,169
	p	0.161

Note: r: Pearson correlation coefficient. *: p<0.05, **: p<0.001

As shown in Table 4, a weak but statistically significant **positive correlation** was found between paternal support and maternal breastfeeding motivation among **primiparous mothers** (r = 0.179, p = 0.018). However, no statistically significant relationship was found between these variables in the **multiparous group** (r = 0.169, p = 0.161) (Table 4).

Table 5. Factors Affecting Breastfeeding Motivation in Primiparous Mothers

Model 1

Variables	Unstandardized coefficient		Standardized coefficient	t	p	95% CI	
	B	SE	Beta			Lower	Upper
(Constant)	71,732	8,061		8,898	,000	55,798	87,665
Maternal Age	-,043	,162	-,019	-,265	,791	-,363	,277
Maternal Education: Illiterate	-39,997	10,066	-,295	-3,973	,000	-59,894	-20,100
Maternal Education: Primary School Graduate	23,760	10,102	,247	2,352	,020	3,792	43,728
Maternal Education: Lower Secondary School Graduate	8,579	7,972	,195	1,076	,284	-7,179	24,336
Maternal Education: High School Graduate	15,984	7,514	,605	2,127	,035	1,131	30,836
Maternal Education: University Degree or Higher	13,878	7,328	,606	1,894	,060	-,607	28,363
Maternal Occupation: Private Sector Employee	8,606	2,157	,243	3,990	,000	4,343	12,869
Maternal Occupation: Self-Employed	2,310	2,455	,057	,941	,348	-2,543	7,162
Maternal Occupation: Housewife	1,401	2,795	,057	,501	,617	-4,122	6,925
Maternal Work Schedule: Mixed	-12,173	2,776	-,263	-4,385	,000	-17,661	-6,686
Maternal Work Schedule: Not Employed	-2,450	2,186	-,116	-1,121	,264	-6,771	1,871
Income Level: Income Equals Expenses	-4,921	1,578	-,237	-3,119	,002	-8,039	-1,802
Income Level: Income Less Than Expenses	-11,386	2,231	-,362	-5,103	,000	-15,797	-6,976
Infant’s Sex: Male	2,083	1,321	,102	1,577	,117	-,528	4,695
Planned Pregnancy: No	-6,985	1,898	-,258	-3,681	,000	-10,736	-3,234

Mode of Delivery: Cesarean Section	-,419	1,623	-,020	-,258	,797	-3,628	2,789
Family Support During Postnatal Care: No	5,886	1,981	,260	2,972	,003	1,971	9,801
Maternal Breastfeeding Education Status: No	-4,870	1,489	-,237	-3,271	,001	-7,812	-1,927
Paternal Education: Illiterate	33,869	10,036	,352	3,375	,001	14,033	53,705
Paternal Education: Primary School Graduate	-4,981	12,537	-,037	-,397	,692	-29,761	19,798
Paternal Education: Lower Secondary School Graduate	-4,027	10,087	-,120	-,399	,690	-23,965	15,912
Paternal Education: High School Graduate	-10,595	9,753	-,443	-1,086	,279	-29,873	8,683
Paternal Education: University Degree or Higher	-8,083	9,748	-,381	-,829	,408	-27,349	11,184
Paternal Occupation: Private Sector Employee	-5,325	1,462	-,260	-3,643	,000	-8,214	-2,435
Paternal Occupation: Self-Employed	-1,000	2,170	-,043	-,461	,646	-5,290	3,290
Paternal Work Schedule: Mixed	-7,912	1,288	-,361	-6,141	,000	-10,458	-5,365
Paternal Work Schedule: Unemployed	-13,792	4,364	-,225	-3,160	,002	-22,418	-5,165
Paternal Breastfeeding Education Status: No	8,364	1,607	,334	5,206	,000	5,188	11,540
Infant Age (months)	,132	,131	,057	1,005	,316	-,127	,390

Note: F(31, 144)=9.868, *p<0.001; Adj. R2=0.611. Maternal age; maternal education level (*reference category: illiterate*); maternal occupation (*reference category: public sector employee*); maternal work schedule (*reference category: daytime*); perceived income level (*reference category: income higher than expenses*); infant's sex (*reference category: female*); planned pregnancy (*reference category: yes*); mode of delivery (*reference category: vaginal delivery*); family support during the postnatal care process (*reference category: yes*); maternal breastfeeding education status (*reference category: yes*); paternal education level (*reference category: literate*); paternal occupation (*reference category: public sector employee*); paternal work schedule (*reference category: daytime*); paternal breastfeeding education status (*reference category: no*); and infant's age (in months).

Model 2

Variables	**Nonstandardized coefficient**		**Standardized coefficient**	**t**	**p**	**95% CI**	
	B	**SE**	**Beta**			**Lower**	**Upper**
(Constant)	60,029	7,905		7,594	,000	44,403	75,655
Maternal Education: Illiterate	-,192	,154	-,086	-1,244	,215	-,497	,113
Maternal Education: Primary School Graduate	-30,150	9,608	-,222	-3,138	,002	-49,141	-11,158
Maternal Education: Lower Secondary School Graduate	16,801	9,529	,175	1,763	,080	-2,035	35,637
Maternal Education: High School Graduate	3,525	7,506	,080	,470	,639	-11,313	18,362
Maternal Education: University Degree or Higher	11,508	7,067	,435	1,628	,106	-2,461	25,477
Maternal Education: Illiterate	9,443	6,894	,413	1,370	,173	-4,184	23,071
Maternal Occupation: Private Sector Employee	6,209	2,072	,175	2,996	,003	2,113	10,306
Maternal Occupation: Self-Employed	,089	2,335	,002	,038	,970	-4,527	4,705
Maternal Occupation:	-,785	2,645	-,032	-,297	,767	-6,013	4,443

Housewife							
Maternal Work Schedule: Mixed	-13,019	2,594	-,281	-5,019	,000	-18,146	-7,892
Maternal Work Schedule: Not Employed	-2,430	2,038	-,115	-1,192	,235	-6,458	1,598
Income Level: Income Equals Expenses	-5,006	1,471	-,241	-3,404	,001	-7,914	-2,099
Income Level: Income Less Than Expenses	-10,709	2,085	-,341	-5,137	,000	-14,830	-6,588
Infant's Sex: Male	1,226	1,245	,060	,985	,326	-1,234	3,686
Planned Pregnancy: No	-6,133	1,778	-,226	-3,449	,001	-9,648	-2,618
Mode of Delivery: Cesarean Section	1,080	1,546	,051	,699	,486	-1,975	4,135
Family Support During Postnatal Care: No	4,357	1,874	,193	2,325	,021	,653	8,061
Maternal Breastfeeding Education Status: No	-3,268	1,428	-,159	-2,289	,024	-6,090	-,446
Paternal Education: Illiterate	33,634	9,355	,350	3,595	,000	15,143	52,125
Paternal Education: Primary School Graduate	3,830	11,831	,028	,324	,747	-19,556	27,216
Paternal Education: Lower Secondary School Graduate	4,256	9,562	,127	,445	,657	-14,645	23,157
Paternal Education: High School Graduate	-3,469	9,213	-,145	-,377	,707	-21,681	14,742

Paternal Education: University Degree or Higher	-1,795	9,181	-,085	-,196	,845	-19,944	16,353
Paternal Occupation: Private Sector Employee	-4,490	1,374	-,219	-3,269	,001	-7,206	-1,775
Paternal Occupation: Self-Employed	-2,764	2,057	-,118	-1,344	,181	-6,829	1,301
Paternal Work Schedule: Mixed	-6,969	1,217	-,318	-5,726	,000	-9,375	-4,563
Paternal Work Schedule: Unemployed	-14,822	4,074	-,242	-3,638	,000	-22,875	-6,770
Paternal Breastfeeding Education Status: No	8,841	1,501	,353	5,890	,000	5,874	11,808
Infant Age (months)	,268	,125	,117	2,137	,034	,020	,515
Paternal Support	3,341	,701	,284	4,768	,000	1,956	4,727
Note: F(32, 143)= 11.713, *p<0.001; Adj. R2=0.662. Regresyon modeline dahil edilen değişkenler: annenin yaşı, annenin eğitim düzeyi (referans kategori: okur-yazar), annenin mesleği (referans kategori: memur), annenin çalışma düzeni (referans kategori: gündüz), algılanan gelir düzeyi (referans kategori: gelirim giderimden fazla), bebeğin cinsiyeti (referans kategori: kız), gebeliğin planlı olma durumu (referans kategori: evet), doğum şekli (referans kategori: vajinal), bakım sürecinde aile desteği (referans kategori: evet), annenin emzirme eğitimi alma durumu (referans kategori: evet), babanın eğitim durumu (referans kategori: okur yazar), babanın mesleği (referans kategori: memur), babanın çalışma düzeni (referans kategori: gündüz), babanın emzirme eğitimi alma durumu (referans kategori: hayır), bebeğin yaşı (ay), baba desteği.							

The results of the hierarchical regression analysis conducted to identify the factors affecting breastfeeding motivation among primiparous mothers are presented in Table 5. In Model 1, only parental and infant individual characteristics were included, explaining 61.1% of the variance in breastfeeding motivation (Adjusted $R^2 = 0.611$, $p < 0.001$). In Model 2, the paternal support variable was added, which significantly increased the explanatory power of the model to 66.2% (Adjusted $R^2 = 0.662$, $p < 0.001$). According to Model 2, a one-unit increase in paternal support was associated with a 3.341-point increase in maternal breastfeeding motivation ($p < 0.001$). Other variables that were found to be statistically significant predictors of breastfeeding motivation include: Mothers who were illiterate had motivation scores that were 30.150 points lower than literate mothers ($p = 0.002$). Mothers employed in the private sector had motivation scores

6.209 points higher than civil servants (p = 0.003). Mothers with a mixed work schedule had motivation scores 13.019 points lower compared to those with daytime schedules (p < 0.001). Mothers with income equal to expenses had scores 5.006 points lower, and those with income lower than expenses had scores 10.709 points lower than mothers with income exceeding expenses (p = 0.001; p < 0.001, respectively). Mothers with unplanned pregnancies had breastfeeding motivation scores 6.133 points lower than those with planned pregnancies (p = 0.001). Mothers without family support had motivation scores 4.357 points higher than those who received support (p = 0.021). Mothers who did not receive breastfeeding education had motivation scores 3.268 points lower than those who did (p = 0.024). Mothers whose partners were illiterate had motivation scores 33.634 points higher than those whose partners were literate (p < 0.001). Mothers whose partners were employed in the private sector had motivation scores 4.490 points lower than those whose partners were civil servants (p = 0.001). Mothers whose partners had a mixed work schedule had motivation scores 6.969 points lower, and those whose partners were unemployed had scores 14.822 points lower than mothers whose partners worked daytime shifts (p < 0.001). Mothers whose partners did not receive breastfeeding education had 8.841 points higher motivation scores compared to those whose partners did (p < 0.001). Each one-month increase in the infant's age was associated with a 0.268-point increase in maternal breastfeeding motivation (p = 0.034) (Table 5).

Table 6. Factors Affecting Breastfeeding Motivation in Multiparous Mothers

Model 1

Variables	Unstandardized coefficient		Standardized coefficient	t	p	95% CI	
	B	SE	Beta			Lower	Upper
(Constant)	64,615	13,346		4,841	,000	37,573	91,657
Maternal age	-,038	,268	-,018	-,142	,888	-,580	,504
Maternal education: Illiterate	-17,976	11,909	-,184	-1,509	,140	-42,106	6,154
Maternal education: Primary school graduate	-4,291	5,290	-,111	-,811	,422	-15,010	6,428
Maternal education: Lower secondary school graduate	1,896	5,095	,062	,372	,712	-8,426	12,219
Maternal education: High school graduate	8,725	5,154	,371	1,693	,099	-1,719	19,169
Maternal education: University degree or higher	5,110	5,025	,193	1,017	,316	-5,071	15,291
Maternal occupation: Private sector	-21,547	6,652	-,377	-3,239	,003	-35,026	-8,068
Maternal occupation: Self-employed	5,647	7,895	,126	,715	,479	-10,349	21,643
Maternal occupation: Housewife	-2,072	9,532	-,082	-,217	,829	-21,385	17,241

Maternal work schedule: Mixed	-9,952	10,935	-,174	-,910	,369	-32,109	12,205
Maternal work status: Unemployed	-2,258	11,160	-,088	-,202	,841	-24,871	20,355
Income level: Income equals expenses	-4,529	4,441	-,196	-1,020	,314	-13,527	4,468
Income level: Income less than expenses	-26,915	6,636	-1,123	-4,056	,000	-40,360	-13,469
Infant sex: Male	,596	3,162	,026	,188	,852	-5,811	7,002
Planned pregnancy: No	14,513	3,477	,617	4,175	,000	7,469	21,557
Mode of delivery: Cesarean section	8,346	3,233	,359	2,582	,014	1,795	14,897
Family support during care: No	9,153	3,154	,389	2,902	,006	2,762	15,544
Breastfeeding education (mother): No	2,090	2,518	,089	,830	,412	-3,012	7,192
Paternal education: Primary school graduate	-2,042	8,523	-,049	-,240	,812	-19,312	15,227
Paternal education: Lower secondary school graduate	,562	7,844	,023	,072	,943	-15,332	16,455

Paternal education: High school graduate	2,708	7,718	,102	,351	,728	-12,931	18,346
Paternal education: University degree or higher	-8,714	8,181	-,340	-1,065	,294	-25,292	7,863
Paternal occupation: Private sector	9,187	3,589	,389	2,560	,015	1,915	16,459
Paternal occupation: Self-employed	4,742	3,727	,172	1,272	,211	-2,810	12,293
Paternal employment status: Unemployed	-24,271	9,810	-,487	-2,474	,018	-44,147	-4,394
Paternal work schedule: Night shift	-3,174	11,623	-,033	-,273	,786	-26,725	20,376
Paternal work schedule: Mixed	-12,181	3,254	-,499	-3,744	,001	-18,774	-5,589
Paternal work schedule: Unemployed	30,834	12,677	,539	2,432	,020	5,149	56,519
Paternal breastfeeding education: No	-,640	3,080	-,021	-,208	,837	-6,881	5,602
Infant age (months)	-,401	,407	-,106	-,985	,331	-1,226	,424

Note: F(32, 37)=8.917, *p<0.001; Adj. R2=0.786. Variables included in the regression model: maternal education level (reference category: illiterate), maternal occupation (reference category: civil servant), maternal work schedule (reference category: daytime), perceived income level (reference category: income more than expenses), infant sex (reference category: female), planned pregnancy (reference

category: yes), mode of delivery (reference category: vaginal), family support during the care process (reference category: yes), maternal breastfeeding education (reference category: yes), paternal education level (reference category: illiterate), paternal occupation (reference category: civil servant), paternal employment status (reference category: employed), paternal work schedule (reference category: daytime), paternal breastfeeding education (reference category: yes), infant age (months), and maternal age.

Model 2

Variables	Nonstandardized coefficient		Standardized coefficient	t	p	95% CI	
	B	SE	Beta			Lower	Upper
(Constant)	57,946	14,653		3,955	,000	28,229	87,663
Maternal age	-,048	,267	-,023	-,179	,859	-,589	,494
Maternal education = Illiterate	-14,107	12,399	-,145	-1,138	,263	-39,253	11,039
Maternal education = Primary school graduate	-2,607	5,499	-,068	-,474	,638	-13,759	8,545
Maternal education = Lower secondary school graduate	3,740	5,356	,122	,698	,490	-7,123	14,603
Maternal education = High school graduate	9,662	5,213	,411	1,854	,072	-,910	20,235
Maternal education = University degree or higher	6,507	5,174	,246	1,258	,217	-3,986	16,999
Maternal occupation = Private sector	-23,797	6,950	-,416	-3,424	,002	-37,891	-9,702
Maternal occupation = Self-employed	3,231	8,181	,072	,395	,695	-13,361	19,823
Maternal occupation = Housewife	-2,357	9,511	-,093	-,248	,806	-21,647	16,932
Maternal work	-11,563	11,008	-,202	-1,050	,301	-33,888	10,761

schedule = Shift work							
Maternal work schedule = Unemployed	-3,092	11,159	-,121	-,277	,783	-25,723	19,539
Perceived income = Income equal to expenses	-4,151	4,443	-,179	-,934	,356	-13,163	4,860
Perceived income = Income less than expenses	-26,101	6,661	-1,089	-3,918	,000	-39,610	-12,592
Infant sex = Male	1,468	3,254	,063	,451	,655	-5,131	8,068
Planned pregnancy = No	14,664	3,471	,624	4,225	,000	7,625	21,702
Mode of delivery = Cesarean	6,695	3,563	,288	1,879	,068	-,532	13,922
Family support during care = No	8,946	3,152	,381	2,838	,007	2,554	15,339
Received breastfeeding education = No	3,577	2,859	,153	1,251	,219	-2,221	9,376
Paternal education = Primary school graduate	-,404	8,634	-,010	-,047	,963	-17,914	17,105
Paternal education = Lower secondary school graduate	1,045	7,837	,043	,133	,895	-14,850	16,939
Paternal education = High school graduate	2,357	7,705	,089	,306	,761	-13,270	17,984
Paternal education = University	-9,056	8,167	-,353	-1,109	,275	-25,619	7,507

degree or higher							
Paternal occupation = Private sector	9,146	3,580	,387	2,555	,015	1,885	16,407
Paternal occupation = Self-employed	3,324	3,939	,121	,844	,404	-4,663	11,312
Paternal employment status = Unemployed	-24,316	9,785	-,487	-2,485	,018	-44,161	-4,470
Paternal work schedule = Night shift	-1,463	11,700	-,015	-,125	,901	-25,191	22,266
Paternal work schedule = Mixed	-10,927	3,444	-,448	-3,173	,003	-17,911	-3,943
Paternal work schedule = Unemployed	31,755	12,673	,555	2,506	,017	6,053	57,457
Paternal breastfeeding education = No	-1,355	3,142	-,044	-,431	,669	-7,727	5,018
Infant age (months)	-,278	,422	-,073	-,659	,514	-1,133	,577
Paternal support	,074	,068	,109	1,089	,283	-,064	,212

Note: F(33, 36)=8.726, *p<0.001; Adj. R2=0.787. Variables included in the regression model: maternal education level (reference category: illiterate), maternal occupation (reference category: civil servant), maternal work schedule (reference category: daytime), perceived income level (reference category: income more than expenses), infant sex (reference category: female), planned pregnancy status (reference category: yes), mode of delivery (reference category: vaginal), family support during the caregiving process (reference category: yes), maternal breastfeeding education status (reference category: yes), paternal education level (reference category: illiterate), paternal occupation (reference category: civil servant), paternal employment status (reference category: employed), paternal work schedule (reference category: daytime), paternal breastfeeding education status (reference category: yes), infant age (in months), maternal age, and paternal support.

The results of the hierarchical regression analysis conducted to determine the factors affecting breastfeeding motivation in multiparous mothers are presented in Table 6. In Model 1, only individual characteristics of the parents and infants were included, and this model explained 78.6% of the variance in breastfeeding motivation (Adjusted $R^2 = 0.786$, $p < 0.001$). In Model 2, the paternal support variable was added. However, the inclusion of this variable did not significantly increase the model's explanatory power, with the second model

explaining 78.7% of the variance (Adjusted $R^2 = 0.787$, $p < 0.001$). According to Model 2, the following variables were found to significantly affect breastfeeding motivation: Mothers working in the private sector had breastfeeding motivation scores 23.797 points lower than those working in the public sector ($p = 0.002$). Mothers whose income was less than their expenses had motivation scores 26.101 points lower than those whose income exceeded their expenses ($p < 0.001$). Mothers with unplanned pregnancies had breastfeeding motivation scores 14.664 points higher than those with planned pregnancies ($p < 0.001$). Mothers who did not receive family support during the postpartum care process had scores 8.946 points higher than those who did receive support ($p = 0.007$). Mothers whose partners worked in the private sector had scores 9.146 points higher than those whose partners worked in the public sector ($p = 0.015$). Mothers whose partners had mixed work schedules had breastfeeding motivation scores 10.927 points lower than those whose partners worked daytime shifts ($p = 0.003$), while those whose partners were unemployed had scores 31.755 points higher than the same reference group ($p = 0.018$). On the other hand, the paternal support variable itself was not a statistically significant predictor of breastfeeding motivation among multiparous mothers ($B = 0.074$, $p = 0.283$) (Table 6).

DISCUSSION

The breastfeeding process is closely associated with maternal physical health, psychological state, level of knowledge, social environment, and family dynamics, making it a multidimensional experience for both primiparous and multiparous mothers [21]. First-time mothers often experience a lack of knowledge and confidence regarding breastfeeding, while multiparous mothers, although benefiting from prior experiences, may still require support due to the responsibilities of newborn care and environmental challenges [22,23].

The literature reports that spousal support strengthens breastfeeding self-efficacy, reduces anxiety, and prolongs the breastfeeding duration for both groups [24,25]. Notably, emotional and practical support from fathers, along with respect for the mother's decisions and positive feedback, are among the key factors enhancing breastfeeding motivation [26]. Furthermore, interventions involving paternal support have been shown to improve not only breastfeeding initiation but also the continuation of exclusive breastfeeding, with similar effects observed in both primiparous and multiparous mothers [24,27].

According to the findings of this study, breastfeeding motivation among primiparous mothers is significantly influenced by multiple factors, including education level, income status, employment, planned pregnancy, family support, breastfeeding education, and paternal support. Low education, low income, and unplanned pregnancy negatively affect motivation, while prenatal breastfeeding education, social support, and high self-efficacy appear to enhance it. Çimen and colleagues found a strong relationship between breastfeeding self-efficacy and motivation in primiparous mothers [28], while Mızrak Şahin and colleagues reported that higher education and social support improve motivation [19]. Another study demonstrated that postpartum professional support and midwife follow-up enhance knowledge and motivation [29]. A systematic review examining the foundations of breastfeeding motivation emphasizes that enhancing breastfeeding knowledge, self-efficacy, and social support are key determinants among primiparous mothers [21]. These findings underscore that breastfeeding motivation is shaped not only by individual characteristics but also by educational, informational, and environmental factors, highlighting the importance of targeted education, counseling, and social support interventions for first-time mothers.

In multiparous mothers, 78.6% of the variance in breastfeeding motivation was explained by factors such as employment, income level, pregnancy planning, mode of delivery, family support, and the partner's working conditions. Particularly, lower motivation among mothers working in the private sector reflects the negative impact of work-life balance challenges. Brown and Davies noted that multiparous mothers tend to have higher self-efficacy due to prior experience [30]. However, a multicenter study conducted in China found that paternal support had limited influence on breastfeeding motivation in multiparous mothers [31]. Similarly, other studies suggest that job-related stress, and insufficient social support negatively affect motivation among this group [23,32]. These results indicate that while multiparous mothers may make more autonomous decisions based on experience and confidence, external factors such as socioeconomic conditions and workload continue to play a significant role. Therefore, sustainable breastfeeding motivation in this group requires policies supporting work-life balance, reinforcing rural social norms, and implementing flexible work arrangements for employed mothers.

This study found that paternal support was a significant predictor of breastfeeding motivation in primiparous mothers. Previous research has shown that emotional and practical support from fathers enhances breastfeeding self-efficacy, reduces psychological stress, and prolongs breastfeeding duration [25,26]. Recent studies further emphasize that breastfeeding education programs involving fathers significantly improve both exclusive breastfeeding rates and maternal motivation [24, 27]. Another study reported that spousal support has a greater impact on motivation among primiparous compared to multiparous women [33]. Additionally, higher paternal breastfeeding self-efficacy was associated with increased likelihood of exclusive breastfeeding [27]. These findings support the conclusion that paternal support plays a critical role in enhancing motivation among primiparous mothers, and that interventions aimed at increasing father involvement may contribute to improved breastfeeding outcomes.

Conversely, the study revealed that paternal support did not significantly affect breastfeeding motivation in multiparous mothers. This suggests that multiparous mothers may rely more on previous experiences and self-efficacy, requiring less spousal support. Brown and Davies also reported that multiparous women have higher knowledge and confidence regarding breastfeeding [30]. Similarly, Qin and colleagues found that fathers' knowledge and attitudes toward breastfeeding had a stronger impact on first-time mothers than on multiparous mothers [34]. The study by Gök and colleagues revealed that autonomous motivation plays a greater role in increasing breastfeeding motivation among multiparous women [23]. Nevertheless, the absence of a direct effect of paternal support does not imply that it is unimportant. On the contrary, even as a secondary factor, it may enhance psychosocial well-being and facilitate the breastfeeding process [31,34,35]. Therefore, while experience and self-efficacy are the primary motivators among multiparous mothers, paternal support remains a critical component for primiparous mothers. Breastfeeding counseling programs should consider involving fathers, particularly when targeting first-time mothers.

CONCLUSION

This study found that paternal support significantly increased breastfeeding motivation in primiparous mothers, while it had no meaningful effect on multiparous mothers, likely due to their prior experiences and higher self-efficacy. These findings suggest that breastfeeding counseling and educational programs that include paternal support, particularly for first-time mothers, can be effective in enhancing maternal

motivation. For multiparous mothers, interventions should focus more on socioeconomic support and favorable working conditions. While paternal support contributes significantly to the breastfeeding experience of primiparous women, experience and self-efficacy are more decisive among multiparous mothers. Consequently, it is recommended that breastfeeding interventions be tailored to individual maternal needs and incorporate father-focused strategies to improve overall breastfeeding outcomes.

Strengths and limitations

This study has several strengths. It addresses a significant gap in the national literature by examining the role of paternal support in maternal breastfeeding motivation—a topic that remains underexplored in Türkiye. The use of validated instruments and a well-defined sample also contributes to the methodological robustness of the study. Additionally, it was often difficult to reach both mothers and fathers at the same time during hospital visits, as many fathers were working and mothers typically attended appointments alone. This difficulty limited the simultaneous involvement of both parents.

Abbreviations

WHO
World Health Organization
TNSA
Turkey Demographic and Health Survey
BMS
Breastfeeding Motivation Scale

Declarations

Ethical statement and informed consent statements

Ethical approval was obtained from the Ethics Committee of Bandirma Onyedi Eylul University (2024 -81) and Hospital Committee. The study adhered to the Declaration of Helsinki. Before the interview, the participants received a full explanation of the content and purpose of the study and ensured confidentiality of the interview content. The names of the participants were replaced by numbers (A1,A2…). All participants received an oral explanation and a written information document. They were also informed about confidentiality. Written informed consent and recording permission were received from all participants.

Clinical trial number: Not applicable.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Data availability

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

Authorship contributions

Zübeyde Ezgi ERÇELİK: Supervision, Writing – review & editing, Data curation, Software, Methodology, Formal analysis, Conceptualization. **Fatma ASLAN TAŞ:** Writing- original draf, Resources, Data curation, Conceptualization, Resources, Investigation, Methodology.

Consent to Publish

Not applicable

Competing interests

The authors declare no competing interests.

Acknowledgements

The authors would like to express their sincere appreciation to parents for their participant.

References

1. Aksu A, Vefikuluçay Yılmaz D. The factors affecting the most healthy way of giving breast milk and the role of nurse. IJETS. 2019; 3(1): 34–41. https://doi.org/10.18844/ijeths.v3i1.4094
2. World Health Organization. Breastfeeding. Accessed March 27, 2024. https://www.who.int/health-topics/breastfeeding#tab=tab_3.
3. Global Breastfeeding Collective. Global breastfeeding scorecard 2025. 2025 Accessed. February 2, 2025. https://www.globalbreastfeedingcollective.org/media/3246/file
4. TNSA. Çocukların ve kadınların beslenme durumu. 2018. Accessed June 19, 2024. http://www.sck.gov.tr/wp-content/uploads/2020/08/TNSA2018_ana_Rapor.pdf
5. Akgün P, Taştekin A. The effect of information–motivation–behavioral skills on breastfeeding success: A hypothetical model. J Transcult Nurs. 2020; 31(4): 378–386. https://doi.org/10.1177/1043659619872245
6. Yıldırım G, Özkan S. The effect of online breastfeeding education on breastfeeding motivation: A randomized controlled study. J Pediatr Nurs. 2024; 75: e42–e48. https://doi.org/10.1016/j.pedn.2023.12.026
7. Çetişli NE, Arkan G, Top ED. Maternal attachment and breastfeeding behaviors according to type of delivery in the immediate postpartum period. Rev Assoc Med Bras. 2018); 64(2): 164–169. https://doi.org/10.1590/1806-9282.64.02.164
8. Gianni ML, Bettinelli ME, Manfra P, et al. Breastfeeding difficulties and risk for early breastfeeding cessation. Nutrients. 2019; 11(10): 2266. https://doi.org/10.3390/nu11102266

9. Jalal M, Dolatian M, Mahmoodi Z, Aliyari R. The relationship between psychological factors and maternal social support to breastfeeding process. Electron Physician. 2017; 9(5): 3561–3569. https://doi.org/10.19082/3561.
10. Güney E, Uçar T. Breastfeeding attitude of body image in pregnancy and effect on breastfeeding process. Zeynep Kamil Tıp Bülteni. 2018; 49(1): 49–53. https://doi.org/10.16948/zktipb.338783
11. Hornsby PP, Gurka KK, Conaway MR, Kellams AL. Reasons for early cessation of breastfeeding among women with low income. Breastfeed Med. 2019; 14(6): 375–381. https://doi.org/10.1089/bfm.2018.0206
12. Kurt Sezer H, Ceran MA, Demirsoz M, Küçükoğlu S. Development and psychometric evaluation of the paternal support scale of breastfeeding. J Pediatr Nurs, 2024; 75: 149–157. https://doi.org/10.1016/j.pedn.2023.12.004
13. Metin A, Altınkaynak S. Impact of father's socio-demographic characteristics on partner support and breastfeeding success. Journal of Academic Research in Nursing. 2020; 6(2): 109–116. https://doi.org/10.5222/jaren.2020.68552
14. Köksal I, Açıkgöz A, Çakırlı M. The effect of a father's support on breastfeeding: A systematic review. Breastfeed Med. 2022; 17(9): 711–722. https://doi.org/10.1089/bfm.2022.0058.
15. Ljungberg B, Papachristou P, Zwedberg S. Thoughts and experiences of well-educated fathers about their role when breastfeeding difficulties arose. Sex Reprod Healthc. 2024; 39: 100982. https://doi.org/10.1016/j.srhc.2024.100982
16. Mitchell-Box KM, Braun KL. Impact of male-partner-focused interventions on breastfeeding initiation, exclusivity, and continuation. J Hum Lact. 2013; 29(4): 473–479. https://doi.org/10.1177/0890334413491833
17. Dennis CL, Brennenstuhl S, Abbass-Dick J. Measuring paternal breastfeeding self-efficacy: A psychometric evaluation of the Breastfeeding Self-Efficacy Scale–Short Form among fathers. Midwifery. 2018; 64: 17–22. https://doi.org/10.1016/j.midw.2018.05.005.
18. Küçükoğlu S, Kurt Sezer H, Dennis CL. Validity and reliability of the Turkish version of the paternal breastfeeding self-efficacy scale-short form for fathers. Midwifery. 2023; 116: 103513. https://doi.org/10.1016/j.midw.2022.103513.
19. Mızrak Şahin B, Özerdogan N, Özdamar K, Gürsoy E. Factors affecting breastfeeding motivation in primiparous mothers: An application of breastfeeding motivation scale based on self-determination theory. Health Care Women Int. 2019; 40(6): 637–652. https://doi.org/10.1080/07399332.2018.1526289
20. Kestler-Peleg M, Shamir-Dardikman M, Hermoni D, Ginzburg K. Breastfeeding motivation and self-determination theory. Soc Sci Med. 2015; 144: 19-27. doi: 10.1016/j.socscimed.2015.09.006.
21. Carrasco-López MJ, Antón-Solanas I, Benito-Ruiz E, et al. Underpinnings of breastfeeding motivation: A systematic review. Midwifery. 2025; 126: 104475. https://doi.org/10.1016/j.midw.2025.104475
22. Bekmezci, E., & Meram, H. E. The effect of motivational interview-based breastfeeding education on breastfeeding motivation, success, self-efficacy perceptions, and exclusive breastfeeding duration after cesarean section: A randomized controlled trial. Health Education Research, 2025; 40(1): cyae043. https://doi.org/10.1093/her/cyae043
23. Gök E, Bakır S, Ertem G. Comparison of breastfeeding motivation and perceived social support levels of primiparous and multiparous women in the postpartum period. Anatolian Journal of General Medical

Research. 2023; 33(1): 68–75. https://doi.org/10.4274/terh.galenos.2022.65391

24. Erdoğan E, Özerdoğan N. Evaluation of the effect of the father's support on the mother's breastfeeding motivation. J Eval Clin Pract. 2025; 31(3): e14156. https://doi.org/10.1111/jep.14156
25. Rempel LA, Rempel JK, Moore KCJ. Relationships between types of father breastfeeding support and breastfeeding outcomes. Matern Child Nutr. 2017; 13(3): e12337. https://doi.org/10.1111/mcn.12337
26. Abbass-Dick J, Brown HK, Jackson KT, Rempel L, Dennis CL. Perinatal breastfeeding interventions including fathers/partners: A systematic review of the literature. *Midwifery.* 2019; *75:* 41–51. https://doi.org/10.1016/j.midw.2019.04.007
27. Jiang Q, Wu H, Xie L, Huang M. (Paternal breastfeeding support self-efficacy and exclusive breastfeeding in the early postpartum period: A prospective cohort study. J Hum Lact. 2024; 40(1): 134–143. https://doi.org/10.1177/08903344231218617
28. Çimen BÜ, Topal CA, Boztepe H. Relationship between breastfeeding self-efficacy, breastfeeding motivation, and self-esteem. Mediterranean Nursing and Midwifery. 2024; 4(2): 105–111. https://doi.org/10.4274/MNM.2023.23173
29. Oberfichtner L, Müller J, Smith H. Postpartum professional support and midwife follow-up: Effects on breastfeeding knowledge and motivation. Matern Child Health J. 2023; 27(5): 812–820. https://doi.org/10.1007/s10995-023-03567-2
30. Brown A, Davies R. Fathers' experiences of supporting breastfeeding: Challenges for breastfeeding promotion and education. Matern Child Health. 2014; 10(4): 510–526. https://doi.org/10.1111/mcn.12129
31. Zhao Y, Liu X, Chen H, et al. Paternal breastfeeding self-efficacy and exclusive breastfeeding rates in China: A multicenter study. BMC Public Health. 2024; 24: 20136. https://doi.org/10.1186/s12889-024-20136-1
32. Karakaya N, Kılıç M. The relationship between breastfeeding motivation, workplace breastfeeding support, and job satisfaction among working mothers. Afr J Reprod Health 2024; 28(11): 141-151. https://doi.org/10.29063/ajrh2024/v28i11.14.
33. Uludağ, E, Ayar D, Bektaş İ. Effects of spousal support in the early postpartum period on breastfeeding motivation in patriarchal societies. Journal of Basic and Clinical Health Sciences. 2023; 7(2): 103–110. https://doi.org/10.30621/jbachs.1071483
34. Qin M, Chang G, Zhou X, et al. (Fathers' needs of breastfeeding support: Perspective of health nurses. Midwifery. 2024; 132: 103959. https://doi.org/10.1016/j.midw.2024.103959
35. Krikitrat P, Sansiriphun N, Deeluea J, Sonted S, Chaiwipassatorn W, Bressington D. Factors affecting Thai fathers' self-efficacy to support exclusive breastfeeding: A cross-sectional study. Nurs Rep. 2023; 13(4): 1511–1523. https://doi.org/10.3390/nursrep13040127