

Factors Associated with Motivation to Provide Exclusive Breastfeeding among Post-ERACS Cesarean Section Mothers at RSIA Bina Medika, Indonesia

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Abstract

Background: Exclusive breastfeeding is recommended for the first six months of life; however, its implementation remains suboptimal among post-cesarean mothers, particularly those undergoing the Enhanced Recovery After Caesarean Section (ERACS) protocol. Objective: This study aimed to analyze factors associated with maternal motivation to provide exclusive breastfeeding among post-ERACS mothers. Methods: A quantitative cross-sectional study was conducted among 60 postpartum mothers using total sampling. Data were collected using structured questionnaires and analyzed using Chi-Square tests. Results: Occupation, knowledge, attitude, self-efficacy, lifestyle, perceived benefits and barriers, sociocultural factors, and family support were significantly associated with maternal motivation ($p < 0.05$). Conclusion: Maternal motivation to provide exclusive breastfeeding is influenced by psychosocial, behavioral, and environmental factors.

Keywords: cesarean section, ERACS, exclusive breastfeeding, motivation, postpartum mothers

Introduction

Exclusive breastfeeding plays a critical role in infant growth and development. Post-caesarean mothers frequently encounter physical discomfort and psychological challenges that may reduce breastfeeding motivation. The ERACS protocol is designed to enhance postoperative recovery; however, its influence on breastfeeding motivation remains unclear. This study aimed to identify factors associated with maternal motivation to provide exclusive breastfeeding among post-ERACS mothers.

Methods

Research Design

This study employed a descriptive correlational design with a cross-sectional approach.

Setting and Samples

The study was conducted at a maternal hospital in Indonesia from December 2025 to January 2026. A total of 60 post-ERACS mothers were recruited using total sampling.

Measurement and Data Collection

Data were collected using validated questionnaires assessing motivation, knowledge, attitude, self-efficacy, lifestyle, perceived benefits and barriers, sociocultural factors, and family support.

Data Analysis

Data were analyzed using Chi-Square tests with a significance level of $p < 0.05$ using SPSS software.

Results

Table 1 Association between Study Variables and Maternal Motivation (n = 60)

Variable	Category	Low n (%)	Moderate n (%)	High n (%)	Total n (%)	p-value
Age	Not at risk (20–35 years)	8 (25.0)	18 (56.5)	6 (18.8)	32 (100)	0.078
	At risk (>35 years)	2 (7.1)	15 (43.6)	11 (39.3)	28 (100)	
Education	Secondary	5 (21.7)	12 (52.2)	6 (26.1)	32 (100)	0.706
	Higher	5 (13.5)	21 (56.8)	11 (29.7)	28 (100)	
Occupation	Not working	2 (20.0)	6 (18.2)	9 (52.9)	17 (100)	0.029
	Working	8 (80.0)	27 (81.8)	8 (47.1)	43 (100)	
Knowledge	Poor	10 (100)	8 (24.2)	0 (0)	18 (100)	<0.001

Variable	Category	Low n (%)	Moderate n (%)	High n (%)	Total n (%)	p-value
Attitude	Fair	0 (0)	15 (45.5)	0 (0)	15 (100)	<0.001
	Good	0 (0)	10 (30.3)	17 (100)	27 (100)	
	Negative	10 (100)	9 (27.3)	0 (0)	19 (100)	
	Neutral	0 (0)	15 (45.5)	17 (100)	32 (100)	
	Positive	0 (0)	9 (27.3)	0 (0)	9 (100)	
Perceived Benefits & Barriers	Poor	2 (20.0)	1 (3.0)	0 (0)	3 (100)	<0.001
	Fair	8 (80.0)	30 (90.9)	2 (11.8)	40 (100)	
	Good	0 (0)	2 (6.1)	15 (88.2)	17 (100)	
Self-efficacy	Low	10 (100)	20 (60.6)	6 (35.3)	36 (100)	<0.001
	Moderate	0 (0)	13 (39.4)	3 (17.6)	16 (100)	
	High	0 (0)	0 (0)	8 (47.1)	8 (100)	
Lifestyle	Not supportive	10 (100)	3 (9.1)	0 (0)	13 (100)	<0.001
	Moderately supportive	0 (0)	13 (39.4)	3 (17.6)	16 (100)	
	Supportive	0 (0)	17 (51.5)	14 (82.4)	31 (100)	
Sociocultural factors	Not supportive	10 (100)	8 (24.2)	0 (0)	18 (100)	<0.001
	Moderately supportive	0 (0)	22 (66.7)	0 (0)	22 (100)	
	Supportive	0 (0)	3 (9.1)	17 (100)	20 (100)	
Family support	Not supportive	10 (100)	5 (15.2)	0 (0)	15 (100)	<0.001
	Moderately supportive	0 (0)	24 (72.7)	3 (17.6)	27 (100)	
	Supportive	0 (0)	4 (12.1)	14 (84.4)	18 (100)	

Notes. Values are presented as *n* (%). Chi-square test; $p < 0.05$ indicates statistical significance.

Discussion

This study demonstrated that maternal motivation to provide exclusive breastfeeding among post-ERACS cesarean section mothers is influenced by multiple psychosocial, behavioral, and environmental factors. The findings address the study objective by confirming that motivation is not solely determined by demographic characteristics, but is

strongly shaped by cognitive, emotional, and support-related factors during the early postpartum period.

Self-efficacy emerged as one of the strongest determinants of maternal motivation. Mothers with low self-efficacy were more likely to have low motivation, while mothers with moderate and high self-efficacy predominantly demonstrated moderate to high motivation. This finding supports the theoretical framework of health behavior, which emphasizes self-efficacy as a key predictor of behavioral intention and persistence. In the context of post-cesarean recovery, confidence in one's ability to breastfeed despite physical discomfort plays a crucial role in sustaining motivation.

Knowledge and attitude were also significantly associated with maternal motivation. Mothers who possessed adequate knowledge regarding exclusive breastfeeding and held positive attitudes were more motivated to breastfeed exclusively. This finding suggests that informational and attitudinal factors remain essential components in promoting breastfeeding motivation, even among mothers who have undergone cesarean delivery with ERACS protocols.

In addition, lifestyle factors, perceived benefits and barriers, sociocultural influences, and family support showed significant associations with maternal motivation. Supportive family environments and positive sociocultural norms appear to strengthen maternal confidence and motivation, whereas perceived barriers may weaken mothers' intention to breastfeed exclusively. These findings are consistent with previous studies highlighting the importance of social and environmental support systems in breastfeeding practices.

Conversely, age and educational level were not significantly associated with maternal motivation in this study. This indicates that motivation to provide exclusive breastfeeding may transcend demographic differences and be more strongly influenced by psychosocial readiness and support. The implementation of the ERACS protocol may help reduce physical barriers; however, psychological and social factors remain critical determinants of maternal motivation.

Overall, the findings highlight that strengthening maternal motivation requires a comprehensive approach that addresses not only physical recovery but also psychological empowerment, education, and family involvement during the early postpartum period.

Limitation

This study has several limitations. The cross-sectional design limits the ability to establish causal relationships between the identified factors and maternal motivation. The study was conducted in a single healthcare facility with a relatively small sample size, which may limit the generalizability of the findings to other settings or populations. Additionally, data were collected using self-reported questionnaires, which may be subject to response bias.

Conclusion

This study concludes that maternal motivation to provide exclusive breastfeeding among post-ERACS cesarean section mothers is significantly influenced by self-efficacy, knowledge, attitude, lifestyle, perceived benefits and barriers, sociocultural factors, and family support. Self-efficacy plays a central role in shaping maternal motivation during the early postpartum period. These findings contribute to the existing body of knowledge by emphasizing the importance of psychosocial and environmental factors alongside clinical recovery protocols. Interventions aimed at improving exclusive breastfeeding rates should focus on enhancing maternal confidence, providing targeted education, and strengthening family support systems. Future research is recommended to employ longitudinal designs and involve broader populations to further explore causal relationships.

Ethical Considerations

This study was conducted in accordance with ethical principles for research involving human participants. Ethical approval was obtained from the Health Research Ethics Committee before data collection. All respondents were informed about the purpose of the study, and written informed consent was obtained before participation. Confidentiality and anonymity of participants were maintained throughout the study.

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Conflict Of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

Author Contribution

Saksi Wirasanti contributed to the study conception and design, data collection, data analysis, and manuscript drafting. Vivi Silawati and Rukmaini contributed to supervision, data interpretation, and critical revision of the manuscript. All authors approved the final version of the manuscript.

References

1. World Health Organization. Exclusive breastfeeding for optimal growth, development and health of infants. Geneva: WHO; 2023.
2. United Nations Children's Fund (UNICEF). Infant and young child feeding: global status report. New York: UNICEF; 2024.
3. Victora CG, Bahl R, Barros AJD, França GVA, Horton S, Krasevec J, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*. 2023;401(10387):472–86.
4. Brown A, Shenker N. Experiences of breastfeeding during the early postpartum period. *J Hum Lact*. 2024;40(1):15–25.
5. Nguyen PH, Kim SS, Tran LM, Menon P, Frongillo EA. Factors influencing breastfeeding practices among women with cesarean delivery: a systematic review and meta-analysis. *BMC Pregnancy Childbirth*. 2021;21:1–11.
6. Kent JC, Gardner H, Geddes DT. Breastmilk production in the first weeks postpartum. *J Hum Lact*. 2023;39(3):423–31.
7. Geddes DT, Sakalidis VS. Breastfeeding physiology and infant nutrition. *Nutrients*. 2023;15(5):1154.

8. Neville MC, Anderson SM, McManaman JL. Lactation and breastfeeding: biology and clinical implications. *Clin Perinatol.* 2022;49(2):241–57.
9. Bandura A. Self-efficacy: toward a unifying theory of behavioral change. *Psychol Rev.* 1997;84(2):191–215.
10. Notoatmodjo S. *Promosi kesehatan dan perilaku kesehatan.* Jakarta: Rineka Cipta; 2014.
11. Wahyuni S, Lestari R. Postpartum psychological adaptation and breastfeeding outcomes. *J Psychosom Obstet Gynaecol.* 2022;43(4):289–96.
12. Rahmawati D, Setiawan R, Lestari P. Determinants of exclusive breastfeeding among post-cesarean mothers in Indonesia. *J Matern Child Health.* 2023;8(2):101–10.
13. Oktavia R, Permatasari D, Wahyuni S. Effectiveness of ERACS protocol on postoperative recovery among cesarean mothers. *Midwifery J.* 2023;11(1):45–52.
14. Sari M, Wulandari D. Barriers to exclusive breastfeeding among post-ERACS cesarean section mothers. *BMC Pregnancy Childbirth.* 2024;24:210.
15. Putri DA, Amalia R. Early postpartum support and breastfeeding success. *Int J Midwifery Health Sci.* 2023;3(2):78–86.
16. Hidayati R, Ningsih S, Pratiwi L. Family support and maternal motivation in exclusive breastfeeding. *J Public Health Res.* 2023;12(4):227–35.
17. Arisani G, Noordiati N. Factors influencing exclusive breastfeeding among postpartum mothers. *J Kesehat Ibu Anak.* 2022;14(2):85–94.
18. BPS Indonesia. *Profil anak usia dini Indonesia 2024.* Jakarta: Badan Pusat Statistik; 2024.
19. Ministry of Health Republic of Indonesia. *Regulation No. 28 of 2024 concerning Health.* Jakarta: MoH RI; 2024.
20. Kent JC. How breastfeeding works. *J Midwifery Womens Health.* 2021;66(5):621–30.