Article

Relationship between Maternal Self-Efficacy, Social Support and Breastfeeding Problems

Nesrin Çörekçioğlu* (Corresponding author)
https://orcid.org/0000-0002-0436-4210
Ege University, Turkey
nesrin-gau@hotmail.com

Esin Ç. Turfan
https://orcid.org/0000-0003-2505-4913
Ege University, Turkey
esin.ceber@ege.edu.tr

Sevil Hakimi
https://orcid.org/0000-0002-3164-4867
Ege University, Turkey
sevil.hakimi@ege.edu.tr

Abstract

This study was conducted to determine the impact of maternal breastfeeding self-efficacy (BSE) and social support status on breastfeeding problems. Maternal BSE refers to mothers' confidence in their ability to breastfeed their infants successfully. The study used a cross-sectional design and collected data via a questionnaire survey. The participants included 170 breastfeeding mothers who gave birth at a university-affiliated hospital in Gaziantep, Turkey, between December 2023 and February 2024. The data was collected through face-to-face interviews with the mothers before they were discharged and was analysed using descriptive and correlation statistics. A negative relationship was found between social support and breastfeeding problems ($p < 0.05$), that is, breastfeeding problems increased as social support decreased. A negative relationship was found between social support, mechanical concerns and breastfeeding problems ($p < 0.05$). As social support decreased, mechanical concerns and breastfeeding problems increased. Thus, social support had a significant negative effect on breastfeeding problems. No significant difference was found between maternal BSE and breastfeeding problems ($p > 0.005$). A significant difference was found between breastfeeding problems and breastfeeding problems subscales ($p < 0.005$). The study indicated that higher social support is associated with fewer breastfeeding problems. Therefore, healthcare providers should routinely assess social support networks and integrate them into counselling in order to effectively reduce breastfeeding problems.

Keywords: breastfeeding; breastfeeding self-efficacy; social support; breastfeeding problems

UNISA university of south africa PRESS
Africa Journal of Nursing and Midwifery
Volume 27 | Number 2 | 2025 | #18899 | 12 pages
https://doi.org/10.25159/2520-5293/18899
ISSN 2520-5293 (Online), 1682-5055 (Print)

Introduction

Breastfeeding remains the optimal feeding method for newborns, providing unparalleled nutritional, immunological and developmental advantages for the infant, alongside long-term health benefits for the mother (WHO 2024). Despite global advocacy efforts, however, exclusive breastfeeding (EBF) rates for the first six months of life are currently lagging, with only 48% of infants worldwide meeting this recommendation (WHO 2024). This disparity highlights a significant and ongoing public health challenge, indicating that the mere awareness of benefits is insufficient to sustain the practice (Tomori et al. 2022). The successful initiation and continuation of breastfeeding are now recognised as a complex biopsychosocial phenomenon which is heavily influenced by maternal psychological states and the supportive environment.

Central to this process is maternal breastfeeding self-efficacy (BSE), defined as a mother's belief in her capability to successfully execute the necessary behaviours to breastfeed her infant (Basaran 2025). High BSE has been consistently identified as a robust predictor of prolonged and EBF duration across diverse populations (Hu, He and Zhou 2025; Kehinde et al. 2023). Conversely, low BSE is frequently cited as a primary factor in early cessation, often manifesting as concerns over an insufficient milk supply or difficulties with infant latching and positioning (Ahmadinezhad, Bahri and Vameghi 2024; Kehinde et al. 2023).

The mother's psychological resilience, particularly her BSE, is fundamentally influenced by her external support system. Perceived social support, encompassing emotional, informational and instrumental assistance from key individuals, is critically important in mediating the stressors and common problems encountered during the postpartum period (Patnode et al. 2025). Recent studies have emphasised the vital, often-underestimated role of the partner, finding that higher perceived partner support directly correlates with increased BSE and a greater willingness to overcome breastfeeding difficulties (Basaran 2025; Shitu, Getachew and Mekonen 2021; Yang, Li and Wang 2023). Beyond the immediate family, the quality of professional support and counselling provided by healthcare systems also profoundly impacts a mother's confidence and ability to navigate problems like mastitis or latching pain (Lucchini-Raies, Rojas-Quiroz and Valdes-Pizarro 2023).

Furthermore, the relationship between breastfeeding problems and maternal confidence is bidirectional and intertwined with mental health. The presence of breastfeeding difficulties can diminish BSE, which in turn elevates the risk of perinatal depressive symptoms (Kim, Li and Li 2021). Conversely, low BSE has been shown to negatively impact a mother's attention to her maternal role and reduce her self-efficacy, creating a vicious cycle that threatens the continuation of EBF (Haga et al. 2023; Zhu, Li and Li 2023). Given that both low BSE and inadequate social support are modifiable factors, comprehensive interventions must be developed that move beyond mere informational

education to actively foster the mother's self-assurance and integrate her entire support network (Hu, He and Zhou 2025).

This study aimed to investigate the complex interplay between perceived social support and maternal BSE in overcoming common breastfeeding problems. By focusing on this critical relationship using current evidence, the study sought to identify key leverage points for targeted support strategies that can effectively increase maternal EBF rates and improve maternal mental well-being in the postpartum period.

Materials and Methods

Study Design and Population

The study used a cross-sectional design and collected data via a questionnaire survey. The participants included 170 breastfeeding mothers who gave birth at a university-affiliated hospital in Gaziantep, Turkey. The study aimed to recruit at least 165 breastfeeding women in the postpartum period. A total of 170 breastfeeding mothers were reached within the scope of the study. All breastfeeding mothers who received care at the Obstetrics and Gynaecology Department of the hospital between December 2023 and February 2024, and who were in the predischarge period, were included. The inclusion criteria were: being over 18 years of age; being literate; voluntarily agreeing to participate in the study; currently breastfeeding; and having given birth to a full-term newborn (between 37 and 42 weeks of gestation). Women who met the inclusion criteria but did not consent to participate in the study were excluded. Additionally, migrant women who could not communicate in the Turkish language were considered ineligible. The data in the study was collected via face-to-face interviews with the mothers before they were discharged.

Approval for the study was obtained from the Ege University Medical Research Ethics Committee (24/08/2023-23-8T/80). Necessary permissions were obtained from the university-affiliated hospital in Gaziantep, Turkey (29.12.2023-432381). Written consent was obtained from breastfeeding mothers after the purpose and methodology of the study were explained to them.

Sample Size and Sampling Procedure

A total of 557 births occurred in the hospital between January 2021 and June 2021. The sample size in the study was calculated via StatCalc (EpiInfo Version 6). Accordingly, with a confidence interval of 97%, an occurrence rate of 50%, and a 5% margin of error, the aim was to reach at least 165 breastfeeding women in the postpartum period.

Data Colletion Tools

The data was collected using the questionnaire of socio-demographic characteristics; the Breastfeeding Self-Efficacy Scale (BSES) questionnaire to determine their breastfeeding self-sufficiency; the Multidimensional Scale of Perceived Social Support

(MSPSS) to determine their social support; and the Breastfeeding Experience Scale (BES) to evaluate their breastfeeding problems.

The Breastfeeding Self-Efficacy Scale

The short form of the BSES was developed by Dennis (2003) and consists of 14 items, with some items omitted from the original scale. The validity and reliability study of the Turkish version was conducted by Tokat, Çıtak and Yılmaz (2009). The Cronbach's alpha value for the scale was found to be 0.86, indicating that it is suitable for Turkish culture. The scale, which includes 14 items rated on a 5-point Likert scale, is evaluated as follows: 1 point for "not at all sure" and 5 points for "always sure". The lowest possible score on the scale is 14, while the highest is 70 (Tokat, Çıtak and Yılmaz 2009).

The Multidimensional Scale of Perceived Social Support

The MSPSS – a self-report measure of subjectively assessed social support – was developed by Zimet et al. (1998). A validity and reliability study of the Turkish version of the scale was conducted by Eker, Arkar and Yaldız (2001). Subscale scores are obtained by summing the scores of the four items within each subscale, while the total score of the scale is derived from the sum of all subscale scores. The lowest possible score for each subscale is 4, and the highest is 28. For the total scale, the lowest score is 12, and the highest is 84. In Eker, Arkar and Yaldız's (2001) study, the Cronbach's alpha coefficient for the scale was found to be 0.77. A higher score indicates a greater level of perceived social support (Eker, Arkar and Yaldız 2001).

The Breastfeeding Experience Scale

The BES – which assesses common breastfeeding problems – was developed by Wambach (1990). The Turkish validity and reliability of the scale was assessed by Uyanık et al. (2019). The original scale is a 5-point Likert type scale, which consists of 30 items and five subscales. The Turkish form of the scale includes only the first part, namely, 18 items and five subscales. These five subscales, namely: mechanical concerns: 16, 6, 4, 11, 14; process-related concerns: 12, 9, 8, 5, 3; concerns about milk insufficiency: 13, 15, 10; breast-related concerns: 2, 1, 7; and social concerns: 18, 17; were determined via confirmatory factor analysis. The five scale items are as follows: 1 – never happened; 2 – light; 3 – middle; 4 – severe; and 5 – unbearable. Each item is scored between 1 and 5. The minimum and maximum scores that can be obtained from the scale range from 18–90.

Statistical Data Management and Analysis

The data obtained from the study was transferred to a computer environment and organised via the Microsoft Excel package program. The data was subsequently analysed via the Statistical Package for Social Sciences (SPSS) program, version 24. The normal distribution suitability of the numerical data was examined via skewness and kurtosis tests, histograms and QQ plot graphs. Based on the analyses, the data had

a normal distribution. While categorical data are presented as frequency and percentage values, numerical data are presented as means and standard deviations. Regression analysis was conducted to examine the relation between the variables. A significance level of $p < 0.05$ was accepted for all tests.

Results

Table 1: Socio-demographic characteristics of the participants

Characteristic		Frequency	Percentage (%)
Age (years)	18–19	45	26.5
	20–25	46	27.1
	26–30	36	21.2
	31–40	43	25.2
Educational status	Primary school or below	23	13.5
	Secondary school	44	25.9
	High school	80	47.1
	University	23	13.5
Health insurance status	Have health insurance	148	87.1
	Do not have health insurance	22	12.9
Employment status	Employed	32	18.8
	Housewife	138	81.2
Family income level	Income is less than expenses	77	45.3
	Income equals expenses	68	40.0
	Income is more than expenses	25	14.7
Place of residence	Village	32	18.8
	Town	38	22.4
	City	100	58.8

Table 1 shows that regarding age distribution, 26.5% (n = 45) of the mothers were between 18 and 19 years old; 27.1% (n = 46) were between 20 and 25 years old; 21.2% (n = 36) were between 26 and 30 years old; and 25.2% (n = 43) were between 31 and 40 years old. When the participants' educational backgrounds were examined, 13.5% (n = 23) of the mothers had primary school education or below; 25.9% (n = 44) were secondary school graduates; 47.1% (n = 80) were high school graduates; and 13.5% (n = 23) were higher education graduates. Regarding their health insurance status, 87.1% (n = 148) of the mothers had health insurance; while 12.9% (n = 22) did not have health insurance. When their employment status was examined, 18.8% (n = 32) were working; and 81.2% (n = 138) were housewives. When the mothers' family income level was evaluated, 45.3% (n = 77) stated that their income was below their expenses; 40% (n = 68) stated that their income and expenses were equal; and 14.7% (n = 25) stated that their income was more than their expenses. Regarding their place of residence, 18.8%

(*n* = 32) of the mothers lived in the village; 22.4% (*n* = 38) in the district; and 58.8% (*n* = 100) in the city centre.

Table 2: Distribution of the mothers' mean scores from the BSES, MSPSS and BES

Scale	Mean (SD)*	Acquired range (Min–Max)	Acquirable range (Min–Max)
Breastfeeding Self-Efficacy Scale	63.98 (5.01)	48–70	14–70
Multidimensional Scale of Perceived Social Support	52.38 (13.43)	19–84	12–84
Family	12.39 (6.11)	4–28	4–28
Friend	17.85 (6.36)	4–28	4–28
A special person	22.13 (5.20)	4–28	4–28
Breastfeeding Experience Scale	44.54 (9.11)	21–67	18–90
Mechanical concerns	12.90 (5.68)	5–25	5–25
Concerns about the process	10.85 (3.84)	5–21	5–25
Concerns about lack of milk	7.45 (3.73)	3–15	3–15
Breast concerns	6.68 (2.76)	3–14	3–15
Social concerns	6.66 (2.12)	2–10	2–10

Note: SD* = Standard deviation

Table 2 presents the scores of mothers on the BSES, the MPSSS, and the BES (including subscales). The BSES had a mean ± SD of 63.98 ± 5.01, a median of 65, and a range of 48–70. The MSPSS had a mean ± SD of 52.38 ± 13.43, a median of 51, and a range of 19–84. The BES had a mean ± SD of 44.54 ± 9.11, a median of 45.5, and a range of 21–67.

Table 3: The relationship between the mothers' breastfeeding self-efficacy scores, social support scores and breastfeeding problems scores

		Breastfeeding Self-Efficacy Scale	Multidimensional Scale of Perceived Social Support	Breastfeeding Experience Scale
Breastfeeding Self-Efficacy Scale	*r*	1	–0.147	0.117
	p		0.055	0.129
Multidimensional Scale of Perceived Social Support	*r*		1	–0**.152** *
	p			**0.048**
Breastfeeding Experience Scale	*r*			1
	p			

The data in table 3 shows that a low-level negative relationship was found between the mothers' social support scores and breastfeeding problem scores ($r = –0.152$; $p = 0.048$). As the social support score increased, the breastfeeding problems score decreased.

Table 4: Results of the relationship between the mothers' social support scores and breastfeeding problems and subscales scores

		1	**2**	**3**	**4**	**5**	**6**	**7**
Multidimensional Scale of Perceived Social Support	*r*	1	**–0.228** **	–0.003	0.044	–0.055	–0.042	**–0.152** *
	p		**0.003**	0.972	0.568	0.473	0.583	**0.048**
Mechanical concerns	*r*		1	0.032	–0.039	0.044	0.063	0.649**
	p			0.682	0.611	0.569	0.411	<0.001
Concerns about the process	*r*			1	–0.110	0.304**	–0.163*	0.450**
	p				.152	<0.001	0.033	<0.001
Concerns about milk insufficiency	*r*				1	0.059	0.307 **	0.427 **
	p					0.444	<0.001	<0.001
Breast concerns	*r*					1	0.059	0.496**
	p						0.446	<0.001
Social concerns	*r*						1	0.347**
	p							<0.001
Breastfeeding problems	*r*							1
	p							

Note: The column numbers represent the following variables: 1: Multidimensional Scale of Perceived Social Support; 2: Mechanical concerns; 3: Concerns about the process; 4: Concerns about milk insufficiency; 5: Breast concerns; 6: Social concerns; 7: Breastfeeding problems

A low-level negative relationship was found between social support and mechanical concerns (r = –0.228; p = 0.003) and breastfeeding problems (r = –0.152; p = 0.048). As social support increased, mechanical concerns and breastfeeding problems decreased (see table 4).

Table 5: Determining the effect between the mothers' social support scores and breastfeeding problems scores

	$\hat{\beta}$	SE$\hat{\beta}$	Beta	t	p-value
Fixed (Breastfeeding problems)	49.928	2.796		17.854	<0.001
Social support	–0.103	0.052	–0.152	–1.990	0.048
	R	**R^2**	**F**	**p**	
	0.152	0.023	3.96	0.048	

The effect of social support on breastfeeding problems was examined with regression analysis and the results were reported. Social support significantly and negatively affects breastfeeding problems ($\hat{\beta}$ = –0.103; F = 3.96; p = 0.048). The rate of social support explaining breastfeeding problems was found to be 2% (R^2 = 0.023) (see table 4). As the social support score increased, the breastfeeding problems score decreased (see table 5).

Table 6: Results of the relationship between the mothers' breastfeeding self-efficacy scores and breastfeeding problems and subscales scores

		1	2	3	4	5	6	7
Breastfeeding Self-Efficacy Scale	R	1	0.117	0.140	0.011	–0.043	0.048	0.120
	P		0.129	0.069	0.884	0.581	0.535	0.120
Breastfeeding Experience Scale	R		1	0.649**	0.450**	0.427**	0.496**	0.347**
	P			<0.001	<0.001	<0.001	<0.001	<0.001
Mechanical concerns	R			1	0.032	–0.039	0.044	0.063
	P				0.682	0.611	0.569	0.411
Concerns about the process	R				1	–0.110	0.304	–0.163
	P					0.152	<0.001	0.033
Concerns about milk insufficiency	R					1	0.059	0.307
	P						0.444	<0.001
Breast concerns	R						1	0.059
	P							0.446
Social concerns	R							1
	P							

Note: The column numbers represent the following variables: 1: Breastfeeding Self-Efficacy Scale; 2: Breastfeeding Experience Scale; 3: Mechanical concerns; 4: Concerns about the process; 5: Concerns about milk insufficiency; 6: Breast concerns; 7: Social concerns

A moderate positive relationship was found for breastfeeding problems with mechanical concerns (r = 0.649**); process concerns (r = 0.450**); concerns about milk insufficiency (r = 0.427**); breast concerns (r = 0.496**); and social concerns (r = 0.347**). As mechanical concerns, process concerns, concerns about milk insufficiency, breast concerns and social concerns increased, breastfeeding problems also increased. A low-level positive relationship (r = 0.304**) was found between process-related concerns and breast-related concerns, and a low-level negative relationship (r = –0.163*) was found between social concerns. As anxiety about the process increased, anxiety about the breast increased and social anxiety decreased (see table 6).

Discussion

The present study investigated the intricate relationship between perceived social support, maternal BSE, and the ability to manage common breastfeeding problems among postpartum women. The findings confirmed that successful breastfeeding is a multifaceted biopsychosocial process, emphasising both internal psychological factors and the external support environment (Basaran 2025; Hu, He and Zhou 2025).

While the study did not directly measure maternal mental health, the literature consistently demonstrates an inverse relationship between persistent breastfeeding difficulties and maternal mental well-being. This implies that when mothers experience low control and persistent problems, they may become significantly more susceptible to feelings of failure and postpartum distress (Haga et al. 2023; Kim, Li and Li 2021). Furthermore, the positive impact of structured support, including professional guidance delivered via modern channels (Lucchini-Raies, Rojas-Quiroz and Valdes-Pizarro 2023), reinforces the notion that consistent, problem-solving assistance is vital for maintaining maternal confidence during critical early weeks. Crucially, the study found that higher perceived social support was significantly associated with fewer overall breastfeeding problems (p = 0.048), particularly reducing mechanical concerns such as positioning or latching difficulties (p = 0.003). This underscores that the supportive environment acts as a crucial buffer against the stressors of the postpartum period (Shitu, Getachew and Mekonen 2021; Yang, Li and Wang 2023). Robust social support – particularly encompassing emotional, instrumental, and informational assistance from the partner and immediate family – is vital. Specific partner support protects the mother's psychological well-being, thereby safeguarding her ability to address breastfeeding challenges (Basaran 2025; Tomori et al. 2022).

However, unlike many other studies, the present study did not find a statistically significant relationship between BSE and overall breastfeeding problems. This result contrasts with Bandura's theory and recent evidence (Ahmadinezhad, Bahri and Vameghi 2024; Kehinde et al. 2023; Zhu, Li and Li 2023). This potentially critical finding warrants careful interpretation. It may be due to the population studied (mothers in the predischarge period, who generally have higher, more stable initial BSE scores)

or the cross-sectional design, which limits the ability to capture the dynamic fluctuation of BSE as problems arise over time. Alternatively, it suggests that for this specific population, the external buffer of social support may be a more direct predictor of the *occurrence* of problems than the mother's internal confidence level, at least in the very early postpartum phase where intervention from support networks is immediate.

Collectively, the study results advocate for the systemic integration of family-centred, confidence-building interventions into routine perinatal care, focusing specifically on strengthening both BSE and the support ecosystem to ensure sustained breastfeeding practices and better maternal mental health outcomes (Patnode et al. 2025).

Limitations of the Study

The first limitation was that the cross-sectional design of the study prevented a clear causal relationship from being established. Therefore, the results of the study should be interpreted with caution. Another limitation was that self-efficacy levels, perceptions of social support, and breastfeeding problems were assessed on a self-reported basis.

Conclusion

The study results indicate that social support has an inverse correlation with breastfeeding problems. In this respect, it is recommended that healthcare personnel should routinely assess mothers' BSE and breastfeeding capacity to detect problems earlier. Healthcare personnel should seek out social support sources for women and ensure that women utilise these sources effectively.

In addition, healthcare personnel should also plan and implement training and counselling programmes aiming to encourage women to develop a positive attitude towards breastfeeding. Spouses or families should participate in these programmes by prioritising socio-demographically disadvantaged groups, and efforts should be made to support breastfeeding in a positive way.

References

Ahmadinezhad, B., N. Bahri, and R. Vameghi. 2024. "Predictors of Breastfeeding Self-Efficacy during the COVID-19 Pandemic." *Nursing Open* 11 (1): 101–109.

Basaran, F. 2025. "Relationship of Women's Perceived Partner Support and Depression Levels with Their Breastfeeding Self-Efficacy in the Postpartum Period." *International Journal of Caring Sciences* 18 (1): 527–535.

Dennis, C. L. 2003. "Breastfeeding Self-Efficacy Scale: Psychometric Assessment of the Short Form." *Journal of Obstetric, Gynecologic, and Neonatal Nursing* 32 (6): 734–744. https://doi.org/10.1177/0884217503258459

Eker, D., H. Arkar, and H. Yaldız. 2001. "*Çok boyutlu algılanan sosyal destek ölçeği'nin geçerlik ve güvenilirliği*." ["Validity and Reliability of the Multidimensional Scale of Perceived Social Support."] *Kriz Dergisi* 9 (1): 35–45.

Haga, H., Y. Zhu, S. Li, and R. Li. 2023. "The Role of Breastfeeding Self-Efficacy in the Relationship between Perinatal Depressive Symptoms and Exclusive Breastfeeding: A Longitudinal Mediation Analysis." *BMC Pregnancy and Childbirth* 23 (1): 1–10.

Hu, L.,W. He, and L. Zhou. 2025. "Association between Family Support and Breastfeeding Self-Efficacy in a Cross-Sectional Study." *Nursing Open* 12 (2): e702. https://doi.org/10.1002/nop2.70210

Kehinde, A. J., A. Oyeyemi, A. Oladele, and A. Olanrewaju. 2023. "A Study on Emotional Intelligence, Breastfeeding Self-Efficacy, and Prenatal Maternal Expectations in Women Attending a Pregnancy School." *Healthcare* 11 (3): 35.

Kim, K., S. Li, and R. Li. 2021. "Association between Postpartum Depression and Breastfeeding Self-Efficacy in Mothers: A Systematic Review and Meta-Analysis." *Archives of Public Health* 79 (1): 1–10.

Lucchini-Raies, M. G., A. R. Rojas-Quiroz, and R. L. Valdes-Pizarro. 2023." Effectiveness of a Mobile Breastfeeding Monitoring Tool among Women in Chile." *Journal of Medical Internet Research* 25 (1): e421.

Patnode, C. D., C. A. Senger, E. L. Coppola, and M. O. Iacocca. 2025. "Interventions to Support Breastfeeding: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force." *Journal of the American Medical Association* 333 (11): 1060–1070. https://doi.org/10.1001/jama.2024.27267

Shitu, B., T. H. Getachew, and H. K. Mekonen. 2021. "Effect of Emotional and Practical Support on Breastfeeding Self-Efficacy among Mothers in Ethiopia: A Quasi-Experimental Study." *International Breastfeeding Journal* 16 (1): 1–10.

Tokat, M. A., E. A. Çıtak, and H. Yılmaz. 2009. "*Emzirme öz-yeterlik ölçeği kısa formunun Türkçe geçerlilik ve güvenilirliği*." ["Turkish Validity and Reliability of the Breastfeeding Self-Efficacy Scale-Short Form."] *Ege Üniversitesi Hemşirelik Yüksekokulu Dergisi* 25 (3): 1–14.

Tomori, C., V. Brizuela, P. Kokol, M. I. Vintila, and R. Botes. 2022. "What Works to Protect, Promote and Support Breastfeeding on a Large Scale: A Review of Reviews." *Maternal and Child Nutrition* 18 (3): e13344. https://doi.org/10.1111/mcn.13344

Uyanık, A., N. Ak, S. B. Cansu, and G. Yıldırım. 2019. "*Emzirme sorunları değerlendirme ölçeği: Türk kültürüne uyarlama, geçerlilik ve güvenilirliği*." ["Breastfeeding Problems Assessment Scale: Adaptation to Turkish Culture, Validity and Reliability."] *Kafkas Tıp Bilimleri Dergisi* 9 (4): 213–221.

WHO (World Health Organization). 2024. “Global Breastfeeding Scorecard 2024: Tracking Progress for Mothers’ and Children’s Health.” Accessed April 1, 2025. https://knowledge.unicef.org/child-nutrition-and-development/resource/global-breastfeeding-scorecard-2024

Yang, S., Y. Li, and L. Wang. 2023. “The Status Quo and Influencing Factors of Breastfeeding Social Support in China Based on LASSO Regression Model.” *BMC Public Health* 23 (1): 1–10. https://doi.org/10.7717/peerj.18779

Zhu, Y., S. Li, and R. Li. 2023. “The Temporal Relationship between Breastfeeding Self-Efficacy and Exclusive Breastfeeding in Postpartum Women: A Longitudinal Study.” *Midwifery* 126: 103784.

Zimet, G. D., N. W. Dahlem, S. G. Zimet, and G. K. Farley. 1998. “The Multidimensional Scale of Perceived Social Support.” *Journal of Personality Assessment* 52 (1): 30–41. https://doi.org/10.1207/s15327752jpa5201_2