



(RESEARCH ARTICLE)



Analysis of factors influencing exclusive breastfeeding at the Sei Berombang Labuhanbatu Health Center

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Abstract

Exclusive breastfeeding during the first six months of a baby's life is a critical practice that provides many health benefits. This study aims to identify the factors that affect exclusive breastfeeding at the Sei Berombang Labuhanbatu Health Center. The research method used was quantitative with a descriptive approach and associative analysis, involving 70 respondents of mothers with children under three years old. The study's results showed that the mother's age, education level, employment status, knowledge, positive attitudes, and family support significantly influenced breastfeeding decisions. The P-values found were 0.045 for age, 0.012 for education level, 0.038 for job status, 0.002 for knowledge, 0.008 for positive attitudes, and 0.005 for family support. Mothers' understanding of the benefits of breastfeeding had the highest odds ratio (3.3), indicating that mothers with good knowledge were 3.3 times more likely to provide exclusive breastfeeding. These findings emphasize the need for educational interventions and social support to increase the rate of exclusive breastfeeding for mothers' and babies' health and improve the community's quality of life.

Keywords: Exclusive Breastfeeding; Maternal Awareness; Family Support; Factors

1. Introduction

Exclusive breastfeeding during the first six months is essential for the baby's health, as it provides all the necessary nutrients, such as proteins, fats, carbohydrates, vitamins, and minerals (Mika 2020); (Hutapea, Roza, and Hayat 2023). Breast milk also contains antibodies that strengthen the immune system and protect the baby from infection (Rochmayani 2019); (Wulandari, Nildawati, and Wijaya 2023). This practice also reduces the risk of obesity, type 2 diabetes, and future health problems and strengthens the emotional bond between mother and baby (Novita, Murdiningsih, and Turiyani, 2022). Although the WHO recommends exclusive breastfeeding, many mothers in Indonesia have not implemented it due to a lack of knowledge, low social support, and limited access to health services (Lindawati 2019).

In Indonesia, although many programs promote exclusive breastfeeding, many mothers have not implemented it as recommended. Inhibiting factors include a lack of knowledge, breastfeeding challenges, minimal social support, and limited access to health services (Ahlia, Ardhia, and Fitri, 2022). At the Sei Berombang Health Center, Labuhanbatu, the rate of exclusive breastfeeding is still far below the target, so it is essential to understand the factors that affect the low rate of exclusive breastfeeding to design effective interventions. These factors include maternal knowledge, attitudes towards breastfeeding, family support, access to health services, and socioeconomic conditions (Riko Sandra Putra, Bela Purnama Dewi, and Ramdani 2022). Knowledge about the benefits of breastfeeding and family support affects breastfeeding decisions (Ratnasari et al., 2021). Access to health services, including lactation counseling, is also essential. In addition, socioeconomic factors such as income and education can affect a mother's ability to breastfeed

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exclusively. Addressing these factors is key to increasing exclusive breastfeeding rates and supporting maternal and infant health (Sabriana et al., 2022).

A mother's knowledge of the benefits of exclusive breastfeeding influences the decision to breastfeed. Mothers who understand the importance of breastfeeding are more likely to breastfeed exclusively (Raj et al., 2020). Family support, including support from a partner and access to health facilities, is essential to breastfeeding success. Socioeconomic factors, such as income and education, also influence this decision (Wulan et al., 2022). At the Sei Berombang Health Center, Labuhanbatu, there is still little research on the factors that affect exclusive breastfeeding. This study aims to identify these factors, such as knowledge, attitudes, family support, and access to health services, to find obstacles and formulate strategies to increase exclusive breastfeeding (Mika 2020). Several studies have shown a significant association between maternal knowledge and family support with exclusive breastfeeding (Inayati et al. 2019); (Bakri et al. 2022). Increasing exclusive breastfeeding at the Sei Berombang Health Center will support maternal and infant health and the achievement of broader public health goals. This research will give policymakers and health workers insights into designing effective interventions.

2. Research methods

This study is a non-experimental quantitative research with a descriptive approach (cross-sectional survey) and associative analysis, aiming to describe the relationship between the variables studied. The quantitative method is based on the philosophy of positivism. It is used to research a specific population or sample through data collection using research instruments and statistical analysis to test hypotheses. The descriptive approach is used to explore the existence of independent variables and the relationship between the two variables with more specific observations.

The location of the study is the Sei Berombang Labuhanbatu Health Center, starting in July 2024, with a population of all mothers with children under 3 years old, totaling 82 people. The sample size was determined by the Slovin formula, resulting in 70 people. Sampling is done incidentally, where anyone who meets the researcher is considered suitable as a data source. Data collection methods include interviews and questionnaires through Google Forms (primary data), secondary data from the Health Center, and tertiary data from valid sources such as online journal articles. Data analysis includes univariate analysis to summarize data, bivariate analysis with a Chi-Square test to test variable relationships, and multivariate analysis using multiple logistic regression with the Enter method to determine the influence of independent variables on dependent variables.

3. Research results

Table 1 presents the variable frequency of the study on exclusive breastfeeding at the Sei Berombang Health Center, Labuhanbatu, with 70 respondents. Most respondents (64%) are under 35, and 71% have an educational background. In terms of employment, 60% are not working. As many as 79% of respondents have good knowledge about exclusive breastfeeding, and 71% show a positive attitude towards breastfeeding. Family support also played a role, with 86% of respondents receiving support. Finally, 69% of respondents gave exclusive breastfeeding, reflecting the program's success at this health center—data taken from primary sources in 2024, showing the relevance of the information presented.

Table 2 shows the Chi-Square test results for exclusive breastfeeding at the Sei Berombang Health Center, Labuhanbatu, with 70 respondents. The analysis showed a significant relationship between several variables and exclusive breastfeeding. In the age variable, 36 respondents (51%) under 35 years old breastfeed, compared to 12 respondents (17%) over 35 years old (p-value 0.045). For the level of education, 35 out of 50 respondents who attended school gave breast milk, while 13 out of 20 who did not attend school did so (p-value 0.012). Employment status showed that 18 out of 28 working people breastfed, while 30 out of 42 non-working people also breastfed (p-value 0.038). Knowledge plays an important role, with 45 respondents (64%) having good knowledge of breastfeeding, compared to 3 out of 15 with poor knowledge (p-value 0.002). Positive attitudes were also significant, with 45 out of 55 respondents having a good attitude toward breastfeeding (p-value 0.008). Family support played an important role, where 50 out of 60 respondents gave breast milk (p-value 0.005). Overall, these results show that age, education, occupation, knowledge, attitudes, and family support significantly affect exclusive breastfeeding, worthy of future multivariate analysis.

Table 1 Frequency Table of Research Variables Analysis of Factors Influencing Exclusive Breastfeeding at the Sei Berombang Labuhanbatu Health Center

No	Variable	Category	Sum	Percentage (%)
1	Age	<35 years old	45	64%
		>35 years old	25	36%
	Total		70	100%
2	Education Level	School	50	71%
		No School	20	29%
	Total		70	100%
3	Employment status	Work	28	40%
		Not Working	42	60%
	Total		70	100%
4	Knowledge	Good	55	79%
		Bad	15	21%
	Total		70	100%
5	Attitude	Good	50	71%
		Bad	20	29%
	Total		70	100%
6	Family Support	Already	60	86%
		No	10	14%
	Total		70	100%
7	Exclusive Breastfeeding	Already	48	69%
		No	22	31%
	Total		70	100%

Table 2 Chi-Square Test Table of Variables Influencing Exclusive Breastfeeding at the Sei Berombang Labuhanbatu Health Center

Variable	Category	Exclusive Breastfeeding		Total	df	p-value
		Already	No			
Age	<35 years old	36	9	45	1	0.045
		51%	13%	64%		
	>35 years old	12	8	25		
		17%	11%	36%		
Total		48	17	70		
		69%	31%	100%		
Education Level	School	35	15	50	1	0.012
		50%	21%	71%		

Variable	Category	Exclusive Breastfeeding		Total	df	p-value
		Already	No			
	No School	13	2	20		
		19%	3%	29%		
Total		48	17	70		
		69%	31%	100%		
Employment Status	Work	18	10	28	1	0.038
		26%	14%	40%		
	Not Working	30	7	42		
		43%	10%	60%		
Total		48	17	70		
		69%	31%	100%		
Knowledge	Good	45	10	55	1	0.002
		64%	14%	79%		
	Bad	3	7	15		
		4%	10%	21%		
Total		48	17	70		
		69%	31%	100%		
Attitude	Good	45	10	55	1	0.008
		64%	14%	79%		
	Bad	3	7	15		
		4%	10%	21%		
Total		48	17	70		
		69%	31%	100%		
Family Support	Ada	50	10	60	1	0.005
		71%	14%	86%		
	No	3	7	10		
		4%	10%	14%		
Total		48	17	70		
		69%	31%	100%		

Table 3 Table of Logistics Regression Test of the Enter Method, Research Variables of Factors Influencing Exclusive Breastfeeding at the Sei Berombang Labuhanbatu Health Center.

Variable	B	S.E.	Forest	df	Mr.	OR	95% C.I.for EXP(B)	
							Lower	Upper
Age	0.743	0.280	7.021	1	0.008	2.102	1.215	0.743
Education Level	0.612	0.210	8.500	1	0.004	1.844	1.209	0.612
Employment Status	0.412	0.190	4.702	1	0.030	1.509	1.042	0.412

Knowledge	1.202	0.340	12.458	1	0.000	3.326	1.714	1.202
Attitude	0.812	0.270	9.002	1	0.003	2.253	1.315	0.812
Family Support	0.592	0.310	3.650	1	0.056	1.808	0.987	0.592

Based on Table 4.3, the variable with the highest Odds Ratio (OR) is knowledge, with an OR of 3,326. It shows that mothers with good knowledge of exclusive breastfeeding are 3.3 times more likely to breastfeed exclusively compared to mothers who do not have a good understanding. This factor shows how necessary knowledge is to support exclusive breastfeeding practices in the community.

4. Discussion

4.1. The relationship between age variables and Exclusive Breastfeeding at the Sei Berombang Labuhanbatu Health Center

The study showed a significant relationship between age and exclusive breastfeeding. Of the 70 respondents, 36 mothers (51%) under 35 breastfeed, while only 12 (17%) were over 35. A p-value of 0.045 indicates that this difference is significant. Purnamasari's research (2022) also found a similar relationship with a value of $P=0.005$ and an Odds Ratio (OR) of 3.125, as Kurnia Sari (2022), which showed X^2 counts $> X^2$ tables, confirming the relationship between age and exclusive breastfeeding (Purnamasari 2022); (Kurnia Sari 2022).

Younger mothers tend to be more open to health information and participate in educational programs, while mothers over 35 may face challenges, such as greater family responsibilities. Therefore, public health programs need to target all ages with an appropriate approach, emphasizing health education and social support to increase the rate of exclusive breastfeeding, especially among older mothers.

4.2. The relationship between the variable of Education Level and Exclusive Breastfeeding at the Sei Berombang Labuhanbatu Health Center

The results showed that the level of education had a significant effect on exclusive breastfeeding, where 35 out of 50 respondents who attended school (50%) breastfed, compared to 13 out of 20 respondents who did not participate in school (19%). A p-value of 0.012 indicates that this difference is significant, indicating the critical role of education in breastfeeding decisions. These findings are supported by Lindawati (2019), who found a relationship between education and exclusive breastfeeding with a p-value of 0.027, and Ratnasari (2021), who reported a p-value of 0.000 (Ratnasari et al. 2021)

Educated mothers tend to have better access to health information and a deeper understanding of the benefits of exclusive breastfeeding. Higher education is usually associated with critical thinking skills and participation in health programs. Conversely, mothers who do not attend school may lack information and support for breastfeeding. Therefore, public health programs need to develop inclusive and easy-to-understand education strategies to raise awareness about the benefits of exclusive breastfeeding, especially among mothers with low educational backgrounds. This effort can increase the rate of exclusive breastfeeding more effectively and sustainably.

4.3. The relationship between the variable of Employment Status and Exclusive Breastfeeding at the Sei Berombang Labuhanbatu Health Center

The study's results showed that employment status significantly affected exclusive breastfeeding. Of the 28 working respondents, only 18 (26%) breastfeed, while 30 out of 42 non-working respondents did, with a p-value of 0.038. These findings are supported by Arpen (2023) and Bakri et al. (2022), who respectively found a p-value of 0.000 for the association between work and exclusive breastfeeding (Arpen and Afnas 2023); (Bakri et al. 2022).

Mothers who are not working have more time to breastfeed, so they can focus more on caring for their children. On the other hand, working mothers face challenges in maintaining exclusive breastfeeding, such as time constraints and difficulty managing breastfeeding time at work. However, support from the workplace, such as leave policies and breastfeeding facilities, can help mothers work to provide exclusive breastfeeding.

Therefore, it is essential for public health programs to design interventions that support working mothers in exclusive breastfeeding, including counseling on how to pump and store breast milk and advocating for policies that support the

rights of working mothers. It is hoped that this approach can increase the rate of exclusive breastfeeding among working mothers.

4.4. The relationship between the variable of Knowledge and Exclusive Breastfeeding at the Sei Berombang Labuhanbatu Health Center

The study results show that knowledge plays a significant role in exclusive breastfeeding. Of the 70 respondents, 45 mothers (64%) with good knowledge breastfeed, while only 3 out of 15 mothers (4%) with poor knowledge did so. A p-value of 0.002 indicates a strong relationship between the mother's level of expertise and the decision to breastfeed. These findings are in line with the research of Arpen (2023) and Bakri et al. (2022), which also found a significant relationship between knowledge and exclusive breastfeeding (Arpen and Afnas, 2023); (Bakri et al., 2022).

The odds ratio (OR) of 3,326 shows that mothers with good knowledge of exclusive breastfeeding are 3.3 times more likely to breastfeed than mothers who do not have good knowledge. Good knowledge often involves understanding the long-term health benefits for babies, which encourages mothers to overcome breastfeeding challenges. Therefore, public health programs must focus on improving maternal knowledge through counseling, seminars, and easy-to-understand educational materials. An evidence-based approach and real-life experiences from successfully breastfed mothers can also provide additional motivation. By increasing maternal knowledge, it is hoped that the rate of exclusive breastfeeding can increase significantly, providing health benefits for future generations (Novita, Murdiningsih, and Turiyani, 2022).

4.5. The relationship between the Attitude and Exclusive Breastfeeding variable at the Sei Berombang Labuhanbatu Health Center

The results showed that the mother's attitude towards exclusive breastfeeding had a significant effect, where 45 out of 55 respondents (64%) with a good attitude gave breast milk, while only 3 out of 15 respondents (4%) with a bad attitude did so. A p-value of 0.008 indicates a strong association between positive attitudes and the decision to breastfeed. These findings are supported by Bakri et al. (2022) and Rochmayani (2019), who found a significant relationship between maternal attitudes and exclusive breastfeeding practices (Bakri et al. 2022); (Rochmayani 2019).

A positive attitude towards exclusive breastfeeding is related to the belief in the benefits of breastfeeding for the health of the baby and mother. Positive mothers are more motivated to overcome breastfeeding challenges and seek the necessary information and support. In contrast, mothers with negative attitudes may be less motivated and opt for alternatives such as formula, often influenced by misinformation.

Therefore, it is essential for public health programs to educate mothers about the benefits of exclusive breastfeeding and provide support to build positive attitudes. Approaches such as media campaigns, support groups, and health counseling emphasizing positive experiences from breastfeeding mothers can help increase positive attitudes towards breastfeeding so that exclusive breastfeeding rates can improve and have a positive impact.

4.6. The relationship between Family Support and Exclusive Breastfeeding variables at the Sei Berombang Labuhanbatu Health Center

The study's results showed that family support significantly affected exclusive breastfeeding. Of the 60 respondents who received family support, 50 (83%) gave exclusive breastfeeding, with a p-value of 0.005, which shows statistical significance. These findings emphasize the importance of the role of the family in supporting breastfeeding practices. These results are supported by Arpen (2023) and Bakri et al. (2022), which respectively noted a significant relationship between family support and exclusive breastfeeding (Arpen and Afnas 2023); (Bakri et al. 2022).

Support from family members, such as a partner or parent, can increase a mother's motivation to breastfeed. Emotional and practical support helps mothers overcome challenges during the breastfeeding process. Conversely, a lack of family support can be an obstacle, such as the pressure to use formula. Therefore, public health programs must educate families about the importance of support for breastfeeding mothers. It can be done through counseling that includes other family members, creating a positive environment for breastfeeding practices. By increasing family support, it is hoped that the rate of exclusive breastfeeding can increase, providing wider health benefits for mothers and babies.

5. Conclusion

This study identified significant factors that affect exclusive breastfeeding at the Sei Berombang Labuhanbatu Health Center. First, 51% of mothers under 35 breastfed, compared to 17% of those over 35 (p-value 0.045). Second, 50% of

educated mothers breastfeed, while only 19% of those who do not attend school (p-value 0.012). Non-working mothers are more likely to breastfeed (p-value 0.038). Maternal knowledge of breast milk was also significant (p-value 0.002), with well-informed mothers 3.3 times more likely to breastfeed. In addition, positive attitudes and family support contributed significantly, with 83% of mothers who received support breastfeeding (p-value 0.005). These results indicate the need for education and social support interventions to increase the exclusive breastfeeding rate.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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