



Original Research

The Role of Maternal Knowledge and Family Support in the Failure of Exclusive Breastfeeding in Infants Aged 0–6 Months

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Abstract

Exclusive breastfeeding is the provision of pure breast milk, uncontaminated with other foods or drinks, for the first six months of a baby's life. Breast milk is given to babies without any other food supplements. This study aims to determine the factors influencing the failure of exclusive breastfeeding in infants aged 0–6 months. This study used a quantitative descriptive method, namely research that aims to present the factors influencing the failure of exclusive breastfeeding in infants aged 0–6 months by describing a number of variables. The study used a descriptive analysis with a cross-sectional approach, meaning that variables were measured only once. The population in this study were all mothers who exclusively breastfed, resulting in a sample size of 30 respondents. The results showed no relationship between knowledge and exclusive breastfeeding, with a chi-square test yielding a p-value of 0.123 ($p > 0.05$). There was a relationship between family support and exclusive breastfeeding, with a chi-square test yielding a p-value of 0.001 ($p < 0.05$).

1. Introduction

Breast milk (ASI) is a balanced source of nutrients for infant growth and development. Furthermore, it is the primary source of life, so it is recommended that babies drink only breast milk without any other supplements such as formula, tea, honey, water, or complementary foods, often referred to as exclusive breastfeeding (Habiblah, 2022).

According to Nugroho (2011), factors that can affect exclusive breastfeeding include breastfeeding in the late postpartum period, lack of knowledge about breastfeeding, lack of family support, and working mothers focusing their activities outside the home to meet daily needs. Currently, the female labor force participation rate in Indonesia is 55.44%, an increase of 0.40% compared to 2017. Data from the Central Statistics Agency shows that the number of female workers in 2018 reached 83.01 million.

Exclusive breastfeeding is a significant factor in infant growth and stability. Babies who are exclusively breastfed are 1.62 times more likely to develop normally than babies who are not exclusively breastfed. Exclusive breastfeeding also influences age-appropriate development. Exclusive breastfeeding for babies up to 6 months of age ensures optimal intellectual development (Fitria F., 2017).

The benefits of exclusive breastfeeding for both mother and baby include providing nutrition, boosting the baby's immune system, increasing intelligence, and strengthening the bond of love between mother and baby. Furthermore, exclusive breastfeeding can prevent postpartum hemorrhage, anemia, and mammary carcinoma (Nugroho, 2011).

Several factors contribute to the failure of exclusive breastfeeding, including the mother's age, education, knowledge, and parity. In Indonesia, exclusive breastfeeding rates remain very low due to suboptimal dissemination of information about breastfeeding between health workers and the

public. Mothers who must work after maternity leave often cannot exclusively breastfeed, so they resort to formula milk (Apriyani et al., 2014).

World Health Organization (WHO) data shows that the average global exclusive breastfeeding rate was only 38% in 2018 and 25.5% in 2019, including in Indonesia. These figures fall short of the WHO's target of increasing exclusive breastfeeding to at least 50%, which is the fifth WHO target by 2025 (Salputra, 2016).

Low exclusive breastfeeding rates impact infant morbidity and mortality. The United Nations International Children's Emergency Fund (UNICEF) and the WHO recommend that babies be exclusively breastfed for at least six months, with continued breastfeeding until two years of age.

To ensure mothers maintain exclusive breastfeeding for six months, the WHO recommends that breastfeeding be initiated immediately after birth, that babies receive breast milk without any supplementation, including water, that they breastfeed on demand, and that no bottles or pacifiers be used (BAPELNAS, 2017).

The Ministry of Health targets an increase in exclusive breastfeeding rates to 80%. However, exclusive breastfeeding rates in Indonesia remain low, at only 74.5%. According to the Indonesian Health Profile, the coverage of infants receiving exclusive breastfeeding in 2018 was 68.74% (Dalrmlalwaln, 2019).

Of the number of newborns (BLBL) per year in Kaljualral District, in 2018, 152 infants (52.18%) were not exclusively breastfed. In 2019, this number increased to 170 infants (70.52%), and in 2020, this figure increased to 176 infants (76.21%) compared to the previous year (UPTD Kaljualral Community Health Center, Blone Regency, 2018).

Based on this data, researchers sought to identify factors contributing to the failure of exclusive breastfeeding in infants aged 0–6 months.

2. Research Method

This study employed an analytical cross-sectional design to examine the relationship between maternal knowledge, family support, and the failure of exclusive breastfeeding. The study was conducted at [Insert Location/Puskesmas Name] from [Month] to [Month] [Year].

The population comprised all mothers with infants aged 0–6 months in the study area. The total population was 30 individuals, and total sampling (saturated sampling) was applied, resulting in a final sample size of 30 respondents. The inclusion criteria for this study were: (1) mothers with infants aged 0–6 months, (2) mothers residing in the study area, and (3) mothers who consented to participate in the research. The exclusion criteria were: (1) mothers with infants who had congenital anomalies preventing breastfeeding, and (2) mothers who were severely ill or unable to communicate during the study.

Data were collected using a structured and validated questionnaire divided into three sections. Maternal knowledge was assessed using a 10-item questionnaire adapted from [Author Name/Source, Year], measured on a Guttman scale (1 = Correct, 0 = Incorrect), with higher scores indicating better knowledge. Family support was measured using a Likert-scale questionnaire consisting of 8 items adapted from [Author Name/Source, Year] (1 = Strongly Disagree to 4 = Strongly Agree). The dependent variable, exclusive breastfeeding failure, was measured using a dichotomous structural questionnaire (1 = Failed, 0 = Successfully Exclusive).

Bivariate analysis was performed using the Chi-Square test to determine the relationship between the independent and dependent variables. Statistical significance was set at $p < 0.05$.

3. Results and Discussion

Table 1. Univariate Table
Number of samples (n) = 25

Variables	n	%
Ages		
<20 age	1	3,4
20-35 age	24	86,2
	25	100
Education		
Elementary School	0	0
Middle School	14	48,3
High School	9	31,0
University	2	6,9
	25	100
Education		
Good	3	10,3
less	22	75,9
	25	100
Family Support		
Good	14	48,3
Poor	11	37,9
	25	100
Exclusive Breastfeeding		
Breast Milk	15	51,7
Formula Milk	10	34,5
	25	100

Table 2. Relationship between Maternal Knowledge and Exclusive Breastfeeding

Asi Eksklusif	Education						P value
	ASI		Susu Formula		Amount		
	n	%	n	%	n	%	
Good	3	12	0	0	3	12	0,123
Poor	12	48	10	40	22	88	
Amount	15	60	10	40	25	100	

Data source: Primary Data 2022

Table 3. Frequency Distribution of the Relationship Between Family Support and Exclusive Breastfeeding

Asi Eksklusif	Knowledge						P value
	ASI		Susu Formula		Amount		
	n	%	n	%	n	%	
Poor	12	48	2	8	14	56	0,003
No	3	12	8	32	11	44	
Good							
Amount	15	60	10	40	25	100	

3.1 Frequency Distribution of the Relationship Between Mothers' Knowledge and Exclusive Breastfeeding

Table 2 shows data on mothers' knowledge from 25 respondents. Three mothers (12%) had low knowledge, while 22 (88%) had sufficient knowledge. Fifteen (60%) mothers exclusively breastfed, while 10 (40%) provided formula.

The chi-square test yielded a p-value of 0.123 ($p > 0.05$), indicating that H_0 is accepted. Therefore, it can be concluded that there is no relationship between mothers' knowledge and exclusive breastfeeding.

According to Roesli (2013) and Smith (2009), exclusive breastfeeding fosters a bond of affection between mother and child. Breast milk is the best source of food/nutrition for babies, being safe, improving health and intelligence, boosting immunity, reducing the risk of illness in the mother, being more economical, less cumbersome, saving time, being practical, providing satisfaction for the mother, and protecting the baby from illness.

Respondents' high educational level (high school to master's degree) influenced their ability to obtain information about exclusive breastfeeding from various sources, such as the internet, television, newspapers, magazines, and the experiences of friends, neighbors, role models, family, or relatives who have successfully breastfed. Successful exclusive breastfeeding can positively impact knowledge, which is also influenced by respondents' educational background.

The 26–35 age range is a productive age, where successful experience with exclusive breastfeeding in previous births can be a contributing factor (Tiyals et al., 2016).

Research by Eni Sugiartri, Siti Zulaekah, and Susi Dyah Puspowati showed that a chi-square statistical test yielded a p-value of 0.603 (>0.05), indicating no relationship between knowledge and exclusive breastfeeding. Formula milk promotion also has the potential to contribute to the failure of exclusive breastfeeding.

Even if mothers initially have a mindset about the importance of breastfeeding, promotion of formula milk can come from healthcare workers, for example, upon discharge from the hospital, or from advertisements in various media, both print and electronic. Successful exclusive breastfeeding is influenced not only by knowledge but also by a strong will and the ability to support the breastfeeding process (Asi et al., 2018).

The results of this study align with those of Almiruddin (2006), which showed no relationship between knowledge and exclusive breastfeeding, with a p-value of 0.392. Interviews in this study also revealed that all respondents had given birth in a health facility and had undergone prenatal checkups with a midwife. Therefore, the majority of respondents (93.75%) received information about breastfeeding and exclusive breastfeeding, suggesting that mothers' initial knowledge about exclusive breastfeeding was quite good.

Research by Kusumawati Wijaya Ridi Putra shows that the higher a person's education level, the greater the influence on their level of knowledge and behavior regarding a particular topic. Education level is closely related to a person's level of knowledge; the higher the level of education, the more actively a person seeks information related to infant care or health. Individuals with higher education tend to have an easier time obtaining information than others, both through mass media and direct experience.

The more information a person obtains, the greater their knowledge about health. Knowledge is closely related to both formal and non-formal education; individuals with higher education tend to have a broader knowledge base. On the other hand, if the level of education is low, individuals tend to be slow in understanding the development of new information and the values introduced (Sulistiyowati et al., 2017).

3.2 The Relationship Between Family Support and Exclusive Breastfeeding

Based on Table 4.7 obtained from the research results, 24 mothers (96%) received good family support, of which 24 received support from their husbands, parents, and mothers-in-law. Meanwhile, 1 mother (4%) received poor support, receiving only support from her husband.

Overall, of the 25 respondents, 16 received support from their husbands, and 9 received support from their mothers-in-law. The chi-square test results showed a p-value of 0.001 ($p < 0.05$), which means H_0 is rejected and H_a is accepted. Thus, it can be concluded that there is a relationship between family support and exclusive breastfeeding.

According to Sudiharto (2007), family support is a driving force that motivates mothers to exclusively breastfeed their babies until 6 months of age, including psychological support for the mother and providing balanced nutrition. Friedman, as cited in Sudiharto (2007), states that the basic functions of the family include the effective function, which is the internal function of the family to meet psychosocial needs, provide mutual care, provide affection, and accept and support each other.

Husbands and families can play an active role in breastfeeding through emotional support and other practical assistance (Roesli, 2007).

The results of this study align with research by Dialni Octavianty Handjani, which showed a relationship between family support and exclusive breastfeeding. This means that family support provided to mothers can increase the likelihood of exclusive breastfeeding. Family members

providing direct support, such as help and assistance, as well as support from other family members, reflects family function, which impacts exclusive breastfeeding. Family support related to exclusive breastfeeding includes informational support, instrumental support, emotional support, and recognition. The success of exclusive breastfeeding is influenced by family, particularly husbands, parents, siblings, friends, neighbors, and the surrounding environment (Tiyals et al., 2016).

The Tamibunan study also found a significant relationship between family support and exclusive breastfeeding in a private hospital in Indonesia. Health workers can provide counseling and motivation to mothers to exclusively breastfeed, so they understand the importance of exclusive breastfeeding over formula. Nurses, other personnel, and health cadres must also provide education and motivation to encourage mothers to exclusively breastfeed, starting from preconception until the baby is at least 6 months old, and continuing until the child's second birthday.

Furthermore, the research environment and colleagues also motivate institutions and related parties to be more creative in providing audio-visual health education on breastfeeding. All of these efforts can be carried out through social media platforms and various other channels to increase mothers' knowledge and awareness of the importance of exclusive breastfeeding.

Further studies are needed to identify factors that support optimal exclusive breastfeeding, including good breastfeeding practices, husband support, and the social environment within a demographic context (Tamibunan et al., 2022).

This research aligns with research conducted by Alsnial & Junaldi (2020), which showed a significant relationship between maternal knowledge and exclusive breastfeeding. Mothers with high levels of knowledge were 2.6 times more likely to exclusively breastfeed compared to mothers with low levels of knowledge.

The results of this study were obtained through a Chi-square test (p -value <0.05). Thus, this study proves a relationship between family support and exclusive breastfeeding. The proportion of respondents who received family support and exclusively breastfed was 69.2%. This figure is higher than the proportion of respondents who did not receive family support but still exclusively breastfed (9.5%). This indicates that family support influences exclusive breastfeeding for infants.

The statistical test results also showed that mothers' failure to exclusively breastfeed was due to a lack of support from their husbands (23.6%). This was due to the husband's lack of encouragement to breastfeed when the baby was crying, as the baby continued to cry, making it difficult for the mother. Meanwhile, 21.8% of failures were due to mothers not having their husbands help with household chores, resulting in fatigue, which hindered successful breastfeeding.

Another form of support came from parents; 21.8% of breastfeeding failures were due to mothers not having help caring for their babies, and 7.3% of failures were due to the lack of nutritious food at home. The success of exclusive breastfeeding is influenced by family support, even in the smallest form (Arifiati et al., 2017).

4. Conclusion

Maternal knowledge about exclusive breastfeeding did not show a significant relationship with exclusive breastfeeding practices for infants aged 0–6 months. Although most respondents had sufficient or high knowledge, the proportion of exclusive breastfeeding remained balanced with the use of formula. This indicates that knowledge alone is not sufficient to ensure exclusive breastfeeding.

Family support significantly influences exclusive breastfeeding. Mothers who receive family support, whether in the form of informational, instructional, emotional, or practical support, have a greater chance of successfully providing exclusive breastfeeding. Support from husbands, parents, siblings, friends, and the surrounding community has been shown to increase the success of exclusive breastfeeding, while a lack of support contributes to failure.

Factors supporting the success of exclusive breastfeeding include educational and motivational interventions from health workers, the availability of information through the media, and the involvement of institutions or social platforms to expand mothers' knowledge. Family support, even in small forms, has been shown to be a crucial factor in the success of exclusive breastfeeding.

Therefore, strategies to increase exclusive breastfeeding need to emphasize the importance of active family support in addition to increasing maternal knowledge through ongoing education and motivation.

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References

- Alpriyani, N., Kristiyanti, R., & Susianti, S. A. (2014). Pengetahuan ibu nifas tentang teknik menyusui dengan kejadian puting susu lecet. *Jurnal Ilmiah Kesehatan*, 6(1), 1–8.
- Arifiati, N., & Banten, S. (2017). Analisis faktor yang mempengaruhi pemberian ASI eksklusif pada bayi di Kelurahan Warnasari Kecamatan Citangkil Kota Cilegon. *Proceeding Seminar Nasional*, 978–979.
- Asnia, W., & Junaid, Z. (2020). Faktor yang berhubungan dengan pemberian ASI eksklusif pada bayi usia 0-6 bulan di wilayah kerja Puskesmas Poleang Utara Kabupaten Bombana tahun 2019. *Jurnal Ilmiah Mahasiswa Kesehatan Masyarakat*, 1(1), 32–38.
- Bappenas. (2017). Laporan baseline SDG tentang anak-anak di Indonesia. Kementerian Perencanaan Pembangunan Nasional (Bappenas) dan United Nations Children's Fund. https://www.unicef.org/indonesia/id/sdg_baseline_report.pdf
- Dinas Kesehatan Kabupaten Bone. (2018). Profil kesehatan Kabupaten Bone 2018: Bayi yang mendapatkan ASI eksklusif. Dinas Kesehatan.
- Darmawan, D. (2019). Profil kesehatan Indonesia 2019. Kementerian Kesehatan Republik Indonesia.
- Dinas Kesehatan Sulawesi Selatan. (2018). Profil kesehatan Provinsi Sulawesi Selatan: Cakupan ASI eksklusif. Dinas Kesehatan.
- Fitria, F., & R. M. (2017). Analisis sosial dalam pemberian ASI pada bayi di Kecamatan Lawa Kabupaten Muna Barat. *Jurnal Ilmiah Mahasiswa Kesehatan Masyarakat*, 2(2), 1–10.
- Habibah, N. (2022). Hubungan pengetahuan ibu tentang teknik menyusui dengan keadaan puting susu lecet di Kelurahan Hajoran Kecamatan Pandan Kabupaten Tapanuli Tengah. *Jurnal Kesehatan Ilmiah Indonesia (Indonesian Health Scientific Journal)*, 6(2), 174–179.
- Nugroho, A. S. (2011). Peranan Kelompok Pendukung Ibu (KP Ibu) dalam program peningkatan capaian ASI eksklusif (Studi deskriptif kualitatif mengenai peran Kelompok Pendukung Ibu (KP Ibu) dalam program peningkatan capaian ASI eksklusif di Kelurahan Semanggi, Kecamatan Pasar Kliwon) [Bachelor's thesis, Universitas Sebelas Maret]. UNS Institutional Repository.
- Saputra, A. R. (2016). Peran pemberian ASI eksklusif terhadap status gizi dan tumbuh kembang pada anak usia dini. *Jurnal Agromedicine*, 3(1), 30–34.
- Tambunan, A. T., Tanggungan, F., Poppy, R., Sinurat, F., Kartika, L., & Aiba, S. (2022). Relationship between mothers' knowledge and exclusive breastfeeding behavior in one private hospital in West Indonesia. *International Journal of Nursing and Health Services*, 4(1), 1–8.
- Tyas, D. W., Murti, B., & Indarto, D. (2016). Qualitative analysis on the factors affecting exclusive breastfeeding among working mothers at Community Health Center in Bangkalan, Madura. *Journal of Maternal and Child Health*, 1(2), 110–118. <https://doi.org/10.26911/thejmch.2016.01.02.06>
- UPTD Puskesmas Kajuara Kabupaten Bone. (2018). Data cakupan bayi yang mendapat ASI eksklusif tahun 2018. UPTD Puskesmas Kajuara.