

# Factors Related to Exclusive Breastfeeding: Review Article

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DOI: <https://doi.org/10.52403/ijrr.20240143>

## ABSTRACT

**Background:** The Indonesian Ministry of Health recorded that the percentage of exclusive breastfeeding for babies aged 0-6 months in Indonesia was 71.58% in 2021. Breast milk is the most perfect food for babies. Therefore, babies aged 0-6 months only need exclusive breast milk without other additions except medicine. Breast milk is the first liquid food produced naturally by the mother's breasts. Breast milk contains various necessary nutrients that are well formulated in the mother's body to ensure the growth and development of the baby. Apart from providing complete child nutrition, breast milk protects the baby against infections and illnesses.

**Objective:** to analyze factors related to exclusive breastfeeding. **Method:** Literature Review (LR). **Data source:** The databases used are PubMed and Google Scholar (2014 to 2023). The research assessed 16 studies regarding factors associated with exclusive breastfeeding in a cross-sectional study design.

**Conclusion:** Based on the study, factors related to exclusive breastfeeding in breastfeeding mothers include age, education, employment status, economic status, Breastfeeding Support Group, knowledge, attitudes, professional support health, and husband's support.

**Keywords:** Exclusive breastfeeding, knowledge, attitudes, support, employment status, economic status

## INTRODUCTION

Health is the most important part of human life. Achieving optimal health can start from

the beginning of life, especially in the first 1000 days of life. The first 1000 days of life are important because all important organs and body systems begin to form rapidly. The development starts with gastrointestinal health, metabolic organ development, cognitive development, physical growth, and immune system maturity. The First 1000 Days of Life are essential because this is the golden period and cannot be repeated. In the first 1000 days of life, proper nutrition greatly influences growth and development; one essential nutrient is breast milk (Latifah et al., 2020).

Level exclusive breastfeeding worldwide, according to the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) in 2021 is still very low, where only 44% of children under 6 months of age are exclusively breastfed, and 68% of mothers who breastfeed reach the age of 1 year. Meanwhile, for those aged 2 years, the decline was 44%. In 2030, the target for exclusive breastfeeding is 70%, breast milk for newborns in the first hour 70%, breast milk for up to 1 year 80%, and breast milk for up to 2 years 60%. Meanwhile, exclusive breastfeeding coverage in ASEAN countries such as the Philippines is 34%, in Vietnam 27%, in Myanmar 24%, and in Indonesia, it has reached 54.3% (World Health Organization, 2021).

Sustainable Development Goals (SDGs) or Sustainable Development Goals 2030, breastfeeding is one of the first steps for a

human being to have a healthy and prosperous life. In Indonesia, almost 9 out of 10 mothers have given breast milk. Still, research by the Indonesian Pediatrician Association (IDAI) found that only 49.8% gave breast milk exclusively for 6 months, according to WHO recommendations (Yohmi et al. 2015).

Various internal and external factors can influence the low number of breastfed toddlers. Internal factors are the level of knowledge, health condition, attitudes, and perceptions of the mother. Meanwhile, external factors include support from people closest to them, health workers, promotion of formula milk and culture (Purwanti, 2004, Widyawati, 2020).

Exclusive breastfeeding will be healthier compared to babies who are non-exclusively breastfed, namely being given formula milk. Giving formula milk to babies can increase the risk of urinary tract, respiratory tract, and ear infections. Babies also experience diarrhea, colic, food allergies, asthma, diabetes, and chronic digestive tract diseases (Hapsari, 2014).

Research conducted on Mandangin Island by Oktavianisya shows that exclusive breastfeeding has an effect on the incidence of stunting. Toddlers who do not receive exclusive breastfeeding are 2.3 times more likely to experience stunting. Exclusive breastfeeding is the best food intake. Babies need breast milk after birth because it suits their body condition. According to WHO, exclusive breastfeeding can be given until the baby is two years old (Oktavianisya et al. 2021)

Breastfeeding problems have an impact on the mother's mental health by increasing the risk of postpartum depression (Sukma and Revinel, 2020) and vice versa. Postpartum depression has also been proven to have an impact on low breastfeeding or high rates of early weaning (Pope and Mazmanian, 2016). Breastfeeding problems or postpartum maternal mental health problems are indications that the mother needs external support, whether support from her partner, family, health workers, or peers.

Peer support has been proven to have a positive impact on breastfeeding success and the mental health of postpartum mothers (Wagg et al. 2022).

The support that mothers receive from health workers also plays an important role in the success of exclusive breastfeeding. Health workers are the front line in providing valid information about breast milk accompanying mothers from pregnancy to the postpartum period and breastfeeding (Young et al., 2020).

## **LITERATURE REVIEW**

Breast milk is the first liquid food produced naturally by the mother's breasts. Breast milk contains various necessary nutrients that are well formulated in the mother's body to ensure the growth and development of the baby. Apart from providing complete child nutrition, breast milk protects the baby against infections and illnesses. Breast milk emulates fat in a solution of protein, lactose, and inorganic salts secreted by the mother's mammary glands, which are helpful food for the baby. Breast milk in sufficient quantities is the best food for babies and can meet the baby's needs for up to the first 6 months. Breast milk is the first and foremost natural food for babies to achieve optimal growth and development (Wahyuningsih, 2018).

Exclusive breastfeeding means that babies are only given breast milk from the age of 30 minutes post-natal (after birth) until 6 months. Without additional fluids, such as formula milk, fruit juice, water, honey, and tea, and without additional solid foods such as fruit, biscuits, porridge, milk, rice porridge, and steamed rice (Elisabeth, 2017).

Various factors, both internal and external, can influence exclusive breastfeeding. Internal factors are the level of knowledge, health condition, attitudes, and perceptions of the mother. Meanwhile, external factors include support from people closest to them, health workers, promotion of formula milk and culture (Purwanti, 2004, Widyawati, 2020).

According to Green's theory, behavior itself is determined by 3 main factors, namely predisposing factors, enabling factors, and reinforcing factors. Likewise, exclusive breastfeeding is influenced by predisposing factors, including age, knowledge, attitude, and education; Enabling factors include employment status and economic status; Strengthening factors include husband's support, family support, health worker support, and peer support (Hasnidar et al., 2020, Widyawati 2020).

Breastfeeding support groups have benefits, including mothers' better behavior, the opportunity to provide exclusive breastfeeding, and the ability to solve problems during breastfeeding (Wati and Muniroh, 2018). Apart from that, there were differences in self-efficacy in breastfeeding mothers before and after the intervention by the breastfeeding support group (Abeng and Hardiyanti, 2020). Mothers who bring their babies to peer community activities can increase perceptions of role identity, raise awareness of how to care for themselves and improve peer relationships through shared experiences. (Ward, 2021).

Knowledge influences a person's mindset in receiving information. If a person's knowledge is sufficient, their mindset will be broader and their grasp in receiving information will be more open. Meanwhile, a person's attitude is influenced by knowledge. Attitudes will be hostile towards breast milk if knowledge about it is lacking (Pradany and Margawati, 2015).

A person's positive and negative behavior will be influenced by age, and age is included in predisposing factors, where the older a person is, the more positive their behavior will ideally be in providing exclusive breastfeeding. According to research by Efriani and Astuti (2020), mothers aged 20-35 years are more likely to provide exclusive breastfeeding, while mothers aged <20 or >35 years are likelier not to provide exclusive breastfeeding. Where 21 mothers who gave exclusive breastfeeding were women aged between 20 and 35 (32.8%). Meanwhile, 20 mothers did

not provide exclusive breastfeeding who were mothers aged <20 or >35 years (31.3%) (Efriani and Astuti, 2020).

For some mothers, breastfeeding is a natural and intuitive action. Therefore, they think that breastfeeding does not need to be studied. However, most mothers are less aware of the importance of breast milk as a baby's main food. They only know that breast milk is the food that babies need without paying attention to other aspects (Prasetyono, 2012). Lestari states that there is a relationship between education variables and exclusive breastfeeding, similar to the research results (Lindawati, 2019). There is a relationship between education level and exclusive breastfeeding. Level of education: In general, people with higher education will have broader knowledge than people with lower education, and education can increase one's insight or expertise. Mothers with higher education are three times more likely to breastfeed exclusively than mothers with low education (Octaviyani and Budiono, 2020).

Husbands and families can actively support breastfeeding by providing emotional support or other practical assistance. If the support is lacking, it will affect the mother's motivation to act. Apart from this, in families, when making decisions, it is determined by the abilities of family members; of course, this will influence the support provided (Kurniawati et al. 2020).

The role of the husband is very important for the mother in facing the breastfeeding process, the support given by the husband can make the mother feel calmer, thereby facilitating breast milk production (Khasanah and Sukmawati, 2020). The husband can also play a role in helping the mother when the baby is fussy, accompanying the mother when she wakes up at night, changing diapers, attending the doctor, or other things that calm the wife. This is useful for creating calm in a mother's heart and ensuring that the mother does not get stressed so that breast milk remains smooth (Indarwati et al. 2017).

Research conducted by Dewi regarding the support role of officers with a companion model for providing exclusive breastfeeding states that the supporting factors for the success of exclusive breastfeeding, apart from family support, are the support of health workers, professional health workers can be a supportive factor for mothers in providing breast milk, support from health workers is related to providing information and education. , and motivation for mothers to provide exclusive breastfeeding to their babies and determine the mother's continuity in exclusive breastfeeding(Mulyani et al. 2016, Dewi et al. 2019).

The support of health workers in the success of providing exclusive breastfeeding has a significant influence. This is proven by the results of several studies regarding the support of health workers with giving exclusive breastfeeding which states that there is a substantial relationship between the support of health workers and giving exclusive breastfeeding, the support of health workers has a very positive effect on the success exclusive breastfeeding, mothers who receive good support from health workers become more confident in continuing to breastfeed exclusively, apart from that the role of health workers can provide mothers with information, education, provide counseling to both pregnant and breastfeeding mothers about

exclusive breastfeeding, and carry out the Early Breastfeeding Initiation (IMD) process and other assistance. Health workers further improve and maintain service functions and are responsible for the health of mothers and babies, this proves that the support of health workers has a very positive influence on the success of exclusive breastfeeding.

**MATERIALS & METHODS**

This research is a literature review (LR). The database used is Google Scholar (2014 to 2023). The research involved the assessment of 16 research factors associated with exclusive breastfeeding in a cross-sectional study design. Based on the study carried out, factors related to exclusive breastfeeding in breastfeeding mothers include age, education, employment status, economic status, Breastfeeding Support Group (KP-ASI), knowledge, attitudes, support from health workers, and husband's support.

**RESULT**

The research involved assessing 16 studies obtained from the relevant PubMed and Google Scholar databases with the title regarding factors related to exclusive breastfeeding.

Factors related to exclusive breastfeeding can be seen in Table 1:

No.	Researcher Name	Year	Title	Research design	Research result
1.	Wardani et al.	2017	<i>Relationship between Sociodemographic Factors and Mother's Participation in Breast Feeding Support Group with Exclusive Breastfeeding Success in Banyuwangi</i>	<i>Analytical observational study with cross-sectional design</i>	There is a relationship between a mother's participation in KP-ASI and the success of exclusive breastfeeding. Mothers who actively participated in KP-ASI activities had a 5.32-fold increase in exclusive breastfeeding success compared to mothers who did not participate in KP-ASI activities. The relationship was statistically significant (OR = 5.32; 95% CI = 1.79 to 15.76; p = 0.003)
2.	Kornides & Kitsantas.	2019	<i>Evaluation Of Breastfeeding Promotion, Support, and Knowledge Of Benefits Of Breastfeeding Outcomes</i>	<i>Descriptive statistics, chi-square analysis, and logistic regression.</i>	Mothers with more excellent knowledge about the benefits of breastfeeding were 11.2 (95% CI: 6.87–18.45) times more likely to initiate breastfeeding and 5.62 (95% CI: 4.19–7.54) times more likely to be breastfeeding at two months than mothers with lower levels of knowledge.
3.	Efriyani	2020	Factors Associated with Exclusive Breastfeeding Behavior in Pegirian Village, Semampir District, Surabaya City	Observational method and using a Cross-Sectional research design	The study showed a significant relationship between knowledge (p-value 0.008) and attitude (p-value 0.047) with exclusive breastfeeding behavior. The conclusion obtained is that there is a significant relationship between knowledge and

					attitudes and complete breastfeeding behavior. This happens because knowledge will shape perspectives, and then attitudes will shape behavior to provide exclusive breastfeeding
4.	Kusumawati	2021	The Relationship between Health Workers' Attitudes and Support and the Success of Providing Exclusive Breast Milk in the Berangas Community Health Center Area, Barito Kuala Regency	Correlation study with cross-sectional design	This research concludes that there is a significant relationship between maternal attitudes and the success of exclusive breastfeeding with a p-value of 0.004. This means that the more positive the attitude, the level of success in providing exclusive breastfeeding will also increase.
5.	Prasetio et al.	2020	The Relationship between Mother's Knowledge, Attitudes and Behavior Regarding Breast Milk and the Success of Exclusive Breastfeeding: Pancalang Community Health Center, Kuningan Regency	Observational method and using a Cross-Sectional research design	Results This study shows a significant relationship between patient attitudes and the success of exclusive breastfeeding because the p-value is <0.05. The Spearman correlation value of $r=0.459$ shows a positive correlation with sufficient/moderate correlation strength
6.	Hamidah, S	2018	<i>Factors Associated with Exclusive Breastfeeding for Mothers Who Have Babies Aged 6-12 Months in the Padang City Cold Water Health Center Working Area.</i>	Quantitative research with a cross-sectional study approach.	The research showed exclusive breastfeeding (39%) and not exclusive breastfeeding (61%). There is a significant relationship between education and exclusive breastfeeding with a value ( $p = 0.029$ ) and a significant relationship between employment, knowledge, husband's support, and self-efficacy with exclusive breastfeeding with a value ( $p = 0.000$ ).
7.	Efriani, R	2020	The relationship between age and employment of breastfeeding mothers exclusive breastfeeding in the working area of Umbulharjo 1 Community Health Center, Yogyakarta City.	Analytical survey: a cross-sectional approach	The analysis of the age of mothers with exclusive breastfeeding obtained a p-value of 0.007 ( $p<0.05$ ). In contrast, the study of mothers' work with exclusive breastfeeding yielded a p-value of 0.000 ( $p<0.05$ ). In conclusion, there is a relationship between the mother's age and occupation and exclusive breastfeeding in the Puskesmas work area Umbulharjo 1 Yogyakarta City.
8.	Sanofarizka, et al	2022	Factors associated with exclusive breastfeeding in Cimekar Village, Cileunyi District, Bandung Regency	Observational analytics with cross-sectional design	The research results showed that support from health workers was significantly related to exclusive breastfeeding ( $p=0.018$ ) and low closeness ( $CC=0.276$ ).
9.	Silaen et al.	2022	Relationship between Husband's Support and Exclusive Breastfeeding	Descriptive correlation design with a cross-sectional approach.	The results of statistical tests show that there is a correlation between the husband's support received by the mother with exclusive breastfeeding with a p-value ( $0.015 < \alpha (0.05)$ ). This indicates that there is a relationship between the husband's support received by the mother and exclusive breastfeeding.
10.	Ripandi H, J., & Rezal, F	2021	<i>Relationship of Knowledge, Attitudes, and Economic Status with Exclusive Breastfeeding in Infants Aged 0-6 Months in the Work Area of the Lampeapi Community Health Center, Konawe Islands District</i>	Analytical survey research with a cross-sectional design.	The research results showed that (2.5%) of respondents had lower middle income. at a confidence level of 96.3%, indicating that there is no significant relationship ( $p > 0.05$ ) between knowledge and attitudes about exclusive breastfeeding and exclusive breastfeeding in babies aged 0-6 months, while socio-economic status is statistically known to have a significant relationship with p-value = 0.048 ( $p < 0.05$ ).
11.	Lindawati	2019	Relationship between Knowledge, Education and Family Support and Exclusive Breastfeeding	Observational analytics with cross-sectional design	The results of the research show that there is a relationship between knowledge (p-value: 0.028), education (p-value: 0.027), and family support (p-value: 0.005) with exclusive breastfeeding in Peucangpari Village, Cigemblong Lebak District in 2018.
12.	Assriyah, et al	2020	<i>Relations Of Knowledge, Attitude, Age, Education, Jobs, Psychological, And Early Asking Initiations With Exclusive Assessment In Sudiang Public Health Center</i>	Analytical cross-sectional study	The results of this study showed that 50.5% of babies did not receive exclusive breast milk and 49.5% of babies received complete breast milk. There is a relationship between maternal knowledge ( $p = 0.015$ ), maternal occupation ( $p = 0.049$ ), psychology ( $p = 0.031$ ), and early initiation of breastfeeding (IMD) ( $p = 0.007$ ) with exclusive breastfeeding. There was no relationship between maternal attitude ( $p = 0.748$ ), maternal age ( $p = 0.325$ ), and maternal education ( $p = 0.558$ ) with exclusive

					breastfeeding.
13.	Zulkarnain, et al	2023	Factors influencing exclusive breastfeeding duration in South Sulawesi-Indonesia: A population-based cross-sectional study	Cross-sectional study	The results of this study show that there is a relationship between age (p-value 0.030), education (p-value 0.009), knowledge (p-value 0.037), and family support (family support) with exclusive breastfeeding. No relationship exists between employment (p-value 1.000) and family income (p-value 0.538) with exclusive breastfeeding.
14.	Timporok, et al	2018	The Relationship between Mother's Employment Status and Exclusive Breastfeeding in the Kawangkoan Community Health Center Work Area	Surveysanalytical with a cross-sectional study approach	The research results based on the Chi-square test show a relationship between employment status and exclusive breastfeeding; the p-value = 0.000 is less than $\alpha = 0.05$ .
15.	Prastanti and Indrawati	2023	Factors Related to Exclusive Breastfeeding for Breastfeeding Mothers in the Working Area of Puskesmas Alun-Alun Gresik	Surveysanalytical with cross-sectional study	The results of the study showed that there was no relationship between maternal education (p=0.232), employment status (p=0.053), and baby's health condition (p=0.589) with exclusive breastfeeding, while knowledge (p=0.000), maternal attitude (p=0.001), breast milk adequacy (p=0.009), maternal health condition (p=0.001), husband's support (p=0.009), and family support (p=0.003) were related to exclusive breastfeeding. Maternal knowledge is the most dominant factor in exclusive breastfeeding with a value of OR=12.084.
16	Marwiyah and Khaerawati	2020	Factors Associated with Exclusive Breastfeeding for Working Mothers in Cipare Village, Serang City	The research design is correlation using cross-sectional	The results of the bivariate analysis of this study showed a relationship between exclusive breastfeeding and parity status (p-value = 0.011), education (p-value = 0.037), knowledge (p-value = 0.035), family support (p-value = 0.006) and superior support (p-value = 0.006). Understanding

## DISCUSSION

### 1. Age

Based on (Lestari, 2018) Age is the length of time lived starting from the time of birth. The older you are, the more mature a person's level of maturity and strength will be in thinking. Most mothers who exclusively breastfeed are aged 20-30 years, which is a healthy reproductive age, so that mothers can solve problems emotionally, especially in dealing with pregnancy, childbirth, postpartum, and caring for their babies (Lestari, 2018).

A person's positive and negative behavior will be influenced by age and age is included in predisposing factors, where the older a person is, the more positive their behavior will ideally be in providing exclusive breastfeeding. According to research by Efriani and Astuti (2020), mothers aged 20-35 years are more likely to provide exclusive breastfeeding, while mothers aged <20 or >35 years are likelier not to provide exclusive breastfeeding. Where 21 mothers who gave exclusive breastfeeding were women aged between 20

and 35 (32.8%). Meanwhile, 20 mothers who did not provide exclusive breastfeeding were mothers aged <20 or >35 years (31.3%) (Efriani and Astuti, 2020).

Mothers who are old enough to breastfeed exclusively have a good level of psychological maturity, especially in the mother's mindset about breastfeeding. However, exclusive breastfeeding is influenced by other factors, namely mothers aged >35 years who have more experience in breastfeeding (Maritalia, 2017).

The research results of Assriyah et al. (2020) show that there is no relationship between age and exclusive breastfeeding with p value=0.325 (p>0.05), which means there is no relationship between maternal age and exclusive breastfeeding (Assriyah et al., 2020).

### 2. Education

Education means guidance given by someone to develop others towards certain ideals to achieve safety and happiness. Education impacts increasing a person's insight or knowledge; generally, the higher

the education, the easier it is to receive information to gain more knowledge. A person's level of education will influence their response to something that comes from outside. People who are highly educated will provide a more rational response to the information that comes and reason to think about the extent of the benefits they might gain from the idea (Notoatmodjo, 2014).

For some mothers, breastfeeding is a natural and intuitive action. Therefore, they think that breastfeeding does not need to be studied. However, most mothers are less aware of the importance of breast milk as a baby's main food. They only know that breast milk is the food that babies need without paying attention to other aspects (Prasetyono, 2012). Lestari, 2017 states that there is a relationship between education variables and exclusive breastfeeding. Likewise, according to the research results (Lindawati, 2019), There is a relationship between education level and exclusive breastfeeding.

Level of education where, in general, people with higher education will have broader knowledge than people with lower education, and education can increase one's insight or expertise. Mothers with higher education are three times more likely to breastfeed exclusively than mothers with low education (Octaviyani and Budiono, 2020).

Education influences the learning process, the higher a person's education, the easier it is for that person to receive information. With higher education, a person will tend to get information, both from other people and from the mass media, the more information that comes in, the more knowledge they gain about health (Transport, 2020).

The research results of Marwiyah and Khaerawati (2020) show that education is related to exclusive breastfeeding with a p-value = 0.037. People with a higher education level find it easier to understand the information they receive compared to respondents with lower education. Sufficient education is also the basis for developing insight and tools that make it

easier to provide motivation and determine a person's way of thinking in accepting knowledge, attitudes, and behavior in society (Marwiyah and Khaerawati, 2020).

The results of research conducted (Ibrahim and Rahayu, 2021) state that there is a relationship between maternal education and exclusive breastfeeding for babies in the working area of the Suli Community Health Center because the results of the significance value are p-value = 0.000 (Ibrahim and Rahayu, 2021). Sihombing (2018) states that education can support the success of exclusive breastfeeding; the higher a person's level of education, the easier it is for that person to receive information so that they have a lot of new knowledge. It is easier for someone who has a high level of education to apply the data obtained in daily life, including providing exclusive breastfeeding until the baby is six months old.

Research results (Lindawati, 2019) state that there is a relationship between education and exclusive breastfeeding. Mothers who have higher education provide exclusive breastfeeding 5 times more than mothers who have low education. Mothers with higher education will respond better to information obtained regarding exclusive breastfeeding because they have much knowledge and broad insight. In contrast, mothers who have low education will react more slowly to information obtained regarding exclusive breastfeeding because they have little knowledge (Lindawati, 2019).

### **3. Job-status**

According to Koba, Rompas, and Kalalo (2019), work is a mandatory and basic task in meeting daily needs. Based on the type of work, homemakers have more time to provide exclusive breast milk (Koba, Rompas, and Kalalo, 2019). Meanwhile, some mothers who have average jobs do not breastfeed optimally, because sometimes mothers who have worked all day will feel lazy about expressing breast milk (Bahriyah et al. 2017).

Working mothers cannot provide exclusive breastfeeding due to lack of maternal leave, long working hours, and physical fatigue. The maternal leave period after giving birth was only around 2-3 months in this study. This causes some mothers to give their babies formula milk before the leave period is over. As time goes by, breast milk production becomes less and less, and in the end, breast milk does not come out. Long working hours reduce the intensity of meeting time between mother and baby, so mothers choose to give formula milk to their babies. The unavailability of breast milk rooms in the workplace can also cause working mothers who cannot provide exclusive breastfeeding. The unavailability of breast milk rooms causes mothers to express breast milk in open spaces, such as workrooms or places of worship. The lack of privacy when expressing breast milk causes discomfort in mothers, so mothers prefer to give formula milk to their babies (Juniaret al., 2023).

Research conducted by Nkrumah (2016) in Ghana shows that mothers who work in the formal sector are unable to breastfeed exclusively after maternity leave because workplace facilities and working conditions do not support exclusive breastfeeding. Even though a mother's work and exclusive breastfeeding seem to be incompatible, not all mothers' work is inconsistent with the practice of exclusive breastfeeding (Nkrumah, 2016).

A working mother experiences difficulties in providing exclusive breastfeeding because she has to divide her time with her job. It can be seen that the busier mothers are at work, the fewer mothers provide exclusive breastfeeding. For working mothers who do not offer exclusive breastfeeding, this means there is a tendency because there are few opportunities to provide exclusive breastfeeding, which is contrary to the obligation to carry out work. If the mother's employment status is not working, there is a high probability that the mother will be able to provide exclusive breast milk. If the mother's employment

status is working, there is a high possibility that the mother will not provide exclusive breast milk to her baby. Most mothers who work have less time to care for their babies, making it possible for mothers not to breastfeed their babies exclusively. Working mothers can still exclusively breastfeed their babies by pumping or expressing their breast milk, then storing it and giving it to their baby later. The working environment of a working mother can also influence exclusive breastfeeding (Timporok et al. 2018).

#### 4. Economic Status

Economic status is the position of a person or family in society based on monthly income. Financial status can be seen from income adjusted for essential goods (Kartono, 2006). Family economic status is the economic ability of a family to meet all the living needs of all family members (Sumardi and Evers., 2005).

Status is a rank that is defined socially and given to groups or members by people. Economics is the science of managing the household. So economic status is the ability or income obtained, adjusted for the price of essential goods. Financial status is the economic ability or position of a person or family in society based on monthly income to meet every need of family members (Fauzi et al., 2021; Sedarmayanti et al. 2021).

The results of research conducted by Rifandi and Rezal (2020) show that statistically there is a significant relationship between economic status and exclusive breastfeeding with a value of  $p = 0.048$  ( $p < 0.05$ ). Low economic status is a response to having a low income. Families with high incomes tend to provide exclusive breastfeeding, while respondents with low incomes are less likely to provide exclusive breastfeeding (Ripandi and Rezal, 2021).

Families with high incomes tend to provide exclusive breastfeeding, while respondents with low incomes are less likely to provide exclusive breastfeeding. This is caused by various factors, namely mothers with low



incomes who are unable to meet the mother's nutritional needs during pregnancy and breastfeeding, thus affecting the quantity of breast milk a mother produces. Because the amount of breast milk is insufficient for her child, a mother gives it to fulfill her baby's nutritional intake. Food. Companion. Like. Formula milk, strained porridge, and bananas (Ripandi H and Rezal, 2021).

The results of this study are not in line with the research et al. (2023). The statistical test results obtained a p-value of=0.538, which shows no relationship between family income and exclusive breastfeeding.

Families with low socioeconomic status are more likely to provide breast milk than families with high socioeconomic status. Unfavorable economic conditions make mothers prefer to breastfeed their babies because they cannot afford formula milk. Meanwhile, with high economic conditions, mothers will not be motivated to breastfeed their babies, thereby reducing the possibility of exclusive breastfeeding (Umami & Margawati, 2018).

### **5. Breastfeeding Support Group**

The Support Group for breastfeeding mothers is a forum for community efforts through a peer group model, consisting of 6-12 mothers and/or women with children aged 0-6 months who meet regularly once every 2 weeks or at least once a month, including home visits. To exchange experiences, discuss and provide mutual support regarding maternal and child health, especially regarding pregnancy, follow-up, and nutrition, guided/facilitated by a motivator (Ministry of Health, 2012).

Peer support can be done online and offline. Peer support that is carried out offline includes the breastfeeding support group program, a women's empowerment group consisting of pregnant women and mothers with babies under the age of two years guided by a facilitator so that positive emotions, self-confidence, and solutions emerge that can improve breastfeeding (Wati and Muniroh, 2018).

This peer meeting is a form of empowerment with the community's potential. In the group of mothers with middle to lower economic levels, peer support, apart from being effective in increasing breastfeeding, can also improve the economy of postpartum and breastfeeding mothers. At regular peer group meetings, apart from sharing information and solutions about breastfeeding, mothers can make products that can be used or sold in the community around them (M'liriaet al.2020).

Some of the benefits of breastfeeding support groups include mothers having better behavior, having the opportunity to provide exclusive breastfeeding, and solving problems during the breastfeeding process (Wati and Muniroh, 2018). Apart from that, there is a difference in self-efficacy in breastfeeding mothers before and after the intervention by the breastfeeding support group with a p-value = 0.000 (Abeng and Hardiyanti, 2020). Mothers who bring their babies to peer community activities can increase perceptions of role identity, raise awareness of how to care for themselves, and improve peer relationships through shared experiences (Ward, 2021).

The interaction of breastfeeding mothers at the breastfeeding support group is one means of forming positive behavior in the process of providing exclusive breastfeeding. The results of this research align with research by Wardani (2017), showing a relationship between a mother's participation in a breastfeeding support group and the success of exclusive breastfeeding. Mothers who actively participated in breastfeeding support group activities had a 5.32-fold increase in exclusive breastfeeding success compared to mothers who did not participate in breastfeeding support group activities. The relationship was statistically significant (OR = 5.32; 95% CI = 1.79 to 15.76; p = 0.003) (Wardani et al. 2017).

## 6. Knowledge

Knowledge is the result of knowing, produced after people sense a particular object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste, and touch. Most human knowledge is acquired through the eyes and ears. Without knowledge, a person has no basis for making decisions and determining actions regarding the problems faced (Irwan, 2017; Pakpahan et al., 2021).

Knowledge influences a person's mindset in receiving information. If a person's knowledge is sufficient, their mindset will be broader and their grasp in receiving information will be more open. Meanwhile, a person's attitude is influenced by knowledge. Attitudes will be negative towards breast milk if knowledge about it is lacking (Pradany and Margawati, 2015).

Knowledge is a critical domain in shaping one's actions. Knowledge of health is one of the predisposing factors that can influence a person's behavior, so if you do not receive information about exclusive breastfeeding during pregnancy, it will shape the mother's behavior in giving exclusive breastfeeding to her baby. Increasing knowledge will impact mothers' behavior in providing exclusive breastfeeding (Lindawati, 2019). Respondents' level of knowledge about exclusive breastfeeding can be influenced by education and the presence of information that makes it easier to increase a person's level of knowledge, especially about exclusive breastfeeding (Marwiyah and Khaerawati, 2020).

Knowledge is the basis for an individual to make decisions and determine actions regarding problems, including health problems. Health knowledge can be obtained through formal education, counseling, and mass media information. Knowledge about exclusive breastfeeding can raise awareness and influence pre-lacteal feeding attitudes. Knowledge also functions as motivation in attitudes and actions, including in refusing pre-lacteal feeding. Mothers who lack knowledge and are given less advice about the importance

of providing colostrum in the first days of birth can cause mothers to give pre-lacteal food (Jatmika, 2014).

Knowledge is a significant factor in forming a person's attitudes and actions (over behavior). Attitudes and behavior based on knowledge will be better than those not based on knowledge (Notoatmodjo, 2014).

Prasetio's (2020) research shows the relationship between patient knowledge and the success of exclusive breastfeeding. There is a significant relationship between the level of expertise and the success of exclusive breastfeeding because the p-value is  $<0.05$ . The Spearman correlation value of  $r=0.434$  shows a positive correlation with sufficient/moderate correlation strength (Prasetio et al. 2020).

There is a significant relationship between knowledge and attitudes and exclusive breastfeeding behavior. This happens because knowledge will shape perspectives, and attitudes will shape behavior to provide exclusive breastfeeding (Erriyani, 2020).

Study: Kornides M and Kitsantas, in 2019, explain how knowledge influences exclusive breastfeeding. During prenatal breastfeeding information from various media sources, the mother's knowledge about the benefits of breast milk, family and doctor support, and peer support influence breastfeeding outcomes for babies after birth. Descriptive statistics, chi-square analysis, and logistic regression were performed. About 85 percent of women initiate breastfeeding. When the baby was two months old, 63.8 percent continued to breastfeed, while only 38.1 percent breastfed exclusively for 6 months. Mothers with more excellent knowledge about the benefits of breastfeeding were 11.2 (95% CI: 6.87–18.45) times more likely to initiate breastfeeding and 5.62 (95% CI: 4.19–7.54) times more likely to be breastfeeding at two months than mothers with lower levels of knowledge. Women whose families prenatally supported exclusive breastfeeding were 8.21 (5.12–13.2) times more likely to initiate and continue breastfeeding (OR 3.21, 95% CI: 2.51–4.11). Doctors

supporting breastfeeding increased a woman's odds of initiating breastfeeding (OR 1.95, 95% CI: 1.31-2.88). Interventions to increase maternal knowledge about the benefits of breastfeeding and family and physician support for breastfeeding in the prenatal period may help increase breastfeeding rates. Breastfeeding needs to be a priority among health workers to improve the health of mothers and babies (Kornides and Kitsantas, 2019).

## 7. Attitude

Attitude is a reaction or response that is still closed from a person to a stimulus or object. From the limitations above, it can be concluded that the manifestation of this attitude cannot be seen directly, but can only be interpreted first from closed behavior. Attitude clearly shows the connotation of appropriate reactions to certain stimuli, which is an emotional reaction to social stimuli in everyday life. Attitude is not yet an action or activity but a predisposition to a behavior's action (Pakphan et al., 2021).

A positive attitude about exclusive breastfeeding will influence the practice of exclusive breastfeeding. Behavior results from a careful and reasoned decision-making process that considers the advantages and disadvantages of the action. This condition will contribute to the act of giving exclusive breast milk, meaning that seen from the aspect of attitude, showing a good attitude will impact the mother's desire to provide breast milk exclusively. Research analysis results (Mahdang and Ahmad, 2021) show the influence of attitudes towards exclusive breastfeeding by female workers showing a p-value of 0.000 with  $\alpha = 0.05$ . These results are statistically proven to be significant because the p-value  $< \alpha$  indicates an influence on attitudes toward exclusive breastfeeding by female workers (Mahdang and Ahmad, 2021).

Someone will do an action if they view the action as positive. Beliefs can shape a person's attitude in acting or not. This belief can come from a person's experience with the behavior in question in the past, but it

can also be influenced by information about that behavior. Attitudes have several characteristics, including attitudes that are not innate but are learned or formed based on experience (Marwiyah and Khaerawati, 2020).

## 8. Health Worker Support

Supporting factors for mothers' success in providing exclusive breastfeeding, apart from family support, is also support from health workers. Support from health workers is one of the factors that can influence the assistance that will be given to mothers in providing exclusive breastfeeding (Rizkianti et al. 2016).

Health worker support is the physical and psychological comfort, attention, appreciation, or assistance in other forms that individuals receive from health workers. Health workers' support can be emotional, appreciative, instrumental, and informational (Windari et al. 2017). Support from health workers is one of the factors that can influence mothers to breastfeed early by providing information and improving the behavior of mothers who breastfeed exclusively

Based on the results of research conducted (Syamiyah & Helda, 2018) regarding the role of health workers in the success of exclusive breastfeeding, the research results show that mothers who give exclusive breastfeeding to babies aged 0-5 months 29 days at the Mampang Prapatan District Health Center Posyandu are 38.0 % because they get good support from health workers and have a 1.55 chance of providing exclusive breastfeeding after being controlled. This proves that health workers play a vital role in the success of exclusive breastfeeding, health workers can provide education to both pregnant and breastfeeding mothers on exclusive breastfeeding, health workers are responsible for infant nutrition and maternal health care, health workers have a unique position that can influence the function of maternal health services both before, during

and after pregnancy and childbirth (Syamiyah and Helda, 2018).

Research conducted by (Dewi et al. 2019) Regarding the support role of officers with a companion model for providing exclusive breastfeeding states that the supporting factors for the success of exclusive breastfeeding, apart from family support, are the support of health workers, professional health workers can be a supportive factor for mothers in providing breast milk, support from health workers is related to providing information and education, and motivation for mothers to provide exclusive breastfeeding to their babies and determine the mother's continuity in exclusive breastfeeding (Mulyani et al. 2016; Dewi et al. 2019).

The support of health workers in the success of providing exclusive breastfeeding has a significant influence. This is proven by the results of several studies regarding the support of health workers with giving exclusive breastfeeding which states that there is a substantial relationship between the support of health workers and giving exclusive breastfeeding, the support of health workers has a very positive effect on the success exclusive breastfeeding, mothers who receive good support from health workers become more confident in continuing to breastfeed exclusively, apart from that the role of health workers can provide mothers with information, education, provide counseling to both pregnant and breastfeeding mothers about exclusive breastfeeding, and carry out the Early Breastfeeding Initiation (IMD) process and other assistance. Health workers further improve and maintain service functions and are responsible for the health of mothers and babies, this proves that the support of health workers has a very positive influence on the success of exclusive breastfeeding.

According to research by Yusuff (2022), there is a relationship between support from health workers and breastfeeding. Mothers who receive support from health workers are 5 times more likely to provide exclusive

breastfeeding to their babies than mothers who do not receive support from health workers (Yusuff et al. 2022).

## 9. Husband's Support

Support is a pattern of positive interactions or helpful behavior given to individuals in dealing with a stressful event or incident. The support an individual feels in his life makes him feel that he will be loved, appreciated, and recognized, making him more meaningful and able to optimize his potential. Support recipients will feel part of the support provider (Bobak in (Indarwati et al. 2017)).

Support can be obtained from within the family, such as support from the husband, wife, or siblings, and it can also be in the form of support from outside the family, such as friends and other relatives. Support can be given in several forms: emotional, instrumental, informational, and appreciation Friedman in Kinasih et al. 2017.

The husband's support in providing exclusive breastfeeding is the husband's involvement or the husband's efforts to motivate breastfeeding mothers to only give breast milk to their babies and no other complementary foods for 6 months. The husband's role in the breastfeeding process is to create a comfortable atmosphere for the mother and make the mother healthier both physically and psychologically. Support from the husband in providing exclusive breastfeeding will give rise to a breastfeeding father. If the mother feels supported, loved, and cared for, positive emotions will emerge, increasing the production of the hormone oxytocin so that breast milk production runs smoothly. The husband's support is an essential factor for successful breastfeeding. Mothers will feel more confident with support from their husbands (Indarwati et al. 2017).

Basically, the breastfeeding process is not only between mother and baby, but fathers also have a vital role. The husband is the person closest to the mother and plays many roles during pregnancy, childbirth, and after

the baby is born, including providing breast milk. Husband's support given in any form can affect the mother's emotional condition which has an impact on breast milk production. About 80% to 90% of breast milk production is determined by the mother's emotional state, which is related to the mother's oxytocin reflex in the form of thoughts, feelings, and sensations. Increasing this will facilitate breast milk production (Roesli, 2009).

Husbands and families can actively support breastfeeding by providing emotional support or other practical assistance. If the support is lacking, it will affect the mother's motivation to act. Apart from this, in families, when making decisions, it is determined by the abilities of family members; of course, this will influence the support provided (Kurniawati et al. 2020).

The role of the husband is very important for the mother in facing the breastfeeding process, the support given by the husband can make the mother feel calmer, thereby facilitating breast milk production (Khasanah and Sukmawati, 2020). The husband can also play a role in helping the mother when the baby is fussy, accompanying the mother when she wakes up at night, changing diapers, attending the doctor, or other things that calm the wife. This is useful for creating calm in a mother's heart and ensuring that the mother does not get stressed so that breast milk remains smooth (Indarwati et al. 2017).

Research conducted by Silaen et al (2022) states that there is a significant relationship between the support a mother receives from her husband and exclusive breastfeeding. Husbands need to support mothers during the exclusive breastfeeding period because it can affect the amount of breast milk the mother produces, the duration of exclusive breastfeeding, and the mother's choice of breastfeeding (Silaen et al., 2022).

## CONCLUSION

Factors related to exclusive breastfeeding for breastfeeding mothers include age, education, knowledge, attitudes,

employment status, economic status, breastfeeding support groups, husband's support, and support from health workers.

## Declaration by Authors

**Ethical Approval:** Not Required

**Acknowledgment:** None

**Source of Funding:** None

**Conflict of Interest:** The authors declare no conflict of interest.

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How to cite this article: Eriani Mustika Harahap, Desmawati Desmawati, Afriwardi Afriwardi. Factors related to exclusive breastfeeding: review article. *International Journal of Research and Review*. 2024; 11(1): 383-398. DOI: <https://doi.org/10.52403/ijrr.20240143>

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