



FACTORS INFLUENCING THE FAILURE OF EXCLUSIVE BREASTFEEDING IN SRI DAMAI VILLAGE MUSI BANYUASIN REGENCY SOUTH SUMATRA PROVINCE IN 2024

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ABSTRACT

Background: Exclusive breastfeeding plays a crucial role in reducing infant mortality and promoting optimal child growth and development. Despite its importance, the rate of exclusive breastfeeding in Indonesia remains low, including in Sri Damai Village. Several factors such as maternal age, education, occupation, parity, knowledge, and family support are thought to influence the success of exclusive breastfeeding. **Research objective:** This study aims to comprehensively identify the various factors that contribute to the failure of exclusive breastfeeding in Sri Damai Village. These factors may include sociodemographic conditions, cultural beliefs, maternal knowledge and attitudes, family support, and the role of healthcare services. **Methode:** his research is a quantitative study with a cross-sectional design. The sample consisted of 34 mothers with infants aged 0–6 months in Sri Damai Village. Data were collected using a structured questionnaire and analyzed using the Chi-Square test. **Research results:** The study found that the failure of exclusive breastfeeding in Sri Damai Village was influenced by several key factors. Mothers aged 20–35 years made up 58.8% of cases, showing that being in the ideal reproductive age does not ensure successful breastfeeding. Statistical analysis confirmed significant relationships between all these variables and exclusive breastfeeding failure ($p < 0.05$). **Conclusion and suggestion:** The failure of exclusive breastfeeding in Sri Damai Village is influenced by several factors, with lack of family support and poor application of maternal knowledge being the most significant.

Keywords: Exclusive Breastfeeding, Failure, Maternal Knowledge, Family Support, Contributing Factors

INTRODUCTION

One of the primary indicators of a country's welfare is the Infant Mortality Rate (IMR). The target for 2030 is to end preventable deaths of newborns and children under five, with all countries striving to reduce the neonatal mortality rate to at least 12 per 1,000 live births and the under-five mortality rate to 25 per 1,000 live births (SDGs, Goal 3) (WHO, 2020). Breast milk serves as the

foundation for a child's life, offering significant benefits for growth and development while reducing the risk of acute and chronic diseases. Exclusive breastfeeding is considered a key factor in achieving sustainable development (WHO, 2020)

Exclusive breastfeeding has the potential to save at least 1.5 million

children from death. The Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) focus on reducing child mortality, which can prevent approximately 30,000 child deaths through exclusive breastfeeding (MDGs, 2015; SDGs, 2017). Exclusive breastfeeding alone can reduce mortality by up to 13% (Ministry of Health, Indonesia, 2020). In Indonesia, exclusive breastfeeding is not yet universally practiced. Globally, only 41% of infants receive exclusive breastfeeding. The World Health Organization has set a goal to increase the rate of exclusive breastfeeding to 50% by 2025 (WHO, 2018).

Data from the Indonesian Demographic and Health Survey (IDHS) showed that the exclusive breastfeeding rate in Indonesia in 2017 was approximately 52%. This figure is still relatively low and has not yet met the national target. The Ministry of Health aims to achieve an exclusive breastfeeding rate of around 80% (IDHS, 2020). Breastfeeding provides benefits for both infants and mothers. Infants who are exclusively breastfed are 3.9 times less likely to die from diarrhea and 2.4 times less likely to suffer from acute respiratory infections (Arifeen et al., 2011).

The role of healthcare providers is not limited to verbal advice but also involves the strategic use of counseling tools. The effectiveness of leaflets in a clinical setting highlights the importance of structured health promotion to shift maternal perspectives and encourage the

commitment to exclusive breastfeeding from the immediate postpartum period (Pinem et al. 2022)

The World Health Organization (WHO) recommends that newborns be exclusively breastfed for the first 6 months. Exclusive breastfeeding can reduce infant mortality by up to 13%, preventing deaths due to diarrhea and other infections (Victora et al., 2016). In addition, breastfeeding contributes to maternal health by offering protection against breast cancer, ovarian cancer, and aiding in birth spacing. Maternal knowledge remains a critical factor, as studies confirm a strong relationship between a mother's understanding and her success in exclusive breastfeeding (Sinaga et al., 2021),

The benefits of exclusive breastfeeding are also experienced by mothers, including the prevention of postpartum hemorrhage, anemia, and breast cancer (Nugroho, 2011). Recent studies emphasize that health promotion is essential to increase the knowledge of pregnant women regarding breastfeeding behavior (Dewi & Purba, 2021). These significant advantages have encouraged governments worldwide to support the practice of exclusive breastfeeding to improve public health outcomes.

ovarian cancer, and aiding in birth spacing. Several studies have identified various factors that influence exclusive breastfeeding. Mogre, Dery, and Gaa (2016) stated that maternal education, knowledge of exclusive breastfeeding, and maternal attitudes are factors that affect exclusive breastfeeding. Liben et al.

(2016) found that early initiation of breastfeeding, maternal occupation, and postpartum education influence exclusive breastfeeding practices. Maternal pregnancy status also affects exclusive breastfeeding; mothers with planned pregnancies are more likely to exclusively breastfeed than those with unplanned pregnancies (Yilmaz et al., 2016).

The benefits of exclusive breastfeeding are also experienced by mothers who breastfeed their babies, including the prevention of postpartum hemorrhage, anemia, and breast cancer (Nugroho, 2011). Other studies have shown that exclusive breastfeeding can help delay subsequent pregnancies and promote uterine contraction (Haryono, 2014). The significant advantages of breastfeeding have encouraged governments around the world to support the practice of exclusive breastfeeding.

Support for exclusive breastfeeding from countries around the world is substantial. This is due to the still low coverage of exclusive breastfeeding globally. According to the United Nations International Children's Emergency Fund (UNICEF) (2012), the average global coverage of exclusive breastfeeding in 2012 was only 38%, while in developing countries—including Indonesia—the average coverage ranged from just 47% to 57%. According to the Ministry of Health (2014), Indonesia had an exclusive breastfeeding coverage rate of 54.3%. This figure still falls short of the national target for exclusive breastfeeding coverage in Indonesia.

The impact of mothers not breastfeeding can lead to infants being at risk of various infectious diseases, respiratory tract infections, and weakened

immunity. This may result in a less intelligent future generation and increased healthcare costs. Therefore, interventions such as family-based education are vital for the prevention of conditions like stunting through optimized breastfeeding practices (Marliani et al., 2025).

This may result in a less intelligent future generation, increased morbidity and child mortality rates, higher healthcare subsidies, and greater foreign exchange expenditures on imported formula milk (Dewi et al. 2022).

Psychosocial factors such as support from husbands, families, and healthcare providers also play a significant role in influencing a mother's confidence to provide exclusive breastfeeding to her baby. This is supported by many studies that have found a meaningful relationship between the support received by mothers during lactation and the success of exclusive breastfeeding. For example, a study by Noorlina (2020) at Alalak Selatan Community Health Center in Banjarmasin found that 90.9% of mothers who did not receive support from their husbands did not provide exclusive breastfeeding to their babies. Support from husbands, such as affection and attention, can facilitate the let-down reflex, which is highly influenced by the mother's emotional state and feelings (Rosida, L. and Putri, 2020).

Support received by mothers from healthcare providers also plays a crucial role in the success of exclusive breastfeeding. Healthcare workers serve as the frontline in delivering valid and reliable information about breastfeeding, providing guidance to mothers from pregnancy through the postpartum and breastfeeding periods (Young, M. F., Nguyen, P., Kachwaha, S., Tran Mai, L., Ghosh, S., Agrawal and Escobar-Alegria, J., Menon, P., & Avula, 2020).

Previous studies have shown that the majority of mothers who are not prepared

to breastfeed often experience difficulties adapting to provide breast milk to their babies. This maternal attitude impacts the child, as the baby's right to receive breast milk—the best source of nutrition—is not fulfilled (Yusrina, A. and Devy, 2016). A study in Australia also indicated that one of the key factors associated with successful breastfeeding is the mother's level of knowledge and education. Mothers who are aware of and knowledgeable about exclusive breastfeeding are 5.6 times more likely to intend to breastfeed exclusively for up to 6 months (Wen et al., 2019). Previous research also reported that the rate of exclusive breastfeeding at Simomulyo Health Center was 61%, with the main reason mothers chose not to breastfeed being the fear that their breast milk was insufficient (53.1%) (Suliasih, R. A., Puspitasari, D., and Dwi Pawestri, 2019).

Based on a survey conducted for this study, approximately 30 mothers did not provide exclusive breastfeeding to their infants during the past four months (January–April 2024). This was primarily due to the mothers' lack of knowledge about breastfeeding and the fact that most of them worked as farm laborers.

METHOD

This type of research is quantitative research with a cross-sectional design, in which the variables are observed and measured at a single point in time (Ari Setiawan, 2021). The purpose of this study is to determine the relationship between the independent and dependent variables. The conceptual framework uses the independent variable of failure factors and the dependent variable of exclusive breastfeeding. The population in this study consists of all mothers with babies aged 0–6 months, totaling 34 individuals, and the entire population was used as the sample.

The research was conducted in Sri Damai Village from June 2024 to July 2024.

Data Collection, The researcher obtained permission from the hospital and ethical approval from Mitra Husada College of Health Sciences, Medan. Primary data were collected using questionnaires distributed directly to 53 respondents who signed informed consent. Each respondent completed questionnaires on knowledge and the midwife's role. The researcher also assessed pain scale and anxiety levels during early mobilization, then checked the completeness of the responses.

Data Processing and Analysis Methods the data processing in this study was carried out in several stages:

- a. **Editing**
- b. **Editing** is the process of re-checking the accuracy of the collected data. It can be done during and after data collection.
- c. **Scoring**

Scoring is the process of assigning values based on predefined scores by categorizing the responses into several categories. The scoring system for each variable is provided in the questionnaire.

- d. **Coding**
- Coding involves assigning codes to data with multiple categories. This step is essential for data processing and analysis using computer software.

d. Data Entry

Data entry involves inputting the coded data into a computer program for analysis. This study used SPSS software.

e. Tabulating

Tabulating is the process of organizing and grouping data to make it easier to calculate and present in tables or other desired formats for analysis.

f. Cleaning

After all data from each respondent is entered, the researcher checks for possible

coding errors or incomplete data. Corrections and adjustments are made as necessary.

Data Analysis

a.Univariate Analysis

Univariate analysis is used to determine the frequency distribution and percentage of the independent and dependent variables, presented in table form. Frequency and percentage between variables were calculated using SPSS.

b.Bivariate Analysis

Bivariate analysis was used to examine the relationship between variables. In this study, the data were not normally distributed ($p < 0.000$), so non-parametric tests were applied. The Wilcoxon test was used to analyze differences before and after the intervention while the Mann-Whitney test was used to compare differences between the two groups.

Research Ethics

In conducting this research, ethical considerations in midwifery studies are of great importance, as they directly involve human subjects. Therefore, the researcher ensures the protection of respondents' human rights. Ethical principles applied in this study include: Ethical Clearance, Informed Consent, Anonymity (no names disclosed), Confidentiality (data kept private), Beneficence, Justice

RESULT AND DISCUSSION

Research Results After conducting the study, the factors influencing the failure of exclusive breastfeeding in Sri Damai Village, Palembang Province, in 2024 were identified, with a total of 34 respondents. Univariate Analysis

The characteristics of respondents based on the factors influencing the failure of exclusive breastfeeding in Sri Damai Village, Palembang Province, in 2024 can be seen in the table below.

Table1. Frequency and Percentage Distribution Based on Respondents' Characteristics in Sri Damai Village, Palembang Province, 2024

No	Variable	F(n)	%
1	Mother's age		
	(year)	5	14,7
	<20	20	58,8
	20-35	9	26,7
	>35		
	Amount	34	100
2	Education		
	Low (-SD)	17	50
	SMP	11	32,3
	SMA- PT	6	17,6
	Amount	34	100
3	Work status		
	Working	17	50
	Not working	17	50
	Amount	34	100
4	Paritas		
	Primipara	16	47
	Multipara	17	50
	Grandmultipara	1	2,9
	Amount	34	100
5	Knowledge		
	Low	5	47
	Midle	20	44
	Good	9	8,8
	Amount	34	100

Based on Table 1, most respondents were aged 20–35 years (58.8%), had low education (50%), were employed (50%), were primiparous (47%), and had low knowledge (47%).

Table 2. Frequency and Percentage Distribution Based on Family Support in Sri Damai Village, Palembang Province, 2024

No	Variabel	Frecuencias(n)	%
1	Family support		
	Supporting	14	14,7
	Not Supporting	20	58,8
	Amount	34	100

Based on Table 2, the majority of respondents received low family support, totaling 20 people (58.9%).

Bivariate analysis is used to determine the relationship between independent variables and the dependent variable, analyzed using the Chi-Square statistical test. Based on Table 4.5, the majority of respondents who failed to provide exclusive breastfeeding were aged between 20 and 35 years, accounting for 20 individuals (58.82%). In terms of parity, most were multiparous, totaling 17 individuals (50%). Regarding education, the majority had a low level of education, also amounting to 17 individuals (50%). Interestingly, in terms of knowledge, most respondents who failed to exclusively breastfeed actually had good knowledge, with 16 individuals (47.06%). Lastly, the majority received a moderate level of support from close relatives, totaling 25 individuals (73.53%).

DISCUSSION

Berikut versi yang lebih singkat dalam bahasa Inggris, tanpa mengubah makna:

1. Age and Exclusive Breastfeeding Failure: the highest rate of exclusive breastfeeding failure occurred in

mothers aged 20–35 years, totaling 20 individuals (58.82%). The lowest was among those over 35 and under 20 years old.

2. Parity and Exclusive Breastfeeding Failure

Most failures were found in multiparous mothers (17 individuals or 50%), while the fewest were among grand multiparous mothers (1 person or 2.94%). This may be due to 76% of multiparous mothers having a history of failure in previous children, as supported by Fitria Ika and Nalatia

Riski (2013), where 56% of 34 respondents were multiparous.

3. Knowledge and Exclusive Breastfeeding Failure

Mothers with good knowledge had the highest failure rate (16 individuals or 47.06%), while the lowest was in those with poor knowledge (3 individuals or 8.82%). Knowledge was assessed using a questionnaire. According to Arikunto (2006), good knowledge means answering 75%–100% of questions correctly.

Most mothers answered the knowledge questions correctly (71%–100%), except for a few questions where scores were lower (38%–47%). Although some mothers had good knowledge, interviews revealed they chose not to breastfeed exclusively due to personal reasons like work or fear of breast changes. This supports Notoadmodjo

(2010), who stated that knowledge alone doesn't always lead to practice.

4. Education and Exclusive Breastfeeding Failure

CONCLUSION

The age factor shows that the majority of respondents who failed to provide exclusive breastfeeding were between 20–35 years old, totaling 20 individuals or

58.82%. The parity factor indicates that most respondents who failed to provide exclusive breastfeeding were multiparous, with 17 individuals or 50%. The education factor shows that the majority of respondents had a low level of education, also totaling 17 individuals or 50%. The knowledge factor reveals that most respondents who failed to provide exclusive breastfeeding had good knowledge, with 16 individuals or 47.06%. Lastly, the support factor shows that the majority of respondents who failed to provide exclusive breastfeeding received moderate support from close relatives, totaling 25 individuals or 73.53%.

SUGGESTIONS

The suggestion in this study is that health institutions are expected to enhance the provision of education on exclusive breastfeeding by using language that is easy for the general public to understand and involving the client's family or close relatives. This aims to reduce the rate of exclusive breastfeeding failure and help achieve the targets set by the Indonesian Ministry of Health.

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REFERENCES

Dewi, Diana Sandra, Fatimah Nasution, Yesica Geovany Sianipar, and Lisa Sibarani. 2022. "The Relationship Of Knowledge Mothers About Breastfeeding Techniques With The Event Of Bloced Nipples." 2(December): 219–24.

Pinem, Srinila Br, Kamelia Sinaga, Imran Surbakti, and Halmah Julianti. 2022. "The Effect of Counseling Using Leaflets on Knowledge And." *international Journal Midwifery Res* 1(3): 61–68.

Brito, A. P. A., Caldeira, C. F., & Salvetti, M. D. G. (2021). Prevalence, Characteristics, and Impact of Pain During The Postpartum Period. *Revista Da Escola de Enfermagem,*

55, 1–7. <https://doi.org/10.1590/S1980-220X2019023303691>

Brown, A., & Jordan, S. (2013). Impact of birth complications on breastfeeding duration: An internet survey. *Journal of Advanced Nursing*, 69(4), 828–839. <https://doi.org/10.1111/j.1365-2648.2012.06067.x>.

Budiarti, T. (2009). Efektifitas Pemberian Paket "Sukses Asi" Terhadap Produksi Asi Ibu Menyusui Dengan Seksio Sesarea Di Wilayah Depok Jawa Barat. *Thesis Post Graduate Program, Faculty of Nursing, Universitas Indonesia*, 1–128.

Daly, B., Young, S., Marla, R., Riddell, L., Junkin, R., Weidenhammer, N., Dolan, J., Kinsella, J., & Zhang, R. (2017). Persistent pain after caesarean section and its association with maternal anxiety and socioeconomic background. *International Journal of Obstetric Anesthesia*, 29(October 2016), 57–63. <https://doi.org/10.1016/j.ijoa.2016.10.004>

De Carvalho Borges, N., Pereira, L. V., De Moura, L. A., Silva, T. C., & Pedroso, C. F. (2016). Predictors for moderate to severe acute postoperative pain after cesarean section. *Pain Research and Management*, 2016. <https://doi.org/10.1155/2016/5783817>

Eva, N. Y. (2020). Pengetahuan Ibu Tentang Tehnik Posisi Menyusui yang Baik dan Benar di Kelurahan Pijorkoling Kecamatan Padangsidimpuan Tenggara Tahun 2018. *Jurnal Ilmiah Kohesi*, 4(3), 149–155. <https://kohesi.sciencemakarioz.org/index.php/JIK/article/download/150/159>

Mardasari, V., Helina, S., & Susilawati, E. (2021). Difference of Wound Pain Between Side Lying and Football Hold Position in Post-Cesarean Mothers. *Jurnal Ibu Dan Anak*, 9(1), 47–53. <https://jurnal.pkr.ac.id/index.php/JIA/article/view/391>

Manalu, D., Raja, S. L., & Silaen, M. (2022). Analysis of Factors Affecting Breastfeeding Expenditure on Post Sectio Caesarea Mothers at Sidikalang Regional General Hospital Dairi Regency in 2021. *Journal La Medihealtico*, 3(1), 31–54. <https://doi.org/10.37899/journallamedihealtico.v3i1.626>

Marliani, Siboro, R. R., & Sinuhaji, L. N. B. (2025). Edukasi Berbasis Keluarga Tentang Pemberian ASI Eksklusif untuk Pencegahan Stunting pada Bayi. *Jurnal Pengabdian Kolaborasi dan Inovasi IPTEKS*, 3(1), 259–264.