



Factors Influencing Mothers' Failure to Provide Exclusive Breastfeeding to Infants at Dolik Public Health Center, South Halmahera

Malrdialnal Jalbidi^{1*}, Sulistiyah²

^{1,2} Program Sarjana Kebidanan, Fakultas Ilmu Kesehatan, Institut Teknologi, Sains dan Kesehatan, Rumah Sakit Dr. Soepraloen, Malang, Indonesia

Email: malrdialnaljalbidi@gmail.com^{1*}, sulistiyah@itsk-soepraoen.ac.id²

*Corresponding author: malrdialnaljalbidi@gmail.com¹

Abstract. *Background:* Exclusive breastfeeding is the best nutrition for infants aged 0-6 months, yet its success rate still faces various challenges. This study aims to identify factors influencing mothers' failure to provide exclusive breastfeeding in the working area of Dolik Public Health Center, South Halmahera. *Methods:* An analytical qualitative study with a cross-sectional design was conducted on 45 mothers with infants aged 0-6 months. Data were collected using questionnaires, and the relationship between variables was analyzed using the Chi-Square test. *Results:* Respondent characteristics were dominated by the age group 20-30 years (66.7%), high school education (35.6%), and homemaker status (53.3%). Bivariate test results showed significant relationships between knowledge ($p=0.048$), husband's support ($p=0.000$), and socio-cultural factors ($p=0.000$) with exclusive breastfeeding provision. 100% of mothers who did not receive husband's support failed to provide exclusive breastfeeding, similarly in environments with specific cultural prohibitions (100%). No significant relationships were found for the variables age ($p=0.138$), education ($p=0.206$), and occupation ($p=0.277$). *Conclusion:* External factors, namely husband's support and socio-cultural factors, are the most dominant factors influencing the success of exclusive breastfeeding compared to maternal demographic factors.

Keywords: Exclusive Breastfeeding; Husband's Support; Infant Nutrition; Knowledge; Socio-Cultural.

1. INTRODUCTION.

Breast milk is one of the most perfect and best foods for infants as it contains the nutritional elements needed for optimal growth and development. Breastfeeding should be provided exclusively until the child is 6 months old and can be continued until the child is 2 years old. Exclusive breastfeeding means giving only breast milk, without providing any other food or drink to the infant, except vitamins, minerals, medications, and oral rehydration salts. The World Health Organization (WHO) recommends that breastfeeding be done exclusively from birth until the infant is six months old. This recommendation has been adopted by various countries worldwide, including Indonesia. Although exclusive breastfeeding has been promoted by the government, its failure is very common in Indonesia (Juniar et al., 2023).

The World Health Organization (WHO) reported that the global average rate of exclusive breastfeeding in 2017 was 38%, with WHO targeting an increase to at least 50% by 2025. Nutritional status monitoring data in Indonesia in 2017 showed that the coverage of exclusive breastfeeding for the first 6 months by mothers for their infants was still very low at 35.7%. This means that approximately 65% of infants did not receive exclusive breastfeeding during the first 6 months after birth. This figure is still far from the 2019

exclusive breastfeeding coverage target set by the World Health Organization and the Ministry of Health, which is 50%.

The percentage of infants under 6 months receiving exclusive breastfeeding in Indonesia in 2023 was 73.97% (BPS, 2024). This percentage of infants under 6 months receiving exclusive breastfeeding in Indonesia in 2023 increased compared to 2022, as Indonesia's exclusive breastfeeding coverage in 2022 was recorded at only 67.96% (WHO, 2023).

Many factors influence the low number of mothers who provide exclusive breastfeeding, including low maternal knowledge about the importance of exclusive breastfeeding. Lack of maternal knowledge about the benefits of breast milk leads mothers to be easily influenced and switch to formula milk. A high level of knowledge determines how easily a mother can understand and absorb information about exclusive breastfeeding. The higher the mother's knowledge level, the higher her ability to absorb information about exclusive breastfeeding. Lack of maternal understanding and knowledge about breast milk causes mothers to be easily influenced and ultimately switch to using formula. Low maternal knowledge about breastfeeding is considered reasonable because the information or advice provided by health workers is also perceived as insufficient. Only a small proportion of mothers receive correct information or advice about breastfeeding (Putri, 2019).

Efforts to maintain smooth breastfeeding start with the mother's strong desire to provide the best nutrition, which is breast milk, to her infant. Strong motivation influences the mother's physical and emotional state to produce breast milk. Having a strong desire along with sincere and deep affection can stimulate milk production. One crucial factor is support from the husband and family, as support from close individuals can influence the smooth secretion of breast milk and prevent anxiety, thereby creating a comfortable atmosphere within the family, making the mother feel relaxed and comfortable. Consequently, breast milk will be produced smoothly. If the mother feels comfortable and happy, it will facilitate breastfeeding; conversely, if the mother feels anxious and stressed, it will hinder the smooth secretion of breast milk. Many factors influence the success of exclusive breastfeeding, including internal factors (age, education, knowledge, parity, occupation), external factors (husband and family support), and supporting factors (Health Workers) (Dewina, 2024).

2. RESEARCH METHOD

This study used an analytical quantitative method with a cross-sectional design. The research was conducted in the working area of Dolik Public Health Center, South Halmahera. The study sample population consisted of all mothers with infants aged 0-6 months. Data collection in this study used a questionnaire instrument, meaning all answers were provided and respondents only needed to choose from the available answers. After data collection, statistical analysis using the Chi-Square test was conducted to examine the relationship between independent and dependent variables.

3. RESEARCH RESULTS AND DISCUSSION

Results

Table 1. Frequency Distribution of Respondent Characteristics.

Variable	F	%
Age		
< 20 yearls	6	13,3
20 – 30 yearls	30	66,7
> 35 yearls	9	20,0
Total	45	100,0
Education		
Elementalry School	6	13,3
Junior High School	10	22,2
Senior High School	16	35,6
Higher Educaltion	13	28,9
Total	45	100,0
Occupation		
Homemaker	24	53,3
Non-Permalnent Employee	11	24,4
Civil Servalnt	10	22,2
Total	45	100,0
Knowledge		
Poor	16	35,6
Good	29	64,4
Total	45	100,0

Based on the table above, it can be seen that respondent characteristics are dominated by the productive age group, namely 20-30 years, with 30 respondents (66.7%). In terms of education level, the highest attainment is senior high school with 16 respondents (35.6%),

followed by Higher Education graduates with 13 respondents (28.9%). Based on occupational status, the majority of respondents do not work in the formal sector or are Homemakers, totaling 24 respondents (53.3%). Regarding the main research variable, the majority of respondents showed a good level of knowledge with 29 respondents (64.4%), while the other 16 respondents (35.6%) still had knowledge categorized as poor.

Table 2. Frequency Distribution of Husband's Support.

Variable	f	%
Husband's Support		
No Supportive	19	42,2
Supportive	26	57,8
Total	45	100,0

Based on Table 2, it can be seen that the support for the majority of respondents is in the supportive category, with 26 respondents (57.8%), while 19 respondents (42.2%) are in the not supportive category.

Table 3. Frequency Distribution of Socio-Cultural Factors.

Variable	f	%
Socio-Cultural		
No Prohibition	29	64,4
Hals Prohibition	16	35,6
Total	45	100,0

Based on Table 3, it can be concluded that the majority of respondents are in the 'no prohibition' category, with 29 respondents (64.4%). Meanwhile, a small portion of other respondents, totaling 16 respondents (35.6%).

Table 4. Distribution of Exclusive Breastfeeding Provision.

Variable	f	%
Breastfeeding Provision		
No	22	48,9
Yes	23	51,1
Totall	45	100,0

Based on Table 4, it can be seen that the majority of respondents are in the "Yes" category (providing breast milk) with 23 respondents (51.1%), while respondents in the "No" category (not providing breast milk) are recorded as 22 respondents (48.9%).

Table 5. Relationship of Internal Factors Influencing Mothers' Failure to Provide Exclusive Breastfeeding.

Variable	EXCLUSIVE BREASTFEEDING						P-value
	NO		YES		TOTAL		
	n	%	n	%	n	%	
Age							
< 20 Yearls	5	83,3	1	16,7	6	100	0,138
20 - 35 Yearls	12	40	18	60	30	100	
> 35 Yearls	5	55,6	4	44,4	9	100	
Education							
Elementalry	4	66,7	2	33,3	6	100	0,206
Junior High	7	70	3	30	10	100	
Senior High	5	31,3	11	68,8	16	100	
Higher Ed.	6	46,2	7	53,8	13	100	
Occupation							
Homemaker	11	45,8	13	54,2	24	100	0,277
Non-Permalnt	4	36,4	7	63,6	11	100	
Civil Servalnt	7	70	3	30	10	100	
Knowledge							
Poor	11	68,8	5	31,3	16	100	0,048
Good	11	37,9	18	62,1	29	100	

Based on Table 5, it can be seen that there is a significant relationship between Knowledge Level and exclusive breastfeeding provision ($p = 0.048$). Respondents with good knowledge were more likely to provide exclusive breastfeeding (62.1%) compared to respondents with poor knowledge (31.3%). There were no significant relationships between the factors Age ($p = 0.138$), Education ($p = 0.206$), and Occupation ($p=0.277$) with exclusive breastfeeding provision. This indicates that demographic factors do not directly determine the success of exclusive breastfeeding compared to maternal understanding or knowledge factors.

Table 6. Relationship of External Factors Influencing Mothers' Failure to Provide Exclusive Breastfeeding.

Variable	EXCLUSIVE BREASTFEEDING						P-value
	YES		NO		TOTAL		
	n	%	n	%	n	%	
Husband's Support							0,000
Not Supportive	0	0	19	100	19	100	
Supportive	23	88,5	3	11,5	26	100	
Total	23	51,1	22	48,9	45	100	
Socio-Cultural							0,000
Hals Prohibition	0	0	16	100	16	100	
No Prohibition	23	79,3	6	20,7	29	100	
Total	23	51,1	22	48,9	45	100	

Based on the table above, it can be concluded that there is a very significant relationship between husband's support and exclusive breastfeeding provision ($p=0.000$). The data shows that 100% of mothers who did not receive husband's support failed to provide exclusive breastfeeding. Conversely, mothers who received husband's support had a success rate of exclusive breastfeeding provision of 88.5%. This confirms that the husband's role is the most dominant external factor in lactation success. There is a very significant relationship between socio-cultural factors and exclusive breastfeeding provision ($p=0.000$). In environments that still have customary prohibitions/taboo, the rate of exclusive breastfeeding provision was 0% (none provided exclusive breastfeeding). Meanwhile, in environments without cultural prohibitions, the success rate of exclusive breastfeeding provision reached 79.3%.

Discussion

Factors Influencing Mothers' Failure to Provide Exclusive Breastfeeding Based on Knowledge

Based on the Chi-Square analysis, a p -value = 0.048 was obtained, indicating a significant relationship between knowledge and mothers' failure to provide exclusive breastfeeding.

The results of this study are consistent with previous research which similarly found a significant relationship between maternal knowledge and the practice of exclusive breastfeeding ($p=0.011$) (Tambunan et al., 2021).

It is also in line with research conducted by (A.si et al., 2019) in the Working Area of Pejeruk Public Health Center, which found no significant relationship between knowledge and maternal failure to provide exclusive breastfeeding to infants aged 0-6 months, with a p-value = 0.240. Respondents with good knowledge were the ones who most frequently experienced failure in providing exclusive breastfeeding, totaling 16 individuals or 47.06%.

Good maternal knowledge about exclusive breastfeeding makes it easier for mothers to understand information about the benefits and uses of breastfeeding for their infants, allowing them to apply it well during the breastfeeding period, which in turn results in good growth and development for the child (Dharmawangsa, 2018).

Although it was found that the majority of mothers' knowledge regarding exclusive breastfeeding was good, many mothers still do not provide exclusive breastfeeding for their infants. Mothers not providing exclusive breastfeeding is not caused by their knowledge but by other factors. Low maternal interest in providing exclusive breastfeeding can be caused by several things, such as the assumption that formula milk is more practical than breastfeeding, some mothers are afraid their breasts will sag if they breastfeed, and there are mothers who, despite knowing that providing exclusive breastfeeding is good for their infant, prefer to give formula milk because it is considered more practical (Berutu & Harahap, 2025).

Exclusive breastfeeding means the infant is given only breast milk without additional liquids such as formula milk, water, honey, and solid foods like bananas, papaya, porridge, milk, biscuits, rice porridge, and soft rice for 6 months. Providing nutrition other than breast milk to infants 0-6 months old can increase the risk of disease in newborns and deprive them of the protective effects and essential nutrients in colostrum (Zahra, 2024).

The benefits of exclusive breastfeeding for mother and infant include being a source of nutrition, boosting the infant's immune system, intelligence, strengthening the bond of affection between mother and infant. It can also prevent postpartum hemorrhage, anemia, and mammary carcinoma (Nur et al., 2022).

Factors Influencing Mothers' Failure to Provide Exclusive Breastfeeding Based on Husband's Support

Based on the table above, the data shows that out of 19 respondents (100%) who did not receive husband's support, all (19 respondents) did not provide exclusive breastfeeding. Conversely, out of 26 respondents who received husband's support, the majority, 23 respondents (88.5%), successfully provided exclusive breastfeeding, and only 3 respondents (11.5%) did not provide exclusive breastfeeding.

From the chi-square test results, a p -value = 0.000 was obtained, indicating a significant relationship between husband's support and mothers' failure to provide exclusive breastfeeding.

The results of this study are consistent with research conducted by Firyal et al., which found that family support significantly influences exclusive breastfeeding provision (Naufal et al., 2023). It is also in line with research (Bulan & Wilayah, 2019) in the Working Area of Pegandan Public Health Center, which found a relationship between husband's support and failure to provide exclusive breastfeeding, indicated by a p -value of 0.029. The risk estimate obtained a PR of 2.165 (95% CI = 1.364 - 3.438). Respondents who did not receive husband's support were at 2.165 times higher risk of failing to provide exclusive breastfeeding compared to respondents who received husband's support.

Support from close individuals is support given by specific people for an activity to foster and increase enthusiasm and self-confidence. Everyone needs affective help from others. This support can be in the form of sympathy and empathy, goals, trust, and appreciation (Juniar et al., 2023).

Family support is an effort given by the family (husband, parents, siblings) to someone, both morally and materially, to motivate that person in performing an activity, which will then lead the mother to have a positive attitude towards exclusive breastfeeding. Emotional support from the husband will make the wife feel valued, comfortable, safe, secure, and loved. A man's primary source of support is his partner, and vice versa (Notoatmodjo, 2020). One factor that influences the low provision of exclusive breastfeeding is the lack of encouragement and support from family and the environment. Support from close individuals can be realized through the formation of Breastfeeding Support Groups (KP-ASI). Breastfeeding Support Groups are a forum for the family and environment of breastfeeding mothers to motivate them through several methods such as discussions and presentations related to the health of breastfeeding mothers (Berutu & Harahap, 2025).

Factors Influencing Mothers' Failure to Provide Exclusive Breastfeeding Based on Socio-Cultural Factors

Based on the table above, it can be concluded that out of 16 respondents (100%) who were in an environment with certain prohibitions/cultural practices, all (16 respondents) did not provide exclusive breastfeeding. Meanwhile, out of 29 respondents who were in an environment without prohibitions, the majority, 23 respondents (79.3%), provided exclusive breastfeeding, while the other 6 respondents (20.7%) did not provide exclusive breastfeeding.

From the chi-square test results, a p -value = 0.000 was obtained, indicating a significant relationship between socio-cultural factors and mothers' failure to provide exclusive breastfeeding.

Socio-cultural factors are closely linked to exclusive breastfeeding behavior, as found in all research articles. There is a relationship between socio-cultural factors (including variables of habits and myths) and exclusive breastfeeding provision. Some socio-cultural factors hinder or support exclusive breastfeeding provision. Good socio-cultural factors will support exclusive breastfeeding provision, while poor socio-cultural factors will hinder it.

Breastfeeding or providing exclusive breastfeeding in several regions in Indonesia is considered a natural destiny related to a mother's duties and roles. In this context, cultural values about breastfeeding are still held and believed by most local communities. Cultural values are considered to influence mothers to provide exclusive breastfeeding. This indicates that culture can have a positive influence on health. Besides prohibitions, there are also recommendations for breastfeeding mothers. Breastfeeding mothers are advised to consume vegetables such as spinach, katuk, and nuts. These types of food are recommended because they are believed to increase and facilitate breast milk production. This increased milk volume can encourage mothers to provide exclusive breastfeeding (Pratiwi et al., 2025).

4. CONCLUSION

Based on the research results from 45 respondents at Dolik Public Health Center, South Halmahera, the following conclusions can be drawn:

- a) The majority of respondents were of productive age 20-30 years (66.7%), had senior high school education (35.6%), worked as homemakers (53.3%), had good knowledge (64.4%), received husband's support (57.8%), and were in an environment without cultural prohibitions (64.4%).
- b) There was a significant relationship between maternal knowledge level and exclusive breastfeeding provision ($p=0.048$). However, there were no significant relationships between the factors age ($p=0.138$), education level ($p=0.206$), and occupational status ($p=0.277$) with the practice of exclusive breastfeeding.
- c) Husband's support and socio-cultural factors have a very significant relationship ($p=0.000$) with exclusive breastfeeding provision.
 - a. Out of 19 respondents (100%) who did not receive husband's support, all failed to provide exclusive breastfeeding.
 - b. Out of 16 respondents (100%) who were in an environment with cultural prohibitions,

all failed to provide exclusive breastfeeding.

- c. Primary Determinants: Husband's support is the most dominant external factor determining lactation success, while strong cultural values can become an absolute barrier if they contain prohibitions against exclusive breastfeeding.

REFERENCES

- Alsi, M., Palda, E., Usia, B., & Di, B. (2019). Faktor-faktor yang menyebabkan kegagalan ibu dalam pemberian ASI eksklusif. *Jurnal Kesehatan*, 4(1).
- Berutu, M., & Harahap, S. Y. (2025). Faktor-faktor yang mempengaruhi kegagalan pemberian ASI eksklusif pada ibu dengan bayi 6–12 bulan di RSIA Murni Teguh. *Quwell: Journal of Health*, 2(4). <https://doi.org/10.62383/quwell.v2i4.2500>
- Bulan, U., & Wilayah, D. I. (2019). Pemberian ASI eksklusif pada bayi di Puskesmas Pegandan tahun 2019. *Jurnal Kesehatan Masyarakat*.
- Dewina, M. (2024). Faktor yang mempengaruhi keberhasilan pemberian ASI eksklusif. *Nautical: Jurnal Ilmiah Multidisiplin*, 2(11), 1–7.
- Dharmawangsa, U. (2018). Pengetahuan ibu tentang pemberian ASI eksklusif di Kelurahan Aek Tampang Kecamatan Padangsidempuan Selatan tahun 2017.
- Juniar, F., Akhyar, K., & Kusuma, I. R. (2023). Faktor-faktor yang mempengaruhi ketidakberhasilan ASI eksklusif pada ibu menyusui. *Jurnal Riset Kesehatan Masyarakat*. <https://doi.org/10.14710/jrkm.2023.18811>
- Naufal, F. F., Indita, H. R., & Muniroh, L. (2023). The relationship between maternal knowledge and family support with exclusive breastfeeding. *Amerta Nutrition*, 7(3), 442–448. <https://doi.org/10.20473/amnt.v7i3.2023.442-448>
- Nur, A. (2022). Faktor yang berhubungan dengan pemberian ASI eksklusif pada ibu menyusui. *Jurnal Kesehatan*, 15(2), 17–26.
- Pratiwi, A., Adi, M. S., Udijono, A., & Fakultas Kesehatan Masyarakat. (2025). Hubungan antara sosial budaya pada masyarakat dengan perilaku pemberian ASI eksklusif: Systematic review. *Jurnal Kesehatan Masyarakat*, 9.
- Putri, E. M. (2019). Hubungan pengetahuan ibu tentang ASI eksklusif terhadap pemberian ASI eksklusif. *Jurnal Kesehatan*.
- Tambunan, A. T., Tanggulangan, F., Poppy, R., Sinurat, F., Kartika, L., & Aiba, S. (2021). Relationship between mothers' knowledge and exclusive breastfeeding behavior in one private hospital in West Indonesia. *International Journal of Health Research*, 4(1), 1–8.
- UNICEF. (2022). *Infant and young child feeding: Improving exclusive breastfeeding practices*. United Nations Children's Fund. <https://www.unicef.org>

Victora, C. G., Bahl, R., Barros, A. J. D., França, G. V. A., Horton, S., & Krasevec, J. (2023). Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. *The Lancet*, 401(10371), 472–490. [https://doi.org/10.1016/S0140-6736\(23\)00045-6](https://doi.org/10.1016/S0140-6736(23)00045-6)

World Health Organization. (2021). *Infant and young child feeding: Guidelines for protecting, promoting and supporting breastfeeding*. World Health Organization. <https://www.who.int>

Zahra, T. (2024). Faktor-faktor penyebab gagalnya pemberian ASI eksklusif. *Jurnal Kebidanan dan Kesehatan*, 13(1), 36–43. <https://doi.org/10.55045/jkab.v13i1.194>