

Factors Associated With The Failure Of Exclusive Breastfeeding

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ABSTRACT

The exclusive breastfeeding coverage rate remains below the national target of 80%, despite breast milk playing a crucial role in the growth and development of infants aged 0–6 months. Several cases of failure in providing exclusive breastfeeding occur due to various factors. This study identified factors correlated with the failure of exclusive breastfeeding. The research used an observational analytic design with a cross-sectional approach. The study population included all breastfeeding mothers at Bandarharjo Public Health Center, Semarang, with a sample of 40 respondents selected through total sampling. Data were collected using a questionnaire and analyzed with the chi-square test. The results showed that psychological factors had a significance value of 0.000 (<0.005), husband's support had a value of 0.001 (<0.005), and maternal knowledge had a value of 0.000 (<0.005). Among these, psychological factors had the highest significance ($0.000 < 0.005$). The study concluded that maternal psychological condition, husband's support, and maternal knowledge were significantly associated with the failure of exclusive breastfeeding, with psychological factors being the most influential.

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INTRODUCTION

The World Health Organization (WHO) reported that global exclusive breastfeeding coverage in 2022 reached 48%, a figure that remains below the expected target of 50%. Indonesia has implemented policies and programs to increase exclusive breastfeeding rates; however, national achievements remain below

expectations. According to WHO, the exclusive breastfeeding coverage in Indonesia in 2022 was recorded at 67.96%, decreasing from 69.7% in 2021 and far from the national target of 80% by 2024. The failure of exclusive breastfeeding is influenced by a range of maternal, infant, and external factors, including maternal knowledge, lack of family support, employment status, educational background, and insufficient breast milk

production (Isne Susanti et al., 2024). Additionally, limitations in maternal ability to exclusively breastfeed may stem from physical conditions, infant health issues, maternal psychological status, and sociocultural influences (Winda Gaolis Putri Br. Manurung et al., 2023).

This research was conducted based on the fact that the exclusive breastfeeding coverage in the working area of Bandarharjo Public Health Center in Semarang has not met the national target of 80%. Literature and field data show that failures in exclusive breastfeeding originate from internal factors (maternal physical condition, psychological state, knowledge, and readiness) and external factors (family—especially husband’s support, cultural norms, lifestyle, employment, and formula milk promotion). This study aimed to identify determinants associated with the failure of exclusive breastfeeding, with special emphasis on psychological aspects and husband’s support.

METHODS

This study employed a quantitative method with an observational analytic design and a cross-sectional approach, enabling simultaneous observation of independent and dependent variables. The population consisted of all breastfeeding mothers with infants aged 0–6 months registered at Bandarharjo Public Health Center, totaling 40 respondents. A total sampling technique was used, allowing all mothers meeting the inclusion criteria to be included as study samples.

Primary data were collected through observations and questionnaires, while secondary data were obtained from breastfeeding coverage records at the public health center. The research instrument underwent validity testing using Pearson Product Moment, which showed that the majority of items were valid. Reliability testing using Cronbach’s Alpha produced values greater than 0.6, indicating reliable instruments. Data analysis was performed using SPSS, with univariate analysis used to describe respondent characteristics and bivariate analysis using the Chi-Square test at a 0.05 significance level. Logistic

regression analysis was also conducted to identify the most dominant factor affecting exclusive breastfeeding failure.

RESULT AND DISCUSSION

Result

The study was conducted at Bandarharjo Public Health Center, located at Layur Street No. 93, Dadapsari Village, North Semarang. The health center serves four areas: Tanjung Mas, Bandarharjo, Dadapsari, and Kuningan, with a total population of approximately 78,394. Its vision is to realize a healthy, independent, and equitable community, supported by the mission of providing quality health services and empowering the community to live healthier lives.

1. Frequency Distribution of Respondents’ Characteristics

A. Age

No	Age Category	Frequency (n)	Percentage (%)
1	20-30 years	25	62,5
2	31-40 years	14	35,0
3	>40 years	1	2,5
Total		40	100

B. Education Level

No	Education	Frequency (n)	Percentage (%)
1	Elementary School	2	5,0
2	Junior High School	13	32,5
3	Senior High School	18	45,0
4	Bachelor’s Degree	7	17,5
Total		40	100

C. Employment Status

No	Employment Status	Frequency (n)	Percentage (%)
1	Employed	9	62,5
2	Unemployed	31	35,0
Total		40	100

D. Parity

No	Parity	Frequency (n)	Percentage (%)
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1	Primipara	5	5
2	Multipara	32	32
3	Grandemultipara	3	7,5
Total		40	100

2. Frequency Distribution of Exclusive Breastfeeding Practices

No	Exclusive Breastfeeding	Frequency (n)	Percentage (%)
1	Yes	17	42,5
2	No	23	57,5
Total		40	100

3. Frequency Distribution of Maternal Psychological Condition

No	Psychological Condition	Frequency (n)	Percentage (%)
1	Poor	8	20,0
2	Fair	16	40,0
3	Good	16	40,0
Total		40	100

4. Frequency Distribution of Husband's Support

No	Husband's Support	Frequency (n)	Percentage (%)
1	Not Supportive	22	55,0
2	Supportive	18	45,0
Total		40	100

5. Frequency Distribution of Maternal Knowledge

No	Knowledge Level	Frequency (n)	Percentage (%)
1	Poor	8	20,0
2	Fair	16	40,0
3	Good	16	40,0
Total		40	100

6. Cross-Tabulation of Maternal Psychological Condition and Exclusive Breastfeeding

No	Psychologic al	Exclusive Breastfeeding				Total		P
		Yes		No				
		F	%	F	%	F	%	
1	Good	17	42,5	4	10,0	21	52,5	0,0
2	Poor	0	0,0	19	47,5	19	47,5	0
Total		17	42,5	23	57,5	40	100	

7. Cross-Tabulation of Husband's Support and Exclusive Breastfeeding

No	Husb and's Supp ort	Exclusive Breastfeeding				Total		P
		Yes		No				
		F	%	F	%	F	%	
1	Suppo rtive	13	32, 5	5	12, 5	18	45, 0	0, 0
2	Not Suppo rtive	4	10, 0	18	45, 0	22	55, 0	1
Total		17	42, 5	23	57, 5	40	100	

8. Cross-Tabulation of Maternal Knowledge and Exclusive Breastfeeding

No	Know ledge Level	Exclusive Breastfeeding				Total		P
		Yes		No				
		F	%	F	%	F	%	
1	Good	13	32, 5	3	7,5	16	40, 0	0, 0 0
2	Fair	4	10, 0	12	30, 0	16	40, 0	
3	Poor	0	0	8	20, 0	8	20, 0	
Total		17	42, 5	23	57, 5	40	100	

9. Dominant Factors Influencing Failure of Exclusive Breastfeeding

No	Variable	Coefficient (B)	Significance (p-value)	Description
1	Psychological Condition	-0.621	0.000	Significant
2	Husband's Support	-0.155	0.137	Not Significant
3	Maternal Knowledge	-0.133	0.083	Not Significant

Table only uses 3 (three) row lines (do not use a column line), the line heading, and the end of the table (see example). Table is written with Times New Roman size 10pt and placed within a single space below the title table. Table titles is written with font size 11pt, capital letters at the beginning of the word and placed on the table with the format as shown in the examples that do not use the column lines. Numbering tables are using Arabic numerals. The table framework is using lines size 1 pt. If the table has many columns, it can use one column format at half or full page. If the title in each table column is long and complex, the columns are numbered and its description given at the bottom of the table. Mean, SD, and t-test values should include a value of 95% CI. Significance value is put without mentioning P at first. Example: The mean age 25.4 years intervention group (95% CI). Based on the advanced test between intervention and control groups showed significant (example: $p = 0.001$; CI = ... - ...).

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For the qualitative study, the findings commonly are written in the form of participants' quotes. Table format is rarely used except to describe the characteristics of the participants, or recapitulation of the themes or categories. If the quote is not more than 40 words, then use quotation marks (") at the beginning and at the end of a sentence and include participants/ informants which give statements without the need to create separate paragraphs.

Discussion

Univariate Analysis

Distribution of Maternal Psychological Condition Related to Failure of Exclusive Breastfeeding

Based on Table 3, the majority of the 40 participants demonstrated good psychological conditions (21 respondents), while 19 respondents had poor psychological conditions. A mother's psychological state plays a crucial role in determining the success or failure of exclusive breastfeeding. Mothers experiencing stress, anxiety, or depressive symptoms may face inhibited breast milk production and difficulties with milk ejection, resulting in challenges in maintaining exclusive breastfeeding. Psychological distress can reduce self-efficacy—the belief in one's ability to

perform breastfeeding successfully—which is consistent with Bandura’s theory of self-efficacy. When mothers lack confidence in their breastfeeding ability, the risk of breastfeeding failure increases.

CONCLUSION

The Conclusion section is written in narrative form. The conclusion is the answer of the hypothesis that leads to the main purpose of the study. In this section is not allowed to write other authors' work, as well as information or new terms in the previous section did not exist. Recommendation for further research can be written in this section.

These findings are consistent with the study by Aminah et al. (2024), which found that among 68 breastfeeding mothers in Banda Aceh, those experiencing high levels of psychological distress were less likely to successfully practice exclusive breastfeeding.

Similarly, Lestari (2023) reported that maternal psychological condition significantly influences exclusive breastfeeding practices. Mothers who feel calm, emotionally stable, and free from anxiety experience improved hormonal regulation, especially of prolactin and oxytocin, which facilitates breast milk production. Conversely, stress and anxiety inhibit these hormones and reduce milk production.

The researchers assume that although most mothers had good psychological conditions, some still failed to exclusively breastfeed due to interacting factors such as low milk supply, maternal or infant health issues, or anatomical breastfeeding problems. Thus, psychological condition is essential but may not act in isolation.

Distribution of Husband’s Support Related to Failure of Exclusive Breastfeeding

Based on Table 4, 22 respondents (55%) did not receive adequate support from their husbands, while 18 respondents (45%) reported receiving husband’s support.

These findings are aligned with prior studies such as Yarike Kasio (2024), which revealed that mothers receiving sufficient husband’s support demonstrated

higher rates of successful exclusive breastfeeding. Supportive husbands can contribute through emotional encouragement, assisting with infant care, and providing informational reinforcement.

Salma and Enny (2024) emphasized that husband’s involvement plays a critical role by strengthening maternal confidence, reducing maternal fatigue, and promoting consistent breastfeeding behaviors. Emotional, physical, and informational support from husbands contributes to reducing stress and improving breastfeeding success.

Based on respondents’ answers, many husbands did not seek information about breastfeeding or engage in discussions related to infant feeding. However, many were actively involved in reducing maternal workload, such as helping with household chores or infant care. This suggests that although practical support exists, knowledge-based support is lacking. Furthermore, many husbands were employed full-time, which may reduce their involvement in breastfeeding-related decisions.

Distribution of Maternal Knowledge Related to Failure of Exclusive Breastfeeding

Table 5 shows that 8 mothers (20%) had poor knowledge, 16 (40%) had fair knowledge, and 16 (40%) had good knowledge regarding exclusive breastfeeding.

This result aligns with research by Parapat et al. (2022), which concluded that higher maternal knowledge significantly increases the likelihood of practicing exclusive breastfeeding. Mothers with adequate understanding of breastfeeding benefits, proper techniques, and infant needs tend to be more committed and consistent in exclusive breastfeeding.

However, the researchers noted that having good knowledge does not guarantee success. Breastfeeding is influenced not only by knowledge but also by psychological factors, physical health, cultural beliefs, and infant-related conditions. Stress, fatigue, childbirth trauma, and baby blues syndrome can interfere with breastfeeding, regardless of a mother’s knowledge level. Cultural practices—such as early introduction of herbal water or formula influenced by family elders—

also contribute to breastfeeding failure.

Thus, enhancing knowledge should be complemented by improving psychological support systems and challenging sociocultural barriers.

Bivariate Analysis

Relationship Between Psychological Condition and Failure of Exclusive Breastfeeding

The chi-square test indicated a significant association between maternal psychological condition and exclusive breastfeeding ($p = 0.000 < 0.05$). Mothers with good psychological well-being were more likely to breastfeed exclusively compared to those with poor psychological health.

These findings support Prishilia (2022), who reported that stress negatively affects breastfeeding self-efficacy, thereby increasing the likelihood of exclusive breastfeeding failure. Aminah et al. (2024) also confirmed that higher stress levels correlate with lower breastfeeding success rates.

Stressed mothers exhibit hormonal changes such as decreased prolactin and oxytocin levels, which hinder milk production and milk-letdown reflexes. Emotional instability may also lead to reluctance or inability to maintain breastfeeding routines. Therefore, psychological interventions—such as counseling, postpartum emotional support, or breastfeeding support groups—play a vital role in improving breastfeeding outcomes.

Relationship Between Husband's Support and Failure of Exclusive Breastfeeding

The results indicate a significant correlation between husband's support and exclusive breastfeeding outcomes ($p = 0.001 < 0.05$). Mothers who received adequate support were more likely to succeed in exclusive breastfeeding.

This finding is consistent with Nur Aliyah (2022), who found that husband's support is strongly associated with breastfeeding success. Lack of support increases the risk of exclusive breastfeeding failure by 8.6 times. Supportive husbands provide both emotional and practical assistance, contributing to reduced stress and increased confidence in mothers.

According to Jauharany et al. (2025), husband's involvement encourages mothers to persist through breastfeeding challenges. Their presence affects maternal emotions, which in turn influences hormonal balance and breastfeeding performance. Conversely, lack of emotional involvement or decision-making support from the husband can lead to early cessation of breastfeeding.

Thus, in addition to maternal education, health programs should include husband-focused counseling to strengthen family-based breastfeeding support.

Relationship Between Maternal Knowledge and Failure of Exclusive Breastfeeding

The chi-square test showed a significant relationship between maternal knowledge and exclusive breastfeeding success ($p = 0.000 < 0.05$). Mothers with adequate knowledge were more likely to breastfeed exclusively.

This result is supported by Nurhidayah (2024), who found a significant correlation between knowledge and breastfeeding failure, and by Retno (2025), who concluded that mothers with higher breastfeeding knowledge had a 6.6-times greater likelihood of achieving high breastfeeding self-efficacy.

Knowledge impacts a mother's ability to make informed decisions about breastfeeding, understand infant cues, and avoid early introduction of formula or complementary foods. However, the discussion also highlights that adequate knowledge alone is not sufficient. Stress, sociocultural pressures, physical challenges, and inadequate support systems may still lead to breastfeeding failure.

Therefore, interventions should not only enhance maternal knowledge but also address psychological, social, and environmental influences.

Dominant Factor Analysis

Regression analysis indicated that psychological condition was the most dominant factor influencing exclusive breastfeeding failure ($p = 0.000$). Husband's support and maternal knowledge did not demonstrate significant impact when analyzed together.

These findings are supported by Abdurehim (2024), who emphasized that maternal psychological condition—including postpartum depression (PPD)—directly affects breastfeeding continuation. PPD reduces maternal interaction with the infant, decreases confidence, and disrupts hormonal processes essential for milk production.

Similarly, Waryantini (2019) found a significant association between maternal psychological state and breast milk production.

According to the researchers' interpretation, psychological condition is the foundation that affects hormonal activity, motivation, self-efficacy, and emotional stability. Even with adequate knowledge and husband's support, poor psychological condition may still lead to breastfeeding failure. Therefore, psychological health should be considered a primary focus in maternal and infant health programs.

CONCLUSION

The study found that more than half of the mothers failed to provide exclusive breastfeeding. Psychological condition, husband's support, and maternal knowledge were significantly associated with exclusive breastfeeding failure. Among these, the psychological factor was the most dominant determinant.

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