



Analysis of Factors Influencing Exclusive Breastfeeding Practices in Kramat Gajah Village, Deli Serdang

Emi Inayah Sari Siregar¹, Tinah², Abdul Hairuddin Angkat¹

¹Department of Nutrition, Health Polytechnic of the Ministry of Health Medan

²Department of Nursing, Health Polytechnic of the Ministry of Health Medan

*Email correspondence: nayaega1@gmail.com

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Abstract

Exclusive breastfeeding (EBF) is the optimal method of feeding infants from birth to six months without providing any additional food or drink. Exclusive breastfeeding is influenced by maternal age, knowledge, education level, and employment status, household income, and support from healthcare workers. This study aims to analyze the association among maternal age, knowledge, education, employment status, household income, and healthcare worker support with the practice of exclusive breastfeeding. A quantitative, descriptive study with a cross-sectional approach was implemented in Kramat Gajah Village. The study population consists of breastfeeding mothers with infants aged 0–6 months, selected through total sampling. Independent variables are maternal age, education level, household income, employment status, maternal knowledge, and healthcare worker support, while the dependent variable is exclusive breastfeeding. Data were gathered through a structured questionnaire, and statistical analysis was carried out using the Chi-square test. A total of 65 breastfeeding mothers participated in the study. The majority of respondents exclusively breastfed their infants (75.4%), were aged 20–35 years (78.46%), had an education level of junior or senior high school (84.62%), had a household income greater than or equal to the regional minimum wage ($\geq$ IDR 3,255,572; 53.84%), were unemployed (83.1%), and received support from healthcare workers (84.6%). The Chi-square test results revealed significant associations between exclusive breastfeeding practices and maternal knowledge ($p=0.003$), education ($p=0.049$), and employment status ($p=0.011$). In contrast, no significant associations were found between exclusive breastfeeding and maternal age ($p=0.118$), household income ($p=0.424$), or healthcare worker support ($p=0.220$). Therefore, maternal knowledge, education level, and employment status significantly influence exclusive breastfeeding practices in Kramat Gajah Village, whereas maternal age, household income, and healthcare worker support do not show significant associations

Keywords: *Exclusive Breastfeeding, Determinants, Maternal Knowledge, Maternal Education, Breastfeeding Practices*

INTRODUCTION

Exclusive breastfeeding (EBF) is feeding breast milk only to an infant without giving any additional food or drink for the first six months (Thompson et al., 2024). EBF is believed as the best nutrition for babies because of its nutrients and antibodies that can support babies' growth and development. Babies received exclusive breastfed are proven to be healthier and rarely to get infected by diseases (Jama et al., 2020).

Since babies need a lot of energy and nutrients, EBF is the most nutritious food for them. The World Health Organization (WHO) and the United Nations Children's Fund

(UNICEF) recommend that breastfeeding should be initiated within the first hour of birth and continued exclusively thereafter. WHO and UNICEF have confirmed that babies must be breastfed in the first hour of their birth, and they must not be given any other food and drink up to their first 6 months of living. (WHO, 2022; UNICEF, 2020).

The benefits of breastfed have also been recommended by Ikatan Dokter Anak Indonesia (IDAI) in that after the first six months, babies can be fed with complementary food gradually. Breast milk is good for babies' immune system because it prevents infections, allergies, and diseases that might come in adulthood, and most importantly, breast milk is believed to lower the risk of cancer. (Yoto et al., 2025).

The 2022 Indonesia Nutritional Status Survey (SSGI) reports that the number of babies breastfed from 0-6 months old declined from 2021 (48.2%) to 2022 (16.7%), but the number increased for babies breastfed aged 6-11 months old (from 73.5% in 2021 to 96.4% in 2022). This data shows the inconsistency of exclusive breastfeeding in Indonesia (Kementerian Kesehatan RI, 2022).

Good breast milk actually depends on maternal's age and education because a mother who is too young or too old can influence the amount of milk that she can feed to her babies (Indrasari et al., 2024). Additionally, if a mother is well educated about the importance of breastfeeding, she will have more motivation and initiative to breastfeed her babies because she knows how important and healthy it is for the babies' growth. (Naufal et al., 2023). Besides those challenges, some factors that can influence a mother's willingness to breastfeed her babies are work-related demands, misinformation, and lactation problems (Prastita et al., 2025).

The biggest challenge is from the socioeconomic factor, in that a working mom will be challenged to keep working and earn money for the family while having a responsibility to breastfeed her babies. Even though breast milk can be saved for babies to consume later, other challenges still persist. (Hasriantirisna, 2024). Misinformation and cultural beliefs are also other factors for mothers in breastfeeding their babies, but this can be overcome by understanding proper breastfeeding techniques to overcome lactation issues (Nguyen et al., 2021). Based on the above explanation, the researcher is interested in identifying and analyzing the factors that influence exclusive breastfeeding. Desa Kramat Gajah was selected as the study site due to its relatively large number of infants. A preliminary survey was conducted in Desa Kramat Gajah towards 10 mothers assessed using a checklist questionnaire, and one mother had a poor knowledge score (<55%), seven mothers had a moderate knowledge score (56%–

74%), and two mothers had a good knowledge score (>75%). Additionally, three mothers did not practice exclusive breastfeeding for their infants.

METHODS

This study employed a quantitative approach with a cross-sectional design. The study was carried out in Desa Kramat Gajah, Galang Subdistrict, Deli Serdang, North Sumatra in four months, from August to November 2024. The population includes all infants in Desa Kramat Gajah (65 infants), and by using a total sampling technique, 65 mothers with babies aged 0-6 months were participated in this study.

The data were collected through interviews carried out with the participants using a structured questionnaire. Data analysis was conducted in two stages: univariate and bivariate analyses. The univariate analysis aimed to describe the distribution of each research variable, including respondent characteristics, maternal knowledge levels, and the support provided by *posyandu* cadres for exclusive breastfeeding. The results were presented in frequency distribution tables to provide a comprehensive profile of the study population.

Subsequently, bivariate analysis examined the association between independent variables and the outcome variable (the practice of exclusive breastfeeding). The Chi-Square (χ^2) test assessed the presence of statistically significant associations, with a significance level set at $p < 0.05$. Prior to conducting the Chi-Square test, assumptions regarding minimum expected cell counts were verified to ensure the validity of the analysis. All statistical procedures were performed using the latest version of the Statistical Package for the Social Sciences (SPSS) to ensure the reliability and robustness of the findings.

RESULT

Table 1. Frequency Distribution of Maternal Characteristics

Characteristics	N	%
Maternal Age		
<20 years	1	1,54
20–35 years	51	78,46
>35 years	13	20,00
Maternal Education		
Junior and Senior High School	6	9.2
Higher Education	10	15.4
Household Income		
≥Regional Minimum Wage IDR 3.255.572	35	53,84
<Regional Minimum Wage IDR 3.255.72)	30	46,15
Maternal Employment Status		
Employed	11	16.9
Unemployed	54	83.1

Characteristics	N	%
Total	65	100

As shown in Table 1, out of the 65 respondents surveyed, the majority were in the age group of over 20 to 35 years, totaling 51 individuals, while only one respondent was under 20 years of age. In terms of educational background, most respondents had completed senior high school, amounting to 39 individuals, whereas only six respondents had completed elementary school. Regarding income, slightly more than half of the respondents, or 53.84 percent, reported earnings at or above the regional minimum wage of IDR 3.255.572, while the remainder, accounting for 46.15 percent, earned below this threshold. Furthermore, in terms of employment status, the majority of mothers, as many as 54 respondents, were unemployed, while only 11 respondents reported being employed.

Table 2. Frequency Distribution of Factors Associated with Exclusive Breastfeeding Practices in Desa Kramat Gajah, Deli Serdang

Characteristics	N	%
Maternal Knowledge		
Good	28	43.1
Moderate	20	30.8
Poor	17	26.2
Total	65	100
Health Worker Support		
Supportive	55	84.6
Not Supportive	10	15.4
Total	65	100
Exclusive Breastfeeding Practice		
Exclusive Breastfeeding	49	75.4
Non-Exclusive Breastfeeding	16	24.6
Total	65	100

As shown in Table 2, among the 65 respondents surveyed, 28 individuals, or 43.1 percent, demonstrated a good level of knowledge, 20 individuals, or 30.8 percent, had a moderate level of knowledge, and 17 individuals, or 26.2 percent, exhibited a poor level of knowledge. Regarding support for exclusive breastfeeding, 55 respondents, or 84.6 percent, were categorized as supportive, while 10 respondents, or 15.4 percent, were categorized as not supportive. Furthermore, 49 respondents, or 75.4 percent, practiced exclusive breastfeeding, whereas 16 respondents, or 24.6 percent, did not practice exclusive breastfeeding.

Table 3. Sociodemographic Determinants of Exclusive Breastfeeding in a Rural Area of Indonesia: A Study from Kramat Gajah Village, Deli Serdang

Variables	Exclusive Breastfeeding				Total		P-value
	Exclusive Breastfeeding		Non-Exclusive Breastfeeding				
	N	%	n	%	N	%	
Maternal Age							
<20 years	1	1,54	0	0	1	1,54	0,185
20–35 years	41	63,08	10	15,38	51	78,46	
>35 years	7	10,77	6	9,23	13	20,00	
Total	49	75,38	16	24,62	65	100	
Maternal Education							
Junior and Senior High School	39	60	16	24,61	55	84,62	0,049
Higher Education	10	15,38	0	0	10	15,38	
Total	49	75,38	16	24,62	65	100	
Household Income							
≥Regional Minimum Wage (IDR 3.255.572)	25	38,46	10	15,38	35	53,84	0,424
<Regional Minimum Wage (IDR 3.255.72)	24	36,92	6	9,23	30	46,15	
Total	49	75,38	16	24,62	65	100	
Maternal Employment Status							
Employed	5	7,69	6	9,23	11	16,9	0,011
Unemployed	44	67,69	10	15,38	54	83,1	
Total	49	75,38	16	24,61	65	100	
Maternal Knowledge							
Poor	8	12,3	9	13,8	17	26,2	0,003
Fair	15	23,1	5	7,7	20	30,8	
Good	26	40,0	2	3,1	28	43,1	
Total	49	75,4	16	24,6	65	100	
Healthcare Worker Support							
Supportive	43	66,2	12	18,5	55	84,6	0,003
Not Supportive	6	9,2	4	6,2	10	15,4	
Total	49	75,4	16	24,6	65	100	

According to Table 3, the findings reveal that maternal age was not significantly associated with exclusive breastfeeding practices ($p=0.185$). Among the participants, 41 mothers aged between 20 and 35 years breastfed exclusively, followed by 7 individuals aged over 35 years, and one respondent younger than 20 years. Nevertheless, the observed differences were not statistically meaningful.

Conversely, the level of education demonstrated a significant link with exclusive breastfeeding ($p = 0.049$). Of the 55 mothers who completed junior or senior high school, 39 provided exclusive breastfeeding, while all 10 respondents with higher education also successfully practiced exclusive breastfeeding.

Household income showed no statistically significant association with breastfeeding behavior ($p=0.424$). In the group earning at or above the regional minimum wage (IDR 3.255.572), 25 mothers practiced exclusive breastfeeding and 10 did not. Meanwhile, among those with income below the threshold, 24 mothers breastfed exclusively and 6 did not.

A significant relationship was found between employment status and exclusive breastfeeding ($p=0.011$). Among 54 unemployed mothers, 44 practiced exclusive breastfeeding, compared to 5 of the 11 employed mothers who did so.

Maternal knowledge was strongly associated with breastfeeding outcomes ($p=0.003$). Within the group possessing good knowledge, 26 mothers practiced exclusive breastfeeding; among those with moderate knowledge, 15 did and among respondents with limited knowledge, only 8 practiced exclusive breastfeeding.

Finally, support from healthcare providers was significantly correlated with breastfeeding practices ($p=0.003$). A total of 43 mothers who received professional support practiced exclusive breastfeeding, whereas only 6 among the 10 without such assistance managed to do so.

DISCUSSION

The Association Between Maternal Age and Exclusive Breastfeeding Practices

The study indicated that the majority of breastfeeding mothers were between 20 and 35 years old, and this age range is considered optimal for reproductive health, encompassing the ideal period for pregnancy, childbirth, and breastfeeding. Mothers who are either younger than 20 years or older than 35 years may experience a decline in reproductive function, which could potentially affect their ability to provide exclusive breastfeeding (Juhaidah, 2021).

The statistical analysis shows a p -value of 0.118 ($p > 0.05$), so it means there was no significant association between maternal age and exclusive breastfeeding practices. Several studies have similarly reported that maternal age does not significantly influence exclusive breastfeeding. Research conducted by T et al. (2023) found no significant relationship between maternal age and exclusive breastfeeding practices in rural areas. Similarly, a study by Jannah et al., (2025), also demonstrated no association between maternal age and exclusive breastfeeding.

The Association Between Maternal Education and Exclusive Breastfeeding Practices

Higher educational attainment enhances one's ability to understand, accept, and adopt new attitudes and behaviors (Notoatmodjo, 2018). Research conducted by Setiyarini & Andini, (2024), also found a significant association between educational level and the practice of exclusive breastfeeding. The results of the present study similarly demonstrated a significant relationship between maternal education and exclusive breastfeeding, with a p-value of 0.049 ($p < 0.05$). Higher levels of education were associated with increased success in exclusive breastfeeding practices. However, these findings are in contrast with the study conducted by (Kholia et al., (2020), indicating no significant relationship between education and exclusive breastfeeding.

Notoatmodjo further emphasized that the educational level reflects the extent of formal education completed by an individual, which serves as a key determinant of behavior through scientific reasoning. Individuals with lower educational attainment may face greater difficulties in comprehending and applying health-related information and messages.

The Association Between Parental Income and Exclusive Breastfeeding Practices

The findings regarding the association between parental income and exclusive breastfeeding practices revealed a p-value of 0.424 ($p > 0.05$), indicating no statistically significant relationship. This result is consistent with a study conducted in Tembalang Subdistrict, Semarang City, which reported that family income per capita was not a risk factor for stunting ($p = 1.000$, $p > 0.05$).

One possible explanation for this is that household income may not be fully allocated to basic nutritional needs, as families may prioritize other expenses. A higher income does not necessarily guarantee good nutritional status among children if a sufficient portion of the income is not directed toward food (Buton & Fadmi, 2023). Family income reflects the household's ability to meet primary, secondary, and tertiary needs. While higher income may facilitate better fulfillment of these needs, lower income can result in greater difficulties (Fong, 2025).

Lower household income can negatively impact both the quality and quantity of food consumed. Weak purchasing power often leads families to adopt coping mechanisms that compromise dietary quality, particularly for children. As a result, diets may become less varied

and limited in essential nutrients such as protein, vitamins, and minerals, thereby increasing the risk of undernutrition (Eicher-miller et al., 2023). Such nutritional inadequacies can subsequently heighten the likelihood of stunting among household members (Titaley et al., 2019).

The Association Between Maternal Employment Status and Exclusive Breastfeeding Practices

During the relatively short maternity leave period, working mothers often face challenges in providing exclusive breastfeeding because many of them are required to return to work before the recommended six-month period ends. Although mothers are encouraged to continue breastfeeding by bringing their infants to the workplace or by returning home to nurse, the absence of on-site childcare facilities and lactation rooms at most workplaces makes this difficult. As a result, many working mothers opt for formula milk rather than breast milk (Maponya et al., 2021). The statistical analysis indicated a p-value of 0.011 ($p < 0.05$), showing a significant association between maternal employment status and exclusive breastfeeding practices. Findings from this study in Desa Kramat Gajah confirm that employment status significantly influenced exclusive breastfeeding outcomes.

Several other studies have reported similar findings. For example, Olya et al.'s (2023) study found that unemployed mothers were more likely to practice exclusive breastfeeding than employed mothers. Unemployed mothers were found to have more time to devote to exclusive breastfeeding than their employed counterparts. Furthermore, a mother's work experience and level of social interaction can enhance her knowledge and awareness. Those engaged in work outside the home often have greater access to information and learning opportunities than stay-at-home mothers. However, professional commitments can also hinder breastfeeding practices, as busy schedules can limit the time available to meet the baby's needs for exclusive breastfeeding (Naibaho et al., 2025).

The Association Between Maternal Knowledge and Exclusive Breastfeeding Practices

Knowledge is acquired through personal experiences or by learning from others. According to Notoatmodjo (2012), behaviors grounded in sound knowledge and awareness tend to be positive and constructive. Based on the results of the chi-square statistical test, there was a significant association between maternal knowledge and exclusive breastfeeding practices among mothers in Desa Kramat Gajah, with a p-value of 0.003 ($p < 0.05$).

The findings of this study are consistent with research conducted by Fariningsih et al. (2022), 'The Relationship Between Maternal Knowledge and Exclusive Breastfeeding Among Infants Aged 0–6 Months.' Using Fisher's Exact Test, the study reported a p-value of 0.004,

showing a significant association between maternal knowledge about exclusive breastfeeding and the practice of exclusive breastfeeding among infants aged 0–6 months in the service area of Tanjung Uncang Health Center.

Knowledge is a crucial factor for mothers to provide exclusive breastfeeding for their infants. It is an important factor in the formation of behavior, as demonstrated by various studies, where actions based on adequate knowledge tend to be more enduring compared to those that are not. Motivation in exclusive breastfeeding stimulates enthusiasm among mothers to breastfeed their infants, ultimately contributing to the development of a healthier, more competitive generation (Muhsinin et al., 2023).

Knowledge forms the foundation for mothers to practice exclusive breastfeeding. Mothers with a strong understanding of the benefits of exclusive breastfeeding are more likely to implement and consistently maintain this practice with their infants. In other words, maternal knowledge about exclusive breastfeeding directly influences breastfeeding behavior; the higher a mother's level of knowledge, the greater her awareness and commitment to providing exclusive breastfeeding for her baby.

The Association Between Health Worker Support and Exclusive Breastfeeding Practices

Based on the results of the chi-square statistical test, a p-value of 0.220 ($\alpha = 0.05$) was obtained. Therefore, the null hypothesis was not rejected, indicating that there was no significant association between support from posyandu cadres and exclusive breastfeeding practices among mothers in Desa Kramat Gajah. These findings are consistent with research conducted by Kurniawan et al., (2018), These findings are in line with a study on 'The Relationship Between the Role of Posyandu Cadres, Health Workers, Spousal Support, Family Support, and Media Influence on Exclusive Breastfeeding Behavior in East Jakarta.' The chi-square analysis in that study yielded a p-value of 0.471, indicating no significant association between the role of posyandu cadres and exclusive breastfeeding behavior. Smooth breastfeeding is often a critical factor considered by mothers when deciding to give exclusive breastfeeding. Not all mothers can produce breast milk adequately, and insufficient lactation can lead to anxiety and emotional distress, potentially affecting maternal psychological well-being. Therefore, breastfeeding mothers require substantial support from both their families and the surrounding community. Active involvement of community health cadres plays a vital role in motivating mothers to breastfeed, contributing to the achievement of exclusive breastfeeding (Kustriyani et al., 2020).

CONCLUSION

This study demonstrates significant associations between maternal knowledge, education level, and employment status with exclusive breastfeeding practices in Desa Kramat Gajah, with p-values of 0.003, 0.049, and 0.011. In contrast, maternal age, parental income, and health worker support showed no significant relationships with exclusive breastfeeding (p-values > 0.05). Overall, 75.4 percent of mothers practiced exclusive breastfeeding. Therefore, it is recommended to enhance maternal health education, particularly concerning the importance of exclusive breastfeeding, while considering educational and employment factors. Strengthening the role of primary health centers and community health cadres is also essential to better support exclusive breastfeeding practices.

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