



# Evaluation of Socioeconomic and Occupational Barriers to Breastfeeding: A Comparative Study Among Weaving Mothers

Marni Siregar<sup>1\*</sup>, Hetty Panggabean<sup>1</sup>

<sup>1</sup>Department of Midwifery, Politeknik Kesehatan Kementerian Kesehatan Medan

Email correspondence: [marnisiregar63@gmail.com](mailto:marnisiregar63@gmail.com)

<p><b>Track Record Article</b></p> <p>Revised: 08 March 2026 Accepted: 25 June 2026 Published: 30 June 2026</p> <p><b>How to cite:</b> Siregar, M., &amp; Panggabean, H. (2026). Evaluation of Socioeconomic and Occupational Barriers to Breastfeeding: A Comparative Study Among Weaving Mothers. <i>Contagion: Scientific Periodical Journal of Public Health and Coastal Health</i>, 8(2), 540–551.</p>	<p style="text-align: center;"><b>Abstract</b></p> <p><i>In Indonesia, stunting continues to affect many children, making breastfeeding practices a critical focus of early prevention. Mothers working in the informal sector, such as traditional weavers, often encounter occupational and socioeconomic barriers that may hinder optimal breastfeeding. This study aims to describe the sociodemographic characteristics of weaving mothers and compare the mean scores of Early Initiation of Breastfeeding (EIBF) implementation and knowledge of exclusive breastfeeding between North Tapanuli and Samosir, North Sumatra. A cross-sectional study was conducted among 72 weaving mothers, with 36 respondents from Siatas Barita Health Center, (North Tapanuli) and 36 from Buhit Health Center (Samosir) selected through purposive sampling. Data were collected using a structured questionnaire and analyzed descriptively through frequency distributions, percentages, and mean scores. Most respondents were aged 26–35 years and had completed senior high school. The mean EIBF score was 3.19 in North Tapanuli and 2.89 in Samosir, both classified as high. The mean score for exclusive breastfeeding knowledge was 3.25 in North Tapanuli (very high) and 2.79 in Samosir (high). These findings suggest that weaving mothers in North Tapanuli had higher EIBF implementation and higher knowledge of exclusive breastfeeding knowledge compared to those in Samosir. Region-specific breastfeeding education and community-based support are recommended, particularly in Samosir, to strengthen maternal knowledge and promote optimal breastfeeding practices.</i></p> <p><b>Keywords:</b> <i>Breastfeeding, Occupational Barriers, Weaving Mothers, Comparative Study.</i></p>
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## INTRODUCTION

Stunting has emerged as a pressing global health concern, especially in developing countries where an estimated 162 million children under five are affected. Without effective interventions, projections suggest the number could remain as high as 127 million by 2025 (Akseer et al., 2020; Schnee et al., 2018; Susianto et al., 2022). Primarily driven by inadequate nutrition and recurrent infections, stunting disrupts growth and development with both immediate and long-term consequences. In the short-term, children may experience delayed brain development, cognitive deficits, restricted physical growth, and metabolic disorders. Over the long term, stunting is linked to reduced cognitive ability, poorer academic performance, weakened immunity, and higher risk of non-communicable diseases such as diabetes, cardiovascular disease, obesity, and some cancers (Chalid et al., 2022; Ruaida, 2018). This issue is particularly critical in Indonesia, where the future productivity of children is at stake, raising concerns not only for public health but also for national economic and social development. Evidence indicates that stunted children are more likely to encounter educational challenges, which may hinder workforce readiness and slow economic growth. Consequently,

reducing stunting has become a national priority, essential for safeguarding both public health and economic resilience (Nisa, 2019; Yekti, 2020).

Stunting prevention emphasizes community-based interventions to improve maternal and child nutrition. According to World Health Organization (WHO), effective strategies must operate at both household and community levels to address underlying determinants such as inadequate sanitation, limited access to clean water, poverty, low dietary quality, and recurrent infections. Maternal health and caregiving practices, including adequate nutrition before and during pregnancy, breastfeeding, and timely initiation of breastfeeding, play a critical role in child growth and in reducing stunting risk (Ariani, 2020; Hafid et al., 2021; Kusumawati et al., 2018). In response, many developing countries, including Indonesia, have implemented programs that integrate maternal nutrition education and breastfeeding promotion, with the goal of ensuring early initiation and exclusive breastfeeding during the first six months of life. Early breastfeeding initiation helps stabilize neonatal body temperature, foster maternal-infant bonding, and substantially increases breastfeeding rates, which in turn has been shown to reduce neonatal mortality up to 22% (Kragel et al., 2020; Trickey, 2018).

In Indonesia, the importance of early initiation of breastfeeding (EIBF) and exclusive breastfeeding is underscored by national policies and health initiatives aimed at promoting breastfeeding and preventing stunting. However, national statistics reveal a persistent gap between policy objectives and practical implementation. As of 2021, only about half of infants under six months received exclusive breastfeeding, a figure well below the targets outlined in the Ministry of Health's strategic plans (Munira, 2022). In North Sumatra, where the present study is situated, exclusive breastfeeding coverage has shown considerable fluctuation, rising from 3.39% in 2020 to 57.83% in 2021, yet remaining uneven across districts (Damayanti, 2018; Sukarti et al., 2020). Such variability highlights the need for targeted interventions to support mothers in sustaining both EIBF and exclusive breastfeeding. Key barriers include limited knowledge, insufficient community and health support, and socio-economic constraints. Addressing these challenges across diverse demographic groups is essential for the success of stunting programs (Sumarni et al., 2020).

This study examines the socio-economic and cultural factors that hinder early initiation of breastfeeding (EIBF) and exclusive breastfeeding among weaving mothers in North Sumatra. The demanding nature of weaving work restricts opportunities for regular breastfeeding, creating distinct barriers compared to other occupational groups, including limited work flexibility and insufficient support. Targeted intervention that consider occupational demands, maternal knowledge, and socio-economic status are essential to

strengthen breastfeeding practices and support advance stunting prevention efforts. (Novianti et al., 2018; Sukarti et al., 2020).

General breastfeeding interventions are often less effective when they fail to address the specific barriers faced by working mothers in rural, low-income settings. Strategies such as targeted health education, strengthened community support, and flexible work arrangements can enhance breastfeeding practices. Kinanti and Karana (2022) reported that immediate initiation of breastfeeding reduces the risk of stunting by 1.3 times, underscoring the importance of timely and sustained support. For weaving mothers in North Sumatra, interventions must be carefully tailored to accommodate both occupational demands and maternal responsibilities.

Research indicates that effective breastfeeding interventions depend on robust support systems, including access to healthcare, family involvement, and community engagement. WHO and UNICEF initiatives emphasize comprehensive support, delivered both in-person and digital platforms, especially for mothers in remote areas (UNICEF, 2021). Public health campaigns that promote early initiation of breastfeeding (EIBF) and exclusive breastfeeding are critical for raising awareness and improving adherence. For weaving mothers, however, such programs must be adapted to accommodate their time constraints and occupational challenges.

Studies conducted in Boyolali Regency and Lampung Province have demonstrated a significant association between exclusive breastfeeding and stunting prevalence. Exclusive breastfeeding plays a protective role, as the early introduction of complementary foods before six months increases infants' vulnerability to infections. Frequent infections during early childhood can impair growth and prevent toddlers from achieving optimal development (Khoiriyah et al., 2021). The present study investigates factors influencing early initiation of breastfeeding (EIBF) and exclusive breastfeeding among weaving mothers in North Sumatra. Its objectives are to assess maternal knowledge and practices and to identify socio-economic and occupational determinants of breastfeeding adherence. Employing a cross-sectional design, data were collected from two community health centers (*Puskesmas*) in North Tapanuli and Samosir, areas where weaving is a common livelihood. The findings are intended to inform evidence-based recommendations for stunting prevention in rural, low-income communities.

This study addresses a critical gap in the literature by examining weaving mothers, a uniquely underrepresented group of informal-sector workers in rural Indonesia. While numerous studies have investigated breastfeeding barriers in general populations, few have considered how specific occupations with intensive physical and time demands, such as

traditional weaving, influence breastfeeding practices. By highlighting the intersection of occupational roles, socio-economic constraints, and maternal responsibilities, this study offers novel insights that are directly applicable to maternal and child health promotion, particularly in resource-limited settings. Therefore, this study aims to describe the sociodemographic characteristics of weaving mothers and to compare the mean scores of early initiation of breastfeeding (EIBF) implementation and knowledge of exclusive breastfeeding between North Tapanuli and Samosir. The findings are expected to provide descriptive evidence that can strengthen breastfeeding education and support programs tailored to regional conditions.

## **METHODS**

The study was conducted in North Tapanuli and Samosir, North Sumatra province, Indonesia, specifically at Siatas Barita Community Health Center in North Tapanuli District and Buhit Health Center in Samosir District, where weaving is a predominant occupation among mothers. These sites were selected due to the high prevalence of stunting in the region and the distinct socio-economic and occupational dynamics influencing maternal health practices. Data collection took place between May and September 2024, allowing sufficient time to approach and engage participants while accommodating their work schedules.

The target population of this study comprised all mothers working as weavers in the study areas who had children aged 0 to 59 months. The sample was drawn from this population using purposive sampling criteria designed to include mothers actively engaged in weaving and serving as primary caregivers for young children. This sampling approach ensured that the research addressed the unique socio-economic and occupational factors relevant to these mothers.

To ensure relevance and accuracy, participants were selected based on the following inclusion criteria: mothers willing to participate in the study, those who are actively engaged in weaving as an occupation, and those with children under five years of age who were either currently breastfeeding or had prior experience with early initiation of breastfeeding (EIBF) and exclusive breastfeeding practices. Mothers with physical or mental health conditions that could hinder participation were excluded. Additionally, mothers diagnosed with infectious diseases such as active tuberculosis, HIV, or hepatitis, which might adversely affect breastfeeding, were not included.

The sample size was calculated using Slovin's formula with a margin of error of 0.05, resulting in 72 participants. To ensure representativeness, the sample was evenly divided between two regions, with 36 participants from Salitas Barita Community Health Center

(*Puskesmas*) and 36 from Buhit Community Health Center (*Puskesmas*), reflecting the diverse socio-economic dynamics within the study areas. This balanced distribution supports comparative analysis across the different community contexts of North Sumatra.

Data collection utilized both primary and secondary sources. Primary data were obtained directly from respondents through structured questionnaires encompassing multiple indicators relevant to early initiation of breastfeeding (EIBF) and exclusive breastfeeding. Secondary data were drawn from Community Health Center (*Puskesmas*) records, including information provided by local healthcare workers, coordinators, and leaders of community health initiatives. These sources offered contextual insights into regional stunting rates, breastfeeding trends, and healthcare access in the study areas.

The questionnaire was designed to collect comprehensive data on respondents' socio-economic status, knowledge of early initiation of breastfeeding (EIBF) and exclusive breastfeeding practices, attitudes towards breastfeeding, and perceptions of work-related barriers. Items were structured around key indicators identified in prior studies on breastfeeding and stunting prevention, adapted to the specific cultural and occupational context of weaving mothers. EIBF indicators included whether the mother initiated breastfeeding within the first hour of birth, maintained skin-to-skin contact, and allowed the infant to naturally latch naturally. Exclusive breastfeeding indicators focused on adherence to exclusive breastfeeding without supplementation of other foods or liquids for six months, as recommended by the Indonesian Ministry of Health.

The validity and reliability of the questionnaire were established through pilot testing and item analysis. Construct validity was assessed by aligning questionnaire items with established indicators from previous studies on early initiation of breastfeeding (EIBF) and exclusive breastfeeding practices. Reliability was evaluated using Cronbach's alpha, with a threshold of 0.7 indicating acceptable internal consistency for each section of the questionnaire section. These measures ensured that the data collection tools effectively captured the intended variables, thereby enhancing the credibility of the findings and their applicability to stunting prevention efforts.

Participant recruitment was carried out through a community-based approach in collaboration with local health personnel, including village midwives and *posyandu* (integrated service post) cadres from each *Puskesmas* (Community Health Center). Eligible mothers were identified using community health registers and weaving group rosters, and selected according to the inclusion criteria. Most participants were invited to attend data collection sessions held at the respective *Puskesmas* (Community Health Center) or nearby community halls,

facilitating efficient data gathering while minimizing disruption to their weaving activities. For mothers unable to attend due to work obligations, the research team, assisted by local health cadres, conducted door-to-door visits to ensure inclusive participation. This hybrid strategy promoted accessibility, ethical engagement, and completeness of data.

Data were analyzed descriptively to assess breastfeeding practices and examine the relationship between socio-economic factors, early initiation of breastfeeding (EIBF), and exclusive breastfeeding among respondents. The analysis proceeded in several stages, beginning with data cleaning, followed by coding, tabulation, and statistical testing. Descriptive analysis included frequency distribution and percentage calculations to summarize key socio-demographic characteristics and breastfeeding practices. Responses to Likert-scale items on knowledge and attitudes were categorized into four levels based on predefined intervals: very high (90-100), High (80-89), low (70-79), and very low (<70 70). This classification enabled a nuanced understanding of breastfeeding knowledge and practices among weaving mothers, contextualized within their socio-economic conditions.

## RESULT

The results of this study provide insights into the current status of Early Initiation of Breastfeeding (EIBF) and Exclusive breastfeeding practices among weaving mothers with children aged 0-59 months in the districts of North Tapanuli and Samosir, North Sumatra.

### Respondent Demographics

**Table 1. Frequency Distribution of Respondents' Age**

Age Group (years)	North Tapanuli (%) (n=36)	Samosir (%) (n=36)
20-25	14	22
26-30	28	36
31-35	36	22
>35	22	20
<b>Total</b>	<b>100</b>	<b>100</b>

Table 1 displays the age distribution of respondents, indicating that the majority fall within the age range of 26-35 years in both North Tapanuli and Samosir. This distribution reflects the active reproductive age of the respondents, who are primarily engaged in weaving.

### Educational Background

**Table 2. Frequency Distribution based on Respondents' Education**

Education Level	North Tapanuli (%) (n=36)	Samosir (%) (n=36)
Middle School	8.33	11.11
High School	91.67	88.89
<b>Total</b>	<b>100</b>	<b>100</b>

Table 2 summarizes the education levels among respondents. The majority of mothers have completed secondary education, with North Tapanuli reporting a slightly higher percentage than Samosir.

### Age Distribution of Children

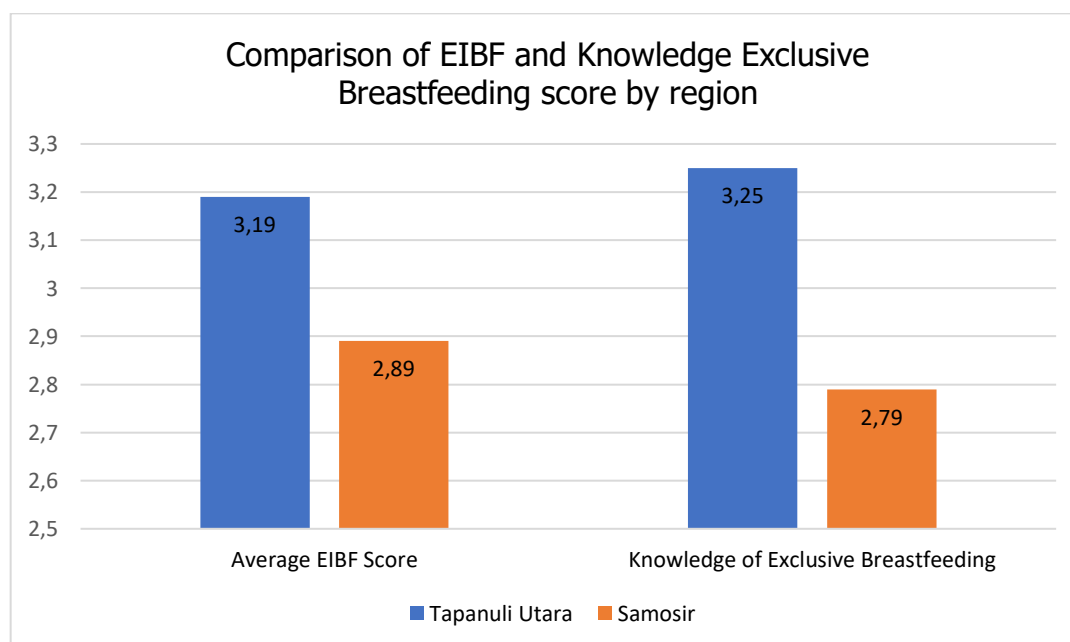
**Table 3. Frequency Distribution Based on Age of Respondent's Child**

Child Age Group (months)	North Tapanuli (%) (n=36)	Samosir (%) (n=36)
0-5	41.67	52.78
6-10	52.78	41.67
>10	5.55	5.55
<b>Total</b>	<b>100</b>	<b>100</b>

Table 3 demonstrates the age distribution of children among the respondents. Notably, a higher percentage of children in Samosir are aged 0-5 months (52.78%), suggesting an ongoing demand for infant support services in this age range.

### EIBF and Exclusive breastfeeding

The implementation of early initiation of breastfeeding (EIBF) and exclusive breastfeeding was evaluated based on self-reported data, with scores categorized as "High" for EIBF in both regions but showing a variance in exclusive breastfeeding, which was "Very High" in North Tapanuli and "High" in Samosir.



**Figure 1. EIBF and Knowledge exclusive breastfeeding score by region**

Figure 1 shows differences in the average scores of Early Initiation of Breastfeeding (EIBF) and knowledge of exclusive breastfeeding between North Tapanuli and Samosir. North Tapanuli recorded a higher average EIBF score of 3.19, compared with 2.89 in Samosir. Although both regions were classified in the "High" category for EIBF implementation, the

difference indicates that EIBF practices were more consistently implemented in North Tapanuli region.

A similar pattern was observed in knowledge of exclusive breastfeeding. North Tapanuli achieved an average score of 3.25, categorized as “Very High,” whereas Samosir obtained a score of 2.79, categorized as “High.” The score difference between the two regions was 0.46, which was greater than the 0.30 difference in EIBF scores. Overall, the results indicate that respondents in North Tapanuli demonstrated better EIBF implementation and greater knowledge of exclusive breastfeeding than respondents in Samosir.

## DISCUSSION

The findings demonstrate regional differences in the implementation of Early Initiation of Breastfeeding (EIBF) and knowledge of exclusive breastfeeding among weaving mothers in North Tapanuli and Samosir. North Tapanuli recorded a higher mean EIBF score than Samosir, at 3.19 and 2.89, respectively. A wider difference was observed in knowledge of exclusive breastfeeding, with mean scores of 3.25 in North Tapanuli and 2.79 in Samosir. These results indicate that mothers in North Tapanuli tended to have better EIBF practices and a stronger understanding of exclusive breastfeeding. However, because the analysis was descriptive, these differences should not be interpreted as statistically significant unless confirmed through appropriate inferential testing.

The relatively high scores observed in both regions may be linked to the educational background of the respondents. Most participants had completed senior high school, which likely enhanced their ability to comprehend health information provided by midwives, community health workers, and maternal and child health programs. Maternal education is generally associated with improved access to health information, stronger understanding of breastfeeding recommendations, and greater capacity to make informed decisions regarding infant feeding. This interpretation aligns with previous studies demonstrating that maternal education and breastfeeding knowledge contribute to timely initiation of breastfeeding and the continuation of exclusive breastfeeding practices (Nkoka et al., 2019; Woldeamanuel, 2020).

The higher scores observed in North Tapanuli may also reflect differences in access to healthcare services, exposure to breastfeeding counselling, and community support. Mothers who receive adequate assistance from healthcare professionals during pregnancy, delivery, and the postpartum period are more likely to initiate breastfeeding within the first hour after birth and recognize the importance of providing breast milk exclusively for six months. Support from village midwives, *posyandu* (Integrated Service Post) cadres, family members, and local

community groups can reinforce breastfeeding knowledge and help mothers overcome practical challenges. Previous studies have shown that limited professional assistance, inadequate counselling, and inconsistent implementation of maternity-care procedures can hinder successful EIBF practices (Ayalew et al., 2024; Beyene et al., 2025; Pramono et al., 2022).

Despite relatively favorable knowledge scores, knowledge alone may not ensure consistent breastfeeding practices. The respondents in this study were mothers working as traditional weavers, an occupation that demands considerable time, concentration, and physical endurance. Long working hours, fatigue, production targets, and limited flexibility to pause work can reduce opportunities for direct breastfeeding or expressing breast milk. Consequently, mothers may understand the benefits of exclusive breastfeeding yet still face challenges in applying this knowledge. This potential knowledge–practice gap is particularly salient among informal-sector workers, who typically lack formal maternity leave, breastfeeding breaks, dedicated lactation facilities, or employment protection.

The larger regional difference in exclusive breastfeeding knowledge than in EIBF scores may be explained by the different characteristics of these two breastfeeding behaviors. EIBF is primarily performed immediately after childbirth and is strongly influenced by delivery facilities and assistance from healthcare workers. In contrast, exclusive breastfeeding must be maintained continuously for six months and is affected by maternal workload, household responsibilities, family support, cultural beliefs, and economic pressures. Consequently, sustained exclusive breastfeeding requires not only adequate knowledge but also a supportive home, workplace, and community environment.

These findings have important implications for stunting-prevention programs. EIBF supports early mother–infant contact and facilitates the establishment of breastfeeding, whereas exclusive breastfeeding provides appropriate nutrition and protection against infection during the first six months of life. Recurrent infection and inadequate nutritional intake during infancy can interfere with child growth and contribute to stunting. Previous studies have reported an association between exclusive breastfeeding and a lower risk of stunting, although child growth is also influenced by complementary feeding, sanitation, household food security, maternal nutrition, and healthcare access (Ayue et al., 2025; Ganbold et al., 2025; Gusnedi et al., 2023; Patriota et al., 2024).

Accordingly, interventions should extend beyond general health education. In Samosir, where the scores were comparatively lower, breastfeeding programs may require more intensive counselling during antenatal care, delivery, and postnatal visits. Community-based

interventions could include home visits, peer-support groups for weaving mothers, family education, practical training on expressing and storing breast milk, and flexible weaving schedules. Involving husbands, senior family members, weaving-group leaders, midwives, and *posyandu* cadres may improve both maternal knowledge and the feasibility of maintaining recommended breastfeeding practices.

The results should nevertheless be interpreted with caution. The study employed a cross-sectional design, purposive sampling, and self-reported information from 72 respondents. Self-reported data are susceptible to recall bias and social desirability bias, particularly among mothers whose children are older than six months. Moreover, the descriptive comparison does not establish whether regional differences are statistically significant or whether they are directly attributable to variations in healthcare access, occupational conditions, or community support. Future studies should apply inferential analysis and incorporate variables such as maternal income, working hours, place of delivery, family support, exposure to counselling, distance to healthcare facilities, and actual duration of exclusive breastfeeding. Such analysis would provide stronger evidence regarding the determinants of breastfeeding practices among weaving mothers.

## CONCLUSION

The study indicates that weaving mothers in both North Tapanuli and Samosir demonstrated generally favorable breastfeeding-related outcomes. Early Initiation of Breastfeeding implementation was categorized as high in both regions, although the mean score was higher in North Tapanuli than in Samosir. Knowledge of exclusive breastfeeding also showed a regional difference, with North Tapanuli categorized as very high and Samosir as high. These findings suggest that weaving mothers in North Tapanuli had better EIBF implementation and greater knowledge of exclusive breastfeeding than those in Samosir. However, because the study used descriptive analysis, the observed differences cannot be interpreted as statistically significant or causal. Strengthening region-specific breastfeeding education, counselling, and community-based support is therefore necessary, particularly in Samosir, to improve maternal knowledge and support the consistent implementation of recommended breastfeeding practices among mothers working in the informal sector.

### Authorship Contributions Statement:

Marni Siregar: Conceptualization, Methodology, Investigation, Formal Analysis, Writing – Original Draft, Visualization, Project administration.

Hetty Panggabean: Supervision, Validation, Writing – Review & Editing, Resources, Funding Acquisition.

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