

## Article

# Mother's knowledge as a dominant factor for the success of exclusive breastfeeding in Indonesia

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## Abstract

**Introduction:** Exclusive breastfeeding is one of the important indicators in achieving nutritional problems in children. Unfortunately, only 1 in 2 babies are exclusively breastfed in Indonesia. Therefore, this study aims to examine the factors associated with exclusive breastfeeding in the country.

**Design and Methods:** Data were obtained from the Indonesian Family Life Survey (IFLS), by using a cross-sectional design involving a total of 2,217 mothers. The independent variables include weaning food, knowledge, labor difficulties, postpartum visits, number of children, marital status, sex of children, and low birth weight (LBW), while the dependent variable include exclusive breastfeeding. Subsequently, chi-square test and logistic regression were used to examine the relationship between exclusive breastfeeding and the related factors.

**Results:** The prevalence of exclusive breastfeeding in Indonesia was 36.5%. Bivariate analysis showed that the variables associated with exclusive breastfeeding were weaning feeding, knowledge, low birth weight, and difficulty in labor with p-values of 0.005, 0.000, 0.040, and 0.005, respectively. The most dominant variable for exclusive breastfeeding behavior is knowledge with a value of OR = 1.85.

**Conclusions:** There is a significant relationship between knowledge of mothers, weaning food, and low birth weight with exclusive breastfeeding behavior. Meanwhile, the main determinant among the variables is mother's knowledge. Therefore, health workers and community service cadres need to provide counseling about health, assistance, and motivation to mothers, thereby they will be able to properly provide exclusive breastfeeding.

## Introduction

Globally, only 36% of infants under six months of age are exclusively breastfed.<sup>1</sup> In Indonesia, only 1 in 2 infants under the age of 6 months are exclusively breastfed, meaning that almost half of all the country's children do not get the food they need during the first two years of their life. Another study showed that over 40% of infants are introduced to weaning foods before reaching 6 months, which often do not meet their nutritional needs.<sup>2</sup> The per-

centage of infants aged less than 6 months who received exclusive breastfeeding in 2018 was 44.36%.<sup>3</sup>

In the first crucial months, breastfed children were six times more likely to survive than non-breastfed children. Failure to exclusively breastfeed by six months of age and to initiate breastfeeding within the first hour contributed to the deaths of 800,000 children under the age of five.<sup>1</sup> The risk of mortality from all causes was lower in infants who were exclusively breastfed for 0–5 months, than in those who were not. Children aged 6–11 and 12–23 months who were not breastfed had a 1.8 and 2.0-fold increased risk of death, respectively. The risk of dying from an infection is higher in non-breastfed infants aged 0–5 months than in breastfed ones and the risk is twice as high.<sup>4</sup> Exclusive breastfeeding reduces the prevalence of respiratory and digestive problems in infancy.<sup>2,5</sup> Also, it is associated with the incidence of pneumonia in toddlers (Hidayah Nurul 2017; Wulandari 2018). For example, it has an effect of 34.70% on the incidence of pneumonia under the age of five.<sup>6,7</sup> Infants who are not exclusively breastfed have a higher risk of dying from diarrhea than those who are exclusively breastfed for 0–5 months.<sup>8</sup>

Increasing breastfeeding rates globally were able to save the lives of over 820,000 children under 5 years of age each year and also prevent an additional 20,000 cases of breast cancer in women yearly.<sup>2</sup> WHO recommends mothers around the world to exclusively breastfeed their babies for the first six months to achieve optimal growth, development, and health. Exclusive breastfeeding provides benefits in the form of faster maternal weight loss after delivery, and delays in the return of menstrual periods. Currently, no adverse effects on growth have been documented with exclusive breastfeeding for six months.<sup>9,10</sup>

Exclusive breastfeeding is one of the indicators for achieving child nutrition problems which is part of the Sustainable Development Goals (SDGs).<sup>11</sup> The WHO has also set global targets to improve maternal, infant, and young child nutrition as well as monitoring the progress. One of the targets is to increase the rate of exclusive breastfeeding to at least 50% during the first 6 months.<sup>12</sup> The findings revealed that the baby's age, birth order, mother's education, income, place of residence, and antenatal treatment frequently significantly impact the practice of exclusive breastfeeding. We identified similarities and differences in the components related to exclusive breastfeeding and demonstrated the significance of these factors in exclusive breastfeeding.<sup>13,14</sup>

### Significance for public health

*Mother's knowledge, weaning food, and low birth weight have a relationship with exclusive breastfeeding behavior in Indonesia. Among the listed variables, the main determinant is mother's knowledge. Therefore, it is important for health workers to provide information that will motivate mothers to exclusively breastfeed. This paper describes the relationship between mother's knowledge, weaning food, low birth weight, and exclusive breastfeeding behavior in the country.*

Meanwhile, research on exclusive breastfeeding in Indonesia has been limited. Policymakers must consider the findings to discover the reasons for the rise in exclusive breastfeeding. Meanwhile, research on exclusive breastfeeding in Indonesia is lacking. Policymakers must study the results to find the causes linked to the growth in exclusive breastfeeding in Indonesia.

## Design and Methods

The design used was cross sectional and the data was obtained from the fifth Indonesian Family Life Survey (IFLS) in 2014 which is open access on rand.org. IFLS is a longitudinal survey conducted by Research And Development (RAND) Corporation in collaboration with research institutions such as Survey Meter, the Demographic Institute of Universitas Indonesia, and Center for Population and Policy Studies at Gadjah Mada University.

The population were mothers who participated in IFLS 5 in 2014 with a total of 50,148 respondents covering 13 provinces in Indonesia, namely North Sumatra, West Sumatra, South Sumatra, Lampung, Jakarta, West Java, Central Java, Special Region of Yogyakarta, East Java, Bali, West Nusa Tenggara, South Kalimantan, and South Sulawesi as well as West Sulawesi, conducted from 2014 to 2015. The total population of children aged 0-60 months known as toddlers was 5,095 living in the country in 2014. After the number of samples was processed, only 2,217 children met the requirements.

The dependent variable was exclusive breastfeeding which is based on the length of time the baby is breastfed, while the independent entails 8 variables, as follows: i) Weaning food given for less than six months or more than six months; ii) Knowledge, namely good and poor categories; iii) Postpartum visits, which are divided into receiving postnatal visits or not; iv) Infant birth weight, with categories of less than 2.7 or more than 2.7; v) Difficulty in labor, namely categories of experiencing difficulties or not; vi) Gender, which is divided into male or female; vii) The number of children with total of below 3 and above, or equal to 3; viii) The marital status of the mother, namely married or unmarried. The data obtained from IFLS 5 were checked for completeness for each variable by using the STATA 16 program, and data were cleaned up by analyzing the frequency of all variables. When missing data are found, they will be treated according to the inclusion criteria. Women aged 15–49 years with newborns under one-year-old and a history of having a baby with Low Birth Weight (LBW) were included as inclusion criteria. When all data has been collected and the missing ones has been processed and cleaned, data coding is carried out according to the operational definition and objective criteria. For data collection, we used survey methods and documented observation. Data analysis was performed using Chi-square for univariate and bivariate, while logistic regression was used for multivariate analysis to see differences in each group of variables and assess the strength of the relationship (POR and 95% CI). In order to see the effect of each covariate variable on the relationship between the independent and dependent variables, a stratification analysis was performed, which was also able to see the confounding variables and the modifying effect of the homogeneity test results.

## Results and Discussions

A total of 809, representing 36.5% of 2,217 children under 5 years, were exclusively breastfed. These children were divided into boys and girls with the respective percentages of 48.5% and

51.5%. Subsequently, 7.63% had a history of LBW and those who did not are 92.37%. Infants with inappropriate weaning food were 60.67%, while 39.33% were adequate. Of the mothers who took part in this survey, 30.99% had knowledge about exclusive breastfeeding and 69.01% had less knowledge. The majority of respondents who are married with more than 2 children represent 63.51%. 36.81% of mothers had a history of difficult delivery and 38.79% received postpartum visits. Further details on the descriptive characteristics of the respondents are presented in Table 1.

In the bivariate analysis, most variables were significantly associated with exclusive breastfeeding. Variables that have a relationship are weaning food, knowledge, LBW, and labor difficulties. While the other four including postpartum visits, gender, number of children and maternal status, were not associated with exclusive breastfeeding. The details of the bivariate analysis are presented in Table 2.

In the multivariate analysis, multiple logistic regression was used to analyze the dependent and independent variables as shown in Table 3. The most dominant variables for exclusive breastfeeding behavior were knowledge followed by weaning foods and birth weight with a p value of 0.015 and 0.013, respectively. Respondents with less knowledge had 1.8 times risk of exhibiting non-exclusive breastfeeding behavior after controlling through weaning food with a value of OR = 1.25 and birth weight with OR = 0.66. In the general population, 95% of people believe that knowledge is a factor that determines exclusive breastfeeding behavior with an interval ranging from 1.54 to 2.23.

This study aims to analyze the determinants of exclusive breastfeeding in infants in Indonesia. Overall, only 36.49% of 2,217 respondents were exclusively breastfed. According to BPS data from 2018, exclusive breastfeeding coverage in the country

**Table 1. Socio-demographic characteristics of study participants (n = 2.217).**

Variables	N	%
Breastfeeding		
Exclusive	809	36.49
Non exclusive	1408	3.51
Weaning food		
Appropriate	872	39.33
Not appropriate	1345	0.67
Knowledge		
Good	687	30.99
Poor	1530	69.01
Low birth weight		
Yes	169	7.62
No	2048	92.38
Difficulty of labor		
Yes	816	6.81
No	1401	63.19
Postpartum visit		
Yes	860	38.79
No	1357	1.21
Gender		
Female	1142	1.51
Male	1075	8.49
Number of children		
≤2	612	27.60
>2	1605	2.40
Marital status		
Married	2176	98.15
Unmarried	41	1.85

has increased, but it is still low at 44.36%.<sup>3</sup> This result is consistent with the one conducted in Ethiopia which showed that exclusive breastfeeding coverage was 44.2% and 56.1% in Nigeria.<sup>15,16</sup> Although the WHO and Unicef have recommended exclusive breastfeeding for the first 6 months, the rate of exclusive breastfeeding is still low. Many factors influence exclusive breastfeeding, including a lack of knowledge, breastfeeding problems, poor families and social support, social norms, work, and health services.<sup>17</sup>

This study showed that mothers who have less knowledge about breastfeeding will have the opportunity to provide up to 1.85 to exclusive breastfeeding. UNICEF stated that every woman has the right to receive full information about breastfeeding to ensure the right decision is made for the babies (UNICEF, 2017). This helps to balance mothers' perceptions of the benefits of breastfeeding with their practice.<sup>16</sup> This is also supported by the results of previous studies which showed that knowledge is the most important determining factor in exclusive breastfeeding.<sup>18,19</sup> Karcz's study also explained that knowledge is the main determinant of breastfeeding duration, while Rapingah's stated that knowledge and age are dominant factors in the practice of exclusive breastfeeding.<sup>20,21</sup> Furthermore, Tambuanan's 2021 survey of knowledge and exclusive breastfeeding in a hospital found that mothers with

little knowledge were given the opportunity to exclusively breastfeed 2,556 times.<sup>18</sup>

Knowledge is an influential factor in the success of exclusive breastfeeding. Therefore, nurses need to develop and improve health promotion to increase mothers' knowledge. The health promotion of exclusive breastfeeding behavior is very important and should be taught not only in the prenatal period but also in the postnatal period up to the second year of delivery.<sup>18</sup> Health promotion is expected to include a maternal support system based on the results of the study which found that father's knowledge of Exclusive Breastfeeding (EBF) enhances mother's knowledge by sharing information and offering the support mothers need.<sup>22</sup>

In Indonesia, health workers need to develop and improve child health promotion facilities through discharge planning, to raise mothers' awareness of exclusive breastfeeding and to develop infant program and cadres in Posyandu. Similarly, program activities and cadres need to be optimized as an important support and media to identify mothers who are struggling to exclusively breastfeed at home. Mothers and babies need to be monitored through regular assessments by cadres and health workers during Posyandu activities, and provide mothers with proper health education to enable them provide exclusive breastfeed.

In this study, LBW was associated with exclusive breastfeed-

**Table 2. Socio-demographic characteristics of study participants (n = 2.217).**

Variables	Exclusive Breastfeeding				X <sup>2</sup>
	Yes		No		
	N	%	N	%	
Weaning food	-	-	-	-	0.005
Appropriate	349	15.74	523	23.59	-
Not appropriate	460	20.75	885	39.92	-
Knowledge	-	-	-	-	0.000
Good	319	14.39	368	16.60	-
Poor	490	22.10	1040	46.91	-
Low birth weight	-	-	-	-	0.040
Yes	74	3.34	95	4.29	-
No	735	33.15	1313	59.22	-
Difficulty of labor	-	-	-	-	0.005
Yes	268	12.09	548	24.72	-
No	541	24.40	860	38.79	-
Postpartum visit	-	-	-	-	0.798
Yes	311	14.03	549	24.76	-
No	498	22.46	859	38.75	-
Gender	-	-	-	-	0.613
Female	411	18.54	731	32.97	-
Male	398	17.95	677	30.54	-
Number of children	-	-	-	-	0.189
≤2	210	9.47	402	18.13	-
>2	599	27.02	1006	45.38	-
Marital status	-	-	-	-	0.718
Married	300	13.53	875	39.47	-
Unmarried	509	22.96	533	24.04	-

**Table 3. Multivariate analysis of factors associated with exclusive breastfeeding among children in Indonesia.**

Variables	Odds Ratio	P> z	[95% Conf. Interval]	
			Minimum	Maximum
Weaning food	1.25	0.015	1.04	1.49
Knowledge	1.85	0.000	1.54	2.23
Low Birth Weight	0.66	0.013	0.48	0.92

ing. Additional findings from this study are that mothers with LBW babies have the option of exclusively breastfeeding up to 0.6. This result is not in line with the study of Pineda (2011), stating that the baby factors including birth weight and gestational age, were not related to the mother's breastfeeding behavior.<sup>23</sup> However, the results showed that only 52% of low birth weight infants were effectively breastfed after discharge from the hospital and four weeks after LBW infants were home, 40% were still exclusively breastfed but 19% were replaced with formula milk.<sup>24</sup>

Mothers who give early weaning food have an opportunity to give exclusive breastfeeding up to 1.25. Lessa *et al.* indicated that the early introduction of solid foods was likely to shorten breastfeeding duration thus suggesting to delay solid foods until 6 months of age because it is important to support breastfeeding.<sup>25</sup> Based on Paramita and Purnomo (2015), one of the factors influencing exclusive breastfeeding is the introduction of weaning foods before the age of 6 months.<sup>26</sup> Interestingly, exclusive breastfeeding is also the most powerful indicator to check for the early introduction of solid foods.<sup>27</sup> The WHO and UNICEF recommend an early start of breastfeeding within 1 hour after birth, exclusive breastfeeding for the first 6 months of life, and the introduction of solid foods that are nutritionally adequate and safe at the age of 6 months along with continued breastfeeding up to age 2 years or older. However, many babies and children are not optimally nourished. For example, in 2015–2020, only about 44% of infants aged 0–6 months worldwide were exclusively breastfed.<sup>28</sup>

Exclusive breastfeeding has a positive effect on both mother and baby. Mothers who do not exclusively breastfeed are 7.58 times more likely to experience Postpartum Depression (PPD) than mothers who exclusively breastfeed. This PPD is significantly higher in mothers with impaired exclusive breastfeeding and even get worse when there is increased stress and restricted social support.<sup>29</sup> Exclusive breastfeeding for 6 months is recommended for infants because it can protect against diarrhea and respiratory tract infections, reduce hospital admissions, and achieve growth.<sup>30</sup> This study provides new information using secondary data from Indonesia's Demographic Year 2017 and Health Survey (IDHS). It's only that this study has limitations, such as still focusing on the mother's understanding. Family center care must be prioritized to improve children's health. It is necessary to study the mother's information and knowledge from the father's side. So, for future research, focusing on the father's side of expertise will bring new and essential information on whether it influences the effectiveness of exclusive breastfeeding in Indonesia.

## Conclusions

Mother's knowledge, weaning food, and low birth weight has a significant relationship with exclusive breastfeeding behavior in Indonesia. Meanwhile, the most important determinant among the variables was the mother's knowledge. Therefore health workers and community service cadres need to provide counseling about the health, assistance, and motivation to mothers, thereby they will be able to properly provide exclusive breastfeeding. The result also motivates educational institutions and nursing students to further increase their creativity in the development of mother-friendly health promotion. Further study is needed to identify the optimal factors for exclusive breastfeeding behavior by adding aspects from husband support.

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