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Reasons Why Infants Between the Ages of Seven and Twelve Months Do Not Receive Exclusive Breastfeeding

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ABSTRACT

Exclusive breastfeeding during the first six months of life is essential for infant growth, immunity, and neonatal health. However, exclusive breastfeeding coverage remains suboptimal and is influenced by maternal and environmental factors. This study aimed to analyze determinants associated with the failure of exclusive breastfeeding among infants aged 7–12 months in Pesawaran Regency, Lampung Province, Indonesia. A cross-sectional study was conducted from May to June 2025 in five subdistricts with low breastfeeding coverage. The sample consisted of 343 mothers selected using stratified random sampling. Data were analyzed using chi-square tests and multiple logistic regression at a significance level of $p < 0.05$. Bivariate analysis showed that age, occupation, education, parity, knowledge, attitude, family support, and health worker support were significantly associated with exclusive breastfeeding ($p < 0.05$). Multivariate analysis indicated that age (OR=1.937), occupation (OR=0.521), education (OR=0.530), knowledge (OR=1.755), attitude (OR=2.192), and family support (OR=0.575) significantly influenced exclusive breastfeeding. Maternal attitude was the strongest predictor. Strengthening breastfeeding education, workplace lactation support, and family involvement is recommended to improve exclusive breastfeeding coverage.

INTRODUCTION

Child malnutrition constitutes a significant public health issue and the predominant cause of morbidity and mortality globally (UNICEF, WHO and WORLD BANK, 2023). especially in poor nations (Umar *et al.*, 2024), Wasting, stunting, and underweight are the predominant manifestations of malnutrition in children under five years old (Al-Taj *et al.*, 2023). Investing in child nutrition enhances children's well-being in the present and fosters human capacity in the long run (Ajah *et al.*, 2021). Stunting and wasting are preventable via public health measures (Danso and Appiah, 2023). Risk factors for preventing wasting in children under 2 years of age are identified (Habtamu, Chilo and Desalegn, 2022). The interval from birth to two years of age is critical (Anayochukwu, 2022). Nutritional deficiencies during this phase can result in stunting, making it a critical time for the implementation of intervention strategies to combat malnutrition (Syeda *et al.*, 2021). This phase enhances nutrition from conception to two years of age, guaranteeing an optimal beginning to life with enduring advantages (Menalu *et al.*, 2021).

The Indonesian government has prioritized the reduction and eventual eradication of malnutrition as a key component of its commitment to achieving the Sustainable Development Goals (SDGs) by 2030 (Bappenas, 2023). This commitment is reflected through the

implementation of various nutrition-specific and nutrition-sensitive interventions aimed at improving maternal and child health, enhancing nutritional status, and reducing the prevalence of stunting, wasting, and other forms of malnutrition among children under five years of age. Achieving these targets requires a comprehensive approach that addresses both immediate and underlying determinants of child malnutrition, particularly during the critical first 1,000 days of life. Among these determinants, infant feeding practices play a crucial role in ensuring optimal growth and development. The absence of exclusive breastfeeding has been recognized as an important indirect risk factor for stunting and wasting, as infants who are not exclusively breastfed may be more susceptible to inadequate nutrient intake, infectious diseases, and impaired growth outcomes during early childhood (Hermawan, Umar and Agustriyani, 2023). Consequently, promoting and sustaining exclusive breastfeeding remains a fundamental strategy in national efforts to improve child nutrition and accelerate progress toward achieving the SDG targets related to health and well-being.

Breastfeeding for infants aged 0-6 months is essential (Puspita, Umar and Psiari, 2022), especially for supplying nutrients and other components vital for developing immunity against diseases (Koya *et al.*, 2020). The WHO reports that 48% of newborns globally were exclusively breastfed from 2016 to 2022 (WHO, 2023). Exclusive breastfeeding prevalence in Indonesia is anticipated to attain 63.9% by 2023 (Kementrian Kesehatan, 2024). Despite national progress, Pesawaran Regency reported the lowest exclusive breastfeeding coverage in Lampung Province (65%)(Lampung Provincial Health Office, 2024). in 2023, indicating an urgent need for targeted interventions. Previous studies have identified multiple determinants of breastfeeding behavior (Umar and Puspita, 2020; Umar, Ifayanti and Puspita, 2020)., yet evidence at the district level remains limited. Understanding local determinants is important for designing context-specific programs. Therefore, this study aimed to analyze factors associated with the failure of exclusive breastfeeding among infants aged 7–12 months in Pesawaran Regency. We hypothesized that maternal characteristics, knowledge, attitudes, and social support significantly influence exclusive breastfeeding practices.

METHOD

This study was conducted in Pesawaran Regency, Lampung Province, Indonesia, specifically in five subdistricts where exclusive breastfeeding coverage had not yet reached the provincial target of 77.4%. Based on data from the Pesawaran District Health Office (Dinas Kesehatan Pesawaran, 2024), the selected study locations were Padang Cermin District (63.71%), Kedondong District (68.08%), Kota Jawa District (70.83%), Tegineneng District (71.75%), and Pidada District (74.43%). These subdistricts were purposively selected because they represented areas with relatively low exclusive breastfeeding coverage and therefore required further investigation to identify factors contributing to exclusive breastfeeding failure (Dinas Kesehatan Pesawaran, 2024).

This study employed a quantitative approach using a cross-sectional design. According to (Sutisna, 2020), a cross-sectional study is an observational research design in which data on exposure and outcome variables are collected simultaneously at a single point in time. This design was considered appropriate because it allows researchers to examine the relationship between various maternal, familial, and environmental factors and the failure of exclusive breastfeeding among infants. Data collection was conducted over a two-month period, from May to June 2025. This study will encompass a group of 2.405 moms with toddlers aged 7 to 12 months. Finding the number of elements/sample members from a minimum population selected as research respondents using the Slovin Formula (Notoatmodjo, 2014) to calculate sample size yielded 343 respondents using the stratified random sampling method, which involves random sampling after the population is divided into specific strata/groups (Sugiyono, 2021). Ethical approval was obtained from the institutional ethics committee, and written informed consent was obtained from all participants.

This is how the sampling is divided;

Table 1. Distribution of Research Samples

Subdistrict	Population	Proportion Sample	Number of Respondents
Punduh Pidada	305	(305/2405) x 343	44
Padang Cermin	361	(361/2405) x 343	51
Kedondong	720	(720/2405) x 343	103
Tegineneng	827	(827/2405) x 343	118
Kota Jawa	192	(192/2405) x 343	27
Total	**2405**		**343**

Five community health centers (Puskesmas) in the Pesawaran District were visited as part of the research after a request for data collection and a research permit were submitted to the Pesawaran District Health Office. A questionnaire and a checklist were the tools employed in this investigation. An automated method was used to process the data after it was gathered. (Notoatmodjo, 2014) states that data processing via computerization encompasses editing, coding, processing, and cleansing. This study employed quantitative data analysis. This study employed univariate, bivariate, and multivariate analyses for data examination.
Risk categories were defined as follows: maternal age at risk (<20 years or >35 years), non-risk age (20–35 years); parity at risk (primipara or parity ≥4), non-risk parity (multipara parity 2–3); low education (elementary/junior/high school), high education (college/university). Ethical approval was obtained from the institutional ethics committee, and written informed consent was obtained from all participants. The questionnaire was pre-tested and demonstrated acceptable reliability (Cronbach's alpha >0.70).

RESULTS

Table 2. Analysis of Factors Causing Failure of Exclusive Breastfeeding

Variable	Category	Not Exclusive Breastfeeding	Exclusive Breastfeeding	Total	ρ value
Exclusive Breastfeeding	-	156 (45.5%)	187 (54.5%)	343	-
Age	No Risk	93 (59.6%)	87 (46.5%)	180	0,017
	High Risk	63 (40.4%)	100 (53.5%)	163	
Work	Housewife	69 (44.2%)	80 (42.8%)	170	0,003
	Working mom	87 (44.2%)	113 (60.4%)	173	
Education	High Education	64 (55.8%)	74 (39.3%)	167	0,012
	Low Education	92 (59%)	84 (44.9%)	176	
Parity	High Risk	89 (57.1%)	81 (43.3%)	170	0,013
	No Risk	67 (42.9%)	106 (56.7%)	173	
Knowledge	Not good	69 (44.2%)	55 (29.4%)	124	0,005
	good	87 (55.8%)	132 (70.6%)	219	
Attitude	Not good	83 (53.2%)	70 (37.4%)	153	0,005
	good	73 (46.8%)	117 (62.6%)	190	
Family suport	Does not support	53 (34%)	88 (47.1%)	141	0,016
	support	103 (66%)	99 (52.9%)	202	
Health Worker Support	Does not support	78 (50%)	67 (35.8%)	145	0,009
	support	78 (50%)	120 (64.2%)	198	

Risk categories were defined as follows: maternal age at risk (<20 years or >35 years), non-risk age (20–35 years); parity at risk (primipara or parity ≥4), non-risk parity (multipara parity 2–3); low education (elementary/junior/high school), high education (college/university). The questionnaire was pre-tested and demonstrated acceptable reliability (Cronbach's alpha >0.70). Every variable (age, occupation, education, parity, knowledge, attitude, family support, and health worker support) had a p value < 0.05, meaning that they were all substantially related to exclusive breastfeeding.

Odds ratios below 1 indicate lower likelihood of practicing exclusive breastfeeding in the exposed group. Thus, employed mothers and mothers with lower educational attainment were less likely to exclusively breastfeed than their comparison groups. Health worker support was excluded from the final multivariate model because it lost statistical significance after adjustment for maternal and family factors.

Every variable was incorporated into the multivariate analysis model based on the analysis's findings. Health worker support and parity were eliminated from the model following the analysis. After these variables were removed from the analysis, the following findings were obtained:

Table 3. Logistic Regression Analysis of Exclusive Breastfeeding Factors

Exclusive Breastfeeding Factors	*ρ value*	Exp(B)
Age	0.005	1.937
Work	0.006	0.521
Education	0.007	0.530
Knowledge	0.021	1.755
Attitude	0.001	2.192
Family Support	0.020	.575

Exclusive breastfeeding was substantially influenced by a number of characteristics, according to logistic regression analysis. Mothers were more likely to exclusively breastfeed if they were older (p = 0.005; OR = 1.937), knowledgeable (p = 0.021; OR = 1.755), and had a positive attitude (p = 0.001; OR = 2.192). On the other hand, the chance of exclusive breastfeeding was lowered by employment (p = 0.006; OR = 0.521) and education (p = 0.007; OR = 0.530), particularly among working women and moms with less education. A significant effect was also observed for family support (p = 0.020; OR = 0.575), suggesting that family support contributes to the success of exclusive breastfeeding. Therefore, in this model, maternal attitude is the main factor determining exclusive breastfeeding.

DISCUSSION

Investigation of Factors Contributing to Exclusive Breastfeeding Failure

A significant association was found between age and exclusive breastfeeding practices. Theoretically, age reflects psychosocial maturity, experience, and access to health information, all of which can influence breastfeeding decisions. Mothers in certain age groups (e.g., ≥35 or 25–34) are often more psychologically mature and experienced, which may increase the likelihood of exclusive breastfeeding. The literature shows variations in results by context: some studies report the highest prevalence of EBF in the middle productive age range (25–34 years) (Chen, Wang and Wang, 2023; Indrasari, Aliyanto and Trianingsih, 2024).

The strong correlation between exclusive breastfeeding and employment status highlights how employment affects breastfeeding habits. Generally speaking, if there are no supportive resources (such as lactation rooms, lactation leave, or flexible scheduling), employment may be a barrier. However, a number of recent studies conducted in Indonesia have demonstrated that

working moms can still give exclusive breastfeeding with sufficient policy and practice support (e.g., the prevalence of EBF is not always lower among working mothers provided facilities are supportive). The direction of employment's influence is thus determined by the field context (organizational culture, leave, and workplace facilities) (Umar and Puspita, 2020; Telova and Simarmata, 2023).

Education and exclusive breastfeeding have a substantial correlation. Theoretically, education tends to promote exclusive breastfeeding practices by increasing information access, pro-health attitudes, and the capacity to comprehend health messages. (Thi *et al.*, 2023) However, as highly educated moms are also more likely to work and thus have practical challenges, the link between education and EBF may differ. Proficient health literacy, in conjunction with elevated educational attainment, is typically correlated with increased rates of breastfeeding (Shi *et al.*, 2021; Mekebo *et al.*, 2022).

Parity exhibited a substantial correlation with exclusive breastfeeding in your data—mothers with non-risk parity (prior breastfeeding experience) demonstrated a greater prevalence of exclusive breastfeeding. The theoretical framework posits that prior experience imparts practical skills, enhances self-efficacy, and equips individuals with ways to navigate breastfeeding obstacles. Additional studies indicate that multiparas are typically more inclined to breastfeed than primiparas, while certain research has identified the contrary based on the level of accessible support. (Branco *et al.*, 2023)

Maternal knowledge about the benefits of breast milk and breastfeeding techniques is strongly associated with exclusive breastfeeding practices in your data (p-value is highly significant). Behavior change theories (e.g., the Health Belief Model) position knowledge as a prerequisite for healthy intentions/behaviors—the better the knowledge, the more likely a mother is to exclusively breastfeed. Recent empirical evidence also confirms knowledge as a key determinant of exclusive breastfeeding practices (Kapti, Arief and Azizah, 2023)

One of the best indicators of exclusive breastfeeding practices is attitude. According to the Theory of Planned Behavior, attitudes have a big impact on intentions and behavior, and positive attitudes reflect the ideas and motivations that underlie actions. EBF rates can be raised with the help of interventions that aim to alter attitudes (such as individual counseling or success stories from mothers). (Jalil, Chong and Yazid, 2024) Mothers who support exclusive breastfeeding concur that formula milk is unsuitable for infants and is more difficult for them to digest than breast milk, that nursing is good for both the mother and the child, and that babies can survive without water until they are six months old.(Hasan *et al.*, 2021)

There is a strong correlation between exclusive breastfeeding and family support, particularly from husbands and mothers-in-law. Emotional and practical assistance, such as assuming home responsibilities, offering encouragement, and supporting nursing, facilitates moms in sustaining exclusive breastfeeding. Mothers who don't have support from their families are more likely to stop EBF too soon, according to recent research. When a mother receives support from her husband and other family members, it can help her feel more at ease and confident when she breastfeeds her child exclusively (Umar, Ifayanti and Puspita, 2020; Kalhor *et al.*, 2025).

Increased exclusive breastfeeding in your sample was substantially correlated with support from healthcare providers (lactation counseling, early breastfeeding initiation, and mentoring). Healthcare experts are essential in delivering practical knowledge, resolving breastfeeding technique concerns, and arranging referrals as needed. The literature backs up the efficacy of lactation programs run by medical professionals in community health centers and hospitals.(Alissa and Alshareef, 2024)

The Primary Determinants

Exclusive breastfeeding practices were highly influenced by a number of maternal characteristics, according to the results of multivariate analysis. Maternal age exhibited a favorable influence ($p = 0.005$; OR = 1.937), suggesting that breastfeeding exclusively is more common among mothers in a certain age range. This result is consistent with studies showing a

strong correlation between maternal age and exclusive breastfeeding, where older mothers are more experienced and prepared to breastfeed (Lathifah, Pamungkasari and Dewi, 2020). Additionally, there was a significant correlation between maternal education (p = 0.007; OR = 0.530), suggesting that exclusive breastfeeding is also influenced by mother education. Higher educated mothers are more likely to have access to information and comprehend health recommendations that favor exclusive breastfeeding habits, which is in line with earlier research (Kalhor *et al.*, 2025).

Additionally, exclusive breastfeeding was strongly influenced by family support (p = 0.020; OR = 0.575), suggesting that moms are more likely to exclusively breastfeed when they receive social support from their families. According to research, family support—particularly from parents and partners—is crucial for promoting successful breastfeeding by providing both practical and emotional support (Kalhor *et al.*, 2025). In contrast, maternal employment exerted a detrimental effect (p = 0.006; OR = 0.521), with employed mothers demonstrating a reduced probability of practicing exclusive lactation. This is comprehensible as insufficient time and assistance in the workplace sometimes provide significant obstacles for working moms in sustaining exclusive breastfeeding. Studies demonstrating a connection between a mother's work level and exclusive breastfeeding practices showed similar results (Lathifah, Pamungkasari and Dewi, 2020)

Exclusive breastfeeding behaviors were also substantially influenced by maternal knowledge (p = 0.021; OR = 1.755). This indicates that mothers possessing substantial knowledge regarding the advantages and methods of exclusive breastfeeding are more inclined to engage in the practice, aligning with local studies that demonstrate a correlation between enhanced knowledge and improved exclusive breastfeeding practices (Kapti, Arief and Azizah, 2023; Sabo *et al.*, 2023). In this model, maternal views about breastfeeding were the most important predictor (p = 0.001; OR = 2.192), meaning that moms who had good opinions were more than twice as likely to exclusively breastfeed. Additional research indicates that favorable attitudes toward breastfeeding frequently serve as a robust predictor of effective nursing practices, since these attitudes affect women' motivation and their constancy in overcoming breastfeeding obstacles (Hasan *et al.*, 2021; Sabo *et al.*, 2023). Overall, these results show that exclusive breastfeeding habits are influenced by a combination of psychological (knowledge, attitudes, family support) and demographic (age, education, career) factors. Increasing exclusive breastfeeding coverage requires a comprehensive intervention strategy that includes education, maternal empowerment, and support from the home and workplace.

The findings highlight the importance of combining behavioral and structural interventions. Positive maternal attitudes and adequate knowledge can be improved through antenatal counseling, postpartum lactation education, and peer-support groups. For working mothers, employers should provide lactation rooms, flexible break times, and maternity protection policies. Family-centered counseling involving husbands and grandparents is also needed to strengthen household support.

This study has several limitations. The cross-sectional design does not establish causality. Self-reported responses may introduce recall bias. In addition, cultural beliefs and workplace policy variables were not directly measured. Future longitudinal studies are recommended.

CONCLUSION

Exclusive breastfeeding in Pesawaran Regency is influenced by maternal age, occupation, education, knowledge, attitude, and family support, with maternal attitude as the strongest predictor. Improving exclusive breastfeeding coverage requires integrated strategies: strengthening counseling by health workers, expanding workplace breastfeeding support, and increasing family participation in infant feeding decisions. Policymakers should prioritize breastfeeding-friendly regulations and community-based education programs in low-coverage areas.

AUTHOR'S DECLARATION

Authors' contributions and responsibilities

MYU: Supervision, Review and Editing, Validation (Final Confirmation).
PKW: Conceptualization, Writing – Original Draft Preparation.
AA: Data Collection, Investigation, Data Curation.

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Availability of data and materials

All data and supporting materials for this study are available and can be requested directly from the corresponding author.

Competing interests

The authors declare no competing interests.

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