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Factors Associated with Exclusive Breastfeeding Among Infants Aged 7–12 Months: A Cross-Sectional Study

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ABSTRACT

Background: Exclusive breastfeeding is essential for optimal infant growth and survival; however, its implementation remains inconsistent, particularly in developing countries. Several maternal and contextual factors may influence breastfeeding practices. **Objective:** This study aimed to identify and analyze factors associated with exclusive breastfeeding among infants aged 7–12 months. **Methods:** This study used a quantitative approach with an analytical observational design and a cross-sectional method. The population consisted of 68 mothers with infants aged 7–12 months in Karangsono Village, Kanigoro Subdistrict, selected using total sampling. Data were collected through a structured questionnaire and analyzed using the chi-square test and odds ratio (OR). **Results:** The findings showed that more than half of mothers did not practice exclusive breastfeeding. Maternal knowledge, education level, employment status, and early breastfeeding initiation (EBI) were significantly associated with exclusive breastfeeding ($p < 0.05$). Mothers with good knowledge were more likely to practice exclusive breastfeeding and represented the most dominant factor. Higher education and successful EBI supported exclusive breastfeeding, while maternal employment was identified as a barrier. **Conclusion:** Maternal knowledge, education, employment status, and early breastfeeding initiation are significant factors influencing exclusive breastfeeding, with knowledge as the most dominant determinant. Strengthening maternal education and supportive environments is essential to improve exclusive breastfeeding practices.

Keywords: exclusive breastfeeding; maternal knowledge; maternal education; employment status; early breastfeeding initiation

Background

Breastfeeding is widely recognized as a fundamental practice for ensuring optimal infant health and survival. Infants who are properly breastfed tend to achieve better growth and experience lower rates of illness and mortality compared to those who are not breastfed (1). Despite strong recommendations, the practice of exclusive breastfeeding has not yet been consistently implemented, particularly in developing countries, including Indonesia (2).

Globally, optimal breastfeeding practices during the first 0–23 months of life are estimated to prevent more than 820,000 deaths annually among children under five years of age (3). At the national level, the coverage of exclusive breastfeeding in Indonesia reached 71.9% in 2024. Although this reflects an improvement compared to previous years, it remains below the national target of 80% (4). Furthermore, the trend over recent years shows notable fluctuations, declining from 72.5% in 2021 to 64.3% in 2023, before rising again in 2024. The coverage of exclusive breastfeeding in Blitar District has shown a fluctuating trend over recent years. It was relatively high in 2019 (88.94%) and 2020 (87.27%), but declined significantly to 67.56% in 2021 and further dropped to 57.50% in 2022 and 57.27% in 2023. Although there was a notable increase to 74.08% in 2024, the overall pattern indicates instability in exclusive breastfeeding practices and suggests that consistent implementation remains a challenge.

The suboptimal and inconsistent implementation of exclusive breastfeeding has significant

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implications for child health outcomes (5). Inadequate breastfeeding practices increase the risk of infections, malnutrition, and preventable mortality among infants (6). Several studies have identified contributing factors to this issue, including maternal age, employment status, education level, family support, and healthcare provider support (7). Mothers with lower educational attainment may face challenges in understanding breastfeeding information, while working mothers often encounter barriers in maintaining breastfeeding practices (8). Evidence from global studies such as those by Cesar Victora and Nigel Rollins highlights that social and structural determinants play a major role in shaping breastfeeding behavior (9).

Given these challenges, it is crucial to identify and analyze the factors that influence exclusive breastfeeding practices at the local level. Preliminary findings from Karangsono Village indicate that only 5 out of 10 mothers practice exclusive breastfeeding, with barriers including limited maternity leave, low educational levels, and maternal characteristics such as young age and giving birth to a first child. Therefore, further research is needed to better understand these determining factors and develop targeted interventions to increase the coverage of exclusive breastfeeding and support optimal infant health outcomes.

Research Objectives

To identify and analyze factors associated with exclusive breastfeeding among infants aged 7–12 months in a cross-sectional study.

Hypothesis

H_1: There are significant factors associated with exclusive breastfeeding among infants aged 7–12 months.
H_0: There are no factors associated with exclusive breastfeeding among infants aged 7–12 months.

Methods

This study employs a quantitative method. The research design used in this study is an analytical observational study with a cross-sectional approach. A cross-sectional study is a research design that involves simultaneous measurement and observation. The dependent variable in this study is exclusive breastfeeding among infants aged 7–12 months. The independent variables include maternal knowledge, maternal education, maternal employment status, and early breastfeeding initiation (EBI). In addition, maternal age and parity are considered as control variables that may influence the relationship between the independent variables and exclusive breastfeeding practices.

The population in this study consists of mothers with infants aged 7–12 months in Karangsono Village, Kanigoro Subdistrict, totaling 68 respondents. The sample consists of the objects under study and is considered representative of the entire population. In the sampling process, total sampling was used so that the sample would represent the population as closely as possible, consisting of 68 respondents. The data collection technique used in this study was a questionnaire. This study was conducted in August–September 2025.

A validity test was used to determine whether the instrument used was valid. The instrument is considered valid if the calculated r value is greater than the table r value. The questionnaire was adapted from a previous study (10) and then subjected to a validity test. This test was conducted in Mandirancan Village with 20 mothers of infants aged 7–12 months. The results of the questionnaire validity test showed that the table r value was 0.444. The instrument's reliability was tested using Cronbach's Alpha formula, with the requirement that the Cronbach's Alpha value must be greater than 0.6. After conducting the questionnaire reliability test, the result for the mothers' knowledge level was 0.782.

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Results

Characteristics of mothers of toddlers by age and parity in Karangsono Village, Kanigoro District

Table 1 Frequency Distribution of Maternal Characteristics by Age and Parity

Characteristics	Frequency (f)	Percentage (%)
Age		
< 20 years	2	2.9
20–35 years	55	80.9
> 35 years	11	16.2
Parity		
Primiparous	22	32.4
Multiparous	46	67.6
Breastfeeding Status		
Exclusive breastfeeding	31	45.6
Non-exclusive breastfeeding	37	54.4
Total	68	100

Based on Table 1, the majority of respondents were in the reproductive age group of 20–35 years (80.9%), followed by those aged >35 years (16.2%), and <20 years (2.9%). In terms of parity, most mothers were multiparous (67.6%), while 32.4% were primiparous, and none were grand multiparous. Regarding exclusive breastfeeding practices, more than half of the respondents did not provide exclusive breastfeeding (54.4%), while 45.6% of mothers practiced exclusive breastfeeding. These findings indicate that although most mothers are within the optimal reproductive age and have prior childbirth experience, the coverage of exclusive breastfeeding remains relatively low.

Table 2. Frequency Distribution of Breastfeeding Factors Based on Education, Occupation, Immediate Skin-to-Skin Contact, and Maternal Knowledge

Factors	Frequency (f)	Percentage (%)
Maternal Knowledge		
Good	40	58.8
Moderate	28	41.2
Maternal Education		
High	48	70.6
Low	20	29.4
Employment Status		
Not working	33	48.5
Working	35	51.5
Early Breastfeeding Initiation (EBI/IMD)		
Successful	12	17.6
Unsuccessful	56	82.4
Total	68	100

Based on Table 2, more than half of the respondents had good maternal knowledge (58.8%), while 41.2% had moderate knowledge. In terms of education, the majority of mothers had a high level of education (70.6%), whereas 29.4% had a low level of education. Regarding employment status, slightly more than half of the mothers were working (51.5%), while 48.5% were not working. In addition, most

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respondents did not successfully practice early breastfeeding initiation (82.4%), with only 17.6% reporting successful implementation. These findings indicate that although maternal knowledge and education levels are relatively high, the practice of early breastfeeding initiation remains low, which may influence the success of exclusive breastfeeding.

Table 3. Association Between Independent Variables and Exclusive Breastfeeding

Variables	Category	Exclusive Breastfeeding (Yes) n (%)	Exclusive Breastfeeding (No) n (%)	Total (n, %)	p-value	OR
Maternal Knowledge	Good	28 (90.3)	12 (32.4)	40 (58.8)	0.000	19.44
	Moderate	3 (9.7)	25 (67.6)	28 (41.2)		
Maternal Education	High	27 (87.1)	21 (56.8)	48 (70.6)	0.006	5.14
	Low	4 (12.9)	16 (43.2)	20 (29.4)		
Employment Status	Not working	23 (74.2)	10 (27.0)	33 (48.5)	0.000	7.76
	Working	8 (25.8)	27 (73.0)	35 (51.5)		
Early Breastfeeding Initiation (EBI/IMD)	Successful	10 (32.3)	2 (5.4)	12 (17.6)	0.004	8.33
	Unsuccessful	21 (67.7)	35 (94.6)	56 (82.4)		
Total		31 (100)	37 (100)	68 (100)		

Based on Table 3, maternal knowledge, education, employment status, and early breastfeeding initiation (EBI/IMD) were significantly associated with exclusive breastfeeding among infants aged 7–12 months. Mothers with good knowledge had a substantially higher proportion of exclusive breastfeeding (90.3%) compared to those with moderate knowledge (9.7%), with a strong statistical significance ($p < 0.001$; OR = 19.44). Similarly, mothers with higher education levels were more likely to practice exclusive breastfeeding (87.1%) than those with lower education (12.9%) ($p = 0.006$; OR = 5.14).

In terms of employment status, non-working mothers showed a higher proportion of exclusive breastfeeding (74.2%) compared to working mothers (25.8%), indicating a significant association ($p < 0.001$; OR = 7.76). Furthermore, early breastfeeding initiation was also significantly related to exclusive breastfeeding, as mothers who successfully practiced EBI had a higher proportion of exclusive breastfeeding (32.3%) compared to those who did not (67.7%) ($p = 0.004$; OR = 8.33). Overall, these findings suggest that maternal knowledge is the most dominant factor influencing exclusive breastfeeding, followed by employment status, early breastfeeding initiation, and education.

Discussion

The results of this study indicate that exclusive breastfeeding coverage in Kedunguter Village remains relatively low, with more than half of mothers (54.4%) not practicing exclusive breastfeeding . This finding reflects ongoing challenges in achieving optimal breastfeeding practices, despite the well-established benefits of exclusive breastfeeding for infant health and development. Several factors were identified as significantly associated with exclusive breastfeeding, including maternal knowledge, education, employment status, and early breastfeeding initiation (EBI/IMD).

Maternal knowledge was found to be the most dominant factor influencing exclusive breastfeeding. Mothers with good knowledge were significantly more likely to practice exclusive breastfeeding compared to those with moderate knowledge ($p = 0.000$; OR = 19.444). This suggests that knowledge plays a crucial role in shaping maternal behavior. Adequate understanding of breastfeeding enables mothers to make informed decisions and maintain appropriate feeding practices (11). Mothers who actively seek information from healthcare providers, media, and community services tend to have better awareness and confidence in breastfeeding (12). Previous research also shows that maternal knowledge is significantly related to the success of exclusive breastfeeding, mothers with higher levels of knowledge having a greater likelihood of exclusive breastfeeding than those with lower levels. Furthermore,

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breastfeeding education and counseling have been shown to increase maternal motivation to maintain exclusive breastfeeding practices (13).

Maternal education was also significantly associated with exclusive breastfeeding ($p < 0.05$; OR = 5.143) . Higher education levels may enhance a mother's ability to process health-related information and adopt positive health behaviors (14). Educated mothers are more likely to understand the importance of exclusive breastfeeding and resist misleading influences, such as formula milk promotion (15). This finding supports the notion that education contributes to improved health literacy and decision-making capacity.

Employment status was another important factor affecting breastfeeding practices. Working mothers were less likely to provide exclusive breastfeeding compared to non-working mothers ($p = 0.000$; OR = 7.763). However, employment itself should not be considered an absolute barrier to exclusive breastfeeding, as its impact largely depends on the nature of the mother's occupation, work schedule flexibility, and the availability of breastfeeding support in the workplace. Mothers working in occupations with flexible hours, remote working arrangements, or supportive breastfeeding policies may be able to maintain exclusive breastfeeding successfully. In contrast, mothers employed in jobs with long working hours, shift schedules, or limited opportunities for breastfeeding or milk expression may face greater challenges. Furthermore, advances in breastfeeding technology, including electric breast pumps, portable wearable breast pumps, breast milk storage bags, and improved cold-chain storage systems, have enabled many working mothers to continue providing expressed breast milk to their infants. Therefore, strengthening workplace support through adequate maternity leave, lactation rooms, flexible break times, and organizational policies that promote breastfeeding is essential to help working mothers achieve exclusive breastfeeding recommendations despite their employment responsibilities (16).

In addition, early breastfeeding initiation (EBI/IMD) showed a significant association with exclusive breastfeeding ($p = 0.004$; OR = 8.333). Mothers who successfully practiced EBI were more likely to continue exclusive breastfeeding (17). EBI facilitates early mother–infant skin-to-skin contact, promotes maternal–infant bonding, and stimulates the release of oxytocin and prolactin, thereby enhancing breast milk production and successful lactation (18). It should be noted, however, that EBI is not recommended in certain medical conditions, such as when the mother is living with HIV in settings where replacement feeding meets the Acceptable, Feasible, Affordable, Sustainable, and Safe (AFASS) criteria or according to national guidelines. In the present study, none of the respondents had HIV infection or other documented medical contraindications to breastfeeding or EBI. Therefore, the observed association reflects mothers who were clinically eligible to perform EBI. Despite this, a considerable proportion of mothers did not successfully practice EBI, which may be attributed to limited maternal knowledge, inadequate support from healthcare providers, and cultural practices that delay breastfeeding immediately after birth (19).

These findings are consistent with previous global evidence emphasizing the importance of maternal knowledge and education in promoting exclusive breastfeeding. The present findings are consistent with research., who reported that improved maternal knowledge and access to accurate health information significantly increase the likelihood of exclusive breastfeeding (20). The study highlights that informed mothers are more capable of resisting external influences, such as formula marketing and cultural misconceptions, and are more likely to adhere to recommended breastfeeding guidelines. In the era of digital transformation, communication technologies have become increasingly important in improving maternal knowledge and breastfeeding practices. Social media platforms, mobile health (mHealth) applications, telehealth services, and online parenting communities provide mothers with timely access to evidence-based breastfeeding information, professional counselling, and peer support. When supported by reliable healthcare providers, these digital communication tools can strengthen maternal confidence, facilitate informed decision-making, and improve adherence to exclusive breastfeeding recommendations.

In addition, the influence of employment status and early breastfeeding initiation identified in this study aligns with findings from research, which emphasize that structural and environmental factors play a significant role in breastfeeding success(7). Previous studies have shown that working mothers often face barriers, including inadequate maternity leave policies and limited workplace support, which may reduce exclusive breastfeeding rates. However, the impact of employment depends on the type of occupation. Mothers with flexible work arrangements or supportive workplace policies are more likely to

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maintain exclusive breastfeeding by expressing and storing breast milk, whereas those working in shift-based or labor-intensive jobs experience greater challenges. These findings suggest that workplace conditions, rather than employment itself, are the main determinants of successful exclusive breastfeeding. Moreover, early breastfeeding initiation has been consistently associated with sustained breastfeeding practices, as it promotes hormonal stimulation, strengthens mother–infant bonding, and increases maternal confidence. These findings suggest that beyond individual factors, broader social and health system support are essential to improve exclusive breastfeeding coverage.

Overall, these findings demonstrate that both individual and contextual factors influence exclusive breastfeeding practices. Among all variables, maternal knowledge emerged as the most influential factor. Therefore, interventions aimed at improving exclusive breastfeeding should prioritize health education, strengthen support from healthcare providers, and create enabling environments, particularly for working mothers. Enhancing awareness and addressing practical barriers are essential to improve exclusive breastfeeding coverage and ultimately support better child health outcomes.

Conclusions and Recommendations

This study demonstrated that maternal knowledge, education level, employment status, and early breastfeeding initiation (EBI) were significantly associated with exclusive breastfeeding among infants aged 7–12 months. Maternal knowledge emerged as the most influential factor, indicating that mothers with better knowledge were substantially more likely to practice exclusive breastfeeding. In addition, higher educational attainment, successful EBI, and supportive employment conditions contributed to improved breastfeeding practices. These findings suggest that improving exclusive breastfeeding coverage requires not only increasing maternal knowledge but also strengthening family, workplace, and healthcare system support to address barriers experienced by breastfeeding mothers.

Health promotion programs should prioritize improving maternal knowledge through evidence-based breastfeeding education delivered during antenatal and postnatal care. In the era of digital transformation, these programs should also utilize digital communication platforms, including mobile health applications, telehealth services, and social media, to expand access to accurate breastfeeding information and professional support. In addition, employers and policymakers should strengthen breastfeeding-friendly workplace policies by providing adequate maternity leave, lactation rooms, flexible break times, and facilities for breast milk expression and storage. Future studies are recommended to include larger and more diverse populations, employ longitudinal or prospective study designs, and examine additional factors such as family support, workplace policies, digital health interventions, and cultural influences to better understand determinants of exclusive breastfeeding.

Ethical Consideration and Competing Interest

Regarding research ethics, informed consent was obtained from the subjects prior to data collection and the administration of the intervention. Patient confidentiality and privacy were maintained by ensuring that personal identities were not disclosed in the report. There are no conflicts of interest regarding this publication.

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