

## Factors affecting mother's planning in exclusive breastfeeding

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### ABSTRACT

Exclusive breastfeeding, which means the baby is only given breast milk without any other food or drink for the first six months, contains all the nutrients the baby needs and immune substances that help boost their immune system. This study examines mothers' plans for exclusive breastfeeding and the factors that influence them. This study uses a retrospective cohort design. The research instrument used secondary data. Analysis use Chi Square test. It is known that primigravida and multigravida mothers tend to have plans for exclusive breastfeeding after being provided with 7 days of support. From the statistical test results, a p-value of 0.157 was obtained, concluding that gravida does not have an influence on the mother's plan for exclusive breastfeeding. Mothers without experience and those with experience in exclusive breastfeeding tend to have plans for exclusive breastfeeding after 7 days of support. From the statistical test results, a p-value of 0.570 was obtained, concluding that maternal experience does not influence the mother's plan for exclusive breastfeeding. Mothers with both negative and positive attitudes tend to have plans for exclusive breastfeeding. From the statistical test results, a p-value of 0.031 was obtained, concluding that the mother's attitude has an influence on the mother's plan for exclusive breastfeeding with an RR of 6.333. It is concluded that gravida, maternal experience does not have an influence on the mother's plan for exclusive breastfeeding, whereas the mother's attitude does have an influence on the mother's plan for exclusive breastfeeding.

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## INTRODUCTION

One of the best ways to maintain the health and development of a baby in the early stages of life is by giving them exclusive breastfeeding (Ahmed et al., 2023; Ani et al., 2020; Gebeyehu et al., 2023; Sultana et al., 2022). Exclusive breastfeeding, which means the baby is only given breast milk without any other food or drink for the first six months, contains all the nutrients the baby needs and immune substances that help boost their immune system (Kronborg & Foverskov, 2020; Maastrup et al., 2021). Although the benefits are clear, the implementation of exclusive

breastfeeding often faces many challenges (Agyekum et al., 2022; Mäkelä et al., 2023; Yadollahi et al., 2024).

Based on the Indonesian Health Profile data for 2023, it is known that the national achievement of exclusive breastfeeding is 63.9%, while in Central Kalimantan it is 54.6% (Kemenkes, 2024). From this data, it is evident that the achievement of exclusive breastfeeding in Central Kalimantan is still below the national achievement. According to the 2023 Indonesian Health Survey data, the provision of breast milk within 24 hours of birth reaches 79%, while exclusive breastfeeding at 6 months of age reaches 54.4% (BKPK, 2023). From this data, it appears that exclusive breastfeeding decreases when the baby is already home.

Exclusive breastfeeding programs for mothers are crucial for their success. In situations like this, mothers' plans must include strong knowledge, attitudes, and beliefs about exclusive breastfeeding, as well as social support and sufficient access to information (Alissa & Alshareef, 2024; Ho et al., 2024). According to several studies, mothers who have clear plans and support from their surroundings are more likely to successfully provide exclusive breastfeeding. The exclusive breastfeeding program for mothers is very important for its success. The pregnant mother's plan to exclusively breastfeed is very important to achieve the success of exclusive breastfeeding. (Alissa & Alshareef, 2024; Ho et al., 2024). According to several studies, mothers who have a clear plan and support from their surroundings are more likely to successfully provide exclusive breastfeeding. Previous research examined knowledge and attitudes (Sultana et al., 2022). Another study mentions the factors of longer maternity leave and self-efficacy that can increase exclusive breastfeeding (Lynn & Chuemchit, 2024; Pem et al., 2024; Yadollahi et al., 2024). Another study mentions that certain regions have diverse socio-economic, religious, cultural, and geographical conditions (Idris & Astari, 2023). This research differs from previous research designs. Previous research has never discussed the independent factors such as gravida, experience of exclusive breastfeeding and the mother's attitude present in this study.

This study examines mothers' plans for exclusive breastfeeding and the factors that influence them. By understanding these dynamics, it is hoped that beneficial recommendations can be made to develop more efficient intervention programs and raise public awareness about the importance of exclusive breastfeeding for infant health. This research is expected to contribute to community efforts to improve exclusive breastfeeding practices for the health of future generations

## RESEARCH METHOD

This study uses an analytical research type with a retrospective cohort design. The research instrument used secondary data in the form of student practice reports with the target of assisting clients and families of third-trimester pregnant women. The sample used consisted of 46 third-trimester pregnant women who were clients of student assistance. During the practice, on the first day, mothers were asked about their gravida data, experience with exclusive breastfeeding, and their attitudes towards exclusive breastfeeding. On the 7th day, mothers were asked about their plans for exclusive breastfeeding. Data is processed using a computer. Univariate analysis using frequency distribution followed by bivariate analysis using the Chi Square test.

## RESULTS AND DISCUSSIONS

The research results obtained are:

**Table 1.** Frequency distribution of variables: gravida, experience of exclusive breastfeeding, mother's attitude towards exclusive breastfeeding, mother's plan to provide exclusive breastfeeding

Variable	n	%
Gravida		
Primigravida	18	39,1
Multigravida	28	60,9

Variable	n	%
Experience of Exclusive Breastfeeding		
No experience	41	89,1
Have experience	5	10,9
Mother's Attitude towards Exclusive Breastfeeding		
Negative	27	58,7
Positive	19	41,3
Mother's Plan to Provide Exclusive Breastfeeding		
No plan	10	21,7
Have Plan	36	78,3
Total	46	100

From the table above, it is known that the majority of multigravida mothers, at 60.9%, do not have experience in exclusive breastfeeding at 89.1%, have a negative attitude towards exclusive breastfeeding at 58.7%, and have plans to provide exclusive breastfeeding at 78.3%.

From the data, it is known that before the assistance was provided by students to clients and families, the data showed that the majority of multigravida mothers had no experience in exclusive breastfeeding and the majority had negative attitudes towards exclusive breastfeeding. After a 7-day mentoring period, the majority of mothers successfully developed a plan for exclusive breastfeeding. From this data, it can be concluded that although the mothers had less supportive factors for exclusive breastfeeding, the 7-day mentoring led to the mothers having a plan to provide exclusive breastfeeding.

**Table 2.** Cross tabulation

Variable	Mother's Plan to Provide Exclusive Breastfeeding				n	%	p Value	RR
	No Plan		Have Plan					
	n	%	n	%				
Gravida								
Primigravida	6	33,3	12	66,7	18	100	0,157	-
Multigravida	4	14,3	24	85,7	28	100		
Experience of Exclusive Breastfeeding								
No experience	10	24,4	31	75,6	41	100	0,570	-
Have experience	0	0	5	100	5	100		
Mother's Attitude towards Exclusive Breastfeeding								
Negative	9	33,3	18	66,7	27	100	0,031	6,333
Positive	1	5,3	18	94,7	19	100		

From Table 1.2 it is known that primigravida and multigravida mothers tend to have plans for exclusive breastfeeding after being provided with 7 days of support. From the statistical test results, a p-value of 0.157 was obtained, concluding that gravida does not have an influence on the mother's plan for exclusive breastfeeding. The results of this study are consistent with previous research that the number of pregnancies is not related to the provision of exclusive breastfeeding (Firouzbakht et al., 2021; Thuy Doan et al., 2023) In this study, although the majority of mothers were multigravida, with the support of clients and families for 7 days, they were able to make a plan to exclusively breastfeed. Educational interventions targeting the mothers might effectively be better explored to help the caregivers make better and healthier feeding choices for the children (Chen et al., 2024; Mohammed et al., 2023).

Mothers without experience and those with experience in exclusive breastfeeding tend to have plans for exclusive breastfeeding after 7 days of support. From the statistical test results, a p-value of 0.570 was obtained, concluding that maternal experience does not influence the mother's plan for exclusive breastfeeding. With support for clients and families, even if the mother does not have experience with exclusive breastfeeding, it can encourage her to plan for exclusive breastfeeding, in line with research that states the training increased their knowledge about breastfeeding (Charantimath et al., 2023; Nanthakomon et al., 2023; Shanmugam et al., 2024)

Mothers with both negative and positive attitudes tend to have plans for exclusive breastfeeding. From the statistical test results, a p-value of 0.031 was obtained, concluding that the mother's attitude has an influence on the mother's plan for exclusive breastfeeding. This research is in line with previous studies that state that maternal attitudes are related to exclusive breastfeeding (Gizaw et al., 2023; Sabo et al., 2023).

## CONCLUSION

It is concluded that gravida, maternal experience does not have an influence on the mother's plan for exclusive breastfeeding, whereas the mother's attitude does have an influence on the mother's plan for exclusive breastfeeding with an RR of 6.333, This means that mothers who have a negative attitude regarding exclusive breastfeeding have a 6.33 times higher risk of not planning to provide exclusive breastfeeding. The author's recommendation for mothers to have a positive attitude is to provide education and support to provide exclusive breastfeeding since pregnancy. This research has limitations in the number of samples; therefore, the author suggests that further research can enlarge the sample.

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## References

- Agyekum, M. W., Codjoe, S. N. A., Dake, F. A. A., & Abu, M. (2022). Enablers and inhibitors of exclusive breastfeeding: perspectives from mothers and health workers in Accra, Ghana. *International Breastfeeding Journal*, 17(1). <https://doi.org/10.1186/s13006-022-00462-z>
- Ahmed, S. O. M., Hamid, H. I. A., Jothi Shanmugam, A., Tia, M. M. G., & Alnassry, S. M. A. (2023). Impact of exclusive breastfeeding on physical growth. *Clinical Nutrition Open Science*, 49, 101-106. <https://doi.org/10.1016/j.nutos.2023.04.008>
- Alissa, N., & Alshareef, M. (2024). Factors Influencing Exclusive Breastfeeding in Saudi Arabia. *Healthcare (Switzerland)*, 12(6). <https://doi.org/10.3390/healthcare12060639>
- Ani, M., Bahiyatun, & Kuswanto. (2020). The Effect of Breastfeeding Counseling Training on the Level of Knowledge and Skills of Breastfeeding Cadres. *Jurnal Darul Azhar*, 8(1), 67-73. [https://repository.poltekkes-smg.ac.id//index.php?p=show\\_detail&id=23581](https://repository.poltekkes-smg.ac.id//index.php?p=show_detail&id=23581)
- BKPK. (2023). *Survei Kesehatan Indonesia (SKI) 2023*.
- Charantimath, U. S., Bellad, R. M., Mahantashetti, N., Karadiguddi, C. C., Mungarwadi, G. M., Kelly, P. J., Ma, T., Goudar, S. S., & Derman, R. J. (2023). Experiences of peer counsellors in supporting exclusive breastfeeding in southern India: An exploratory qualitative study. *BJOG: An International Journal of Obstetrics and Gynaecology*, 130(S3), 107-112. <https://doi.org/10.1111/1471-0528.17615>
- Chen, Z., Sharma, S., Chen, S., Kim, R., Subramanian, S. V., & Li, Z. (2024). Prevalence, trend, and inequality of prolonged exclusive breastfeeding among children aged 6-23 months old in India from 1992-2021: A cross-sectional study of nationally representative, individual-level data. *Journal of Global Health*, 14. <https://doi.org/10.7189/JOGH.14.04026>
- Firouzbakht, S., Hayati, R., Mirzaei, K., Firouzbakht, M., & Professor, A. (2021). The frequency and factors affecting exclusive breastfeeding: A cross-sectional study in southern Iran Frequency and factors affecting exclusive breastfeeding/Saeedeh Firouzbakht, et al. *Caspian Journal of Pediatrics*, 7(2), 576-583. <https://doi.org/10.22088/CJP.BUMS.7.2.576>
- Gebeyehu, N. A., Tegegne, K. D., Shewangashaw, N. E., Biset, G., Abebaw, N., & Tilahun, L. (2023). Knowledge, attitude, practice and determinants of exclusive breastfeeding among women in Ethiopia: Systematic review and meta-analysis. *Public Health in Practice*, 5. <https://doi.org/10.1016/j.puhip.2023.100373>
- Gizaw, A. T., Sopory, P., & Sudhakar, M. (2023). Determinants of knowledge, attitude and self-efficacy towards complementary feeding among rural mothers: Baseline data of a cluster-randomized control

- trial in South West Ethiopia. *PLoS ONE*, 18(11 November). <https://doi.org/10.1371/journal.pone.0293267>
- Ho, H. M. Y., Fan, H. S. L., Hu, G. H., Nagesh, N., Ip, H. L., Leung, E. T. Y., Choi, E. P. H., & Lok, K. Y. W. (2024). Effectiveness of layperson-based interventions in promoting exclusive breastfeeding: A systematic review and meta-analysis. *International Journal of Nursing Studies*, 104894. <https://doi.org/10.1016/j.ijnurstu.2024.104894>
- Idris, H., & Astari, D. W. (2023). The practice of exclusive breastfeeding by region in Indonesia. *Public Health*, 217, 181-189. <https://doi.org/10.1016/J.PUHE.2023.02.002>
- Kemkes. (2024). *Profil Kesehatan Indonesia 2023*. <https://www.kemkes.go.id/id/profil-kesehatan-indonesia-2023>
- Kronborg, H., & Foverskov, E. (2020). Multifactorial influence on duration of exclusive breastfeeding; a Danish cohort study. *PLoS ONE*, 15(9 September), 1-15. <https://doi.org/10.1371/journal.pone.0238363>
- Lynn, Z., & Chuemchit, M. (2024). Determinants of prenatal breastfeeding knowledge, attitudes and self-efficacy among Burmese migrant pregnant mothers in Samut Sakhon Province, Thailand: a cross-sectional study. *BMJ Open*, 14(7). <https://doi.org/10.1136/bmjopen-2024-084609>
- Maastrup, R., Rom, A. L., Walloe, S., Sandfeld, H. B., & Kronborg, H. (2021). Improved exclusive breastfeeding rates in preterm infants after a neonatal nurse training program focusing on six breastfeeding-supportive clinical practices. *PLoS ONE*, 16(2 February). <https://doi.org/10.1371/journal.pone.0245273>
- Mäkelä, H., Axelin, A., Kolari, T., & Niela-Vilén, H. (2023). Exclusive breastfeeding, breastfeeding problems, and maternal breastfeeding attitudes before and after the baby-friendly hospital initiative: A quasi-experimental study. *Sexual and Reproductive Healthcare*, 35. <https://doi.org/10.1016/j.srhc.2022.100806>
- Mohammed, S., Yakubu, I., Fuseini, A. G., Abdulai, A. M., & Yakubu, Y. H. (2023). Systematic review and meta-analysis of the prevalence and determinants of exclusive breastfeeding in the first six months of life in Ghana. *BMC Public Health*, 23(1). <https://doi.org/10.1186/s12889-023-15758-w>
- Nanthakomon, T., Nukaw, S., & Kositamongkol, S. (2023). Exclusive Breastfeeding in Health Personnel: Incidence and Barriers. *Children*, 10(8). <https://doi.org/10.3390/children10081424>
- Pem, D., Zam, T., Wangmo, S., Zangmo, G., Sakurai, S., Ueki, J., & Wakabayashi, R. (2024). A multicentre survey to assess exclusive breastfeeding practices in Bhutan. *Clinical Epidemiology and Global Health*, 29. <https://doi.org/10.1016/j.cegh.2024.101744>
- Sabo, A., Abba, J., Sunusi Usman, U., Musa Saulawa, I., Alzoubi, M. M., Al-Mugheed, K., Alsenany, S. A., & Farghaly Abdelallem, S. M. (2023). Knowledge, attitude, and practice of exclusive breastfeeding among mothers of childbearing age. *Frontiers in Public Health*, 11. <https://doi.org/10.3389/fpubh.2023.1277813>
- Shanmugam, J., Kumar, M., Jayaraj, N. P., & Rajan, P. (2024). Maternal Experiences during Pregnancy, Delivery, and Breastfeeding Practices: A Community-based Analytical Cross-sectional Study. *Indian Journal of Community Medicine*, 49(3), 532-538. [https://doi.org/10.4103/ijcm.ijcm\\_636\\_22](https://doi.org/10.4103/ijcm.ijcm_636_22)
- Sultana, M., Dhar, S., Hasan, T., Shill, L. C., Purba, N. H., Chowdhury, A. I., & Shuvo, S. Das. (2022). Knowledge, attitudes, and predictors of exclusive breastfeeding practice among lactating mothers in Noakhali, Bangladesh. *Heliyon*, 8(10). <https://doi.org/10.1016/j.heliyon.2022.e11069>
- Thuy Doan, D. T., Binns, C., Lee, A., Zhao, Y., Pham, M. N., Phuong Dinh, H. T., Nguyen, C. C., & Thu Bui, H. T. (2023). Factors associated with intention to breastfeed in Vietnamese mothers: A cross-sectional study. *PLoS ONE*, 18(12 December). <https://doi.org/10.1371/journal.pone.0279691>
- Yadollahi, P., Padashian, F., & Doostfateme, M. (2024). Five-factor model personality traits, exclusive breastfeeding, and self-efficacy: a mediational analysis. *BMC Pregnancy and Childbirth*, 24(1). <https://doi.org/10.1186/s12884-024-06494-z>