



## Analysis of Inhibiting and Promoting Factors of Exclusive Breastfeeding in Breastfeeding Mothers at Bongo Nol Community Health Center

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**Abstract.** Exclusive breastfeeding for the first six months of life is crucial for infant growth and immunity. This study aims to analyze the inhibiting and promoting factors of exclusive breastfeeding among breastfeeding mothers in the Bongo Nol Community Health Center (Puskesmas Bongo Nol), Boalemo Regency. The study used a descriptive-analytical observational design with a cross-sectional approach to 24 breastfeeding mothers, selected using total sampling. Data were collected through structured questionnaires and direct interviews, then analyzed descriptively and analytically using the Chi-square test. The results showed that 58.3 % of mothers exclusively breastfed. Significant inhibiting factors included the perception of insufficient breast milk ( $p = 0.003$ ) and cultural/mythical influences ( $p = 0.008$ ). Significantly influencing promoting factors included maternal knowledge about breastfeeding ( $p = 0.018$ ) and husband's support ( $p = 0.004$ ). This study confirms that the success of exclusive breastfeeding is influenced by a complex interaction between individual, social, and cultural factors. Appropriate education, family support, and an approach that takes local conditions into account are key to increasing the coverage of exclusive breastfeeding.

**Keywords:** Breastfeeding Mothers; Exclusive Breastfeeding; Inhibiting Factors; Maternal Knowledge; Promoting Factors.

### 1. INTRODUCTION

Breast milk (ASI) is the best food for babies from birth to six months of age . Breast milk contains complete and balanced nutrition according to the needs of infant growth and development. Breast milk also contains antibodies that play a vital role in boosting the baby's immune system. Exclusive breastfeeding during the first six months of life is a crucial effort to reduce infant morbidity and mortality (Khotimah et al., 2024) . The benefits of exclusive breastfeeding are not only felt by the infant but also have a positive impact on the mother's health. This condition demonstrates that exclusive breastfeeding plays a strategic role in public health development (Hanifa et al., 2024) .

Exclusive breastfeeding is defined as giving a baby only breast milk without any additional food or drink, including water, for the first six months of life. This practice is recommended because a baby's digestive system at that age is not yet ready to accept additional food. Giving food other than breast milk before six months of age can increase the risk of digestive disorders and infections. Breast milk also has a composition that is easily digested and adapted to the needs of babies at each stage of development. Exclusive breastfeeding is an important foundation for optimal infant growth and development (Tomas et al., 2025) .

Although the benefits of exclusive breastfeeding are widely known, the coverage of exclusive breastfeeding in the community is still suboptimal. Many breastfeeding mothers are unable to provide exclusive breastfeeding for up to six months. This condition is influenced by

various interrelated factors (Oktaviyana et al., 2022) . Some mothers face physical and psychological obstacles in the breastfeeding process. Environmental factors and social support also play a role in the success of exclusive breastfeeding. This situation indicates that the practice of exclusive breastfeeding is influenced not only by knowledge but also by social and cultural conditions. (Bali et al., 2025) .

Breastfeeding mothers often face various obstacles in providing exclusive breastfeeding. These obstacles can stem from both internal and external factors. Internal factors include maternal health, fatigue, perceived insufficient milk production, and lack of self-confidence. External factors include family influences, the social environment, and prevailing societal customs. Some mothers experience pressure to introduce complementary foods to their babies earlier. These obstacles can reduce the success of exclusive breastfeeding (Sasi et al., 2022) .

In addition to inhibiting factors, there are also enabling factors that contribute to the success of exclusive breastfeeding. These factors include maternal knowledge about the benefits of breastfeeding, personal motivation, and support from family and healthcare professionals (Febrianti et al., 2024) . Support from husbands and other family members plays a crucial role in sustaining breastfeeding. Healthcare professionals also play a role in providing information and support to breastfeeding mothers. A supportive breastfeeding environment can boost maternal self-confidence. These factors contribute to the success of exclusive breastfeeding (Riana et al., 2024) .

Primary health care plays a strategic role in supporting exclusive breastfeeding programs. Community health centers (Puskesmas), as first-level health care facilities, are the primary venue for maternal and child health promotion and education. Health workers at Puskesmas provide counseling and education on the importance of exclusive breastfeeding. This education aims to increase knowledge and awareness among breastfeeding mothers. However, the effectiveness of this education is greatly influenced by the mother's condition and background. Therefore, understanding the factors that inhibit and promote exclusive breastfeeding is crucial in health care (Salihi et al., 2025) .

The Bongo Nol Community Health Center (Puskesmas) in Boalemo Regency is home to diverse social, cultural, and economic communities. Exclusive breastfeeding practices in this area are influenced by prevailing community practices. Some mothers still believe myths related to breastfeeding and supplementary feeding. Furthermore, parental and extended family influence is often a factor in breastfeeding decisions. This demonstrates the variation in

exclusive breastfeeding practices within the community. Understanding local conditions is crucial for increasing exclusive breastfeeding coverage (Warsiti et al., 2020) .

The obstacles faced by breastfeeding mothers in the Bongo Nol Community Health Center (Puskesmas) work area may differ from those in other areas. Cultural factors and local customs play a role in shaping breastfeeding behavior. Some mothers may struggle to manage breastfeeding time due to work or household demands. On the other hand, family and community support can be a strong motivating factor. These differences in conditions indicate the need for an in-depth analysis of the factors influencing exclusive breastfeeding practices. Such an analysis can help health workers understand the challenges faced by breastfeeding mothers (Rumpiati, 2022) .

Understanding the factors that inhibit and promote exclusive breastfeeding is crucial for planning health programs. Exclusive breastfeeding promotion programs need to be tailored to local conditions and community needs. Information obtained from the analysis can be used to develop more targeted intervention strategies (Rahmi & Agustina, 2024) . Approaches that consider cultural and social factors tend to be more effective. Furthermore, the involvement of families and community leaders can strengthen health messages. This demonstrates that analyzing factors that promote exclusive breastfeeding has practical value in health care (Amandaria & Wahda, 2025) .

Research into factors that inhibit and promote exclusive breastfeeding also has scientific contributions. The results can enrich studies on breastfeeding behavior at the community level. The data obtained can be used for comparison with other regions. This information can assist in the development of maternal and child health policies and programs. This research can also serve as a basis for further research related to exclusive breastfeeding. Thus, research provides broad benefits to various parties (Asmarasari & Astuti, 2013) .

Based on this description, research on the analysis of factors inhibiting and promoting exclusive breastfeeding among breastfeeding mothers at the Bongo Nol Community Health Center, Boalemo Regency, is necessary. This study aims to identify factors that inhibit and support exclusive breastfeeding. The results are expected to provide a clear picture of the state of exclusive breastfeeding practices in the region. The information obtained can be used as a basis for planning and implementing exclusive breastfeeding promotion programs. Efforts to increase exclusive breastfeeding coverage can be carried out in a more targeted manner and in accordance with community needs.

## **2. RESEARCH METHOD**

This study used a descriptive analytical observational design with a cross-sectional approach to identify factors inhibiting and promoting exclusive breastfeeding in breastfeeding mothers. The study population was all mothers who were breastfeeding their babies aged 0-6 months in the Bongo Nol Community Health Center, Boalemo Regency, in November. A sample of 24 respondents was selected using total sampling, namely all mothers who met the inclusion criteria, namely breastfeeding mothers with healthy babies aged 0-6 months, willing to participate in the study, and able to provide information about breastfeeding practices. Mothers who had babies with congenital abnormalities, serious illnesses, or conditions that hinder exclusive breastfeeding were excluded from the study.

Data collection was conducted through a structured questionnaire and in-person interviews. The questionnaire included questions about inhibiting factors, such as maternal health, fatigue, perceived low breast milk production, limited family support, and the influence of local culture or myths. Furthermore, the questionnaire assessed enabling factors, such as maternal knowledge about the benefits of breastfeeding, personal motivation, husband and family support, and the role of health workers in providing information and support. Additional data on respondents' demographic characteristics, including age, education level, occupation, and socioeconomic status, were also collected.

Data analysis was conducted descriptively and analytically. Descriptive data were used to describe the characteristics of respondents in the form of frequencies and percentages. Analytical analysis was conducted using the Chi-square test to examine the relationship between the analyzed factors and the practice of exclusive breastfeeding. The significance level was set at  $p < 0.05$ . The results of this study are expected to provide an objective picture of the inhibiting and promoting factors of exclusive breastfeeding at the Bongo Nol Community Health Center, thus providing a basis for planning and implementing a more targeted and effective exclusive breastfeeding promotion program.

### 3. RESULTS AND DISCUSSION

#### Results

**Table 1.** Characteristics of Respondents of Breastfeeding Mothers in the Bongo Nol Community Health Center Work Area (n = 24)

Characteristics	Category	Frequency (n)	Percentage (%)
<b>Mother's Age</b>	< 20 years	2	8.3
	20–35 years	17	70.8
	> 35 years	5	20.9
<b>Education</b>	Base	8	33.3
	Intermediate	11	45.8
	Tall	5	20.9
<b>Work</b>	Housewife	16	66.7
	Work	8	33.3
<b>Socioeconomic Status</b>	Low	10	41.7
	Intermediate	9	37.5
	Tall	5	20.8

Based on Table 1, the characteristics of respondents show that the majority of breastfeeding mothers are in the 20–35 age group (70.8 % ), followed by those aged >35 years at 20.9% and those aged <20 years at 8.3%, which illustrates that most respondents are in the reproductive age group. The education level is dominated by mothers with secondary education at 45.8 % , followed by primary education at 33.3% and higher education at 20.9%. In terms of employment, most respondents are housewives at 66.7 % , while 33.3% are working mothers. Based on socioeconomic status, most respondents are in the low category at 41.7%, followed by the middle category at 37.5% and the high category at 20.8%, which reflects that the majority of breastfeeding mothers come from families with low to middle socioeconomic conditions.

**Table 2.** Overview of Exclusive Breastfeeding for Breastfeeding Mothers at Bongo Nol Community Health Center

Exclusive Breastfeeding	Frequency (n)	Percentage (%)
Exclusive Breastfeeding	14	58.3
Not Exclusive Breastfeeding	10	41.7
<b>Total</b>	<b>24</b>	<b>100</b>

Based on Table 2, the description of exclusive breastfeeding among breastfeeding mothers at the Bongo Nol Community Health Center shows that the majority of respondents exclusively breastfed their babies, namely 14 people (58.3%), while 10 mothers (41.7%) did not breastfed exclusively. This data illustrates that the practice of exclusive breastfeeding is already practiced by more than half of the respondents, but there is still a fairly large proportion of mothers who have not implemented exclusive breastfeeding.

**Table 3.** Analysis of Inhibiting and Promoting Factors for Exclusive Breastfeeding

Factor	Category	Exclusive Breastfeeding n (%)	Not Exclusive Breastfeeding n (%)	p-value
<b>Inhibiting Factors</b>				
Perception of breast milk as insufficient	Yes	4 (28.6)	9 (90.0)	0.003
	No	10 (71.4)	1 (10.0)	
Cultural/mythical influences	Yes	5 (35.7)	9 (90.0)	0.008
	No	9 (64.3)	1 (10.0)	
<b>Driving Factors</b>				
Mother's knowledge about breastfeeding	Good	12 (85.7)	4 (40.0)	0.018
	Not enough	2 (14.3)	6 (60.0)	
Husband's support	There is	13 (92.9)	4 (40.0)	0.004
	There isn't any	1 (7.1)	6 (60.0)	

Based on Table 3, the results of the analysis show a significant relationship between inhibiting and promoting factors with exclusive breastfeeding in breastfeeding mothers at Bongo Nol Health Center. In terms of inhibiting factors, the perception that breast milk is

insufficient is more common in mothers who do not provide exclusive breastfeeding, namely 90.0 % compared to mothers who provide exclusive breastfeeding at 28.6%, with a p value = 0.003. The influence of culture or myth is also more dominant in the group of mothers who do not provide exclusive breastfeeding at 90.0% compared to the exclusive breastfeeding group at 35.7%, with a p value = 0.008. In terms of promoting factors, mothers with good knowledge about breastfeeding are more likely to provide exclusive breastfeeding, namely 85.7% compared to mothers who do not provide exclusive breastfeeding at 40.0%, with a p value = 0.018. Husband's support also plays an important role, where 92.9% of mothers who received husband's support provided exclusive breastfeeding, while only 40.0% of mothers who did not exclusively breastfeed received husband's support, with a p value of 0.004.

### **Discussion**

The study results show that the majority of breastfeeding mothers in the Bongo Nol Community Health Center (Puskesmas) work area are in the 20-35 age group. This age group is considered to be in the reproductive phase and is considered physically and psychologically most prepared to undergo pregnancy, childbirth, and the breastfeeding process. Mothers at this age generally have better health and a higher ability to adapt to changes in their parenting roles. This is in line with the opinion (Hanifa et al., 2024) who stated that productive age is related to a mother's readiness to provide optimal care, including the practice of exclusive breastfeeding. However, the ideal age does not always guarantee the success of exclusive breastfeeding if it is not accompanied by adequate environmental support and knowledge.

The respondents' predominantly secondary education level indicates that most mothers possess basic skills in receiving health information. Education plays a role in shaping mothers' mindsets and attitudes toward health recommendations, including the importance of exclusive breastfeeding. Oktaviyana et al. (2022) noted that mothers with higher levels of education tend to be more open to health information, but its implementation in practice is often influenced by other factors such as family beliefs and community customs. This is evident in respondents who, despite having secondary education, were still not all able to maintain exclusive breastfeeding for six months.

The coverage of exclusive breastfeeding of 58.3 % indicates that the practice of exclusive breastfeeding in the Bongo Nol Community Health Center's work area has not yet reached an optimal level. The proportion of mothers who do not provide exclusive breastfeeding is still quite large, potentially affecting the health status and growth of infants. Tomas et al., (2025) explained that failure to provide exclusive breastfeeding often occurs not because of a lack of maternal intention, but because of obstacles that arise during the

breastfeeding process. These obstacles can originate from internal factors of the mother or external factors that are difficult to control without adequate support.

Regarding inhibiting factors, mothers' perceptions of insufficient breast milk production are significantly associated with exclusive breastfeeding practices. Mothers who perceive insufficient breast milk production tend to be quicker to introduce formula or supplementary foods to their babies. This perception often arises from mothers' lack of awareness of signs of adequate breast milk production, such as the baby's urination frequency and weight gain. Sasi et al. (2022) stated that the perception of insufficient breast milk production is one of the most dominant reasons for the failure of exclusive breastfeeding, even though physiologically breast milk production is actually sufficient for the baby's needs.

The influence of culture and myths also played a significant role in this study. Mothers exposed to certain cultural traditions or myths were more likely to be found in groups that did not exclusively breastfeed. The belief that babies need supplemental feeding to reduce fussiness or to grow quickly remains prevalent in the community. Bali et al. (2025) noted that local culture and advice from parents or extended family often exert a stronger influence than recommendations from health professionals. This suggests that changing breastfeeding behavior requires a sensitive approach to the values and beliefs that exist within the community.

Among the motivating factors, maternal knowledge about breastfeeding has a significant relationship with the success of exclusive breastfeeding. Mothers with good knowledge tend to be more confident in breastfeeding and better able to face various challenges during the breastfeeding process. Adequate knowledge helps mothers understand the benefits of breastfeeding, correct breastfeeding techniques, and how to address common lactation problems. Febrianti et al., (2024) stated that increasing maternal knowledge through ongoing education can strengthen mothers' commitment to exclusive breastfeeding for up to six months.

Husband's support has also been shown to play a crucial role in exclusive breastfeeding practices. Mothers who receive support from their husbands are more likely to exclusively breastfeed than those who do not. Husband's support can take the form of emotional support, motivation, or practical assistance such as helping with household chores. Riana et al. (2024) explain that husband's involvement can reduce maternal stress and fatigue, allowing them to focus and feel more confident in breastfeeding. Husband's support also serves as a buffer against cultural or family pressures that encourage early introduction of complementary foods.

The results of this study indicate that exclusive breastfeeding practices are influenced by a complex interaction between inhibiting and enabling factors. Maternal perceptions, community culture, knowledge levels, and family support interact to shape breastfeeding

behavior. This finding aligns with (Salihi et al., 2025) , who emphasized that the success of an exclusive breastfeeding program requires a comprehensive approach that focuses not only on mothers but also on families and the social environment. Efforts to increase exclusive breastfeeding coverage in the Bongo Nol Community Health Center (Puskesmas) work area need to be directed at strengthening education, involving husbands and families, and communication strategies that can address myths and beliefs that have developed in the community.

#### **4. CONCLUSION**

The results of the study indicate that the practice of exclusive breastfeeding in the Bongo Nol Community Health Center (Puskesmas Bongo Nol) in Boalemo Regency is still suboptimal, even though more than half of respondents are able to do so. The success of exclusive breastfeeding is influenced by a combination of internal and external factors, including the mother's perception of breast milk sufficiency, the influence of local culture and myths, and the mother's level of knowledge about the benefits and correct breastfeeding techniques. Furthermore, support from husbands and family members has been shown to play a significant role in motivating and facilitating mothers to maintain exclusive breastfeeding for up to six months. This complex interaction between inhibiting and enabling factors emphasizes that the success of exclusive breastfeeding depends not only on the mother's desire but also on a supportive social and cultural environment.

In addition to individual and social factors, maternal education and socioeconomic status also influence the success of exclusive breastfeeding. Mothers with adequate knowledge tend to be more confident in facing breastfeeding challenges and are able to overcome obstacles that arise, while mothers with less education or limited information are more vulnerable to the negative influence of myths or societal customs. This situation highlights the importance of interventions that target improving mothers' overall knowledge and involving the family environment, especially husbands, to create conditions that support the success of exclusive breastfeeding. This strategy needs to be adapted to local conditions, taking into account local culture and customs for interventions to be more effective.

The success of exclusive breastfeeding is the result of a synergy between appropriate education, family support, and a positive social environment. Breastfeeding mothers require ongoing support to build confidence and address perceived barriers to breastfeeding. This study emphasizes the need for a comprehensive approach involving health workers, families, and the community to increase exclusive breastfeeding coverage in the Bongo Nol Community Health

Center (Puskesmas Bongo Nol) area. These efforts are expected to support optimal infant growth and development and improve overall maternal health.

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