



FACTORS ASSOCIATED WITH CESSATION OF EXCLUSIVE BREASTFEEDING AMONG WORKING WOMEN

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ABSTRACT

Exclusive breastfeeding for the first six months are crucial for infant nutrition. The condition of mothers as workers is reported to be one of the factors that hinders exclusive breastfeeding, while the number of working mothers continues to increase every year. This study aimed to evaluate the level of exclusive breastfeeding and identify factors associated with the cessation of exclusive breastfeeding among working mothers. This research employed an analytical observational study. Data was collected from five health center areas in Langkat district, involving 165 working mothers. Samples were taken using a purposive sampling technique. Data analysis included univariate, bivariate (chi-square), and multivariate (logistic regression) analyses. This study reported low levels of exclusive breastfeeding among working mothers. Several factors were associated with breastfeeding, namely age (OR=2.13, 95% CI, 1.07-4.24; p=0.044), education (OR=2.40, 95% CI, 1.24-4.64; p = 0.009), knowledge (OR= 27.08, 95% CI, 10.88-67.37; p<0.001), attitude (OR=18.80, 95% CI,8.33-42.43; p<0.001) and husband's support (OR=8.14, CI 95%, 3.92-16.87; p<0.001). This study concluded that adequate knowledge, a positive attitude towards breastfeeding, and a husband's support are key factors for the success of exclusive breastfeeding for working mothers. Therefore, health workers must pay special attention to these aspects by providing education on the importance of breastfeeding for pregnant women and husbands by providing education of exclusive breastfeeding. It is suggested that future research design a model of public health education to increase the quality and quantity of exclusive breastfeeding among employed women.

Keywords: breastfeeding cessation, exclusive breastfeeding, factors, working mother.

Introduction

Breastfeeding is a fundamental part of mother and child health. Breast milk is the natural and best food for infants for the first six months. It provides complete nutrition for optimal growth and reduces the risk of infection and mortality.¹ The World Health Organization (WHO) recommends Exclusive Breastfeeding (EBF) for the first six months and continuing breastfeeding for at least two years.²⁻⁴ However, the rate of Exclusive Breastfeeding (EBF) for six months is suboptimal in many parts of the world.⁵ Despite these guidelines, the global rate of exclusive breastfeeding for the recommended period remains insufficient. Only 44% of infants under six months globally receive exclusive breastfeeding. Global estimates show that only 42% of all newborns have a mother's breast within one hour of birth.⁶ In Indonesia, an estimated 57% of newborns receive breastfeeding within the first hour of birth. This means that 43% of the newborns do not receive breast milk in the first hour after birth. Meanwhile, EBF in 2023 in Indonesia reached 79.23%, and 20.77% of babies do not get breastfed exclusively. In North Sumatra, where this study takes place, only 61.98% of infants are exclusively breastfed, which underscores persistent challenges, particularly for working mothers.⁷ These data showed that breastfeeding is still a complex problem that is not only focused on the individual level,¹ but also this problem has multifactorial aspects and requires precise measurements to identify mothers who are at risk of stopping breastfeeding their babies.⁸

Previous studies have found that age, education level, socioeconomic status, and mother's occupation are factors that play a role in the pattern and duration of breastfeeding, with the rate of EBF among employed women being suboptimal.^{9,10} Increasing female workforce involvement has become a global trend.¹¹ On the other hand, this has an impact on exclusive breastfeeding. The number of female workers is equivalent to 38.98% of the total number of workers in Indonesia. In the Indonesian context, the condition of working mothers is an obstacle to breastfeeding because of their dual role of caring for their children and earning a living. This may be a triggering factor for the addition of breastmilk substitutes.¹² According to studies, working mothers frequently struggle to sustain exclusive breastfeeding because of a lack of support. Support and encouragement from husbands and family members were associated with increased rates of exclusive breastfeeding for six months, whereas the mother's return to permanent employment had a negative impact on the duration of EBF.^{9,10}

Some mothers express breast milk at work, but there are sociocultural challenges that affect breastfeeding practices, such as women who are less skilled at breastfeeding at work, which contributes to a lack of respect for women who breastfeed at work.¹³ Another factor is that working mothers cannot bring their own children to work because their work schedules are not conducive.¹⁴ They do not have enough time at work, so they are forced to provide food for their children because breastfeeding alone is not enough.¹⁵ Several studies have reported factors that influence

the success of exclusive breastfeeding in general, but studies that focus on factors related to the problem of EBF in working mothers are still few. Some of the findings are the conditions of going to work and returning from work very early in the morning and late at night, not being able to breastfeed their babies consistently, and feeling uncomfortable expressing breast milk for their babies because they believe that someone who helps look after their babies will not handle it hygienically.¹⁵ Therefore, an in-depth exploration of factors associated with the cessation of EBF by working mothers is a great need to be done to help health care providers identify mothers who are at risk of cessation of breastfeeding. This study aimed to evaluate the level of exclusive breastfeeding and identify factors associated with the cessation of exclusive breastfeeding among working mothers in Langkat Regency.

Methods

This type of research is observational analytic with a cross-sectional approach which is to determine the factors associated with the cessation of exclusive breastfeeding by working mothers in Langkat Regency conducted from April 2024 to July 2024. The population in this study were working mothers who have babies aged 0-6 months without any problem from the mother to give exclusive breastfeeding. Inclusion criteria included: (1) mothers in good health during the breastfeeding period and (2) mothers who could produce sufficient breast milk. The sample in the study was selected by purposive sampling taken involving 165 working mothers from 5 health center areas in Langkat Regency, namely Tanjung Langkat Health Center, Teluk Village Health Center, Stabat Health Center, Selesai Health Center, and Karang Rejo Health Center. Data collection was carried out by interviews with questionnaires. A quantitative questionnaire was developed to collect necessary information after reviewing different literature about exclusive breastfeeding practice and associated factors.

The dependent variable for our study was cessation of exclusive breastfeeding, which was categorized into two groups: discontinued and continued. This variable was measured by asking 5 questions: baby has only been breastfed since birth to six months, baby has not been given any other food or drink besides breast milk including water, avoid giving baby solid food or porridge, not give baby tea, juice or other sweet drinks, and never given baby milk formula. The mothers who give the correct answer for all of the questions will be categorized as “continued”. The independent variables include age, education (low education: equal or lower than high school ; high education: academy/college), occupation, average monthly income (minimum wage: Rp. Rp2.809.915), BMI (18,5–24,9), knowledge, attitude, and husband support to mother, which were measured using a questionnaire that had been tested for validity and reliability on 30 respondents with a calculated r value for each question > 0.239 (calculated $r > r$ table) and a reliability test

value of 0.825. Knowledge, attitude, and husband support to mother set had 10 questions with a 5-point Linkert scale. Adequate knowledge, positif attitude, and adequate practice were determined by $\geq 75\%$ correct answers. BMI was calculated by dividing body weight in kilograms by the square of height in meters. After the data were collected, we analyzed the statistics application. This study starts by describing the characteristics of research data in tabular form. To analyze the relationship between independent and dependent variables, we carried out a chi-square test. Bivariate analysis was conducted to evaluate the potential variables that influence the dependent variable.¹⁶ Further, a multivariate logistic regression model was chosen to identify the determining factor of cessation exclusive breastfeeding. The strength of the relationship between these variables was measured with an odds ratio with a confidence level of 95%. Variables were considered statistically significant if the p value < 0.05 .

Results

This study was conducted in Langkat District with 165 working mothers as respondents. Most of the respondents were aged ≥ 25 years (60.6%), with the level of education of the respondents being fairly evenly distributed. Most had low education (52.7%), but not a few also had higher education (47.3%). The majority of respondents worked as laborers/private employees (64.8%). The proportion of government employees was relatively smaller (35.2%). Furthermore, most of the respondents had incomes below the minimum wage (63%). This indicates that most working mothers in Langkat District have relatively low incomes with normal BMI (65.5%) (Table 1).

Table 1. Characteristic of Respondents

Variables	Distribution	
	Frequency (n)	Percentage (%)
Age		
< 25 years	65	39.4
≥ 25 years	100	60.6
Education		
Low education	87	52.7
High education	78	47.3
Occupation		
Private/factory workers	107	64.8
Governmental	58	35.2
Average monthly income		
< Minimum wage	104	63.0
\geq Minimum wage	61	37.0
BMI		
Normal	108	65.5
Not Normal	57	34.5

The level of maternal knowledge regarding exclusive breastfeeding is depicted in Table 2. Based on the results of the study, most mothers (64.2%) agreed that breast milk can increase infant

intelligence, and 64.2% agreed, 35.8% strongly agree that breast milk protects infants from allergies. This shows a fairly good understanding among mothers about the benefits of exclusive breastfeeding for infant growth and development. However, the majority of mothers disagreed (22.4%) and strongly disagreed (41.8%) to continue breastfeeding even when sick, indicating a poor understanding of the importance of continuing breastfeeding, and there are still some mothers who do not fully understand the right way to store expressed breast milk, such as how to thaw frozen breast milk, where only 67.3% answered correctly. Mothers' knowledge about colostrum is also still low. Only 43% (34.5% agree and 8.5% very agree) of mothers know that colostrum is the first breast milk that comes out after giving birth, which is very useful for infant health.

Table 2. The Evaluation Mother’s Knowledge about Exclusive Breastfeeding

Statement	Answer			
	Totally disagree n (%)	dont agree n (%)	agree n (%)	Strongly agree n (%)
Exclusive breastfeeding is given to babies aged 0-6 months	4(2.4)	59(35.8)	48(29.1)	54(32.7)
Breastfeeding can increase intelligence	0(0)	0(0)	106(64.2)	59 (35.8)
Breast milk protects babies from allergies	10(6.1)	42(25.5)	54(32.7)	59(35.8)
Breastfeeding helps spacing births	5(3.0)	82(49.7)	65(39.4)	13(7.9)
Colostrum is the first breast milk that comes out after giving birth	40(24.2)	54(32.7)	57(34.5)	14(8.5)
Breastfeeding reduces the risk of breast cancer	56(33.9)	37(22.4)	34(20.6)	38(23.0)
When a mother has a fever or cold, it is best not to stop breastfeeding.	69(41.8)	37(22.4)	10(6.1)	49(29.7)
Warm expressed breast milk that has been removed from the refrigerator in a container filled with warm water.	5(3)	72(43.6)	40(24.2)	48(29.1)
Frozen breast milk can be thawed by boiling it.	111(67.3)	7(4.2)	23(13.9)	24(14.5)
Breast milk bottles that are used repeatedly need to be boiled before use.	29(17.6)	50(30.3)	36(21.8)	50(30.3)

Table 3 provides an overview of mothers' attitudes towards exclusive breastfeeding. There are 49.1% of mothers who disagree and 8.5% strongly disagree with breastfeeding until the age of 6 months without any additional food. This shows that there are reasons why mothers are not willing to only breastfeed for 6 months. In general, mothers agree that breastfeeding is better than formula milk (89.1%), but most mothers feel that working is an obstacle to breastfeeding (57%) so that mothers stop breastfeeding exclusively.

Based on interviews with several mothers during data collection, many mothers complained about the difficult division of time while working in providing exclusive breastfeeding. This can also be seen from the many mothers who end up giving formula milk/pacifiers to their babies when they are working (57%), so that the baby does not fuss. Another thing found in this study is that there are 27.9% of mothers who feel they do not get support from their workplace to breastfeed their babies. These results show that there is still a lack of good maternal attitudes in providing exclusive breastfeeding to their babies for 6 months.

Table 3. The Evaluation Mother’s Attitude about Exclusive Breastfeeding

Statement	Answer			
	Totally disagree n (%)	dont agree n (%)	agree n (%)	Strongly agree n (%)
I am willing to provide breast milk until the age of 6 months without any additional food.	14(8.5)	81(49.1)	20(12.1)	50(30.3)
I am willing to breastfeed the baby until he is 2 years old	22(13.3)	62(37.6)	25(15.2)	56(33.9)
I will provide complementary foods after the age of 6 months	8(4.8)	39(23.6)	52(31.5)	66(40.0)
I will give formula milk before 6 months of age	5(3.0)	73(44.2)	73(44.2)	14(8.5)
I agree that breastfeeding is better than formula milk.	0(0)	4(2.4)	147(89.1)	14(8.5)
Even though I work, I still want to provide breast milk	0(0)	0(0)	130(78.8)	35(21.2)
I will only give breast milk until the baby is 6 months old and continue until 2 years old.	60(36.4)	38(23.0)	9(5.5)	58(35.2)
In my opinion, working is not an obstacle to breastfeeding	10(6.1)	94(57.0)	32(19.4)	29(17.6)
I will give formula milk/a pacifier so that the baby doesn't fuss while I'm traveling/working.	22(13.3)	15(9.1)	94(57.0)	34(20.6)
I feel like my workplace supports me in breastfeeding.	24(14.5)	46(27.9)	33(20.0)	62(37.6)

There are 30.9% of mothers who feel that their husbands do not cooperate easily in taking care of the baby while they work. In addition, the number of husbands who take the initiative to help mothers find information about the importance of breastfeeding is still low (40.6%). This can also be seen from the mothers' responses about the husband's concern in providing breast milk, which is low (36.4%), although the husband's support is a very important part of exclusive breastfeeding, especially for working mothers (Table 4). The level of concern and initiative of husbands when there is a problem with the mother in providing breast milk to the baby is also relatively low.

Table 4. The Evaluation Husband Support to Mother about Exclusive Breastfeeding

Statement	Answer			
	Totally disagree n (%)	dont agree n (%)	agree n (%)	Strongly agree n (%)
I think my husband is easy to work with to look after the baby while I am at work.	4(2.4)	51(30.9)	38(23.0)	72(43.6)
I think my husband took the initiative to help me find information about the importance of only giving breast milk.	17(10.3)	81(49.1)	33(20.0)	34(20.6)
I feel happy when my husband praises me for being able to breastfeed well.	10(6.1)	25(15.2)	65(39.4)	65(39.4)
In my opinion, my husband supports me by giving me books, magazines, CDs or other information materials about breast milk and breastfeeding.	3(1.8)	82(49.7)	70(42.4)	10(6.1)
In my opinion, without me asking, my husband helped with the housework while I was breastfeeding.	35(21.2)	43(26.2)	66(40.0)	21(12.7)
In my opinion, when I had problems breastfeeding, my husband gave me the solution.	46(27.9)	34(20.6)	42(25.5)	43(26.1)
In my opinion, my husband likes to help prepare the equipment when I want to express breast milk.	59(35.8)	37(22.4)	9(5.5)	60(36.4)
My husband doesn't care whether I only give him breast milk or not.	2(1.2)	60(36.4)	56(33.9)	47(28.5)
My husband feels happy when he sees me breastfeeding	12(7.3)	34(20.6)	96(58.2)	23(13.9)
My husband was worried when I couldn't breastfeed my baby.	22(13.3)	59(35.8)	34(20.6)	50(30.3)

Table 5 shows the results of a bivariate analysis of factors associated with cessation of exclusive breastfeeding. The analysis was performed using the chi-squared test, and odds ratios were calculated to measure the strength of the association between each factor and cessation of exclusive breastfeeding. Women younger than 25 years were more likely to stop exclusive breastfeeding. Mothers with a low level of education were more likely to stop exclusive breastfeeding than mothers with a high level of education (p-value 0.009 and odds ratio 2.40). This means that mothers with a low level of education are 2.40 times more likely to stop exclusive breastfeeding than mothers with a high level of education. In addition, there was no significant association between income level and exclusive breastfeeding (OR = 0.99, p = 1.00).

Table 5. Bivariate Analysis about Exclusive Breastfeeding

Variable	Exclusive Breastfeeding Status				Total		p-value	Odd ratio (95% CI)
	Discontinued		Continued		n	%		
	n	%	n	%				
Age								
< 25 years	49	75.4	16	24.6	65	39.39	0.044	2.13 (1.07-4.24)
≥ 25 years	59	59.0	41	41.0	100	60.61		
Education								
Low	65	74.7	22	25.3	87	52.73	0.009	2.40 (1.24-4.64)
High	43	55.1	35	44.9	78	47.27		
Occupation								
Private Workers/Employees	67	62.6	40	37.4	107	64.85	0.310	0.69 (0.35-1.38)
Governmental	41	70.7	17	29.3	58	35.15		
Average monthly income								
< Minimum wage	68	65.4	36	34.6	104	63.03	1.00	0.99 (0.51-1.93)
≥ Minimum wage	40	65.6	21	34.4	61	36.97		
BMI								
Normal	73	67.6	35	32.4	108	65.45	0.427	1.31 (0.67-2.56)
Not Normal	35	61.4	22	38.6	57	34.55		
Knowledge								
Inadequate	100	84.7	18	15.3	118	71.52	<0.001	27.08 (10.88-67.37)
Adequate	8	17.0	39	83.0	47	28.49		
Attitude								
Negative	94	86.2	15	13.8	109	66.06	<0.001	18.80 (8.33-42.43)
Positive	14	25.0	42	75.0	56	33.94		
Husband's support								
Not support	88	81.5	20	18.5	108	65.45	<0.001	8.14 (3.92-16.87)
Support	20	35.1	37	64.9	57	34.55		

The study then investigated the relationship between husbands' knowledge, attitudes, and support for breastfeeding. Mothers with low levels of knowledge about breastfeeding were significantly more likely to discontinue exclusive breastfeeding than women with high levels of knowledge (OR = 27.08, p < 0.001). This result means mothers with poor knowledge of exclusive breastfeeding were 27.08 times more likely to discontinue exclusive breastfeeding than mothers with good knowledge. Adequate knowledge about breastfeeding is very important to maintain exclusive breastfeeding. Individuals with poor attitudes towards exclusive breastfeeding practices were 18.80 times more likely to stop exclusive breastfeeding compared to those with good attitudes. This figure is strongly statistically significant (p < 0.001), indicating that attitude is a very

strong factor in determining the continuation of exclusive breastfeeding. In other words, positive breastfeeding attitudes are very important in encouraging mothers to continue exclusive breastfeeding. Regarding husband support, those who do not receive enough support are 8.14 times more likely to stop exclusive breastfeeding compared to those who receive good support. This result is also highly statistically significant ($p < 0.001$), indicating that social support is very important in encouraging the continuation of exclusive breastfeeding.

Table 6. Multivariate analysis of exclusive breastfeeding

Variables	B	OR	95% C.I. for EXP(B)	p-value
Age of mother	0.677	1.968	(0.725 -5.339)	0.184
Knowledge	1.870	6.488	(1.917 -21.962)	0.003
Attitude	1.413	4.107	(1.342 -12.567)	0.013
Husband's support	1.083	2.952	(1.127-7.735)	0.028

Table 6 shows the results of the multivariate test by logistic regression test with predictive modeling to see the prediction of dominant factors related to the cessation of exclusive breastfeeding. The results showed that knowledge, husband's support, and mother's attitude were the factors that most influenced the status of cessation of exclusive breastfeeding. There was a significant relationship between the level of the mother's knowledge about exclusive breastfeeding and the decision to stop it (p -value = 0.003). The higher the level of the mother's knowledge, the less likely she was to stop exclusive breastfeeding. The study also showed a significant relationship between the mother's attitude to cessation of exclusive breastfeeding (p -value = 0.013). Mothers who have a positive attitude towards exclusive breastfeeding tend to exclusively breastfeed their babies. Furthermore, the husband's support for breastfeeding mothers also showed a significant influence on the decision to stop exclusive breastfeeding (p -value = 0.028). Support from a partner can increase the mother's confidence in providing exclusive breastfeeding and make her more willing to continue. However, the mother's age did not show a significant relationship with the status of stopping or not providing exclusive breastfeeding (p -value = 0.184). This means that a mother's education, knowledge, attitude, and her husband's support were factors influencing exclusive breastfeeding after being controlled by the mother's age (≥ 25 years).

Discussion

Discontinuation of exclusive breastfeeding before the age of 6 months is a common problem worldwide. Studies in Ethiopia, Bangladesh, and Spain revealed varying rates of exclusive breastfeeding discontinuation, ranging from 21.5% to 75.7%.¹⁷⁻¹⁹ For working mothers, short maternity leave, full-time work, and lack of support at work significantly increase the risk of discontinuing exclusive breastfeeding.¹⁹ Based on the results, those aged > 25 years were more likely to discontinue exclusive breastfeeding. This is in contrast to previous studies, which found

that young maternal age (≤ 19 years) was a factor in early cessation of exclusive breastfeeding.¹⁷ The results in this study may have occurred because the largest respondents were mothers aged ≥ 25 years (80.6%).

A mother's knowledge plays an important role in determining the timing and success of discontinuing exclusive breastfeeding. A study found that mothers aged 20-35 years with higher education and housewife status were more likely to provide exclusive breastfeeding.²⁰ Knowledgeable mothers are more likely to understand the benefits of breastfeeding, recognize signs of readiness in their infants, and make informed decisions about complementary feeding. Studies have shown that knowledgeable mothers are more likely to understand and implement appropriate complementary feeding practices.²¹ Another study showed that exclusive breastfeeding rates were low, with only 19% exclusively breastfeeding at 8 weeks postpartum.²² Mothers with higher nutritional knowledge scores were better at adjusting food consistency to their children's abilities and introducing new foods at the right time.²³ A systematic review of studies in East Africa revealed that although 96.2% of mothers had heard of exclusive breastfeeding, only 49.2% knew the correct duration, highlighting the importance of education.²⁴ The findings in our study highlight the need for targeted interventions and educational programs to improve maternal understanding and promote exclusive breastfeeding practices for child well-being. Low levels of maternal knowledge about exclusive breastfeeding have been shown to influence mothers not to breastfeed exclusively. In addition, a mother's knowledge can influence her ability to cope with common challenges, such as sore nipples or emotional difficulties, that may arise during the exclusive breastfeeding process.^{25,26} Good knowledge can influence a mother's attitude towards various aspects of childcare, including breastfeeding. When a mother has sufficient information about the benefits of breastfeeding, the proper techniques involved, and the potential challenges that may arise, she is likely to develop a positive and supportive attitude towards this natural feeding method. This can increase self-confidence, reduce anxiety, and lead to greater commitment to exclusive or long-term breastfeeding.²⁴

The low level of knowledge in this study was directly proportional to the low positive attitude of mothers towards breastfeeding, making it the biggest factor influencing the cessation of exclusive breastfeeding for infants for 6 months after birth. Designing interventions to create and maintain positive attitudes through the promotion of attitudes and behaviors about exclusive breastfeeding is very necessary to be developed by every health service institution, especially in Community Health Centers.²⁷ The study highlighted the need to design interventions to increase positive attitudes towards exclusive breastfeeding. Rojas-García et al. conducted a systematic review that revealed that ongoing practical and emotional support significantly increased breastfeeding rates, emphasizing the importance of behavioral change techniques such as social support and practical demonstrations.²⁸ Aboul-Enein et al. emphasized that community-based

educational interventions can improve breastfeeding practices, highlighting the role of health worker training in increasing breastfeeding rates.²⁹

Besides knowledge and attitude, our study results showed that a husband's support is one of the determining factors for exclusive breastfeeding cessation. Low husband support has been shown to be one of the crucial factors causing breastfeeding cessation. Several studies have found a positive relationship between a husband's support and breastfeeding practices. Their support can influence the duration of breastfeeding, milk production, and mothers' breastfeeding preferences.^{30,31} Listening and understanding attentively when the wife experiences problems while breastfeeding, taking the initiative to find information about the importance of only giving breast milk, and helping with the housework while the mother was breastfeeding become crucial support from husband to mother.³¹⁻³³ Husband's involvement can increase the likelihood of exclusive breastfeeding and prevent early breastfeeding cessation. Given the importance of exclusive breastfeeding in reducing infant mortality and morbidity, healthcare providers should consider involving husbands in breastfeeding education and support programs to increase exclusive breastfeeding rates.³⁴ The limitation of this study

Conclusion

This study reported low rates of exclusive breastfeeding among working mothers in Langkat district. Many factors are associated with the cessation of breastfeeding, namely age, education, knowledge, attitude, and husband's support. Educating pregnant women and their partners about the importance and techniques of breastfeeding, especially for working mothers, is crucial and should be a priority for health institutions. Health service providers also have an important role in supporting breastfeeding mothers when the mother is in recovery before returning to work. She needs to be prepared to have the knowledge and readiness to provide EBF and get support from her husband even though the mother must continue to work. This study has limitations because it is cross-sectional and only involves one district. Longitudinal studies and a wider population can provide a deeper understanding of the factors that influence the cessation of exclusive breastfeeding in working mothers. Qualitative research is necessary to gain a deeper understanding of the reasons behind the decision. In addition, a comparison between working and non-working mothers can provide a more comprehensive picture.

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Conflict of Interest

There is no conflict of interest in this research.

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