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Determinants of maternal success in long-term breastfeeding practice: A two-year duration

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Abstract

Background: The World Health Organization (WHO) advises breastfeeding for up to two years to maximize a child's growth and development, bolster their immune system, enhance nutritional intake, and protect against both acute illnesses and long-term health problems. Nevertheless, a study in the Tangeh Public Health Center of East Woyla District revealed that only around 21% of 474 mothers who initially practiced exclusive breastfeeding continued doing so until their child reached two years. Several factors a mother's confidence in her ability to breastfeed (breastfeeding self-efficacy), encouragement from family members and healthcare professionals, and prevailing socio-cultural norms significantly impact continued breastfeeding up to two years.

Purpose: To research investigated the impact of these factors on successful breastfeeding duration.

Method: Data was collected via a quantitative cross-sectional study involving 79 participants and analyzed using the chi-square test and logistic regression.

Results: The findings demonstrated that support from family, maternal breastfeeding self-efficacy, healthcare worker assistance, and socio-cultural influences all influence whether mothers breastfeed for the full two years.

Conclusion: Ultimately, the study concluded that family support is the most critical factor in enabling mothers to breastfeed their babies for up to two years.

Suggestion: It is critical for those in the healthcare field to consistently offer facts and support to the families of mothers who are breastfeeding. This guarantees that they receive constant help as they continue to breastfeed their babies.

Keywords: Breastfeeding Self-Efficacy; Family Support; Healthcare Provider Support; Socio-Cultural Factors; Two-Year Breastfeeding.

INTRODUCTION

Exclusive breastfeeding represents the optimization of infant feeding practices, commencing within the first hour of a newborn's life and continuing until the age of two (World Health Organization, 2012). The World Health Organization recommends exclusive breastfeeding for the first six months of life to achieve optimal growth, development, and health. Subsequently, the nutritional requirements of the infant should be fulfilled through safe and adequate complementary

foods, while breastfeeding is maintained until the child reaches two years of age or beyond (Duhita, Hartiningtiyaswati, Pratistiyana, & Puspitasari, 2023).

The Government of Indonesia, laws of the Republic of Indonesia No. 36 of 2009 concerning Health, mandates exclusive breastfeeding for the first six months, followed by continued breastfeeding until the age of two (President of the Republic of Indonesia, 2009). These policies have been

established by considering the extensive benefits derived from breast milk.

The significance of breastfeeding for infants aged six months to two years is paramount for growth compared to those who do not receive breast milk. During this period, it is advised to avoid the introduction of other foods and beverages such as infant formula, rice, tea, honey, and biscuits unless medicinal or vitamin supplements are clinically required. The completion of the initial six-month exclusive breastfeeding period does not imply cessation; rather, breastfeeding should be sustained until the age of two, integrated with age-appropriate complementary feeding (Probo, Sunartono, & Novelia, 2024).

The benefits of sustaining breastfeeding for two years encompass supporting the child's growth and development, strengthening the immune system, improving nutritional status, and reducing the incidence of infectious and chronic diseases. Conversely, for the mother, breastfeeding may mitigate stress levels, reinforce emotional bonding with the child, and accelerate postpartum recovery (Widyawati, Afandi, & Wahyuni, 2024).

Several factors encourage mothers to sustain breastfeeding for two years, including Breastfeeding Self-Efficacy (BSE), familial support, healthcare provider assistance, and socio-cultural influences. The BSE aspect, or self-confidence, constitutes a crucial factor influencing maternal success regarding the motivation to initiate, the duration of breastfeeding, and its exclusivity. BSE refers to a mother's conviction in her capability to breastfeed, which serves as a cognitive determinant in the decision to breastfeed and dictates how she navigates various challenges encountered during the process (Nurkhasanah, 2024).

Family support is a fundamental element influencing the success of breastfeeding. This support encompasses emotional and psychological dimensions provided to the lactating mother, thereby influencing her cognitive state, emotions, and overall experience, which collectively facilitate the physiological production of breast milk (Aminah, Sutinbuk, & Haryanti, 2023).

Support from healthcare providers exerts a substantial influence on breastfeeding success

compared to mothers who receive minimal assistance. This form of support includes home visits aimed at providing comprehensive education on the importance of breastfeeding, assisting mothers in comprehending its benefits, and encouraging the sustained breastfeeding of their children (Aminah et al., 2023).

Socio-cultural aspects play a pivotal role in shaping maternal attitudes toward breastfeeding. A pertinent example is the existence of dietary restrictions for lactating mothers, which are rooted in long-standing traditional beliefs. These societal customs can be examined through a cultural lens, encompassing various elements such as knowledge, beliefs, art, ethics, science, law, traditions, as well as the capabilities and habits acquired by individuals within a community. Tradition itself represents enduring social behavior that functions to maintain social order within a society (Putri, Ayubi, & Karjoso, 2022).

Maternal challenges in sustaining breastfeeding until the age of two are frequently rooted in negative perceptions, such as the prevailing belief that breast milk alone is insufficient for infant satiation. This phenomenon often occurs during the early postpartum period, a stage where mothers may produce only minimal amounts of colostrum or have yet to initiate lactation. Furthermore, postpartum mothers encounter various obstacles in the breastfeeding process; if not adequately addressed, these barriers may prompt a premature transition to infant formula (Silaban, Simamora, Tobing, Situmorang, Fadilla, & Ningsih, 2024).

RESEARCH METHOD

This study employs a quantitative research design with a cross-sectional approach to analyze the factors influencing maternal success in sustaining breastfeeding for two years. The research was conducted within the working area of Puskesmas Tangkeh, East Woyla District, West Aceh Regency, in June 2025. The study population comprised breastfeeding mothers with children aged between 6 and 24 months residing in Pasi Janeng and Alue Kuyun Villages, East Woyla District, West Aceh Regency, totaling 79 participants during the period of January to December 2024. A total

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sampling technique was employed, incorporating the entire population into the research sample.

The independent variables in this study consist of cultural factors, family support, healthcare provider support, and BSE. The dependent variable is the practice of breastfeeding for a two-year duration. The research instruments utilized include a 12-item BSE, a 15-item family support questionnaire, a 15-item healthcare provider support questionnaire, a 15-item socio-cultural questionnaire, and a 12-item questionnaire assessing breastfeeding practices for up to two years.

The validity test was conducted at the Sungai Mas Public Health Center, West Aceh Regency, involving 30 respondents, with a reference r-table value of 0.361 at the designated significance level. Meanwhile, the reliability tests yielded Cronbach's

Alpha coefficients of 0.966 for healthcare support, 0.967 for family support, 0.957 for socio-cultural factors, and 0.905 for the dependent variable, breastfeeding practice.

Data analysis was performed using univariate, bivariate, and multivariate analyses. The bivariate analysis utilized the Chi-square test to examine the relationships between BSE, family support, healthcare provider support, and socio-cultural factors regarding two-year breastfeeding practices. Subsequently, a multivariate analysis was conducted using logistic regression to determine the magnitude of influence exerted by each independent sub-variable on the dependent variable. Ethical principles applied in this study included Informed Consent, Anonymity, Confidentiality, and Beneficence.

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RESEARCH RESULT

Table 1. Characteristics of Respondents (N=79)

Variable	Results	P-value
Age (Mean±SD) (Range) (Years)		
Early Adulthood	66/83.5	
Late Adulthood	13/16.5	
Employment Status (n/%)		
Employed	29/36.7	
Housewife	50/63.3	
Education Level (n/%)		
Primary Education	5/6.3	
Secondary Education	40/50.6	
Tertiary Education	34/43.0	
Parity (n/%)		
1	18/22.8	
2	20/25.3	
3	36/45.6	
4	5/6.3	
Breastfeeding Self-Efficacy (n/%)		0.004
Low	27/34.2	
High	52/65.8	
Family Support (n/%)		0.038
Low	32/40.5	
High	47/59.5	
Healthcare Provider Support (n/%)		0.022
Low	34/43.0	
High	45/57.0	
Socio-cultural (n/%)		0.018
Inhibiting	30/38.0	
Supportive	49/62.0	
Breastfeeding for 2 Years (n/%)		
Yes	58/73.3	
No	21/26.6	

Table 1. show indicates that most respondents are in the early adulthood category, totaling 66 participants (83.5%). Regarding occupational status, 50 respondents (63.3%) are unemployed or housewives. In terms of educational attainment, half of the participants reached a secondary education level, accounting for 40 respondents (50.6%). Additionally, the highest frequency for the number of children is three, representing 36

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respondents (45.6%). Most breastfeeding mothers demonstrated high Breastfeeding Self-Efficacy (BSE), totaling 52 participants (65.8%). Furthermore, 47 respondents (59.5%) perceived high family support, and 45 respondents (57%) reported high support from healthcare providers. Regarding socio-cultural factors, 49 participants (62%) lived in a supportive environment. In terms of the primary outcome, 58 respondents (73.4%) successfully practiced breastfeeding for up to two years. Statistical tests conducted to examine the relationship between each independent variable and the dependent variable yielded p-values of 0.004 for BSE, 0.039 for family support, 0.022 for healthcare provider support, and 0.018 for socio-cultural factors.

Table 2. Multivariate Analysis Results: Logistic Regression

Variable	Koefisien	S.E	Wald	df	P-value	OR	IK95%	
							Min	Maks
High BSE	1.56	1.03	2.31	1	0.02	4.795	0.63	36.19
High Family Support	1.30	1.02	1.60	1	0.00	5.767	0.49	27.55
High Healthcare Provider Support	1.75	0.87	3.97	1	0.04	3.680	1.03	32.28
Supportive Socio-cultural Factors	0.59	0.93	0.40	1	0.02	1.818	0.28	11.45

Table 2. demonstrates that the variables influencing the success of two-year breastfeeding include BSE, healthcare provider support, family support, and socio-cultural factors. Among these, family support was identified as the most influential factor (OR = 5.76; 95% CI: 0.49 - 27.55), while socio-cultural factors had the smallest effect (OR = 1.81; 95% CI: 0.28 – 11.45). These findings indicate that mothers with strong family support are more than five times more likely to successfully sustain breastfeeding until the child reaches two years of age compared to those with lower levels of support.

DISCUSSION

The success of exclusive breastfeeding is highly dependent on family support, as breastfeeding is a continuous process with varying support requirements at each stage. This support can be derived from immediate family members, such as husbands, parents, and siblings, as well as from the extended family as a broader support system. The husband's contribution is particularly crucial, as the mother's emotional and mental well-being significantly influences the smooth operation of the

milk ejection reflex (let-down reflex) (Hu, He, & Zhou, 2025).

Furthermore, a supportive family environment provides essential comfort for mothers throughout the breastfeeding process, whether exclusively for the first six months or continuing until the child reaches two years of age. This assistance encompasses practical support, such as ensuring proper nutrition and facilitating transportation to healthcare facilities, both of which bolster the mother's confidence and motivation to persevere. Beyond practical aid, emotional support from the family is of paramount importance, as it creates a 'safe space' for the mother to rest, recover, and manage her psychological well-being through attention, understanding, and appreciation. Empathy from significant others fulfills the fundamental human need to feel valued, secure, and loved especially when facing breastfeeding challenges ensuring the mother does not feel isolated and has a supportive outlet to share her experiences (Meedya, Fernandez, & Fahy, 2017).

A study by Febriyani demonstrated a close relationship between family approval and the success of exclusive breastfeeding. Specifically,

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67.6% of the 43 mothers who felt supported by their families successfully practiced exclusive breastfeeding, whereas only 32.4% of the 36 mothers who lacked such support achieved similar results. Statistical analysis with a p-value of 0.048 ($p < 0.05$) confirms that family support encompassing emotional encouragement, instrumental assistance, informational guidance, and appreciation exerts a significant influence on the success of exclusive breastfeeding during the first six months of an infant's life (Febriyani, j2023).

This study demonstrates a significant correlation and a substantial impact of family support on the success of breastfeeding for up to two years, as recommended by the WHO for optimizing child growth and development and preventing diseases. With an Odds Ratio (OR) of 5.76 (95% CI: 0.49–27.55), mothers who receive high levels of family support are 5.76 times more likely to successfully sustain breastfeeding until the child is two years old. In addition, this study indicates that mothers with high BSE are 4.79 times more likely to continue breastfeeding until the child is two years old, with a 95% confidence interval (CI) of 0.63 – 36.19.

A study conducted by Oktaviyana et al. demonstrated that mothers with high BSE levels (OR 5.11; 95% CI: 1.23–21.18) are 5.11 times more likely to practice exclusive breastfeeding. Self-efficacy refers to an individual's confidence in their ability to complete a task or overcome life's challenges. In the context of breastfeeding, BSE reflects a mother's conviction that she can provide the best nutrition through breast milk. The continuous improvement of BSE during the breastfeeding period further strengthens a mother's commitment to sustaining breastfeeding until the child reaches two years of age (Awaliyah, Rachmawati, & Rahmah, 2019; Genna, 2022; Oktaviyana, Pratama, Igbal, Fitriya, Adha, & Nelly, 2022).

Support from healthcare providers is also crucial for the success of breastfeeding until the child is two years old, particularly through the provision of education, motivation, and assistance starting from pregnancy. This support encompasses providing accurate information regarding the benefits of breast milk, helping mothers prepare physically and psychologically, and offering guidance during

prenatal check-ups. Midwives and nurses are expected to bolster a mother's confidence to sustain breastfeeding for two years. Recent studies indicate that early and continuous interaction with medical professionals can enhance a mother's understanding and dedication to achieving optimal breastfeeding practices (Mustary, Samiun, Aslinda, & Hasnidar, 2023).

This study found that strong support from healthcare providers increases the likelihood of a mother breastfeeding for up to two years by 3.68 times (OR 3.68; 95% CI: 1.03–32.28). Healthcare professionals play an essential role in providing encouragement and motivation for mothers to continue breastfeeding their infants, even after the period of exclusive breastfeeding ends and until the child reaches their first year and beyond.

Support from healthcare providers constitutes a vital component of social support for breastfeeding mothers. Social support-assessment contributes 35% to influencing mothers to maintain exclusive breastfeeding and continue the practice until the infant reaches two years of age (Oktaviyana, Masthura, & Nelly, 2024).

Furthermore, socio-cultural factors play a vital role in shaping a mother's breastfeeding experience. Socio-culture encompasses the customs, habits, beliefs, and values prevalent within a community. Many communities still adhere to misconceptions and myths, such as providing honey or bananas to infants under six months of age with the intention of satiating hunger or soothing cries. Such practices can hinder the production and provision of exclusive breastfeeding and serve as a contributing factor to low breastfeeding rates up to the age of two (Nidaa & Krianto, 2022).

This study reveals that breastfeeding mothers who receive favorable socio-cultural support are 1.81 times more likely (OR = 1.81; 95% CI: 0.28 – 11.45) to continue breastfeeding until the child is two years old. The greater the socio-cultural support a mother receives, the higher the success rate of breastfeeding for up to two years. Accurate beliefs, supportive family traditions, and positive social norms all contribute to sustainable breastfeeding practices.

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In addition to adequate knowledge, successful breastfeeding necessitates an approach that aligns with local culture, involving community leaders and families, particularly in regions with strong traditional roots such as the Puskesmas of Tangkeh working area.

A study conducted demonstrated a correlation between socio-cultural factors and exclusive breastfeeding practices, as evidenced by a p-value of 0.025. Cultural beliefs play a significant role in motivating mothers to provide exclusive breastfeeding to their infants (Nelly, Oktaviyana, & Masthura, 2023; Yimer, Adem, Arefayene, Chanie, & Endalifer, 2021)

CONCLUSION

This study indicates that the success of sustaining breastfeeding for up to two years is influenced by several key factors, including family support, BSE, healthcare professional support, and socio-cultural factors. Among these variables, high family support proved to be the most significant factor in consistently motivating mothers to continue breastfeeding throughout this period.

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