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Determinants of exclusive breastfeeding success: The facility availability, paternal support, knowledge, and self-efficacy

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Abstract

Background: Exclusive breastfeeding during the 0–6 month period is considered highly strategic, as infants at this age remain highly vulnerable and susceptible to illnesses. The exclusive breastfeeding coverage for West Aceh Regency in 2023 was 68.6%. Furthermore, the Health Office Strategic Plan for 2023–2026 outlines that the target percentages for infants under 6 months receiving exclusive breastfeeding are set at 70% in 2025 and 80% in 2026, respectively.

Purpose: To determine the determinants of successful exclusive breastfeeding.

Method: This study employs a quantitative research design with a cross-sectional approach to examine the factors influencing exclusive breastfeeding practices. The research was conducted within the working area of the Suak Ribee Public Health Centre, West Aceh Regency, in February 2026, comprising 52 mothers with infants aged 6–11 months. A total sampling technique was used to include the entire population.

Results: The research findings indicate that two variables influence exclusive breastfeeding: paternal support and facility availability. Meanwhile, knowledge and BSE do not yet show a direct effect; however, both factors remain associated with the success of exclusive breastfeeding.

Conclusion: Supportive breastfeeding facilities and paternal support significantly increase the likelihood of exclusive breastfeeding by 61.7% (OR = 1.617) and 21.8% (OR = 1.218), respectively. Conversely, knowledge and breastfeeding self-efficacy (BSE) show no significant effect on success.

Keywords: Breastfeeding Self Efficacy; Exclusive Breastfeeding; Facility Availability; Knowledge; Paternal Support.

BACKGROUND

Exclusive breastfeeding serves as the optimal and ideal source of nutrition for infants during their first six months of life, without any additional foods or beverages, including water (World Health Organization, 2016). This stage constitutes a critical period in child growth and development known as the First 1,000 Days of Life. Exclusive breastfeeding offers not only immediate benefits by reducing infant morbidity and mortality but also yields long-term impacts on cognitive capacity and the prevention of non-communicable diseases in adulthood.

Exclusive breastfeeding for six months constitutes a vital aspect of the Sustainable Development Goals (SDGs) as a global initiative to improve health outcomes through 2030. Providing exclusive breastfeeding during the first six months of life can reduce under-five mortality rates by up to 13% and is considered a key approach to enhancing nutritional health and child survival (Berlanga-Macías et al., 2018; Economou et al., 2021)

However, exclusive breastfeeding coverage at both international and national levels faces significant barriers. Various multidimensional aspects

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hinder the achievement of this program. Among these obstacles are low understanding among mothers and their families, minimal support from partners (paternal support), unsupportive socio-cultural environments or strong local traditions—such as providing prelacteal feeds like honey, bananas, or rice water before breast milk flows smoothly (Oktaviyana et al., 2022)

Based on data from the 2023 Indonesian Health Survey, the national exclusive breastfeeding coverage rate was recorded at 55.5%. Regional distribution reveals significant disparities among provinces in Indonesia. Special Region of Yogyakarta achieved the highest coverage percentage at 71.4%, whereas South Papua Province recorded the lowest at 33.4%. Meanwhile, Aceh Province itself failed to reach the national average, with an exclusive breastfeeding coverage realization of 49.9% in the same year (Ministry of Health, 2024).

Meanwhile, the percentage of exclusive breastfeeding in West Aceh Regency in 2023 was recorded at 68.6%, indicating progressive improvement. However, the local government still faces substantial challenges, given that the Strategic Plan of the West Aceh District Health Office for the 2023-2026 period sets the target percentage of infants under 6 months receiving exclusive breastfeeding at 70% in 2025 and 80% in 2026, respectively (West Aceh Health Office, 2024).

Several factors are associated with the successful implementation of exclusive breastfeeding, one of which is knowledge. In-depth knowledge regarding exclusive breastfeeding enables nursing mothers to apply this information into tangible actions that benefit their infants' growth and development. Consequently, this cognitive aspect occupies a position as one of the primary determinants in the success of breastfeeding programs. Mothers' awareness of the importance of such knowledge needs to be actualized to ensure that the breastfeeding process runs optimally and in accordance with health recommendations (Oktaviyana et al., 2022)

Besides internal factors such as maternal knowledge, paternal support plays a vital role in encouraging mothers' consistency in providing

exclusive breastfeeding. The full six-month breastfeeding journey is frequently fraught with various physical and psychological challenges. Without moral encouragement and practical assistance from immediate family members, mothers are more susceptible to distress and may resort to alternatives other than breast milk. Therefore, the successful fulfillment of this infant nutritional right relies not solely on maternal readiness, but also on the absolute commitment and care of the entire family unit (Umami et al., 2025)

Another factor is breastfeeding self-efficacy (BSE). Mothers with high breastfeeding self-efficacy (BSE) are proven to be more committed to providing exclusive breastfeeding compared to those with low BSE. This strong self-efficacy is also frequently observed among mothers with higher educational attainment. The combination of academic understanding and optimal self-confidence enables mothers to consistently sustain exclusive breastfeeding practices in accordance with health recommendations (De Roza et al., 2019; Oktaviyana et al., 2022)

Meanwhile, the availability of lactation support facilities plays an equally crucial role in optimizing exclusive breastfeeding practices within the community. The lack of supportive infrastructure in workplaces or public spaces often acts as a major stumbling block, forcing mothers to transition to formula milk prematurely. Consequently, the provision of adequate facilities is imperative to ensure a sense of security and comfort for mothers, enabling the breastfeeding process to continue in accordance with health recommendations despite their out-of-home activities (Prastita et al., 2025).

These factors may hinder the realization of exclusive breastfeeding within the working area of the Suak Ribee Public Health Centre in West Aceh Regency, leading to suboptimal exclusive breastfeeding coverage. The aim of this study is to determine the determinants of successful exclusive breastfeeding among mothers with infants aged 6–11 months by obtaining data retrospectively when their infants were 0–5 months old. Therefore, examining these determinants is essential to identify them and promptly implement follow-up actions to enhance mothers' awareness of providing exclusive breastfeeding.

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METHOD

This study employs a quantitative research design with a cross-sectional approach to examine the factors influencing exclusive breastfeeding practices. The research was conducted within the working area of the Suak Ribee Public Health Centre, Johan Pahlawan District, West Aceh Regency, in February 2026.

The study population consisted of 52 mothers with infants aged 6–11 months residing in the working area of the Suak Ribee Public Health Centre, with a total sampling technique used to include the entire population.

The independent variables in this study include knowledge, family support, breastfeeding self-efficacy (BSE), and the availability of lactation facilities, while the dependent variable is exclusive breastfeeding. The research instruments utilized were questionnaires comprising 7 items for knowledge, 15 items for family support, 12 items for BSE, 10 items for the availability of lactation facilities, and 3 items for exclusive breastfeeding practices.

Validity testing was conducted on 20 respondents in the working area of the Kuta Alam Public Health Centre, Banda Aceh City, and analyzed using IBM SPSS Statistics with a critical r -table value of < 0.44 . Furthermore, reliability testing using Cronbach's alpha yielded values of 0.78 for exclusive breastfeeding, 0.85 for knowledge, 0.88 for facility availability, 0.81 for paternal support, and 0.90 for BSE.

Data analysis comprised univariate, bivariate, and multivariate analyses. Bivariate analysis was performed using the chi-square test to examine the relationships between knowledge, BSE, paternal support, facility availability, and exclusive breastfeeding. Subsequently, multivariate analysis was conducted using logistic regression to determine the magnitude of the effect of each independent sub-variable on the dependent variable. The research ethics applied in this study included Informed Consent, Anonymity, Confidentiality, and Beneficence.

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RESEARCH RESULTS

Table 1. Characteristics of respondents in the working area of the Suak Ribee Public Health Centre (N = 52)

Variable	Results
Age (n/%)	
20-35	46/88,5
>35	6/11,5
Education Level (n/%)	
Bachelor	16/30,8
Tertiary	32/61,5
Secondary	4/7,7
Employment Status (n/%)	
Occupational	7/13,5
Official	6/11,5
Others	14/26,9
Housewife	25/48,1
Knowledge (n/%)	
Good	33/63,5
Poor	19/36,5
Paternal Support (n/%)	
Good	19/36,5
Poor	33/63,5
BSE	
High	30/57,7
Low	22/42,3
Facility availability (n/%)	
Adequate	22/42,3
Inadequate	30/57,7
Exclusive Breastfeeding (n/%)	
Yes	24/46,2
No	28/53,8

Based on Table 1, most respondents were aged 20–35 years (88.5%), had tertiary education (61.5%), and were housewives (48.1%). Most respondents had good knowledge (63.5%), while poor paternal support (63.5%) and inadequate facility availability (57.7%) were more common. In addition, 57.7% had a high level of BSE, and slightly more than half of the respondents did not successfully practice exclusive breastfeeding (53.8%).

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Table 2. Results of Bivariate Analysis N = 52)

Variable	Exclusive Breastfeeding				Total		P Value
	Successful		Unsuccessful		f	%	
	f	%	f	%			
Knowlegde							
Poor	4	21,1	15	78,9	19	100	0,014
Good	20	60,6	13	39,4	33	100	
BSE							
Low	19	63,3	11	36,7	30	100	0,009
High	5	22,7	17	77,3	22	100	
Paternal Support							
Poor	10	30,3	23	69,7	33	100	0,006
Good	14	73,7	5	26,3	19	100	
Facility availability							
Inadequate	9	30	21	70	30	100	0,014
Adequate	15	68,2	7	31,8	22	100	

Based on Table 2, knowledge, BSE, paternal support, and facility availability were significantly associated with exclusive breastfeeding, as indicated by p-values below 0.05. Respondents with good knowledge, good paternal support, and adequate facility availability showed higher rates of successful exclusive breastfeeding, while the results also demonstrated a significant association between BSE and exclusive breastfeeding.

**Table 3. Multivariate Logistic Regression Analysis
N = 52)**

	Coefficients	P Value	OR	IC95%	
				Min	Max
Good Knowledge	0.104	0.817	1.109	0.459	2.680
High BSE	0.077	0.395	1.080	0.63	1.291
Good Paternal Support	0.197	0.030	1.218	1.019	1.454
Adequate facility availability	0.481	0.043	1.617	1.013	2.581

Based on the multivariate logistic regression analysis, paternal support and facility availability were significantly associated with exclusive breastfeeding, with p-values of 0.030 and 0.043, respectively. Adequate facility availability showed the highest odds ratio (OR = 1.617), indicating that it was the strongest factor associated with successful exclusive breastfeeding among the variables included in the analysis.

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DISCUSSION

Knowledge serves as a crucial cognitive aspect in shaping behavior. However, the findings of this study indicate that knowledge is not always the primary element driving mothers' success in providing exclusive breastfeeding (p -value = 0.817). Similar research has found that while most mothers possess a thorough understanding of exclusive breastfeeding, the actual implementation rate remains low due to the substantial influence of work environment constraints, a lack of social support, and low maternal autonomy (Bhengu & Hoque, 2026). Furthermore, another study by (Quebu et al., 2023) emphasized that despite adequate maternal knowledge, it cannot prevent failure in exclusive breastfeeding when mothers face psychological distress, concerns regarding milk supply, and a lack of surrounding support facilities.

A mother's self-efficacy contributes to her initial motivation for breastfeeding; however, in practice, this internal psychological factor does not always function independently as a determinant of success in exclusive breastfeeding. This study found that BSE does not have a significant effect on exclusive breastfeeding success. A mother's self-confidence can experience a significant decline when confronted with unsupportive structural and external environmental barriers. When a mother experiences postpartum physical fatigue, a lack of surrounding support facilities, and socio-economic pressures, confidence alone is often insufficient to sustain exclusive breastfeeding without tangible systemic support. While individual behavior can be influenced by self-confidence, high self-confidence does not always guarantee successful and effective breastfeeding practices. This is due to various factors such as latch-on, positioning, and milk transfer, all of which are closely related to breast structure and function (Pradanie, 2015).

Paternal support serves as one of the key factors in a mother's breastfeeding success, as it influences her emotions, motivates her when providing breast milk to her infant, assists with household chores, and contributes to changes in knowledge. A husband's understanding and economic situation significantly influence the success of exclusive breastfeeding

specifically, while also generally impacting the health of all family members (Nasution, 2023)

This study found that mothers who receive good paternal support are 21.8% more likely to achieve exclusive breastfeeding success (OR = 1.218). Research by Zhou outlines the positive impact of spousal support interventions in increasing breastfeeding success rates. This has proven to be an effective approach that significantly encourages lactation practices, prolongs breastfeeding duration, and increases exclusive breastfeeding coverage (Zhou et al., 2024)

The availability of breastfeeding spaces significantly influences the success of exclusive breastfeeding. Lactation rooms can be established within permanent buildings, either as dedicated spaces or as part of healthcare facilities in workplaces and public areas. Every workplace and public space should provide lactation room facilities in accordance with minimum standards and based on existing needs. This study demonstrates that the availability of supportive facilities contributes to a 61.7% increase in the likelihood of successful exclusive breastfeeding (OR = 1.617).

These findings are supported by previous research indicating that facility availability provides an odds ratio of OR = 0.222, representing a 77.8% potential influence in supporting exclusive breastfeeding (Purnama Dewi et al., 2022). The availability of breastfeeding facilities serves as an essential component in achieving exclusive breastfeeding coverage, enabling nursing mothers to breastfeed wherever they may be.

CONCLUSION

The availability of supportive breastfeeding facilities increases the likelihood of exclusive breastfeeding by 61.7% (OR = 1.617). Furthermore, good paternal support provides a 21.8% increased chance of exclusive breastfeeding success (OR = 1.218). However, on the other hand, two factors were found to have no significant effect on the success of exclusive breastfeeding, namely knowledge and breastfeeding self-efficacy (BSE).

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