

Level of Knowledge, Mother's Perception, and Family Support with Exclusive Breastfeeding

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ABSTRACT

Background: The baby's immune system is strengthened by exclusive breastfeeding, thus protecting the baby from various diseases that can endanger his health. To determine the relationship between the level of knowledge, perception, family support, and exclusive breastfeeding.

Method: This was a cross-sectional study. This study used the chi-square analysis test. This quantitative research was carried out in the work area of the Sindang Barang Community Health Center between October 2024-March 2025. The samples were collected using an accidental sampling technique. The sample size was determined using the Slovin Formula, resulting in a total of 78 samples. The data used are taken directly using a questionnaire consisting of the variables level of knowledge, mother's perception, and family support.

Result: There is a significant relationship between knowledge, positive perception, family support and exclusive breastfeeding with respective p values (0.000; 0.016; 0.000). Based on statistical tests, the OR value for the knowledge variable was also 13.8, which means that mothers with poor knowledge have a 13.8 times greater chance of not providing exclusive breastfeeding than mothers with good knowledge. The OR value for the family support variable is 5.5, which means that mothers who have a negative perception are 5.5 times more likely to not provide exclusive breastfeeding than mothers with a positive perception. The OR value for the family support variable is 26.1, which means that mothers with a lack of family support have a 26.1 times greater chance of not providing exclusive breastfeeding than mothers who receive family support. It can be concluded that there is a significant relationship between knowledge, positive perceptions, family support, and exclusive breastfeeding.

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INTRODUCTION

Exclusive breastfeeding is a nutritional intake given to babies exclusively for six months from birth without any additional solid food except minerals, vitamins and medicines in the form of oral, drops or syrup.(1)(2)(3) Exclusive breastfeeding is very important in meeting nutritional needs and protecting infants from disease. Providing exclusive breastfeeding can also strengthen the emotional bond between mother and baby.(4)(5)(6) Exclusive breastfeeding is provided until the age of 6 months, and after the age of more than 6 months, additional MP-ASI can be given additional MP-ASI. MP-ASI is a complementary food given after the baby is six months old to meet more complex nutritional needs. The provision of MP-ASI must be adjusted to the development of the baby and it is recommended to continue to provide breast milk as the main source of nutrition.(7)

Nearly 60% of newborns under six months old are not exclusively breastfed globally, despite strong evidence of the advantages of nursing; this percentage has

barely changed over the previous 20 years.(8) The study showed that 51.6% of the respondents breastfed exclusively in Indonesia. The Nusa Tenggara region had the highest proportion (72.3%), whereas the Kalimantan province had the lowest (37.5%). Mothers who lived in Nusa Tenggara, Sulawesi, Java-Bali, and Sumatra had a higher chance of exclusive breastfeeding than those in Kalimantan. The factors associated with the exclusive breastfeeding vary widely across all regions, and the child's age is the only common factor associated with the exclusive breastfeeding in all regions, except Kalimantan.(9) This shows that further efforts are needed to increase the coverage of exclusive breastfeeding in Indonesia. The important role of various parties such as the government, society, and health institutions needs to be increased to achieve the targets that have been set.(10)(11)

The coverage of exclusive breastfeeding in West Java in 2016 was 46.4%, which is still below the national coverage of 52.3%, and especially below the national target of 80%. In Bogor City, the coverage of exclusive breastfeeding in 2016 was 53.3% (West Java Health Office

2016). The coverage of exclusive breastfeeding at the Sindang Barang Health Center in 2019 was only 29%. In 2021, the coverage of exclusive breastfeeding at the Sindang Barang Health Center in Bogor increased by 34.97% who were given exclusive breastfeeding (Sindang Barang Health Center Profile, 2021). This shows that giving breast milk as the primary food for babies is still lacking. In fact, a decrease in child nutrition that causes children to be malnourished to poor and short (stunting) can be prevented as early as possible by providing exclusive breastfeeding. The importance of providing exclusive breastfeeding to babies is not only for optimal growth and development but also for preventing long-term health problems. Therefore, education on the importance of breastfeeding needs to be continuously improved in the community.

Problems related to achieving exclusive breastfeeding coverage include: Marketing of formula milk is still being carried out intensively for babies aged 0-6 months who do not have any medical problems, there are still many companies that employ women, and not providing opportunities for mothers who have babies aged 0-6 months to carry out exclusive breastfeeding. (12)(13) There are several inhibiting factors for exclusive breastfeeding, including babies under 6 months of age who are given other foods or drinks that should be given as complementary foods for breast milk (MPASI) for babies over 6 months of age. Lack of knowledge of mothers about the nutritional content of breast milk, lack of knowledge of mothers about the nutritional needs of babies aged 0-6 months, the influence of customs.(14)(15) Another factor that also affects exclusive breastfeeding is the lack of support from the family and the surrounding environment for breastfeeding. Lack of support can make mothers feel insecure about providing exclusive breastfeeding to their babies.

Research Objective: To determine the Relationship between the Level of Knowledge, Perception and Family Support with Exclusive Breastfeeding in the Work Area of Sindang Barang Health Center. The novelty of this study is the combination of knowledge, perception, and family support factors in relation to the practice of exclusive breastfeeding in the work area of the Sindang Barang Health Center. The results of this study are expected to provide useful information for efforts to improve the practice of exclusive breastfeeding in the community.

METHOD

Research Design

This study used a cross-sectional design, which is a study conducted simultaneously at one time by observing the research subjects at one time.

Variable

Three main independent variables were analyzed in this study.

1. **Knowledge Level:** This variable refers to mothers' level of knowledge regarding exclusive breastfeeding. Good knowledge is categorized as having a comprehensive understanding of the benefits and practices of exclusive breastfeeding, whereas poor knowledge indicates a lack of information or understanding.
2. **Mother's Perception:** This variable includes the mother's views or attitudes towards exclusive breastfeeding. A positive perception reflects an attitude that supports the practice of exclusive breastfeeding, while a negative perception indicates an attitude that is less supportive.
3. **Family Support:** This variable describes support from family members for mothers in their efforts to provide exclusive breastfeeding. Support is considered positive when family members actively provide assistance and encouragement, while a lack of support indicates the mother's helplessness in implementing exclusive breastfeeding practices.

In this study, the dependent variable analyzed was exclusive breastfeeding status. This status refers to the practice of breastfeeding mothers who provide breast milk to infants aged 6-12 months, in accordance with the recommendations of the World Health Organization (WHO). Exclusive breastfeeding status serves as the main indicator of the success of interventions related to knowledge, perceptions, and family support for mothers in providing breastfeeding.

In this study, each variable was operationalized using standardized survey items. Regarding Knowledge Level, respondents answered multiple-choice questions regarding the benefits, duration, and techniques of exclusive breastfeeding. Each correct answer receives one point; a cumulative score above a predetermined threshold (e.g., 70% correct) categorizes mothers as having "good knowledge," whereas scores below classify them as "poor."

Mothers' perceptions were assessed through Likert-scale statements (e.g., "I believe exclusive breastfeeding is beneficial for my baby"). Responses ranged from strongly disagree to strongly agree. A mean score is calculated, with scores above the median indicating a "positive perception" and below indicating a "negative perception."

Family Support was measured via items that assess the availability and quality of familial assistance (e.g., "My family actively supports my breastfeeding efforts"). These items are scored on a Likert scale. The aggregated score differentiated between adequate ("support") and inadequate ("lack of support") family involvement. Exclusive Breastfeeding Status is the binary dependent variable, where affirmative practice of breastfeeding exclusively for infants aged 6–12 months as per WHO guidelines is coded as positive and deviation is coded as negative. *Research Time, Population and Sample*

This quantitative research was conducted in the Sindang Barang Health Center working area from October 2024–March 2025. The population in this study consisted of mothers breastfeeding babies aged 6–12 months totaling 249 in the Sindang Barang Health Center working area. Samples were taken from mothers who had toddlers in the five working areas of the Sindang Barang Health Center. Sampling was performed using an accidental sampling technique. The sample size used in this study was based on the Slovin Formula, and 78 samples were obtained. This method allows rapid participant recruitment, especially in contexts where the population is easily accessible and there are time constraints. In the case of mothers of breastfeeding infants aged 6–12 months at the Sindang Barang Health Center, this approach ensured that data could be collected efficiently from those who were present and willing to participate, in line with the study objectives of assessing maternal knowledge, perceptions, and family support. The sampling technique was considered appropriate for an exploratory study, in which hypotheses were formulated rather than tested. Thus, these findings provide valuable insights into the local context of breastfeeding practices.

Sample criteria

Inclusion Criteria:

1. Child Age: Mothers who have babies aged 6–12 months.

2. Geographical Location: Mothers who live or receive services in the Sindang Barang Health Center Working Area.
3. Breastfeeding Status: Mothers who are currently breastfeeding their children.

Exclusion Criteria:

1. Health Condition: Mothers with health problems that may affect their ability to breastfeed (e.g., infection or chronic disease).
2. Formula Use: Mothers who provide formula as part of their child's diet, which does not fit the definition of exclusive breastfeeding.
3. Participation in Other Research: Mothers who are involved in other research studies related to breastfeeding.

Data collection

The data used in this study were primary data obtained directly using a questionnaire consisting of the level of knowledge, maternal perception, and family support. Secondary data were obtained directly from the Sindang Barang Bogor Health Center. In the context of this study, "direct" means that primary data were obtained directly by administering structured questionnaires to the target participants. This process involved face-to-face interviews, where researchers collected responses on knowledge level, mothers' perceptions, and family support, without relying on intermediary sources. Includes data on breastfeeding mothers who have babies aged 6–12 months and from other sources such as journals related to the title of the study. This study used the chi-square analysis test, in which a univariate test was carried out to determine if there was a relationship. This process was performed using SPSS statistical software, which allows quantitative data analysis with high efficiency and accuracy. For univariate analysis, descriptive statistics were used to provide an overview of the sample characteristics.

Ethical Clearance

This research has passed the ethical test from Ibn Khaldun University Bogor with number 018/K.11/KEPK/FIKES-UIK.

RESULT AND DISCUSSION

Table 1. Relationship between knowledge, perception, and family support towards exclusive breastfeeding in the Sindang Barang health center work area

Variable	Exclusive Breastfeeding						P-value	OR (CI 95%)
	Yes		No		Total			
	n	%	n	%	N	%		
Knowledge							0.000	13.867
Good	12	57.1	9	42.9	21	100		(3.931-48.915)
Poor	5	8.8	52	91.2	57	100		
Perception							0.000	5.571
Positive	15	30	35	70	50	100		(1.170-26.520)
Negative	2	7.1	26	92.9	28	100		
Family support							0.000	26.125
Support	11	73.3	4	26.7	15	100		(6.313-108.114)
Lack of support	6	9.5	57	90.5	63	100		

Table 1 shows that the results of the statistical test using chi-square obtained a P-value of 0.000 (P-value <0.005). This means that H₀ is rejected; therefore, it can be interpreted that there is a significant relationship between knowledge and exclusive breastfeeding. Based on the statistical test, an OR value of 13.8, which means that mothers with poor knowledge have a 13.8 times greater chance of not providing exclusive breastfeeding than mothers with good knowledge.

Mothers who provide exclusive breastfeeding with positive perceptions have a larger proportion of 50 people to provide exclusive breastfeeding, of which 15 (30.0%) provided exclusive breastfeeding and 35 (70.0%) did not. Meanwhile, of the 28 mothers with negative perceptions, 2 (7.1%) provided exclusive breastfeeding and 26 (92.9%) did not.

The results of statistical tests using chi-square obtained a P-value of 0.016 (P-value <0.005). This means that H₀ is rejected. Therefore, it can be interpreted that there is a significant relationship between mothers with positive perceptions and the provision of Exclusive Breastfeeding. Based on statistical tests, an OR value of 5.5 was also obtained, which means that mothers who have negative perceptions are 5.5 times more likely to not provide exclusive breastfeeding than mothers with positive perceptions.

Mothers who provided exclusive breastfeeding with family support had a larger proportion of 15 people, of which 11 (73.3%) provided exclusive breastfeeding and 4 (26.7%) did not. Meanwhile, of the 63 mothers who lacked family support, 6 (9.5%) provided exclusive breastfeeding and 57 (90.5%) did not.

The results of the statistical test using chi-square obtained a P-value of 0.000 (P-value <0.005). This means

that H₀ is rejected; therefore, it can be interpreted that there is a significant relationship between family support and exclusive breastfeeding. Based on the statistical test, an OR value of 26.1, which means that mothers with a lack of family support have a 26.1 times greater chance of not providing exclusive breastfeeding than mothers who receive family support.

Mothers' knowledge affects exclusive breastfeeding. These results indicate the importance of increasing maternal knowledge of exclusive breastfeeding to improve exclusive breastfeeding practices. This can be achieved through targeted education and socialization programs for pregnant and lactating mothers. In addition, support from health workers is also very important in increasing maternal understanding of the importance of exclusive breastfeeding for infant health.(16)(17) Good knowledge about the benefits of exclusive breastfeeding can also help mothers to remain consistent in providing breast milk to their babies.(18)(19) The role of health workers and education programs is very necessary to support the practice of exclusive breastfeeding in the community.(20)(21) Support from family and the surrounding environment can also influence the success of exclusive breastfeeding practices.(22)(23)

Community involvement in supporting breastfeeding mothers can also be a determining factor in increasing exclusive breastfeeding rates in the community.(24)(25) Good social support can help mothers maintain consistency in providing exclusive breastfeeding to their babies.(26)(27) In addition, easy and accurate access to information can increase public awareness of the importance of exclusive breastfeeding practices. Thus, collaboration between families, the surrounding environment, and the community is important in creating

an environment that supports exclusive breastfeeding practices. Through this joint effort, it is hoped that the number of cases of exclusive breastfeeding in the community will continue to increase.

Positive perceptions of exclusive breastfeeding had a significant effect on mothers' decisions to provide exclusive breastfeeding. This shows the importance of education and support for mothers to better understand the benefits of exclusive breastfeeding on infant health. Positive perceptions of exclusive breastfeeding can be an important factor in increasing the rate of exclusive breastfeeding in the community. Therefore, more intensive education programs are needed to increase mothers' understanding of the benefits of exclusive breastfeeding. Education programs that involve health workers and the wider community can help raise awareness of the importance of exclusive breastfeeding. Support from family, friends, and the surrounding environment can also strengthen mothers' decisions to breastfeed their babies exclusively. In addition, support from government agencies and non-profit organizations can also contribute to creating an environment that supports the practice of exclusive breastfeeding.(28) All parties must work together to create a culture that prioritizes infant health through exclusive breastfeeding. Proper education and information are also important to increase the understanding of the benefits of exclusive breastfeeding. Community programs that support exclusive breastfeeding practices can also help to create a conducive environment for breastfeeding mothers. Support from health workers and lactation counselors can also provide important assistance to mothers who want to breastfeed exclusively. These efforts can help to increase the rate of exclusive breastfeeding in the community. Positive perceptions of exclusive breastfeeding are crucial in determining mothers' choice to engage in such practices. Research indicates that a mother's belief in the health benefits of exclusive breastfeeding significantly enhances her likelihood of committing to it.(29) Furthermore, the Health Belief Model underscores that perceptions of benefits and social support can strongly influence breastfeeding behaviors, suggesting that educational programs are essential for fostering these positive beliefs. (30) Engagement from health workers and community programs is vital in disseminating accurate information about breastfeeding benefits, thus creating a supportive environment for mothers.(31) Additionally, social encouragement from family and peers enhances mothers' breastfeeding practices a phenomenon substantiated by studies showing that support networks can mitigate challenges faced during the breastfeeding journey.(32)

Therefore, a concerted effort among healthcare providers, families, and community organizations is imperative to promote exclusive breastfeeding as a norm that strengthens infant health.(33)

Mothers' perceptions play an important role in exclusive breastfeeding for their babies. These results indicate the need for a more focused approach to education and support to improve the practice of exclusive breastfeeding. There needs to be programs that support mothers to have a positive perception of exclusive breastfeeding to increase the rate of exclusive breastfeeding in the community. In addition, further research should be conducted to identify other factors that influence mothers' perceptions of exclusive breastfeeding. Collaborative efforts are needed between the government, health practitioners, and the community to create an environment that supports exclusive breastfeeding. Thus, it is hoped that the rate of exclusive breastfeeding will increase significantly in various communities. Continuous education and socialization are also needed so that information about the benefits of exclusive breastfeeding can be widely disseminated in the community. This can help increase mothers' awareness of the importance of exclusive breastfeeding for infant health. In addition, support from family and the surrounding environment is also very important in supporting the practice of exclusive breastfeeding.(23)(24) Through solid cooperation between all related parties, it is hoped that there will be positive changes in community habits related to exclusive breastfeeding. All parties must work together to create an environment that supports EBF practices of exclusive breastfeeding. Thus, the health of babies can be well maintained and future generations can grow optimally.

Mothers who received family support tended to be more successful in providing exclusive breastfeeding than those who did not receive such support. Family support can increase the success of exclusive breastfeeding among mothers. Therefore, it is important for families to provide adequate support so that mothers can provide exclusive breastfeeding. Family support can also help reduce stress and increase mothers' confidence in providing exclusive breastfeeding. This shows the importance of the family's role in supporting mothers in providing exclusive breastfeeding. Family support can also create a positive and comfortable environment for mothers in providing exclusive breastfeeding.(17)(35) This can strengthen the emotional bond between the mother and baby, and improve the well-being of both parties. In addition, family support can help mothers stay calm and focus when facing challenges in providing exclusive breastfeeding. With strong support from the family, mothers feel more

motivated and able to continue providing exclusive breastfeeding to their babies. Family support can also help mothers overcome the fatigue and stress that may be experienced during exclusive breastfeeding. Additionally, family support can increase mothers' confidence in providing exclusive breastfeeding to their babies.

Family support had a significant influence on exclusive breastfeeding. Therefore, it is important for mothers to receive family support to provide exclusive breastfeeding to their babies. Family support can increase success by providing exclusive breastfeeding to their babies. Therefore, efforts are needed to increase family support for breastfed mothers. Family support can provide motivation and emotional support for breastfeeding mothers, thereby increasing their likelihood of success in providing exclusive breastfeeding. In addition, family support can help reduce the level of stress and anxiety experienced by the mother, thereby strengthening the bond between mother and baby during the breastfeeding process. This can also create a more positive and supportive environment for breastfeeding mothers, thereby strengthening their commitment to exclusively breastfeed their babies. Therefore, it is important for all family members to be actively involved in providing support to breastfeeding mothers, so that the breastfeeding process can run smoothly and successfully. Family support can also help increase the mother's confidence in providing breast milk to her baby.(36)(37)(38) In addition, with family support, mothers feel more comfortable and calm during breastfeeding. This can also reduce the level of stress and anxiety felt by the mother, thus allowing smoother breast milk production. Family support can also create a strong emotional bond between mother and baby during the breastfeeding process.

In the working area of the Sindang Barang Health Center, various socioeconomic and cultural factors influence the results of exclusive breastfeeding. Several studies have highlighted how maternal knowledge, perceptions, and family support play an important role in fostering successful breastfeeding practices in certain socio-cultural contexts.(39)(40) Mothers who have comprehensive knowledge about exclusive breastfeeding are more likely to adopt good practices, as evidenced by the low discontinuation rate associated with inadequate knowledge.(41)

Cultural beliefs about the role of mothers and breastfeeding, which are prevalent in the local community, also influence the mothers' perceptions of the benefits of breastfeeding. For example, community support networks, including family and health workers, can increase mothers' self-confidence and motivation, thereby increasing

exclusive breastfeeding rates.(42)(43) This is in line with findings that emphasize the importance of family involvement in promoting breastfeeding.(42) In addition, socioeconomic conditions such as household income and maternal education critically shape mothers' attitudes toward exclusive breastfeeding, further underscoring the interaction of cultural and economic dimensions in breastfeeding. breast milk. practice.(40)(41)(44)

The study may not include other potential factors such as cultural influences, socioeconomic status, and mental health, which could significantly affect exclusive breastfeeding practices. Future studies should explore these dimensions for a comprehensive understanding of the barriers and facilitators to exclusive breastfeeding.

CONCLUSION

Knowledge of breastfeeding mothers at Sindang Barang Health Center had a strong influence on breastfeeding practices. The perception of breastfeeding mothers also had a significant influence on breastfeeding practices. Family support also plays an important role in breastfeeding.

There needs to be an increase in information and education related to the benefits of breast milk to increase the level of knowledge of breastfeeding mothers in the region. Efforts need to be made to improve breastfeeding mothers' perceptions of the importance of exclusive breastfeeding. Socialization and approaches to families need to be implemented to support breastfeeding mothers in providing exclusive breastfeeding.

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Conflict of Interest

No potential conflicts of interest relevant to this article were reported

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