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# BREASTFEEDING BARRIERS THAT CONTRIBUTE TO EXCLUSIVE BREASTFEEDING FAILURE

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**Abstract**

**Background**: Breast milk is the best nutrition for children, but many children in Indonesia do not receive exclusive breastfeeding. According to SSGI data, only 48.58% of babies in Bogor district are exclusively breastfed. This is due to various obstacles in the breastfeeding process, which can stem from both maternal and infant factors. If this situation continues, the child's nutritional needs may not be adequately met. **Objective**: To determine the most dominant factor in exclusive breastfeeding failure. **Method**: A cross-sectional study was conducted with a random sample of 182 individuals in Bogor Regency. Data were analyzed using the chi-square test and logistic regression. **Result**: There was no significant association between exclusive breastfeeding failure and mothers having difficulty managing time between work and breastfeeding, difficulties in positioning the baby, or experiencing nipple blisters ($p \leq 0.05$). Additionally, no significant associations were found between exclusive breastfeeding failure and infants remaining fussy even after breastfeeding, mothers experiencing depression during initial breastfeeding, feeling embarrassed while breastfeeding, infants having difficulty breastfeeding, or mothers experiencing swollen breasts ($p > 0.05$). **Conclusion**: Infants who remained fussy despite breastfeeding were found to be the most dominant factor contributing to exclusive breastfeeding failure, with an odds ratio (OR) of 2.308.



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## INTRODUCTION

Breastfeeding and exclusive breastfeeding are critical for ideal infant growth and development nutrition. However, it is still below the national standard, with a percentage of 67.96% of the target

achievement being 100%. However, breastfeeding mothers face several challenges amid global efforts to encourage this practice. In carrying out this vital role, mothers face many challenges, such as health problems that affect milk production, social pressure, lack of support, and constraints in the practice of breastfeeding itself. Due to a lack of support from family, spouse, or the surrounding community, many mothers face problems.[1] It is crucial to get emotional and practical support to help mothers cope with the various challenges that may arise.[2]

This can be a significant psychological barrier, affecting a breastfeeding mother's comfort level and confidence.[3] This can be a significant psychological barrier, affecting a breastfeeding mother's comfort level and confidence.[4] This can be a significant psychological barrier, affecting a breastfeeding mother's comfort level and confidence.[5] For some mothers, exclusive breastfeeding can be a challenge due to workload and lack of free time.[6] Unable workplace space and time for breastfeeding can also be a significant barrier.[7]

Failure to exclusively breastfeed can have a significant impact on reproductive health for both mother and baby. Infants who are not exclusively breastfed are at a higher risk of infectious diseases, such as respiratory tract infections, diarrhea, and ear infections. These infections can harm a baby's health, especially in the early years.[8] Failure to provide exclusive breastfeeding can also impact the reproductive health of the mother. Women who do not exclusively breastfeed have a higher risk of reproductive health problems, such as mastitis, breast abscesses, and delays in postpartum recovery.[9] Mothers who fail to breastfeed their first child exclusively may face a higher risk of health complications in subsequent pregnancies, such as pregnancy anemia, premature birth, or low birth weight babies[10]

According to data from the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), although awareness of the importance of exclusive breastfeeding has increased, the practice rate still needs to reach the target of 48%.[11] These figures demonstrate the complexity of the problem worldwide, where external factors such as health policies, supporting infrastructure, and community perceptions are critical to the success of these practices.[12]

A review of previous research shows various challenges and failures in exclusive breastfeeding.[13] Some researchers suggest that common causes of this failure include things like a lack of understanding of the benefits of exclusive breastfeeding, negative societal perceptions, and the inability to get adequate support.[9] Although much research has been studied, there still needs to be research gaps in a deeper understanding of how these factors interact and how they can be addressed across the board.

Bogor district has the lowest exclusive breastfeeding coverage compared to surrounding areas at 48.58%, but this achievement is still far from the Bogor district target of 70% and the national

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target of 100%. Although the coverage in West Bogor has exceeded the national target, it must still be increased to 100 percent, considering that exclusive breastfeeding is closely related to the incidence of child malnutrition, such as wasting and stunting.[14] This study aims to determine which breastfeeding barriers are the most dominant causes of exclusive breastfeeding failure. Renewal of this study examines maternal factors and those seen in infants and uses advanced tests, namely multivariate.

## METHOD

This research used a cross-sectional approach to determine what obstacles affect exclusive breastfeeding failure. This research was conducted in the working area of Puskesmas Situ Udik. This location was chosen as the research site because exclusive breastfeeding achievement still needed to be higher than other areas in Bogor Regency and because the researcher had observed several other locations. This study was conducted in October 2023. This study involved mothers with infants aged 6-12 months. After calculating using random sampling techniques, a sample of 182 people was obtained, which was calculated using the Slovin formula to obtain a sample that represents all populations and is more specific or close to the existing population.

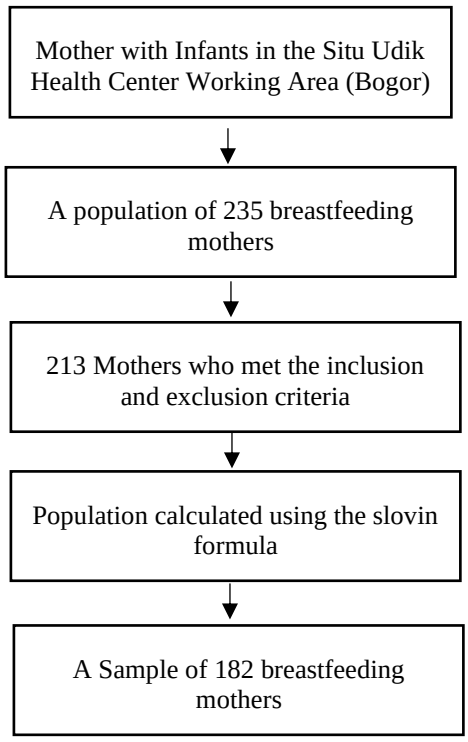


**Figure 1**. Flow of sample selection of breastfeeding mothers

This study uses primary data obtained directly by researchers related to several independent and dependent variables. The researcher15 modified the questionnaire and has also been tested for feasibility (0.645) and reliability (0.846) beforehand. This validity test sample involved 30 mothers who had babies aged 6-12 months based on the validity test requirements. The variables studied were

mothers having difficulty in managing time between work and breastfeeding, mothers having difficulty in positioning the baby while breastfeeding, the baby remaining fussy even though he has been breastfed, mothers experiencing difficulty during the first time breastfeeding, mothers feeling embarrassed while breastfeeding, the baby having difficulty in breastfeeding, mothers experiencing swollen breasts while breastfeeding, mothers experiencing nipple cracking while breastfeeding and exclusive breastfeeding failure. The collected data were analyzed univariately and bivariately using the chi-square test to evaluate the association between the independent variables and the variable with an α value of 0.05. In addition, multivariate data were analyzed to identify the most likely confounding factors leading to exclusive breastfeeding failure using the logistic regression test. To provide a complete picture of the data collected in this study, the data were presented in tabular format and accompanied by narrative explanations. The Health Research Ethics Commission of STRADA Institute of Health Sciences Indonesia has approved this study with number 3846/KEPK/VI/2023.

## RESULTS

In this study, the data were analyzed through three (three) stages: univariate, bivariate, and multivariate. Table 1 illustrates that the most numerous sample based on the baby's sex was male at 52.7%, the most numerous sample based on previous pregnancy was ever pregnant at 98.9%, the most numerous sample based on pregnancy spacing was not at risk at 91.8%, the most numerous sample based on mother's occupation was a housewife at 89.6%, and the most numerous sample based on mother's education was low education at 87.9%.

Mothers do not have difficulty in managing their time between work and breastfeeding most are 58.2%; mother do not finds it challenging to position the baby during breastfeeding most are more are 67.7%; baby not remain fussy even after breastfeeding more are 57.7%; the mother is not depressed at the first time she breastfeeds more are 68.1%, mother not feels embarrassed when breastfeeding more are 74.2%, the baby not has difficulty in breastfeeding more are 78.0%, mother has swollen breasts while breastfeeding more are 51.1%, mother experiences nipple cracking while breastfeeding more are 55.5%.

**Table 1.** Respondent Characteristics and variable distribution

| Variable | Frequency | % |
|---|---|---|
| **Baby's gender** | | |
| Male | 96 | 52.7 |
| Female | 86 | 47.3 |
| **Previous Pregnant** | | |
| Ever Been Pregnant | 180 | 98.9 |
| Never | 2 | 1.1 |
| **Pregnancy Distance** | | |
| At risk <2 years | 15 | 8.2 |
| No Risk >2 years | 167 | 91.8 |

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| Variable | Frequency | % |
|---|---|---|
| **Mother's Occupation** | | |
| Work | 19 | 10.4 |
| Housewife | 163 | 89.6 |
| **Mother's Education** | | |
| Low | 160 | 87.9 |
| High | 22 | 12.1 |
| **Mother has difficulty in managing her time between work and breastfeeding** | | |
| Yes | 76 | 41.8 |
| No | 106 | 58.2 |
| **Mother finds it difficult to position the baby during breastfeeding** | | |
| Yes | 59 | 32.4 |
| No | 123 | 67.6 |
| **Baby remains fussy even after breastfeeding** | | |
| Yes | 77 | 42.3 |
| No | 105 | 57.7 |
| **The mother is depressed at the first time she breastfeeds** | | |
| Yes | 58 | 31.9 |
| No | 124 | 68.1 |
| **Mother feels embarrassed when breastfeeding** | | |
| Yes | 47 | 25.8 |
| No | 135 | 74.2 |
| **The Baby Has Difficulty In Breastfeeding** | | |
| Yes | 40 | 22.0 |
| No | 142 | 78.0 |
| **Mother has swollen breasts while breastfeeding** | | |
| Yes | 93 | 51.1 |
| No | 89 | 48.9 |
| **Mother experiences nipple blisters while breastfeeding** | | |
| Yes | 101 | 55.5 |
| No | 81 | 44.5 |
| **Total** | 182 | 100 |

Table 2 illustrates no relationship between mothers who have difficulty managing their time and the failure of exclusive breastfeeding with a p-value (0.433)>0.05. Mothers have difficulty positioning their babies while breastfeeding, which has a value of P-value (0.912)>0.05, which means there is no relationship with exclusive breastfeeding failure. However, one of the main problems was feeling uncomfortable or sick while breastfeeding. The baby remains fussy despite being breastfed and has a p-value of p-value (0.003)<0.05, which means there is an association with exclusive breastfeeding failure.

**Table 2.** Determinant Factors for Exclusive Breastfeeding Failure

| Variables | Exclusive breastfeeding | | | | | | P-Value | OR |
|---|---|---|---|---|---|---|---|---|
| | No Exclusive Breastfeeding | | Exclusive Breastfeeding | | Total | | | |
| | n | % | n | % | n | % | | |
| **Mother has difficulty in managing her time between work and breastfeeding** | | | | | | | | |
| Yes | 25 | 22.1 | 51 | 53.9 | 76 | 100 | 0.433 | 1.366 (0.717-2.602) |
| No | 28 | 30.9 | 78 | 75.1 | 106 | 100 | | |
| **Mother finds it difficult to position the baby during breastfeeding** | | | | | | | | |
| Yes | 18 | 17.2 | 41 | 41.8 | 59 | 100 | 0.912 | 1.104 (0.560-2.176) |
| No | 35 | 35.8 | 88 | 87.2 | 123 | 100 | | |
| **Baby remains fussy even after breastfeeding** | | | | | | | | |

| Variables | Exclusive breastfeeding | | | | | | P-Value | OR |
|---|---|---|---|---|---|---|---|---|
| | No Exclusive Breastfeeding | | Exclusive Breastfeeding | | Total | | | |
| | n | % | n | % | n | % | | |
| Yes | 32 | 22.4 | 45 | 54.6 | 77 | 100 | 0.003* | 2.844 (1.472-5.497) |
| No | 21 | 30.6 | 84 | 74.4 | 105 | 100 | | |
| **The mother is depressed at the first time she breastfeeds** | | | | | | | | |
| Yes | 26 | 16.9 | 32 | 41.1 | 58 | 100 | 0.003* | 2.919 (1.493-5.708) |
| No | 27 | 36.1 | 97 | 87.9 | 124 | 100 | | |
| **Mother feels embarrassed when breastfeeding** | | | | | | | | |
| Yes | 22 | 13.7 | 25 | 33.3 | 47 | 100 | 0.004* | 2.952 (1.467-5.941) |
| No | 31 | 39.3 | 104 | 95.7 | 135 | 100 | | |
| **The baby has difficulty in breastfeeding** | | | | | | | | |
| Yes | 18 | 11.6 | 22 | 28.4 | 40 | 100 | 0.021* | 2.501 (1.205-5.193) |
| No | 35 | 41.4 | 107 | 75.7 | 142 | 100 | | |
| **Mother has swollen breasts while breastfeeding** | | | | | | | | |
| Yes | 36 | 27.1 | 57 | 65.9 | 93 | 100 | 0.006* | 2.675 (1.364-5.245) |
| No | 17 | 25.9 | 72 | 63.1 | 89 | 100 | | |
| **Mother experiences nipple blisters while breastfeeding** | | | | | | | | |
| Yes | 34 | 29.4 | 67 | 71.6 | 101 | 100 | 0.180* | 1.656 (0.857-3.201) |
| No | 19 | 23.6 | 62 | 57.4 | 81 | 100 | | |

Mothers experiencing depression when first breastfeeding have a value of p-value (0.003)<0.05, which means there is an association with exclusive breastfeeding failure. Mothers felt embarrassed when breastfeeding had a value of p-value (0.004)<0.05, which means there is an association with exclusive breastfeeding failure. Infants experiencing difficulty in breastfeeding have a value of p-value (0.021)<0.05, which means there is an association with exclusive breastfeeding failure. A mother experiencing swollen breasts during breastfeeding has a value of p-value (0.006)<0.05, which means there is an association with exclusive breastfeeding failure. Mothers who experienced nipple cracking during breastfeeding had a value of p-value (0.180)>0.05, meaning there was no association with exclusive breastfeeding failure.

The final stage of this analysis is multivariate modeling, which looks at independent factors with a p-value below 0.25, so it can be continued in multivariate modeling. The results of the most dominant factor is that the baby remains fussy even though it has been breastfed with a value of 0.017, OR shows a value of 2.308 (1.472-5.497), which means that the baby remains fussy even though it has breastfed has a chance of 2.308 times experiencing exclusive breastfeeding failure.

**Table 3.** Most Influential Factors

| Independent Variable | B | p-value | OR | 95% CI |
|---|---|---|---|---|
| Baby remains fussy even after breastfeeding | 0.387 | 0.017 | 2.308 | 1.158-4.601 |
| The mother is depressed at the first time she breastfeeds | 0.635 | 0.095 | 1.887 | 0.896-3.977 |
| Mother feels embarrassed when breastfeeding | 0.740 | 0.059 | 2.096 | 0.972-4.519 |

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## DISCUSSION

Modern moms often need help with their work responsibilities and their commitment to breastfeed their babies exclusively.[15] One of the issues that most often prevents mothers from achieving exclusive breastfeeding practices is the difficulty in dividing time between work and breastfeeding. Sixteen mothers who work long or irregular hours may find it difficult to breastfeed exclusively due to the limited time spent with the baby.[12] Jobs that require travel or flexible working hours can also add to this problem. However, the results illustrate that homemakers are more numerous than working mothers, so homemakers can achieve exclusive breastfeeding practices because they have more time to care for their babies. However, it is different based on research at the Kawangkoan Health Center, which states that there is a relationship between working mothers and not providing exclusive breastfeeding.[7]

However, one of the main problems is feeling uncomfortable or sick while breastfeeding. If the baby is not positioned correctly, this can cause the mother to feel pain or discomfort, which can then reduce the mother's desire to continue exclusively breastfeeding.[17] Some mothers may feel anxious or stressed when positioning a baby, especially in an environment full of expectations and attention.[6] This can be distressing and cause mothers to lose focus on breastfeeding. Some mothers may face physical problems, such as back pain or incision wounds (in case of cesarean delivery), which can make it difficult for them to find a comfortable breastfeeding position.[18] The results are not in line with research conducted in Palembang City, which stated that as many as 40% of mothers refused to breastfeed their babies because of difficulties in positioning their babies, causing exclusive breastfeeding failure.[19]

The study is in line with research in Kudus, which states that the failure or low exclusive breastfeeding is because the baby remains fussy even though he had breastfed.[20] Babies may feel hungry or unsatisfied despite getting breast milk, which could be because not enough breast milk is being produced, which requires the baby to seek additional food.[11] Babies can become fussy if they experience discomfort or pain due to an uncomfortable feeding position or certain medical conditions, such as colic or digestive problems.[4] Mothers who consume certain foods may affect the quality and taste of breast milk. If the mother consumes foods that may cause irritation or allergies, the baby may experience discomfort. This phenomenon may be one of the reasons why exclusive breastfeeding is not successful.[21]

In line with research in Banjarsari, which states that mothers who experience depression during the first time breastfeeding can affect exclusive breastfeeding so that mothers choose not to breastfeed their babies due to depression experienced.[22] Mothers experiencing postpartum depression may have difficulty engaging fully in the breastfeeding process, reducing the sense of comfort and warmth needed to support exclusive breastfeeding practices.[23] Prolonged stress can affect milk

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production and infant response to breastfeeding, making it difficult for mothers to achieve exclusive breastfeeding practices.[24] Mothers who experience postpartum depression may not have the motivation or energy to perform daily tasks, including exclusive breastfeeding. Both physical and mental exhaustion can be a considerable challenge.[25] Mothers who experience postpartum depression may experience negative self-perception and low self-esteem. Mothers who feel unworthy or incompetent as parents may find it difficult to breastfeed exclusively.[26]

In line with research in Bandung City, which states that mothers who feel embarrassed when breastfeeding their babies will have an impact on the mother's intention to breastfeed the baby.[17] Mothers may feel embarrassed and reluctant to breastfeed in public due to the social stigma associated with breastfeeding in public or in specific environments. These feelings can inhibit a mother's ability to breastfeed when outside the home exclusively.[27] Breastfeeding mothers' shyness is often influenced by the pressures of idealized perceptions of their bodies. Breastfeeding can lead to fears that the appearance of her body does not conform to beauty standards.[23] Some mothers may feel uncomfortable with the body changes that occur during pregnancy and while breastfeeding. These feelings can lead to embarrassment when breastfeeding in public or even in the presence of loved ones.[2]

Although breastfeeding is a natural process, some babies can experience problems that can thwart exclusive breastfeeding. Babies may have difficulty learning good breastfeeding techniques, such as opening the mouth wide and correctly attaching the lips.[17] This may cause them to fail to be adequately breastfed.[15] Babies who have problems with nutrient intake after birth or babies who did not get enough nutrients during pregnancy may experience weakness or lack of energy to suckle. Some babies may have a weak suckling reflex, which makes him challenging to regulate sucking and swallowing correctly.[28]

Based on research in Meddelen Village, almost half of the respondents experienced breast swelling, so this can interfere with the baby's breastfeeding process.[8] Breastfeeding mothers often face the problem of swollen breasts, which, if not treated properly, can affect exclusive breastfeeding.[29] Excessive milk buildup often leads to swollen breasts. This can happen if the baby is not suckling effectively or if the breasts are not emptied regularly. Breastfeeding can be uncomfortable or even painful if the breasts are swollen. If the mother experiences discomfort while breastfeeding, the baby may find it difficult to make effective sucks.[7] Mastitis, which is an infection of the breast tissue, can cause the mother pain and debilitation and decrease the ability to breastfeed if the breast engorgement is not treated properly.[29]

Research in Maluku states that mothers who experience nipple cracking during breastfeeding will have an impact on the breastfeeding process, causing pain and discomfort so that the mother chooses not to give the baby breast milk. In contrast, the mother's nipples are blistered.[30] When a

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baby is breastfeeding, nipple cracking is often accompanied by pain and discomfort. As a result, the mother may be reluctant to breastfeed the baby as this becomes an unpleasant experience exclusively.[10] Mothers who have cracked nipples may find it challenging to find a comfortable position to breastfeed their baby. This may inhibit their baby from breastfeeding properly and gripping the nipple properly.[31] Ineffective suckling techniques can reduce milk production and make exclusive breastfeeding more difficult.[30] Nipple cracking increases the risk of infection and even mastitis, an inflammation of the breast tissue. Mastitis can cause pain, fatigue, and difficulty breastfeeding.[29]

Babies may not be receiving enough nutrients from breast milk or may have difficulty breastfeeding effectively. If they continue to fuss and do not feel full after breastfeeding, this is a sign of nutritional dissatisfaction.[11] Babies may fuss because of problems with their suckling technique, such as problems gripping the nipple, uncomfortable suckling positions, or other problems that make it difficult for the baby to suckle properly. Babies fuss because they are not satisfied during breastfeeding. This may be due to poor breastfeeding, insufficient milk production, or other problems that make the baby feel unsatisfied.[4]

## CONCLUSION

The most influential factor is that the baby remains fussy despite being breastfed, which can lead to the failure of exclusive breastfeeding. This may cause mothers to worry that their breastmilk is not sufficient for the baby's needs or that the quality of breastmilk is not good enough. As a result, mothers may be tempted to give formula or supplementary foods earlier than recommended, thus thwarting efforts at exclusive breastfeeding for the first 6 months.

## RECOMMENDATION

Future research should examine the barriers to breastfeeding from the aspects of the mother and baby specifically seen from the most dominant results the baby still cries even though it has been breastfed, this can be studied further such as Make sure the baby attaches well to the breast (breastfeeding technique), The baby may feel uncomfortable or sick, Make sure the mother's milk production is sufficient to meet the baby's needs, Some foods consumed by the mother can affect the baby through breast milk and If the baby remains fussy after feeding from one breast, try offering the other breast to ensure the baby gets enough breast milk.

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## Declarations

| | | |
|---|---|---|
| Author contribution | : | Ade was responsible for the entire research project. He also led the writing of the manuscript and the collaboration with all author. Siti participated in script writing. Ida and Devia participated in the data collection, transcription, and analysis. He also revised the manuscript. All authors approved the final manuscript. |
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