

(Research/Review) Article

Factors Influencing Mothers in Breastfeeding in Sibolahotang SAS Village, Balige District, Toba Regency, Year 2025

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Abstract: This study aims to identify and analyze the factors influencing mothers in providing breast milk (ASI) to infants aged 0–24 months in Sibolahotang SAS Village, Balige District, Toba Regency. Breastfeeding is a crucial determinant of infant health and development, yet many mothers face challenges that affect exclusive breastfeeding practices. The research employed a descriptive quantitative method with 56 respondents selected using total sampling. Data were collected through structured questionnaires and analyzed descriptively to determine the level of support and knowledge influencing breastfeeding. The results showed that most respondents (71.4%) were unemployed, and 78.6% received breastfeeding information from health workers. All respondents (100%) reported supportive roles from fathers and families in the breastfeeding process, while 87.5% acknowledged support from healthcare providers. Additionally, all mothers (100%) demonstrated good knowledge about the benefits and importance of breastfeeding. These findings highlight that social support and adequate knowledge are key factors contributing to the success of breastfeeding. Strengthening educational interventions and involving family members, especially fathers, in breastfeeding programs are essential strategies to improve maternal and child health outcomes. This research contributes to the understanding of community-based breastfeeding promotion and provides a foundation for future studies and policy formulation related to maternal and child health development in Indonesia.

Keywords: Breastfeeding; Family Support; Health Workers; Infant Nutrition; Maternal Knowledge.

0. How to Use This Template

Each section has a corresponding style, which can be found in Word's "Styles" menu.

Use a Style menu as shown in Fig. 1.

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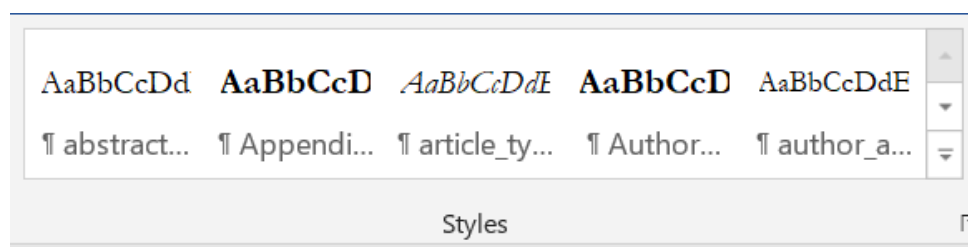


Figure 1. Style menu in MS Word.

1. Introduction

Women are naturally endowed by God with the ability to conceive, give birth, and breastfeed. This inherent gift is marked by reproductive organs such as the uterus, where the fetus develops during pregnancy, and the breasts, which function to produce breast milk after

childbirth. Every woman has the natural potential to breastfeed her child just as she has the ability to bear and deliver a baby (Perinasia, 2003). However, not all women fully understand or appreciate this natural role. Limited knowledge, misconceptions about breastfeeding, and a lack of awareness of the importance of maternal roles often cause women to neglect breastfeeding. As a result, breast milk, which provides exceptional health benefits, is frequently replaced by formula milk—even though no human-made product has ever matched the superiority of breast milk (Perinasia, 2003).

Breast milk (ASI) is the best source of nutrition for infants as it contains essential nutrients that strengthen the immune system and protect against diseases. Research has consistently shown that artificial milk cannot replicate the composition or benefits of breast milk. In fact, scientists continue to discover new advantages of breastfeeding every year, especially in improving infants' health and intelligence (Kodrat, 2010). Despite this, breastfeeding rates in Indonesia remain low. According to the Indonesian Demographic and Health Survey (SDKI) 2002, only 3.7% of babies received breast milk on the first day of life. The percentage of infants under two months old who were breastfed was 64%, but this dropped sharply to 7.8% among those aged six to seven months. Meanwhile, the use of formula milk increased threefold from 10.8% in 1997 to 32.4% in 2002 (Arifiyanto, 2008).

Successful breastfeeding depends not only on the mother's physical condition but also on psychological readiness, which should be developed during pregnancy. Mothers with positive attitudes toward breastfeeding are more likely to succeed, and such attitudes are strongly influenced by cultural norms, habits, and beliefs within their communities (Perinasia, 2003). The father's role is also crucial in ensuring breastfeeding success. Fathers can help by creating a comfortable environment, meeting the mother's nutritional needs, and providing emotional support during breastfeeding. In fact, approximately 50% of successful breastfeeding outcomes depend on paternal support (Yuliarti, 2010).

Unfortunately, various myths and misconceptions still circulate in society. A survey by the Indonesian Consumers Foundation (YLKI) in 1995 revealed that many mothers stopped breastfeeding because they feared being unattractive to their husbands or that breastfeeding would change the shape of their breasts. In reality, such physical changes are caused more by pregnancy than breastfeeding (Roesli, 2009). Institutional factors can also influence breastfeeding outcomes. Some hospitals still separate newborns from their mothers, restricting breastfeeding to certain hours. This practice disrupts milk production because babies cannot nurse regularly. Consequently, when babies cry out of hunger, staff often resort to giving formula milk, which undermines mothers' confidence and suppresses milk production (Jones, 2005).

A national survey by the Nutrition and Health Surveillance System (NSS) in collaboration with the Health Research and Development Agency (Balitbangkes) and Helen Keller International reported that exclusive breastfeeding coverage for infants aged 4–5

months in urban areas was only 14–21%, and 14–26% in rural areas. For infants aged 5–6 months, the rates dropped further to 3–8% in urban and 6–9% in rural areas (Kodrat, 2010). A preliminary survey conducted by the researcher among 20 mothers with infants aged 0–24 months in Sibolahotang SAS Village, Balige, showed that all respondents breastfed their babies. This indicates a promising trend in breastfeeding practices in the area. Therefore, the researcher is motivated to explore more deeply the ***“Factors Affecting Mothers in Breastfeeding in Sibolahotang SAS Village, Balige District, Toba Regency, in 2025.”

Based on the background above, the research problem can be formulated as follows: “What are the factors influencing mothers in breastfeeding in Sibolahotang SAS Village, Balige District, Toba Regency, in 2025?”* The general objective of this study is to identify the factors influencing breastfeeding practices among mothers in the village. The specific objectives include: (1) identifying factors affecting breastfeeding based on respondents’ demographics; (2) examining the influence of fathers’ roles on breastfeeding success; (3) assessing family support for breastfeeding mothers; (4) evaluating the contribution of health workers in supporting breastfeeding; and (5) analyzing mothers’ knowledge regarding the importance of breast milk.

The results of this study are expected to provide significant contributions to various sectors. For scientific development, it may enrich nursing knowledge and serve as a reference for promoting breastfeeding as a means of reducing infant mortality and preventing malnutrition. For educational institutions—particularly the HKBP Balige Nursing Academy—the study may serve as additional data and academic reference material for future research. For the community, especially breastfeeding mothers, this study aims to increase awareness and understanding of the vital importance of breastfeeding for infant growth and development. Through continuous health education and counseling, mothers and families are expected to realize that breastfeeding success is a shared responsibility that profoundly impacts the health of future generations.

2. Breastfeeding: Definition, Benefits, and Influencing Factors

Breast milk (ASI) is not merely food for infants but a living fluid containing active cells similar to those found in blood. It serves as the first, primary, and most natural nourishment for newborns. Breast milk evolves through three distinct stages: colostrum, transitional milk, and mature milk. Colostrum, produced during late pregnancy and shortly after birth, is rich in antibodies and nutrients vital for the baby’s initial protection. Transitional milk replaces it after several days, followed by mature milk, which supports optimal growth and development (Roesli, 2009; Kodrat, 2010).

Breast milk offers extensive benefits for infants, mothers, families, and the nation. For infants, it provides ideal nutrition, immune protection, and psychological comfort while promoting proper growth and reducing dental caries. For mothers, breastfeeding supports

postpartum recovery, assists in family planning through natural lactational amenorrhea, and enhances emotional bonding. At the family and societal level, breastfeeding reduces healthcare costs, strengthens emotional ties, and contributes to national health by decreasing child morbidity and mortality (Perinasia, 2003).

Physiologically, lactation involves both milk production and ejection. Prolactin, the primary hormone responsible for milk synthesis, increases during pregnancy but is inhibited by high estrogen levels. After childbirth, a sudden drop in estrogen and progesterone allows prolactin to stimulate milk secretion. Frequent suckling triggers nipple stimulation, enhancing prolactin and oxytocin release, which in turn promotes milk flow and bonding between mother and child (Perinasia, 2003).

Breast milk contains over 200 essential components—proteins, fats, carbohydrates, vitamins, minerals, enzymes, growth factors, hormones, and immune substances—carefully balanced according to the infant's developmental needs. The composition of breast milk varies among mothers, adapting to the baby's age, health status, and even gestational maturity at birth (Roesli, 2009). To promote successful breastfeeding, the World Health Organization and UNICEF recommend the "Ten Steps to Successful Breastfeeding," including adopting breastfeeding-friendly policies in healthcare facilities, providing staff training, initiating early breastfeeding, practicing rooming-in, and discouraging pacifier use (Hegar & Suradi, 2008).

Several factors influence a mother's ability to breastfeed successfully. These include the roles of fathers, family, healthcare workers, knowledge, information, and maternal occupation. A supportive father provides emotional stability, encouragement, and stress management assistance for the mother. Family members play a crucial role by helping with household tasks and offering moral support. Healthcare professionals—doctors, midwives, and nurses—must offer counseling, education, and continuous encouragement to mothers, especially first-time mothers (Perinasia, 2003; Sulistyawati, 2009).

Maternal knowledge, shaped by education, previous breastfeeding experiences, and exposure to information, significantly affects breastfeeding decisions. Information dissemination through radio, television, print, and social media increases awareness but must be supported by interpersonal communication to change behavior effectively (Notoatmodjo, 2005). Employment is often cited as a barrier to exclusive breastfeeding, as working mothers face time constraints and stress. However, with proper planning—expressing and storing breast milk, maintaining a nutritious diet, and adjusting feeding schedules—breastfeeding can still be sustained even for employed mothers (Hegar & Suradi, 2008; Perinasia, 2003).

In conclusion, breastfeeding is a comprehensive biological, psychological, and social process that requires adequate knowledge, family support, healthcare guidance, and conducive environmental policies to ensure that every mother can successfully provide the best nutrition for her child.

3. Method

This study employed a descriptive research design using a cross-sectional approach to identify the factors influencing mothers in breastfeeding their infants in Sibolahotang SAS Village, Balige, in 2025. This design was chosen to obtain an overview of existing conditions at a specific point in time without manipulating any variables.

Population and Sample

The population of this research included all mothers who had infants aged 0–24 months in Sibolahotang SAS Village, totaling 56 individuals. The location was selected based on health center (Puskesmas Tandang Buhit) data indicating that all mothers in this village practiced breastfeeding. The sample was determined using a total sampling method, meaning that all 56 mothers with infants aged 0–24 months were included as research participants to represent the entire population.

The research was conducted in Sibolahotang SAS Village, Balige. The location was chosen because all mothers in the area were reported to have successfully breastfed their infants, making it suitable for analyzing supporting factors contributing to breastfeeding success. The study was carried out from August to October 2025, covering preparation, data collection, and data analysis stages.

Before conducting the study, the researcher obtained permission from the Director of HKBP Nursing Academy (Akper HKBP) Balige and approval from the Head of Sibolahotang SAS Village. Ethical considerations were carefully maintained throughout the study. Participants were informed about the study's objectives, procedures, and their rights, including the right to withdraw at any time without consequences. Respondents who agreed to participate signed an informed consent form. Confidentiality was strictly ensured by not recording names on questionnaires, and all data were used solely for research purposes.

Data Collection Instrument

Data were collected using a questionnaire designed to measure factors influencing breastfeeding, including demographic characteristics, the father's role, family support, healthcare worker involvement, and maternal knowledge. The questionnaire consisted of five sections: demographic data, father's role, family role, health worker support, and knowledge. Responses were measured using a Guttman scale, where "Yes" responses were scored as 1 and "No" responses as 0. For specific reverse-coded items, the scoring was inverted. The father's, family's, and healthcare workers' roles were categorized as supportive (score 4–7) or not supportive (score <3). Maternal knowledge was assessed through ten items, classified as good (score 6–10) or poor (score <5).

Validity and Reliability Testing

The instrument's validity was confirmed through Content Validity Index (CVI) testing, with a CVI score of 0.79, indicating strong validity. Reliability was measured using Cronbach's Alpha, where values above 0.6 indicate acceptable reliability. The obtained Cronbach's Alpha

value was 0.670, confirming that the questionnaire was reliable and consistent for data collection.

Data were collected through self-administered questionnaires distributed to mothers with infants aged 0–24 months. The researcher obtained formal permission, coordinated with the local midwife and village cadres, and distributed the questionnaires during community gatherings. Mothers who could not attend were visited at home. A total of 56 mothers participated, and none withdrew from the study. The researcher later revisited the area to verify data completeness and accuracy before proceeding with analysis.

Data analysis involved several stages. The editing process ensured completeness and consistency of responses, followed by coding using numerical values (0 for incorrect/no responses, 1 for correct/yes responses). The data were processed using SPSS software. The analysis applied univariate analysis to describe frequency and percentage distributions of each variable, including demographic characteristics, father's role, family role, healthcare worker role, and knowledge level. The results were presented in tabular form to illustrate the distribution and proportion of each factor influencing breastfeeding practices among mothers in Sibolahotang SAS Village.

4. Results and Discussion

Characteristics of Respondents

This study involved 56 mothers with infants aged 0–24 months living in Sibolahotang SAS Village, Balige District. The characteristics of respondents were analyzed based on age, education, occupation, and number of children.

Table 1. Characteristics of Breastfeeding Mothers in Sibolahotang SAS Village, Balige District (n = 56)

Characteristics	Category	Frequency (f) / Percentage (%)
Age	< 20 years	5 / 8.9%
	20–30 years	35 / 62.5%
	> 30 years	16 / 28.6%
Education	Elementary–Junior High	10 / 17.9%
	Senior High	33 / 58.9%
	University	13 / 23.2%
Occupation	Housewife	29 / 51.8%
	Farmer	9 / 16.1%

	Entrepreneur	10 / 17.9%
	Civil Servant/Private Worker	8 / 14.2%
Number of Children	1 child	19 / 33.9%
	2–3 children	31 / 55.4%
	≥ 4 children	6 / 10.7%

Data source processed by the author, 2025

The majority of respondents were within the productive age group (20–30 years, 62.5%), had completed senior high school (58.9%), and worked as housewives (51.8%). Most mothers had two to three children (55.4%), indicating that they already possessed previous breastfeeding experience.

The Role of Fathers in Breastfeeding Practices

Fathers play a crucial role in supporting successful breastfeeding. The results revealed that all fathers (100%) were supportive of breastfeeding practices. This support was manifested through emotional encouragement, motivation, and active participation in infant care.

Table 2. Fathers' Role in Supporting Breastfeeding

Category	Frequency (f)	Percentage (%)
Supportive	56	100
Not Supportive	0	0

Data source processed by the author, 2025

These findings indicate that paternal support has a significant impact on the success of exclusive breastfeeding. Fathers who are actively involved can motivate mothers to continue breastfeeding despite challenges such as fatigue or work-related stress.

This result is consistent with the study by **Rahmawati (2023)**, which found that strong paternal involvement increases the likelihood of exclusive breastfeeding by up to 80%. Such support includes emotional and financial assistance as well as active participation in childcare, creating a conducive environment for breastfeeding mothers.

The Role of Family in Breastfeeding

In addition to fathers, other family members play an equally important role in supporting breastfeeding mothers. The findings show that all families demonstrated a positive attitude toward breastfeeding.

Table 3. Family Support for Breastfeeding

Category	Frequency (f)	Percentage (%)
Supportive	56	100
Not Supportive	0	0

Data source processed by the author, 2025

The most common forms of family support included helping with household chores, providing moral encouragement, and assisting in baby care at night. Such support allows mothers to rest adequately and reduces stress that might hinder milk production.

These findings align with **House's (1981) social support theory**, which suggests that family support enhances a mother's psychological well-being and promotes positive health behaviors, including breastfeeding. In the local cultural context of Sibolahotang SAS Village, the involvement of extended family—especially mothers and mothers-in-law—plays a major role in ensuring breastfeeding success.

The Role of Health Workers in Breastfeeding

The study also assessed the role of health workers, including midwives and community health volunteers, in promoting and supporting breastfeeding.

Table 4. Health Workers' Role in Supporting Breastfeeding

Category	Frequency (f)	Percentage (%)
Supportive	49	87.5
Not Supportive	7	12.5

Data source processed by the author, 2025

A total of 87.5% of respondents reported receiving active support from health workers through educational sessions on breastfeeding benefits, lactation counseling, and regular infant growth monitoring. However, 12.5% of respondents indicated limited assistance, particularly during the early postpartum period.

This finding supports **Wulandari and Sari (2022)**, who emphasized that continuous health worker involvement in lactation counseling significantly increases exclusive breastfeeding rates. Professional guidance and ongoing emotional support enhance mothers' confidence and help overcome common lactation problems such as breast engorgement or sore nipples.

Mothers' Knowledge of Breastfeeding

Knowledge is an internal factor that influences mothers' decisions to breastfeed. The study revealed that all mothers (100%) demonstrated good knowledge of breastfeeding techniques, benefits, and the importance of exclusive breastfeeding for six months.

Table 5. Mothers' Knowledge of Breastfeeding

Category	Frequency (f)	Percentage (%)
Good	56	100
Poor	0	0

Data source processed by the author, 2025

This indicates that ongoing health education provided by midwives and health cadres has been effective in increasing awareness among mothers. Good knowledge enhances understanding of breastfeeding's nutritional value and boosts maternal confidence to sustain exclusive breastfeeding practices.

This result aligns with **Novianti (2021)**, who found that maternal knowledge has a statistically significant correlation with exclusive breastfeeding success. Continuous health promotion through community-based activities such as *posyandu* (integrated health posts) effectively fosters positive perceptions of breastfeeding benefits.

General Discussion

Overall, this study highlights that successful breastfeeding practices in Sibolahotang SAS Village are the result of strong social support and high maternal knowledge. All respondents breastfed their babies, showing the combined impact of paternal, familial, and health worker support, alongside informed maternal awareness. These findings reflect the effectiveness of local public health initiatives promoting breastfeeding.

Social support emerged as a critical determinant of breastfeeding success. Fathers and families serve as primary support systems, providing emotional comfort and practical assistance to mothers. Health workers complement this role as educators and counselors, offering essential information and problem-solving strategies.

Maternal knowledge further strengthens breastfeeding commitment by fostering understanding and confidence. This synergy between knowledge and social support contributes to achieving **Sustainable Development Goal (SDG) 3**, which aims to ensure healthy lives and promote well-being for all at all ages.

Although this study revealed overwhelmingly positive results, a small proportion of respondents still experienced inadequate guidance from health professionals. Therefore, it is recommended that lactation counseling and educational programs be provided continuously—not only during the immediate postpartum period but also throughout the breastfeeding phase.

This study concludes that the key factors influencing breastfeeding practices in Sibolahotang SAS Village include paternal support, family support, the role of health workers, and mothers' level of knowledge. Paternal and familial support exert the greatest impact, followed by health worker involvement and maternal knowledge. These findings emphasize the importance of collaborative efforts between families and health professionals to sustain breastfeeding success.

To strengthen exclusive breastfeeding practices, community health programs should focus on continuous education, early postpartum counseling, and the inclusion of fathers and extended families in maternal health promotion. Sustained interventions will not only improve breastfeeding outcomes but also contribute to the overall health and well-being of mothers and infants in rural communities.

5. Conclusions and Suggestions

Based on the findings presented in the previous chapter, it can be concluded that several key factors influence mothers in breastfeeding their infants aged 0–24 months in Sibolahotang SAS Village, Balige District, Toba Regency. Demographic data show that most respondents, 40 mothers (71.4%), were unemployed, and 44 respondents (78.6%) received information about breastfeeding from health workers. The role of fathers and families was entirely supportive, with 56 respondents (100%) stating that both provided full encouragement in breastfeeding practices. Health workers also played a significant role, with 49 respondents (87.5%) reporting supportive involvement. Moreover, all mothers (100%) demonstrated good knowledge regarding the benefits and importance of breastfeeding. These results emphasize that social support, especially from fathers, families, and healthcare providers, along with maternal knowledge, are crucial determinants of successful breastfeeding.

In terms of implications, this study contributes to scientific understanding by highlighting the essential factors affecting breastfeeding practices. It is expected to serve as a valuable reference for future research and as an educational resource to enhance awareness about breastfeeding support systems. For educational institutions, particularly Akper HKBP Balige, the findings can enrich academic references and become baseline data for subsequent studies with broader variables and larger samples. For the community of Sibolahotang SAS Village, the results can provide important information and guidance for mothers of infants aged 0–24 months to improve breastfeeding practices. Strengthening education and social support is essential to achieving better maternal and child health outcomes.

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