

Analysis of Factors Affecting Exclusive Breastfeeding Among Working Mothers in the Towea Community Health Center Working Area, Towea District, Muna Regency, 2025

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World Journal of Advanced Research and Reviews, 2026, 29(01), 274-284

Publication history: Received on 28 November 2025; revised on 05 January 2026; accepted on 07 January 2026

Article DOI: <https://doi.org/10.30574/wjarr.2026.29.1.0034>

Abstract

Exclusive breastfeeding during the first six months of life is essential for infant growth and maternal health; however, its coverage among working mothers remains low. This study aimed to analyze factors influencing exclusive breastfeeding among working mothers in the working area of Towea Public Health Center, Muna Regency. This research employed an observational analytic design with a cross-sectional approach conducted from October to November 2025. The population consisted of 130 working mothers with infants aged 6–12 months, and total sampling was applied. Exclusive breastfeeding was the dependent variable, while independent variables included maternal knowledge, maternal attitude, availability of breastfeeding facilities, support from health workers, and husband's support. Data were collected using validated and reliable structured questionnaires and analyzed using univariate analysis, simple logistic regression for bivariate analysis, and multiple logistic regression for multivariate analysis. The results showed that only 24.6% of working mothers provided exclusive breastfeeding. Bivariate analysis revealed that the availability of breastfeeding facilities, support from health workers, and husband's support were significantly associated with exclusive breastfeeding ($p < 0.05$), whereas maternal knowledge and attitude were not statistically significant. Multivariate analysis identified husband's support as the most dominant factor influencing exclusive breastfeeding ($p = 0.000$), with a Nagelkerke R^2 value of 0.755, indicating that the model explained 75.5% of the variance in exclusive breastfeeding practice. In conclusion, exclusive breastfeeding among working mothers in the study area remains low and is strongly influenced by environmental and social support factors, particularly husband's support, availability of breastfeeding facilities, and support from health workers. Strengthening workplace policies and family involvement is crucial to improving exclusive breastfeeding coverage.

Keywords: Exclusive Breastfeeding; Working Mothers; Breastfeeding Facilities ;Health Worker Support; Husband's Support Introduction

1 Introduction

According to the World Health Organization (WHO,2019), exclusive breastfeeding is the feeding of breast milk alone, without any other food or drink, to infants from birth to six months of age, except for medicine and vitamins. The Ministry of Health of the Republic of Indonesia (2021) states that breast milk is the best food for infants because it contains nutrients and antibodies that play an important role in supporting growth and development and increasing the immune system of infants. World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend exclusive breastfeeding for the first six months of life because it has been proven to improve infants' sensory and cognitive development and protect them from infectious and chronic diseases, as reported by Pratiwi et al. (2024). In addition to providing benefits for infants, Bangun et al. (2020) and Caroline (2025) explain that exclusive breastfeeding also provides significant benefits for maternal health, including aiding postpartum recovery and reducing the risk of chronic diseases such as breast cancer.

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Globally, the WHO reports that babies who are not breastfed have a mortality risk up to 14 times greater than babies who are exclusively breastfed during the first six months of life. The results of a study by Qiao et al. (2020) show that exclusive breastfeeding plays an important role in reducing the risk of infection, obesity, and stunting. In line with this, Hadi et al. (2021) state that exclusive breastfeeding contributes to optimal child growth, especially in families with low socioeconomic status. However, the WHO (2022) notes that global exclusive breastfeeding rates remain low, with only 41% of infants aged 0–6 months receiving exclusive breastfeeding, still far from the WHO target of 70% by 2030. This low achievement is influenced by various factors, including mothers returning to work earlier, lack of lactation facilities, and massive promotion of formula milk, as stated by Ogbo et al. (2017) and Victora et al. (2021).

In Indonesia, based on the 2024 Indonesian Nutrition Status Survey (SSGI), exclusive breastfeeding coverage reached 74.37%. The Indonesian Ministry of Health (2024) reported that although this figure has increased compared to previous years, it is still below the national target of 80%. At the regional level, the Southeast Sulawesi Provincial Health Office noted that exclusive breastfeeding coverage in 2024 was 50.11%, a decrease compared to 2023, which reached 71.3%. This condition shows that the success of the exclusive breastfeeding program at the regional level still faces significant challenges.

Muna Regency is an area with a relatively low rate of exclusive breastfeeding. Data from the Central Statistics Agency shows that the rate of exclusive breastfeeding in Muna Regency in 2021 was only 29.26%. Data from the Muna Regency Health Office shows fluctuations in exclusive breastfeeding coverage, from 36.52% in 2021, decreasing in 2022, then increasing to 46.55% in 2024. In the working area of the Towea Community Health Center, exclusive breastfeeding coverage also fluctuated, reaching 28.69% in 2024. These fluctuations reflect the continuing obstacles to the implementation of the exclusive breastfeeding program at the primary health care level.

Low exclusive breastfeeding coverage is mainly influenced by the mother's status as a worker. Working mothers face time constraints, long working hours, lack of breastfeeding facilities, and minimal support from family, employers, and health workers. Previous studies have shown that maternal knowledge, availability of breastfeeding facilities, and support from husbands and health workers are key factors in the success of exclusive breastfeeding (Manullang, 2020; Isne Susanti et al., 2024). Although the government has established various policies to support exclusive breastfeeding, their implementation in the field is still not optimal. Therefore, this study is important to analyze the factors that influence exclusive breastfeeding among working mothers in the Towea Community Health Center working area in Muna Regency as a basis for developing more effective intervention strategies.

2 Material and methods

This was a quantitative observational analytic study with a cross-sectional design conducted at Towea Primary Health Center, Muna Regency, Southeast Sulawesi, Indonesia, from October to November 2025. The study population comprised all working mothers with infants aged 6–12 months ($n = 130$), and total sampling was applied. Exclusive breastfeeding was the dependent variable, while independent variables included maternal knowledge and attitude, availability of breastfeeding facilities, support from health workers, and husband's support. Data were collected using a structured, validated, and reliable questionnaire. Data analysis included univariate analysis, bivariate analysis using simple logistic regression, and multivariate analysis using logistic regression. Ethical approval was obtained, informed consent was secured from all participants, and data confidentiality was maintained.

3 Results and discussion

3.1. Univariate Analysis

3.1.1 Characteristics of Respondents

Based on Table.1, it can be seen that most respondents were in the > 20-35 age group, namely 89 respondents (68.5%), while 41 respondents (31.5%) were in the > 35 age group. For the education variable, the largest number of respondents had a Diploma/Bachelor's Degree, totaling 121 respondents (93.1%), while the smallest number of respondents had a Master's Degree, totaling 2 respondents (1.5%). The parity variable shows that the largest number of respondents had a parity of 2-3, namely 76 respondents (58.5%), while the smallest number of respondents had a parity of 1, namely 54 respondents (41.5%).

Table 1 Characteristics of Respondents Based on Age, Education, and Parity of Working Mothers in the Working Area of the Towea Community Health Center, Towea District, Muna Regency, 2025

No	Karakteristik	Frequency (n)	Percent (%)
1.	Respondent Age		
	Tahun	89	68.5
	> 35 tahun	41	31.5
2.	Respondent Education		
	High School	7	5.4
	Diploma/Bachelor's Degree	121	93.1
	Magister	2	1.5
3.	Respondent Parity		
	1	54	41.5
	2-3	76	58.5

Source : Primary Data processed, 2025

3.1.2 Research Variables

Exclusive Breastfeeding

Tabel 2 Frequency Distribution of Respondents Based on Exclusive Breastfeeding Among Working Mothers in the Working Area of the Towea Community Health Center, Towea District, Muna Regency, 2025

No	Exclusive Breastfeeding	Frequency (n)	Percent (%)
1.	Exclusive Breastfeeding	32	24.6
2.	No Exclusive Breastfeeding	98	75.4
Total		130	100.0

Source : Primary Data processed, 2025

Based on Table .2, it can be seen that of the 130 respondents, most respondents were mothers who did not exclusively breastfeed, namely 98 respondents (75.4%), while those who exclusively breastfed were 32 respondents (24.6%).

3.1.2.1 Knowledge

Tabel 3 Frequency Distribution of Respondents Based on Knowledge of Working Mothers in the Working Area of the Towea Community Health Center, Towea District, Muna Regency, 2025

No	Knowledge	Frequency(n)	Percent (%)
1.	Good	113	86.9
2.	Poor	17	13.1
Total		130	100.0

Source : Primary Data processed, 2025

Based on Table. 3, which was obtained from the respondents' answers to the questionnaire on mothers' knowledge about exclusive breastfeeding, it is known that of the 130 respondents to the questionnaire on working mothers' knowledge about exclusive breastfeeding, the majority had good knowledge, namely 113 respondents (86.9%), and the minority had poor knowledge, namely 17 respondents (13.1%).

Attitude

Table 4 Frequency Distribution of Respondents Based on the Attitudes of Working Mothers in the Working Area of the Towea Community Health Center, Towea District, Muna Regency, 2025

No	Attitude	Frequency(n)	Percent (%)
1.	Good	119	91.5
2.	Poor	11	8.5
Total		130	100.0

Source : Primary Data processed, 2025

Based on Table .4 shows that of the 130 respondents, most respondents had a good attitude, namely 113 respondents (91.5%). Meanwhile, 11 respondents (8.5%) had a bad attitude.

Availability of Breastfeeding Facilities

Table 5 Frequency Distribution of Respondents Based on Availability of Breastfeeding Facilities of Working Mothers in the Working Area of the Towea Community Health Center, Towea District, Muna Regency, 2025

No	Availability of Breastfeeding Facilities	Frequency(n)	Percent (%)
1.	Supportive	45	34.6
2.	No Supportive	85	65.4
Total		130	100.0

Source : Primary Data processed, 2025

Based on Table .5 shows that some respondents reported unsupportive breastfeeding facilities, namely 85 respondents (65.4%). Meanwhile, respondents who stated that breastfeeding facilities were supportive numbered 45 respondents (34.6%).

3.1.2.2 Health Worker Support

Table 6 Frequency Distribution of Respondents Based on Health Worker Support of Working Mothers in the Working Area of the Towea Community Health Center, Towea District, Muna Regency, 2025

No	Health Worker Support	Frequency(n)	Percent (%)
1.	Supportive	66	50.8
2.	No Supportive	64	49.2
Total		130	100.0

Source : Primary Data processed, 2025

Based on table .6 shows that of the 130 respondents, more received support from health workers, namely 66 respondents (50.8%), while 64 respondents (49.2%) did not receive support from health workers.

Husband's Support

Table 7 Frequency Distribution of Respondents Based on Husband's Support of Working Mothers' in the Working Area of the Towea Community Health Center, Towea District, Muna Regency, 2025

No	Husband's Support	Frequency(n)	Percent (%)
1.	Supportive	43	33.1
2.	No Supportive	87	66.1

Total	130	100.0
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Source : Primary Data processed, 2025

Based on table .7 shows that of the 130 respondents, more did not receive support from health workers, namely 87 respondents (66.1%), while 43 respondents (33.1%) received support from their husbands.

3.2 Bivariate Analysis

Bivariate analysis was conducted on two variables that were suspected to be related or correlated. Bivariate analysis in this study aimed to determine the factors that influence exclusive breastfeeding among working mothers in the working area of the Towea Community Health Center, Towea District, Muna Regency, in 2025. The analysis technique used was a simple logistic regression test with a 95% confidence degree ($\alpha = 0,25$). It is said that there is a statistical effect if a p-value < 0.05 is obtained.

3.2.1 Knowledge

Table 8 The Effect of Mothers' Knowledge on Exclusive Breastfeeding Among Working Mothers in the Towea Community Health Center Working Area, Towea District, Muna Regency, 2025

No	Variable	B	Wald	Sig.	Exp.(B)	CI for Exp (B)	
						Low	Up
1.	Knowledge	0.902	2.764	0.096	2.464	0.851	7.134

Source : Primary Data processed, 2025

The table. 8, shows that the knowledge of working mothers does not have a significant effect on exclusive breastfeeding ($p = 0.096$). The odds ratio (OR) value of 2.464 indicates that mothers with good knowledge are more likely to exclusively breastfeed than mothers with less knowledge, but this effect is not statistically significant (CI95%: 0.851-7.134).

3.2.2 Attitude

Table 9 The Effect of Mothers' Attitudes on Exclusive Breastfeeding Among Working Mothers in the Towea Community Health Center Working Area, Towea District, Muna Regency, 2025

No	Variable	B	Wald	Sig.	Exp.(B)	CI for Exp (B)	
						Low	Up
1.	Attitude	-.417	0.265	0.607	0.659	0.135	3.223

Source : Primary Data processed, 2025

The table. 9 shows that the attitude of working mothers has no significant effect on exclusive breastfeeding ($p = 0.067$). The odds ratio (OR) value of 0.659 indicates that mothers with a less favorable attitude are less likely to exclusively breastfeed than mothers with a favorable attitude, but this effect is not statistically significant (CI95%: 0.135-3.223).

3.2.3 Availability of Breastfeeding Facilities

Table 10 The Effect of Breastfeeding Facility Availability on Exclusive Breastfeeding Among Working Mothers in the Towea Community Health Center Working Area, Towea District, Muna Regency, 2025

No	Variable	B	Wald	Sig.	Exp.(B)	CI for Exp (B)	
						Low	Up
1.	Availability of Breastfeeding Facilities	-1.218	8.332	0.004	0.296	0.129	0.676

Source : Primary Data processed, 2025

The table 10 shows that the availability of breastfeeding facilities has a significant effect on exclusive breastfeeding among working mothers, where $p = 0.004$ ($p < 0.025$). An Odds Ratio (OR) value of 0.296 indicates that working mothers without supportive breastfeeding facilities are less likely to exclusively breastfeed their babies than mothers with supportive breastfeeding facilities (CI95%: 0.129-0.676).

3.2.4 Health Worker Support

Table. 11 The Effect of Health Worker Support on Exclusive Breastfeeding Among Working Mothers in the Towea Community Health Center Working Area, Towea District, Muna Regency, 2025

No	Variable	B	Wald	Sig.	Exp.(B)	CI for Exp (B)	
						Low	Up
1.	Health Worker Support	-3.252	18.317	0.000	0.039	0.009	0.172

Source : Primary Data processed, 2025

The table. 11 shows that there is a significant influence between health worker support and exclusive breastfeeding, with a p-value of 0.000 ($p < 0.025$). The odds ratio (OR) value of 0.039 indicates that working mothers who do not receive support from health workers are less likely to exclusively breastfeed their babies than mothers who receive support from health workers (CI95%: 0.009-0.172).

3.2.5 Husband's Support

Table 12 The Effect of Husband Support on Exclusive Breastfeeding Among Working Mothers in the Towea Community Health Center Area, Towea District, Muna Regency, 2025

No	Variable	B	Wald	Sig.	Exp.(B)	CI for Exp (B)	
						Low	Up
1.	Husband's Support	-5.403	25.902	0.000	0.005	0.001	0.036

Source : Primary Data processed, 2025

The table. 12 shows that the attitude of working mothers has no significant effect on exclusive breastfeeding ($p = 0.067$). The odds ratio (OR) value of 0.659 indicates that mothers with a less favorable attitude are less likely to exclusively breastfeed than mothers with a favorable attitude, but this effect is not statistically significant (CI95%: 0.135-3.223).

3.2.6 Analisis Multivariat

Table 13 Multiple Logistic Regression Analysis Factors Affecting Exclusive Breastfeeding Among Working Mothers in the Towea Community Health Center Working Area, Towea District, Muna Regency, 2025

No	Variable	B	Wald	Sig.	Exp.(B)	CI for Exp (B)	
						Low	Up
1.	Availability of Breastfeeding Facilities	1.567	4.103	0.043	0.209	0.046	0.0951
2.	Health Worker Support	-1.927	3.774	0.053	0.146	0.021	1.025
3.	Husband's Support	4.966	19.576	0.000	0.007	0.001	0.063
Nagelkerke $R^2 = 0.755$							

Source : Primary Data processed, 2025

Based on Table .13, the results of the multiple logistic regression analysis in the final model identified three independent variables that consistently had a significant effect on exclusive breastfeeding among working mothers, namely the availability of breastfeeding facilities, support from health workers, and support from husbands. Based on the Wald and p-values, spousal support is the most dominant factor with a Wald value of 19.576 and a p-value of 0.000. The regression coefficient for the spousal support variable is negative ($B = -4.966$), indicating that working mothers who do not receive spousal support are much less likely to exclusively breastfeed. The Nagelkerke R^2 value of 0.755 indicates that the three independent variables are able to explain 75.5% of the variation in exclusive breastfeeding, while the remaining 24.5% is influenced by other factors outside the research model.

4 Discussion

4.1 Exclusive Breastfeeding Practices Among Working Mothers

The results of the study show that of the 130 working mothers, only 24.6% exclusively breastfed their babies, while 75.4% did not. This achievement shows that exclusive breastfeeding among working mothers in the Towea Community Health Center working area is still low and does not meet the national target or WHO recommendation of at least 50%. This low coverage indicates that working mothers face various obstacles, such as limited time for breastfeeding, heavy workloads, and a lack of supporting facilities in the workplace. These conditions make it difficult for mothers to maintain exclusive breastfeeding until their babies are six months old. In addition, individual factors, work environment, and social support also play a role in the success of breastfeeding practices, so a comprehensive approach is needed through increased education, family support, and workplace policies that are friendly to breastfeeding mothers.

4.2 The Effect Of Knowledge On Exclusive Breastfeeding

The results of the study show that the majority of respondents have good knowledge about exclusive breastfeeding (86.9%). However, statistical tests show that there is no significant effect between mothers' knowledge and exclusive breastfeeding ($p = 0.096$). Nevertheless, mothers with good knowledge were 2.4 times more likely to practice exclusive breastfeeding than mothers with poor knowledge, although the wide confidence interval range indicates that this effect is not yet statistically significant. These findings indicate that knowledge alone is not sufficient to ensure the success of exclusive breastfeeding among working mothers without supportive work environments and institutional policies. These results are in line with Sihombing's (2022) study, but differ from Susanti et al. (2024), which is likely due to differences in respondent characteristics and external support in each study location.

4.3 The Effect Of Attitude On Exclusive Breastfeeding

The results of the study show that most respondents had a positive attitude toward exclusive breastfeeding (91.5%). However, the analysis shows that attitude did not have a significant effect on exclusive breastfeeding practices ($p = 0.607$). The odds ratio value shows that mothers with a less favorable attitude were less likely to practice exclusive breastfeeding, although this was not statistically significant. These findings indicate that among working mothers, a positive attitude is not sufficient to overcome structural barriers such as workload, time constraints, and lack of breastfeeding facilities. These results are consistent with the studies by Lestari et al. (2020) and Putri & Wahyuni (2022), but differ from those of Sari et al. (2021), which may be influenced by differences in workplace support and institutional policies.

4.4 The Effect Of Availability of Breastfeeding On Exclusive Breastfeeding

The results of the study show that the availability of breastfeeding facilities has a significant effect on exclusive breastfeeding ($p = 0.004$). Working mothers who do not have breastfeeding facilities at work are 0.29 times less likely to breastfeed exclusively than mothers who have adequate facilities. These findings confirm that facilities such as lactation rooms, dedicated time for expressing breast milk, and breast milk storage facilities are important factors in supporting the success of exclusive breastfeeding. The results of this study are in line with Widyaningrum & Utami (2020) and Ayu & Prameswari (2022), who stated that supportive workplace facilities can increase the comfort and sustainability of breastfeeding practices among working mothers.

4.5 The Effect Of Health Worker Support On Exclusive Breastfeeding

The results of the study show that support from health workers has a very significant effect on exclusive breastfeeding ($p = 0.000$). Mothers who do not receive support from health workers are much less likely to breastfeed exclusively than mothers who do receive support. Support in the form of lactation counseling, education, and postpartum assistance plays an important role in boosting mothers' confidence and helping them overcome breastfeeding problems. These findings are in line with the research by Dewi & Astuti (2020) and Nurjanah et al. (2022), which confirms the strategic role of health workers in the success of exclusive breastfeeding among working mothers.

4.6 The Effect Of Husbands Support on Exclusive Breastfeeding

The results show that spousal support is the most dominant factor influencing exclusive breastfeeding among working mothers ($p = 0.000$). Mothers who do not receive spousal support are much less likely to breastfeed exclusively than mothers who do receive support. Spousal support in the form of emotional, instrumental, and family decision-making support has been proven to be very helpful for mothers in maintaining exclusive breastfeeding amid the demands of

work. These findings are in line with the research by Wulandari & Pratiwi (2021) and Sitorus et al. (2020), which confirm that spousal involvement is a key factor in the success of exclusive breastfeeding.

5 Conclusion

This study found that the coverage of exclusive breastfeeding among working mothers in the Towea Primary Health Center area, Muna Regency, in 2025 remained low (24.6%) and did not meet national targets or WHO recommendations. Maternal knowledge and attitude were not significantly associated with exclusive breastfeeding, whereas the availability of breastfeeding facilities, support from health workers, and husband's support showed significant associations, with husband's support emerging as the most dominant factor. These findings indicate that successful exclusive breastfeeding among working mothers is influenced not only by individual factors but also by workplace support, health system involvement, and family support. Therefore, strengthening breastfeeding-friendly workplace policies, improving lactation facilities, enhancing education and support from health workers, and actively involving husbands are essential strategies to increase exclusive breastfeeding coverage among working mothers.

Compliance with ethical standards

Acknowledgement

The authors would like to express sincere gratitude to the Postgraduate Program, Faculty of Public Health, Halu Oleo University, for the academic support provided during this study. The authors also extends appreciation to all respondents and parties who contributed to the completion of this research.

Disclosure of Conflict of Interest

The authors declares that there is no conflict of interest associated with this study.

Ethical Approval and Informed Consent

Ethical approval for this study was obtained from the institutional ethics committee of the Faculty of Public Health, Halu Oleo University, prior to data collection. Informed consent was obtained from all participants after they received a clear explanation regarding the purpose and procedures of the study. Participation was voluntary, and confidentiality and anonymity of the respondents were strictly maintained. All data collected were used solely for research purposes.

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