

INTERNATIONAL JOURNAL OF OCCUPATIONAL MEDICINE AND PUBLIC HEALTH

Impact of Maternal Knowledge, Socioeconomic Factors, Social Support, and Policies on Exclusive Breastfeeding: A Comprehensive Literature Review

Luluk Hermawati¹, Nur Bebi Ulfah Irawati², Hilizza Awalina Zulfa³

¹Department of Medical Biology, Faculty of Medicine and Health Science, Sultan Ageng Tirtayasa University, Banten, Indonesia ²Department of Parasitology, Faculty of Medicine and Health Science, Sultan Ageng Tirtayasa University, Banten, Indonesia ³Department of Histology, Faculty of Medicine and Health Science, Sultan Ageng Tirtayasa University, Banten, Indonesia

(Correspondency: nur.bebi@untirta.ac.id, +62853 6887 8855)

ABSTRACT

Exclusive breastfeeding during the first six months of an infant's life is the primary recommendation from WHO and UNICEF, as it has been proven to offer significant health benefits for both infants and mothers. However, the coverage of this practice remains suboptimal in many countries, including Indonesia, due to various multidimensional factors. This article aims to systematically review the scientific literature from the past ten years (2015–2025) on the factors influencing the success of exclusive breastfeeding, with a focus on maternal knowledge, socioeconomic factors, social support, and policies. The review findings indicate that education level, maternal understanding of the benefits and techniques of breastfeeding, employment status, household income, and access to healthcare services play crucial roles in the success of exclusive breastfeeding practices. Several studies also highlight the importance of social support from family, friends, and community, as well as government policies such as maternity leave and educational programs that promote exclusive breastfeeding. Community-based interventions and supportive policy environments have also been shown to effectively increase exclusive breastfeeding rates. Therefore, a holistic approach is needed—not only to improve maternal knowledge, but also to address the social and policy-related factors that influence breastfeeding behavior.

Keywords : exclusive breastfeeding, maternal knowledge, socioeconomic factors, social support, maternal health

https://doi.org/.085368878855



© 2025 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY SA) license (https://creativecommons.org/licenses/by-sa/4.0/).

INTRODUCTION

Breast milk serves as the most optimal natural nourishment for infants, particularly throughout their first six months. Both the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) advocate for exclusive breastfeeding during this period—without introducing any supplementary foods or liquids, not even water—to ensure the best possible growth, development, and immune health for the baby⁽¹⁾.Numerous studies have demonstrated that exclusive breastfeeding helps reduce the risk of infectious diseases such as diarrhea and acute respiratory infections, as well as lowers the likelihood of allergies, obesity, and metabolic disorders later in life⁽²⁾.

Despite the well-known benefits of exclusive breastfeeding, its practice remains below the expected targets. In Indonesia, data from the Indonesian Nutrition Status Survey (SSGI) showed that the coverage of exclusive breastfeeding in 2022 was only 66.4%, falling short of the national target of 80%⁽³⁾. This low rate is attributed to a variety of complex and interrelated factors at the individual, family, and social environmental levels. One key factor influencing the success of exclusive breastfeeding is a mother's knowledge regarding its benefits, techniques, and challenges. Adequate knowledge promotes positive attitudes and appropriate breastfeeding practices^(4,5).

On the other hand, socioeconomic factors such as maternal education level, employment status, and household income also serve as major determinants in a mother's decision to breastfeed exclusively⁽⁶⁾. Mothers with higher levels of education typically have greater access to information and a better understanding of the importance of exclusive breastfeeding, while working mothers often face time constraints and lack of breastfeeding facilities at their workplace^(5,7). In addition, social support from family, friends, and the community, as well as supportive government policies, also play vital roles. Policies such as adequate maternity leave and the provision of breastfeeding facilities in workplaces can significantly improve the success of exclusive^(8,9). Community-based interventions that empower mothers and foster social support can also enhance breastfeeding practices^(10,11).

This literature review aims to analyze scientific studies from the past ten years (2015–2025) related to the factors that influence the success of exclusive breastfeeding, with a specific focus on maternal knowledge, socioeconomic conditions, social support, and policy. The findings are expected to contribute to strengthening policy and community-based interventions to improve exclusive breastfeeding practices in Indonesia and other developing countries.

DISCUSSION

Maternal Knowledge of Exclusive Breastfeeding

A mother's understanding of the advantages and significance of exclusive breastfeeding plays an essential role in shaping her breastfeeding practices. Those who are well-informed about the nutritional value of breast milk, its role in supporting the immune system, and its long-term health benefits for infants are generally more motivated to exclusively breastfeed during the baby's first six months of life⁽⁵⁾. This knowledge also plays a vital role in helping mothers overcome breastfeeding challenges, such as breast pain, concerns about milk production, or pressure from the surrounding environment to provide formula milk.

Studies have shown that maternal knowledge is positively correlated with exclusive breastfeeding practices. Mothers who are aware that exclusive breastfeeding can reduce the risk of respiratory and gastrointestinal infections in infants are more likely to continue the practice despite facing obstacles⁽¹²⁾. Good knowledge also boosts mothers' confidence in breastfeeding and reduces reliance on misinformation or myths that may circulate in society⁽¹³⁾.

Therefore, educational interventions aimed at enhancing maternal knowledge about exclusive breastfeeding are essential. Counseling programs through healthcare providers, prenatal classes, mass media, and training for health cadres can significantly improve mothers' understanding and positive attitudes toward breastfeeding⁽¹⁴⁾. This consistent, evidence-based approach will encourage higher rates of exclusive breastfeeding, ultimately resulting in positive impacts on infant nutrition and health.

Socioeconomic Factors in Exclusive Breastfeeding

Socioeconomic factors, including maternal education, employment status, and household income, have been identified as significant determinants of exclusive breastfeeding practices. Evidence from various studies suggests that mothers with higher educational attainment possess greater awareness of the benefits of exclusive breastfeeding and are more likely to make informed decisions that promote and sustain optimal breastfeeding behaviors⁽¹⁵⁾. Greater knowledge about the benefits of exclusive breastfeeding behaviors⁽¹⁵⁾. Greater knowledge about the benefits of exclusive breastfeeding increases the likelihood that mothers will choose breast milk as the primary source of nutrition for their infants, as they better understand its long-term positive effects on health⁽¹³⁾.

Furthermore, maternal employment status also plays an important role in exclusive breastfeeding practices. Working mothers often face challenges related to time constraints and the lack of facilities that support breastfeeding, such as adequate lactation rooms or sufficient break times^(16,17). Studies indicate that mothers working in the formal sector with supportive maternity leave policies are more likely to breastfeed for a longer duration compared to those working in the informal sector⁽¹⁸⁾.

Family income also plays a key role in a mother's ability to exclusively breastfeed. Higher income levels provide easier access to quality healthcare services, including lactation counseling and

health check-ups for both mother and baby. Additionally, higher income enables families to purchase nutritious foods that support optimal breast milk production^(9,11,19). Conversely, families with lower incomes may struggle to meet the nutritional needs of the mother or even access adequate healthcare services, which in turn can affect the success of exclusive breastfeeding. Overall, socioeconomic factors are important determinants influencing the success of exclusive breastfeeding. Efforts to improve education levels, provide support for working mothers, and increase access to healthcare services can contribute to higher rates of exclusive breastfeeding.

Maternal Health and Access to Healthcare Services

Maternal health and access to quality healthcare services play a crucial role in the success of exclusive breastfeeding practices. Good access to healthcare facilities allows mothers to receive accurate information, breastfeeding counseling, and support from healthcare professionals such as midwives, nurses, and lactation consultants. This support has been shown to increase mothers' confidence and encourage the success of exclusive breastfeeding, especially during the critical postpartum period⁽⁸⁾.

Trained healthcare providers can help mothers identify and address breastfeeding issues, such as improper latch or perceived insufficient milk production. Research has shown that breastfeeding counseling provided during both antenatal and postnatal periods significantly increases the prevalence of exclusive breastfeeding up to six months⁽¹⁰⁾. Additionally, the implementation of baby-friendly hospital policies, such as Early Initiation of Breastfeeding (EIB) and rooming-in, also contributes to the promotion of exclusive breastfeeding practices⁽¹⁾.

Maternal health conditions, including nutritional status and physical health, are also important determinants. Mothers with good nutritional status and free from chronic diseases tend to have a more optimal capacity to produce breast milk and breastfeed their infants⁽¹⁹⁾. Conversely, mothers who experience anemia, postpartum fatigue, or psychological disorders such as baby blues and postpartum depression may encounter barriers to exclusive breastfeeding. Improving access to mother- and baby-friendly healthcare services and addressing maternal health comprehensively are crucial steps in supporting the success of exclusive breastfeeding programs in the community.

Social Support and Policy

Social support and public policies play a crucial role in promoting the success of exclusive breastfeeding. Mothers who receive support from their partners, family, friends, and workplace are more likely to succeed in practicing exclusive breastfeeding. Emotional and practical support from partners, such as helping with household chores or providing time for the mother to breastfeed, can reduce stress and boost the mother's confidence in breastfeeding. In addition, support from extended family is also vital, as they often serve as sources of motivation and guidance during breastfeeding. However, mothers who work outside the home often face greater challenges, such as limited time for breastfeeding, fatigue, and lack of lactation facilities at the workplace, which can hinder the success of exclusive breastfeeding⁽¹³⁾.

In addition to social support, government policies play an equally important role. Policies such as extended maternity leave, provision of adequate lactation rooms at the workplace, and policies that support flexible working hours for breastfeeding mothers can help overcome the barriers mothers face. Governments must prioritize policies that support working mothers in maintaining exclusive breastfeeding for their infants. Moreover, training healthcare workers in providing evidence-based breastfeeding counseling is also essential to help mothers face challenges during the breastfeeding period⁽¹⁾. These programs should be implemented comprehensively, not only at the individual level but also in national policies and the private sector, to create a breastfeeding-friendly environment.

Collaboration between the government, healthcare institutions, and the business sector is also crucial to ensure that policies and facilities supporting exclusive breastfeeding are effectively implemented. For example, providing comfortable and easily accessible lactation rooms at workplaces and flexible working hours for breastfeeding mothers will enhance access to exclusive breastfeeding. This collaboration is also important in reducing the stigma surrounding breastfeeding at work and in public spaces, allowing mothers to feel more valued and supported in their decision to breastfeed. With the right policies and strong social support, exclusive breastfeeding practices can be more effectively and sustainably implemented, improving the health of mothers and children across society^(1,8,20).

The findings from this literature review indicate that the success of exclusive breastfeeding is strongly influenced by a combination of internal factors—such as maternal knowledge—and external factors, including socioeconomic conditions and support from the healthcare system. A mother's understanding of the benefits of exclusive breastfeeding, such as its protection against infections, enhancement of the infant's immune system, and its contribution to optimal growth and development, plays a crucial role in the decision to breastfeed exclusively⁽⁸⁾. Efforts to improve maternal knowledge can be achieved through various educational interventions, including counseling by healthcare providers, community-based campaigns, and prenatal education programs⁽¹⁰⁾. Mothers who are well-informed and supported by their social environment are better equipped to handle breastfeeding challenges, such as breast pain, fatigue, or social pressure.

Socioeconomic factors also significantly influence the success of exclusive breastfeeding, albeit indirectly. Mothers with higher education levels and better household income generally have broader access to health information and quality healthcare services^(9,11,21). On the other hand, working mothers face unique challenges due to limited time and the lack of breastfeeding-friendly facilities in the workplace. These barriers often lead to early discontinuation of exclusive breastfeeding before the six-month mark⁽¹³⁾. Therefore, policy-level interventions are critically important—for example, extending maternity leave, providing adequate lactation rooms at workplaces, and ensuring that all

healthcare facilities implement Early Initiation of Breastfeeding programs and evidence-based lactation counseling. Collaboration between the government, healthcare institutions, and workplaces is key to creating a breastfeeding-friendly environment that supports the broad and sustainable success of exclusive breastfeeding^(1,20).

CONCLUSION

Exclusive breastfeeding plays a vital role in enhancing the health and well-being of both infants and mothers. However, its successful implementation is shaped by multiple factors, with maternal knowledge and socioeconomic status being particularly influential. Sufficient understanding of the benefits of exclusive breastfeeding is associated with a higher likelihood of adherence to recommended practices, while socioeconomic elements—such as educational attainment and household income—also contribute significantly to breastfeeding outcomes. Consequently, a multifaceted strategy is required, incorporating comprehensive maternal education, supportive policy frameworks, and improved access to quality healthcare services to effectively promote and sustain exclusive breastfeeding practices.

REFERENCES

- 1. World Health Organization. Thirteenth meeting of the Strategic and Technical Advisory Group for Neglected Tropical Diseases. 2020.
- Pérez-Escamilla R. Breastfeeding in the 21st century: How we can make it work. Soc Sci Med. 2020;244(May).
- Kementerian Kesehatan Republik Indonesia. Buku Saku: Hasil Survei Status Gizi Indonesia (SSGI) 2022. Kementeri Kesehat Republik Indones. 2023;1–7.
- 4. Sabriana R, Riyandani R, Wahyuni R, Akib A. Hubungan Pengetahuan dan Sikap Ibu Tentang Pemberian ASI Eksklusif. J Ilm Kesehat Sandi Husada. 2022;11:201–7.
- Gianni Lorella Maria, Bettinelli Enrica Maria, Manfra Priscilla, Soreentino Gabriele, Bezzee Elena, Plevani Laura, et al. Breastfeeding Difficulties and Risk for Early Breastfeeding Cessation. Nutrients [Internet]. 2019;11(2266):1–10. Available from: http://doi.org/10.3390/nu11102266
- Mekebo GG, Argawu AS, Likassa HT, Ayele W, Wake SK, Bedada D, et al. Factors influencing exclusive breastfeeding practice among under-six months infants in Ethiopia. BMC Pregnancy Childbirth [Internet]. 2022;22(1):1–10. Available from: https://doi.org/10.1186/s12884-022-04955-x
- Ogbo FA, Agho KE, Page A. Determinants of suboptimal breastfeeding practices in Nigeria: Evidence from the 2008 demographic and health survey. BMC Public Health. 2015;15(1):1–12.
- 8. Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, et al. Why invest,

and what it will take to improve breastfeeding practices? Lancet [Internet]. 2016;387(10017):491–504. Available from: http://dx.doi.org/10.1016/S0140-6736(15)01044-2

- 9. Sinha B, Chowdhury R, Upadhyay RP, Taneja S, Martines J, Bahl R, et al. Integrated interventions delivered in health systems, home, and community have the highest impact on breastfeeding outcomes in low- and middle-income countries. J Nutr [Internet]. 2017;147(11):2179S-2187S. Available from: https://doi.org/10.3945/jn.116.242321
- Sinha B, Chowdhury R, Sankar MJ, Martines J, Taneja S, Mazumder S, et al. Interventions to improve breastfeeding outcomes: A systematic review and meta-analysis. Acta Paediatr Int J Paediatr. 2015;104:114–35.
- Olufunlayo TF, Roberts AA, MacArthur C, Thomas N, Odeyemi KA, Price M, et al. Improving exclusive breastfeeding in low and middle-income countries: A systematic review. Matern Child Nutr. 2019;15(3):1–26.
- Bruno Tongun J, Sebit MB, Mukunya D, Ndeezi G, Nankabirwa V, Tylleskar T, et al. Factors associated with delayed initiation of breastfeeding: A cross-sectional study in South Sudan. Int Breastfeed J. 2018;13(1):1–7.
- Gilliland PD, Keeton VF, Haynes S, Castro-alvarez S, Golden A, Simmons LA. The In fl uence of Mental Health , Con fi dence , and Acculturation on Breastfeeding in Hispanic People. 2025;1–4.
- 14. Lumbiganon P, Martis R, Laopaiboon M, Festin MR, Ho JJ, Hakimi M. Antenatal breastfeeding education for increasing breastfeeding duration. Cochrane Database Syst Rev. 2016;2016(12).
- 15. Patnode CD, Henrikson NB, Webber EM, Blasi PR, Senger CA, Guirguis-blake JM. Breastfeeding and Health Outcomes for Infants and Children : A Systematic Review. 2025;
- Safitri A, Puspitasari DA. Upaya Peningkatan Pemberian Asi Eksklusif Dan Kebijakannya Di Indonesia. Penelit Gizi dan Makanan (The J Nutr Food Res. 2019;41(1):13–20.
- Meek JY, Noble L. Policy Statement: Breastfeeding and the Use of Human Milk. Pediatrics. 2022;150(1):1–15.
- Dewey KG. Reducing stunting by improving maternal, infant and young child nutrition in regions such as South Asia: Evidence, challenges and opportunities. Matern Child Nutr. 2016;12:27–38.
- Khan J, Vesel L, Bahl R, Martines JC. Timing of Breastfeeding Initiation and Exclusivity of Breastfeeding During the First Month of Life: Effects on Neonatal Mortality and Morbidity—A Systematic Review and Meta-analysis. Matern Child Health J. 2015;19(3):468–79.
- 20. Pramono A, Hikmawati A, Hartiningtiyaswati S, Smith J. Breastfeeding Support and Protection

During Natural Disaster and Climate-Related Emergencies in Indonesia: Policy Audit. J Hum Lact. 2025;41(2):231-242.

21. Athanasiadou M, Sheen F, Smith AD, Llewellyn C, Conway R. Cross-sectional associations between exposure to commercial milk formula marketing, beliefs about its use, and socioeconomic position among pregnant women and mothers in the UK. Maternal & Child Nutrition. 2025;e70022. https://doi.org/10.1111/mcn.70022