



LITERATURE REVIEW: FACTORS ASSOCIATED WITH EXCLUSIVE BREASTFEEDING

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ABSTRACT

Exclusive breastfeeding coverage in Indonesia is also not yet optimal, due to a decline from 68.6% in 2023 to 66.4% in 2024. Infant health risks increase when exclusive breastfeeding practices are not achieved. This study aims to identify factors associated with exclusive breastfeeding, particularly those related to perceived barriers, perceived vulnerability, perceived benefits, spousal support, and maternal employment. A literature review used the PEO (Population, Exposure, Outcome) framework. The literature reviewed was selected based on keywords related to exclusive breastfeeding behavior: perceived vulnerability, perceived benefits, perceived barriers, husband's support, and maternal occupation. Articles published between 2021 and 2025 were selected. The databases used were PubMed and Google Scholar, with 1,074 results. The selection process resulted in 15 articles that met the quantitative criteria, were published between 2021 and 2025, and examined variables relevant to the focus. Two articles noted the relationship between perceived barriers and exclusive breastfeeding, while two other articles noted the link with perceived vulnerability and exclusive breastfeeding. Four articles pointed to the relationship between perceived benefits and exclusive breastfeeding, and four articles highlighted spousal support as a factor. Five articles pointed to the relationship between maternal employment and exclusive breastfeeding. Four articles noted a relationship between spousal support and exclusive breastfeeding. Five articles noted a relationship between maternal employment and exclusive breastfeeding. Perceptions of barriers, perceptions of vulnerability, perceptions of benefits, spousal support, and maternal employment were associated with exclusive breastfeeding practices in most articles.

Keywords: exclusive breastfeeding; maternal employment; perceived barriers; perceived vulnerability; spousal support

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INTRODUCTION

Exclusive breastfeeding for the first six months is a crucial indicator of infant health and survival. The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months. WHO data from 2023 indicates that only 48% of infants under six months of age are exclusively breastfed, far from the target of 70% by 2030 (WHO, 2023). Exclusive breastfeeding coverage in Indonesia is also suboptimal, having declined from 68.6% in 2023 to 66.4% in 2024 (Ministry of Health, 2025).

The importance of increasing exclusive breastfeeding coverage is evident in the nutritional and immunological benefits it provides. Exclusive breast milk contains active substances such as sIgA and lactoferrin, which protect infants from respiratory infections and diarrhea (Lyons et al., 2020). Low levels of exclusive breastfeeding are associated with an increased risk of infectious diseases (Ambilkar, 2018) and growth problems such as stunting (Sari et al., 2021) and wasting (Setiawan et

al., 2020). Infants who are not exclusively breastfed are at a higher risk of health problems than infants who are (Suhrawardi et al., 2024). This situation highlights the importance of increasing exclusive breastfeeding rates as an effort to improve the health status of infants and children.

Efforts to improve exclusive breastfeeding can be explained through the Health Belief Model (HBM) theoretical approach, which assesses health behavior based on perceived barriers, perceived vulnerabilities, and perceived benefits. Perceived barriers are considered the most influential factor in decision-making regarding preventive health behaviors, with a significance level of 93%, while perceived vulnerabilities are at 81%, and perceived benefits are at 74% (Champion & Skinner, 2008; Janz & Becker, 1984).

Snehendu B. Kar (1984) explains that health behavior is formed through the interaction of individuals with their environment, with social support and the behavioral situation as the primary factors. Social support is the influence of important people around an individual, such as a partner or husband. The behavioral situation in the context of exclusive breastfeeding is related to the mother's employment status, which creates differences in environmental conditions. Working mothers face limitations in time and distance from their babies, while non-working mothers have more flexibility. This study aims to identify factors associated with exclusive breastfeeding, particularly those related to perceived barriers, perceived vulnerability, perceived benefits, spousal support, and maternal employment.

METHOD

This literature review uses the PEO (Population, Exposure, Outcome) framework to explore factors influencing exclusive breastfeeding. The PEO framework was chosen because it is suitable for research that does not require group comparisons but rather focuses on the relationship between exposure or factors influencing a phenomenon and the desired outcome. The population studied was breastfeeding mothers. Exposures included perceived vulnerability, perceived benefits, perceived barriers, husband's support, information accessibility, and maternal employment. The outcome measured was exclusive breastfeeding behavior. The literature search used Boolean queries to find relevant articles. These queries were used to search for scientific articles in various databases, such as Google Scholar and PubMed, that discussed topics related to exclusive breastfeeding and the factors influencing it. Boolean operators such as OR and AND were used. This allowed the authors to focus on the relationship between exposure (the independent factor) and the outcome (exclusive breastfeeding). The query used in English is: ("Exclusive Breastfeeding" OR "Breastfeeding" OR "EBF") AND ("Health Belief Model" OR HBM) AND ("perceived barriers" OR "perceived benefits" OR "perceived vulnerability" OR "perceived susceptibility") AND ("husband support" OR "partner support") AND ("maternal employment" OR "working mothers" OR "employment status"). Meanwhile, in Indonesian, the query used was ("Exclusive Breastfeeding" OR "Breastfeeding" OR "EBF") AND ("Health Belief Model" OR HBM) AND ("perceived barriers" OR "perceived benefits" OR "perceived vulnerabilities") AND ("husband's support" OR "partner's support") AND ("maternal employment" OR "working mother" OR "maternal employment status"). The selection of literature to be reviewed was determined based on inclusion criteria, including quantitative research articles discussing the following variables in relation to exclusive breastfeeding behavior: perceived vulnerabilities, perceived benefits, perceived barriers, husband's support, and maternal employment. Articles published between 2021 and 2025, and articles written in Indonesian or English. The results of the search, which went through the selection process, are presented in Figure 1.

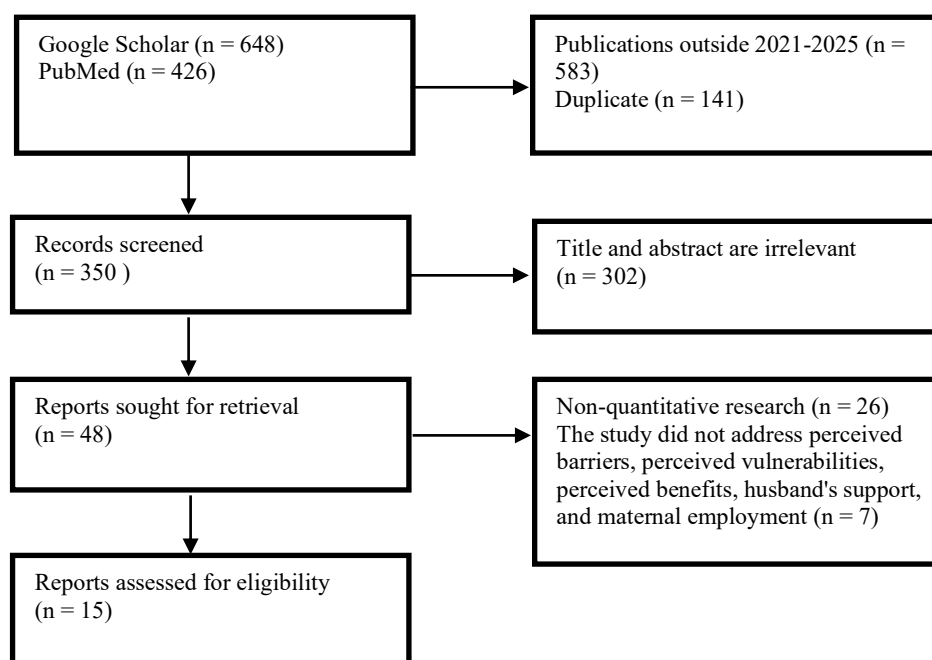


Figure 1 article search flow

RESULT

Based on a literature search of various databases such as PubMed and Google Scholar between 2021 and 2025, 15 articles met the inclusion criteria and were relevant to the topic of exclusive breastfeeding behavior. These articles discussed various factors influencing exclusive breastfeeding, including perceived vulnerability, perceived benefits, perceived barriers, husband's support, and maternal occupation, as shown in table 1 below.

Table 1.
Results of the Review of 15 Articles

Author	Year	Title	Study Design	Variables Studied
Fatimah Dewi Anggraeni, Eva Putriningrum	2021	The relationship between perceived susceptibility and perceived benefits with exclusive breastfeeding for toddlers at Kasihan I Bantul Health Center	<i>Cross-Sectional</i>	Perceived Vulnerability and Perceived Benefits
Yulia Vanda Editia, Bagoes Widjanarko, Ani Margawati	2022	Exclusive Breastfeeding Behavior Analysis Based on Health Belief Model: A Cross-Sectional Study	<i>Cross-Sectional</i>	Perceived Vulnerability, Perceived Benefits, and Perceived Barriers
Wulandari, Achmad Fauzi	2022	Relationship of Mothers' Characteristic, Attitude, and Self Efficacy Toward Exclusive Breastfeeding Practice in Work Area of Tigaraksa Public Health Centre	<i>Cross-Sectional</i>	Maternal Occupation
Amare Zewdie, Temesgen Taye, Abebaw Wasie Kasahun and Abdu Oumer	2022	Effect of maternal employment on exclusive breastfeeding practice among mothers of infants 6–12 months old in Wolkite town, Ethiopia: a comparative cross-sectional study	<i>Cross-Sectional</i>	Mother's Occupation
Agung Nugroho	2022	Working Status is not Related to Exclusive Breastfeeding	<i>Cross-Sectional</i>	Mother's Occupation
Suparp Thaithae, Susanha Yimyam, and	2023	Prevalence and Predictive Factors for Exclusive Breastfeeding at Six	<i>Cross-Sectional</i>	Perceived Benefits and Perceived Barriers

Author	Year	Title	Study Design	Variables Studied
Pridsadaporn Polprasarn		Months among Thai Adolescent Mothers		
Malda Afrianti Setiadi, Tika Noor Prastia, Fenti Dewi Pertiwi	2023	Faktor-Faktor yang Berhubungan dengan Pemberian ASI Eksklusif pada Bayi Usia 6-12 Bulan di Puskesmas Tanah Sareal Tahun 2022	Cross-Sectional	Mother's Occupation and Husband's Support
Anak Agung Sagung Mirah Prabandari, Maria Krishnandita, Suyasa Adryan Yunanda, Made Indra Wijaya	2024	The Importance of Husband Support in Exclusive Breastfeeding	Cross-Sectional	Mother's Occupation and Husband's Support
Risna Mona Aristin, Nur Alam Fajar, Muhammad Cholil Munadi, Esti Sri Ananingsih, Rini Sugiarti	2024	Analysis of Perceived Benefits of Breast Milk Towards Exclusive Breastfeeding in Stunting Prevention	Cross-Sectional	Perceived Benefits
Mimi Ruspita, Nur Fatimah Lady Maharani	2024	Factors Associated with Exclusive Breastfeeding Practices in Mothers with Babies Aged 7-12 Months	Cross-Sectional	Mother's Occupation and Husband's Support
Salza Fitri Adhitama, Widati Fatmaningrum, Mahendra Tri Arif Sampurna	2024	Correlation between employment status and income level of mothers with exclusive breastfeeding	Cross-Sectional	Mother's Occupation
Nelly Indrasari, Mugiati, Nurlaila, Warjedin Aliyanto, Indah Trianingsih	2024	Analysis of Demographic Factors Affecting Exclusive Breastfeeding Success among Breastfeeding Mothers	Cross-Sectional	Mother's Occupation
Nurazila, Nur Alam Fajar, Yona Wia Sartika Sari, Risa Nur Amalia	2025	The Relationship Between Perceived Trust in Exclusive Breastfeeding and Stunting Prevention	Cross-Sectional	Perceived Vulnerability, Perceived Benefits, and Perceived Barriers
Umihan Samal, Luluk Rosida, Belian Anugrah Estri	2025	The Relationship Between Husband's Support and Mother's Education Level and the Success of Exclusive Breastfeeding in the Tegalrejo Community Health Center Work Area, Yogyakarta City	Cross-Sectional	Husband's Support
Noviasari Handayani, Gunarmi, Risnawati	2025	Analysis of Mothers' Decisions to Provide Exclusive Breastfeeding	Cross-Sectional	Husband's Support

The table shows that 15 articles used a cross-sectional design and focused on five key variables related to exclusive breastfeeding. Most articles examined maternal employment and husband's support. Other articles examined perceived vulnerability, perceived benefits, and perceived barriers

Table 2.

Article Analysis Results

Research Variables	Author (Year) Researcher
Perceived Barriers	Yulia Vanda Editia et al, 2022 (p = 0,000; PR = 2,630) Nurazila et al, 2025 (p = 0,002; PR = 2,517) Suparp Thaithae et al, 2023 (p = 0,322)
Perceived Vulnerabilities	Yulia Vanda Editia et al, 2022 (p = 0,008; PR = 2,391) Nurazila et al, 2025 (p = 0,000; PR = 3,303) Fatimah Dewi Anggraeni et al, 2021 (p = 0,122; OR = 3,167)
Perceived Benefits	Yulia Vanda Editia et al, 2022 (p = 0,001; PR = 2,018) Nurazila et al, 2025 (p = 0,012; PR = 2,062) Suparp Thaithae et al, 2023 (p < 0,000)

Research Variables	Author (Year) Researcher
	Fatimah Dewi Anggraeni et al, 2021 (p = 0,021; OR = 5,833) Risna Mona Aristin et al, 2024 (p = 0,333; PR = 1,172)
Husband's Support	Anak Agung Sagung Mirah Prabandari et al, 2024 (p < 0,001; PR = 3,6) Umihan Samal et al, 2025 (p = 0,000) Noviasari Handayani et al, 2025 (p = 0,000) Mimi Ruspita et al, 2024 (p = 0,005; OR = 4,613) Malda Afrianti Setiadi et al, 2023 (p = 1,000)
Mother's Occupation	Mimi Ruspita et al, 2024 (p = 0,000; OR = 6,039) Salza Fitri Adhitama et al, 2024 (p = 0,022; OR = 1,222) Wulandari & Achmad Fauzi, 2022 (p = 0,000) Amare Zewdie et al, 2022 (p < 0,0001; AOR = 2,97) Nelly Indrasari et al, 2024 (p = 0,013) Anak Agung Sagung Mirah Prabandari, 2024 (p = 0,203; PR = 1,44) Malda Afrianti Setiadi et al, 2023 (p = 1,000) Agung Nugroho, 2022 (p = 0,112)

Table 2 shows that perceived vulnerability was significant in two articles and insignificant in one. Perceived benefits were significant in four articles and insignificant in one. Perceived barriers were significant in two articles and insignificant in one. Husband's support was significant in four articles and insignificant in one. Maternal employment had mixed results, with some articles recording a significant relationship and others showing no relationship.

DISCUSSION

Perceived Barriers

A literature review of three articles examining perceived barriers related to exclusive breastfeeding practices revealed differences in the intensity of barriers and the strength of their influence reported in each study. A study by Editia et al. (2022), which used the comprehensive Health Belief Model framework, found that 60.8% of mothers had high perceived barriers, which were significantly associated with failure to exclusively breastfeed (p = 0.000; PR = 2.630). Identified barriers included sore breasts, concerns about insufficient breast milk production, and the influence of formula advertising.

This study aligns with the findings of a study by Nurazila et al. (2025), which also found a significant relationship between perceived barriers and exclusive breastfeeding practices (p = 0.002; PR = 2.517). Frequently cited barriers included beliefs about insufficient breast milk production, physical discomfort, and time constraints among mothers with multiple roles. Another study by Irmawati (2025) showed that the duration of exclusive breastfeeding is influenced by various psychosocial factors, including knowledge, attitudes, breastfeeding skills, and the mother's employment status. Barriers can originate from the baby, such as a sick or fussy baby, accompanied by discomfort breastfeeding in public, and a perceived lack of breast milk. The higher the perceived barriers, the lower the mother's likelihood of successful exclusive breastfeeding (Nguyen et al., 2021). Unlike the two previous articles, the study by Thaithae et al. (2023) did not find a strong relationship between perceived barriers and exclusive breastfeeding. The reported barriers were more narrative in nature and related to everyday circumstances, such as lack of family support, technical difficulties when the baby cries frequently, and work or school demands on teenage mothers.

Perceived Vulnerability

A literature review of three articles examining perceived vulnerability in relation to exclusive breastfeeding practices showed that most studies found a significant association, although one study yielded conflicting findings. Perceived vulnerability was significantly associated with exclusive breastfeeding behavior. Mothers with low perceived vulnerability have a 2.39-fold and 3.30-fold higher risk of not exclusively breastfeeding (Editia et al., 2022) and 2.50-fold higher risk (Nurazila et al., 2025), respectively. These findings suggest that when mothers perceive their babies as

vulnerable to disease or long-term impacts such as stunting, their motivation to exclusively breastfeed increases. This also aligns with the Health Belief Model, which emphasizes that perceived disease threat is a key driver of preventative behavior. Biological evidence supports these findings, as infants who are not exclusively breastfed have been found to have a higher incidence of illnesses such as diarrhea, pneumonia, otitis media, urinary tract infections, and allergies, suggesting that infants are biologically more susceptible to health problems if not exclusively breastfed (Osman et al., 2023).

One article, a study by Anggraeni & Putriningrum (2022), stated that perceived vulnerability was not significantly associated with exclusive breastfeeding practices. Although descriptively, there is a tendency for mothers who do not exclusively breastfeed to have a lower perceived vulnerability, the statistical analysis does not show a strong influence. Hel explained that other factors such as perceived benefits, breastfeeding experience, social support, and time constraints likely play a more dominant role in influencing exclusive breastfeeding behavior in the context of this study.

Perceived Benefits

Of the five articles reviewed, four showed a significant relationship between perceived benefits and exclusive breastfeeding practices, while one article found no significant relationship. In general, the majority of studies confirmed that perceived benefits are an important psychological factor motivating mothers to exclusively breastfeed. Research by Thaithae et al. (2023) found that perceived benefits were a significant predictor in adolescent mothers, particularly regarding the belief that breastfeeding can boost immunity, support optimal growth and development, and provide health benefits for the mother. Research by Anggraeni & Putriningrum (2022) showed that mothers with high perceived benefits were almost six times more likely to exclusively breastfeed than mothers with low perceptions.

Research by Editia et al. (2022) explained, using the Health Belief Model framework, that perceived benefits encourage mothers to commit to breastfeeding due to the belief that breast milk can protect babies from infection and strengthen the emotional bond between mother and child. Another study by Nurazila et al. (2025) showed a significant relationship between perceived benefits and exclusive breastfeeding practices, and confirmed that belief in the nutritional adequacy of breast milk and its role in preventing disease are factors that strengthen stunting prevention efforts. The numerous benefits of breast milk for both infants and mothers further support these findings. Breast milk has been shown to reduce the risk of child mortality by 4–10 times in low-income countries, reduce the incidence of diarrhea, respiratory infections, and otitis media, and increase IQ by approximately 2–3 points. For mothers, breastfeeding reduces the risk of breast and ovarian cancer, cardiovascular disease, and helps regulate birth spacing through lactational amenorrhea (Prentice, 2022). Knowledge of the benefits of breast milk further strengthens mothers' perceptions of the value of breast milk, thus encouraging consistent breastfeeding practices.

However, not all studies show similar results. Research by Aristin et al. (2024) found that perceived benefits were not significantly related to exclusive breastfeeding practices, although some mothers had positive attitudes towards the benefits of breast milk. In this study, knowledge was a stronger predictor, indicating that perceived benefits alone are insufficient without understanding, breastfeeding skills, and environmental support. Overall, four of the five studies demonstrated that perceived benefits are a key component of successful exclusive breastfeeding, while one study emphasized the need for other supporting factors to ensure these perceptions are truly translated into daily breastfeeding behavior.

Husband's Support

Most studies indicate that husband's support is a highly influential factor in the success of exclusive breastfeeding. Research by Ruspita & Maharani (2024) found that husband's support was highly

significant and exclusive breastfeeding practices were associated with higher levels of support ($p=0.000$), with mothers who received support feeling more capable of maintaining optimal breastfeeding. This finding aligns with research by Handayani et al. (2025), which found that husband's support was the strongest factor influencing a mother's decision to exclusively breastfeed, with a correlation of $r=0.466$, higher than other factors such as knowledge or income. Furthermore, research by Samal et al. (2025) showed that 73.3% of mothers with good husband's support successfully breastfed exclusively, while none of those with low support succeeded ($p=0.000$). Research by Prabandari et al. (2024) confirmed that mothers with high husband's support were 14 times more likely to exclusively breastfeed ($AOR=14.22$).

Husbands' support is further emphasized through various other forms of support, such as informational, emotional, instrumental, and appraisal support, which have been shown to play a strong role in increasing the chances of successful exclusive breastfeeding. The husband's role in providing emotional support, practical assistance, and parenting guidance contributes to increased maternal confidence and comfort during breastfeeding, thereby strengthening the sustainability of exclusive breastfeeding (Agrawal et al., 2022). Furthermore, various forms of support, such as household assistance, financial support, appreciation, and emotional support, have been shown to create a more stable maternal psychological state and support smooth milk production (Isnaeni et al., 2025). Husbands' support also influences breastfeeding duration, particularly through informational and instrumental support, which enables mothers to maintain breastfeeding for longer (Pratiwi et al., 2022).

However, not all studies yield the same findings. Research by Setiadi et al. (2023) found that husbands' support was not significantly associated with exclusive breastfeeding practices ($p=1.000$), while other variables such as maternal nutritional status and education level were more influential. These differences in results indicate that although the majority of studies place husband's support as a crucial factor, social context, family characteristics, and internal maternal factors can influence the extent of husband's support in the success of exclusive breastfeeding. Therefore, husband's support remains an important factor to consider, but it must be considered alongside other factors that can also influence breastfeeding success.

Mother's Employment Status

Of the articles reviewed, five articles indicated that mother's employment was associated with exclusive breastfeeding practices, while two articles found no association. In general, the majority of studies revealed that mother's employment was a factor hindering the achievement of exclusive breastfeeding. Research by Adhitama et al. (2024) showed a highly significant association between employment status and exclusive breastfeeding with a p-value of 0.00. Similar results were demonstrated in research by Indrasari et al. (2024), where unemployed mothers were 1.8 times more likely to breastfeed exclusively with a p-value of 0.013. Research by Ruspita & Maharani (2024) also supported these findings with a p-value of 0.005, indicating that maternal employment can hinder exclusive breastfeeding due to workload and lack of supporting facilities. Research by Wulandari & Fauzi (2022) found a significant relationship between employment and exclusive breastfeeding practices ($p\text{-value} = 0.000$), although this study emphasized the importance of attitude and self-efficacy as other influencing factors. Similar findings were also demonstrated by research by Zewdie et al. (2022), who stated that the prevalence of exclusive breastfeeding among working mothers was only 54.8% compared to 73% among non-working mothers.

Three studies yielded conflicting results. Research by Prabandari et al. (2024) stated that maternal employment was not associated with exclusive breastfeeding. Research by Setiadi et al. (2023) also showed that maternal employment was not associated with exclusive breastfeeding practices, as evidenced by a p-value of 1.000, concluding that other factors such as education and nutritional status play a more significant role. This finding is similar to the results of research by Nugroho

(2022), which stated that maternal employment status had no significant relationship with exclusive breastfeeding practices ($p > 0.05$), especially when family support, knowledge, and favorable working conditions were available to breastfeeding mothers.

CONCLUSION

Based on the results of the review of the perceived barriers variable, there were 3 articles and 2 articles showed a relationship, while 1 article showed no relationship. For the perceived vulnerability variable, there were 3 relevant articles and 2 articles showed a relationship with exclusive breastfeeding, while 1 article showed no relationship. For the perceived benefits variable, there were 5 articles and 4 articles showed a relationship, while 1 article showed no relationship. For the husband's support variable, there were 5 articles and 4 articles showed a relationship, while 1 article showed no relationship. For the mother's occupation variable, there were 8 articles and 5 articles showed a relationship, while 3 articles showed no relationship. Thus, most of the literature shows that perceived barriers, perceived vulnerability, perceived benefits, husband's support and mother's occupation have a relationship with exclusive breastfeeding, although some studies show no relationship with exclusive breastfeeding in certain situations.

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