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The Relationship Between Maternal Knowledge and Family Support with Exclusive Breastfeeding in Tataaran II Village

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ABSTRACT

This study aims to determine the relationship between maternal knowledge and family support with exclusive breastfeeding for infants under 6 months in Tataaran II Village. The type of research used is a quantitative method with a cross-sectional study approach. The population in this study were all mothers who have infants aged 0–11 months in the working area of the Integrated Health Service Post (Posyandu) in Tataaran II Village with a sample of 97 respondents taken using the total sampling technique. Data collection was carried out using a questionnaire that had been tested for validity and reliability. The results showed that 32 people (32.99%) gave exclusive breastfeeding to their babies, meanwhile, the majority of respondents, 65 people (67.01%) did not give exclusive breastfeeding. The level of knowledge of the majority of mothers was in the sufficient category, namely 68 people (70.10%), while 26 people (26.80%) had knowledge in the good category, and only 3 people (3.09%) had insufficient knowledge. Furthermore, 87 respondents (89.69%) received good family support, while 10 respondents (10.31%) reported adequate family support, and no respondents reported inadequate family support. The bivariate analysis concluded that there was a significant relationship between maternal knowledge and exclusive breastfeeding, but no significant relationship between family support and exclusive breastfeeding.

INTRODUCTION

Breast milk (breast milk) is the most perfect source of nutrition that is naturally adapted to the growth and development needs of babies since birth WHO (2024). According to Tombokan et al. (2026) Exclusive Breast Milk is the best food for babies aged 0-6 months, as it has all the nutrients needed for the growth and development of the baby, as well as providing protection from various diseases. During the first six months of life, babies are recommended to be breastfed only without the addition of other foods or drinks, including water. Exclusive breastfeeding until babies are six months old has been proven to be able to optimally meet all the nutritional and fluid needs of the baby's body. In addition, the antibody content in breast milk plays an important role in protecting babies from various risks of infection and disease, especially respiratory and digestive tract disorders (WHO, 2021). In line with this, Wulandari's research (2020) states that exclusive breastfeeding is valid until the baby reaches the age of six months because at this time the baby's digestive organs are still in the development stage and are not ready to receive intake other than breast milk.

Exclusive breastfeeding is the process of giving only breast milk without the addition of other foods or drinks, including water, to babies from birth to six months of age. According to the latest statement from the World Health Organization (WHO) in 2024, babies do not need any food or drink intake other than breast milk during that period. Breast milk contains all the nutrients and fluids needed by the baby to support optimal growth and development during the first six months of life. In fact, even water is not recommended because the water content in breast milk is sufficient for the baby's body fluid needs, as well as providing natural protection from various infections and diseases.

According to WHO (2024) states that exclusive breastfeeding during the first six months of a baby's life provides the best opportunity for them to achieve optimal conditions of growth and development. The content of

antibodies and essential nutrients in breast milk plays an important role in increasing the baby's immunity to various diseases, reducing the risk of respiratory and digestive tract infections, and supporting the development of the nervous and cognitive systems. Therefore, exclusive breastfeeding is not just a parenting option, but it is also the simplest, most natural, and effective health intervention that the WHO strongly recommends to be implemented worldwide.

Globally, research shows that babies who are not breastfed are 14 times more likely to die before their first birthday, compared to those who are exclusively breastfed for the first six months (WHO, 2024). Optimal breastfeeding practices can save the lives of more than 820,000 children under the age of five each year and prevent 20,000 cases of breast cancer in women each year (WHO, 2024).

Although the benefits of exclusive breastfeeding have been widely disseminated, the scope of its implementation in Indonesia has still not reached the optimal target. Based on the results of the Indonesian Health Survey (SKI 2023), the national coverage of exclusive breastfeeding for babies aged 0–5 months has only reached 68.6%. This figure is still below the target set in the National Medium-Term Development Plan (RPJMN) of 80% (Ministry of Health, 2024). This condition shows that until now there are still some babies in Indonesia who have not received exclusive breastfeeding as recommended during the first six months of life. Exclusive breastfeeding remains one of the important indicators in efforts to improve the nutritional status and health of babies, so the achievement of optimal coverage needs to be encouraged (Ministry of Health, 2024).

The same thing also happened in North Sulawesi Province, based on the Indonesian Health Survey (SKI) published by the Ministry of Health (2023), the coverage of exclusive breastfeeding for babies aged 0–5 months in this region was recorded at 65.7%, a figure that is still below the national average. This data reflects that exclusive breastfeeding in North Sulawesi has not been fully running optimally according to national health targets. This condition shows the need for more attention to the implementation of exclusive breastfeeding programs, especially in areas with low coverage (Ministry of Health, 2023).

According to Mamangkey in Sari's (2025) research, the success of exclusive breastfeeding is inseparable from various factors that affect it. In general, these factors can be differentiated into internal and external factors. Internal factors include the characteristics of the mother, knowledge of exclusive breastfeeding, and the breastfeeding process itself. Meanwhile, external factors include socio-cultural aspects, health service support, and family support. According to Mamangkey in Sari's (2025) research, the involvement of these factors is very decisive for the achievement of success in exclusive breastfeeding practices, considering that each factor has an interrelated and supportive role.

Mother's knowledge of exclusive breastfeeding is one of the important aspects that affect the success of exclusive breastfeeding (Sari, 2025). The better a mother's knowledge of the benefits, how to give it, and the positive impact of exclusive breastfeeding on the baby's growth and development, the more likely it is that the mother will exclusively breastfeed until the baby is six months old. Good knowledge will encourage mothers to understand the importance of breastfeeding without the addition of other foods or drinks, as well as be aware of the health risks that can occur if exclusive breastfeeding is not carried out as recommended. In addition, maternal knowledge also plays a role in shaping attitudes and mental readiness in undergoing the breastfeeding process, including in facing various challenges that may arise during the period of exclusive breastfeeding.

In addition to the mother's knowledge, family support also plays an important role in the success of exclusive breastfeeding. This support can be in the form of emotional assistance, information, or practical assistance in caring for the baby and managing household activities. As explained by Dewi et al., (2023), support or support from other people or people closest to them plays a role in the success or failure of the breastfeeding process. The greater the support you get to continue breastfeeding, the greater the mother's ability to survive in giving exclusive breastfeeding until the baby is six months old. In addition, research by Rotinsulu and Rahim (2021) also stated that there is a significant relationship between family support and exclusive breastfeeding to mothers. This means that the better the support received, the higher the likelihood of a mother giving exclusive breastfeeding as recommended.

The results of previous studies show that there are differences in findings related to factors that affect exclusive breastfeeding. According to Sari (2025), there is a significant relationship between maternal knowledge and family support and the success of exclusive breastfeeding. These findings are in line with the theory that these two factors play an important role in determining the mother's decision to breastfeed exclusively for six months. However, in contrast to the results of a study conducted by Rotinsulu and Rahim (2021) which concluded that there is no relationship between maternal knowledge and exclusive breastfeeding. Meanwhile, Dewi et al. (2023) in their study also found that family support did not have a significant relationship with exclusive breastfeeding. These differences in results suggest that the influence of these two factors on the success of exclusive breastfeeding can vary, depending on social, cultural, and community characteristics in each region

Based on a preliminary survey that has been carried out in the Tataaran II Village area, several problems were found related to the implementation of exclusive breastfeeding. The survey involved eight mothers who had babies under six months old. From the results of the interviews, it is known that five of them do not exclusively breastfeed until the baby is six months old. This is due to encouragement from families, especially grandmothers or other family members, who recommend that babies be given additional foods such as papaya food, soft bananas, tajin

water, or diluted porridge before the age of six months. Some mothers admitted that they felt uncomfortable if they did not follow the advice of experienced families. This condition shows that family support, which should be a driving factor for the success of exclusive breastfeeding, is in some cases an obstacle due to the influence of traditions and habits that are still strong in society. This greatly affects the exclusive breastfeeding of babies.

In addition, another problem found from the interviews conducted is the low knowledge of mothers about the risks or impacts that can occur if babies under six months old are given additional food or drinks other than breast milk. Of the eight mothers interviewed, most did not understand in detail the dangers of breastfeeding too early, such as the risk of indigestion, diarrhea, gastrointestinal infections, and even an increased risk of allergies. Some mothers only know that breast milk is good for the baby, but don't realize that giving extra food too soon can harm the baby's health.

Based on the above background description, the researcher is interested in conducting research on the relationship between maternal knowledge and family support with exclusive breastfeeding. This research will be conducted in the Tataaran II Village area with the title **"The Relationship between Maternal Knowledge and Family Support and Exclusive Breastfeeding in Tataaran II Village".** Through this study, it is hoped that it can provide an overview of the conditions of exclusive breastfeeding in the region and find out the extent of the relationship between maternal knowledge and family support on the success of exclusive breastfeeding.

RESEARCH METHODS

Research Design

The research design used in this study is an analytical survey, which is a research design that aims to find out the relationship between variables in a certain group or population. In this study, the method used is a quantitative method, which is a research approach that prioritizes measuring data in the form of numbers and conducting statistical analysis to test predetermined hypotheses. According to Sugiyono (2019), quantitative methods are used to research on certain populations or samples with the aim of testing the hypothesis that has been set, so that the results can be generalized.

The approach applied in this study is a cross sectional study, which is an observational research design that measures free variables and bound variables simultaneously at a certain time. This study was conducted without any intervention or treatment from the researcher on the respondents, but only observed and recorded the conditions that existed when the data was collected. By using this design, the researcher can describe the situation or phenomenon that occurred in the community at the time the research was carried out, especially in the Tataaran II Village area.

Place and Time of Research

This research will be conducted in the posyandu area of Tataaran II village, South Tondano District, Minahasa Regency, North Sulawesi Province. This research began in February to March 2025.

Population, and Sample

The population in this study is all mothers who have babies aged 0-11 months in the posyandu area of Tataaran II Village, South Tondano District, Minahasa Regency which totals 97 people. The sample in this study amounted to 97 respondents.

Data Analysis Techniques

Univariate Analysis

It was carried out to see the distribution of independent variable frequencies, namely the knowledge of family support in exclusive breastfeeding in mothers of babies aged 0-6 months. The frequency distribution of each variable is calculated using software.

Bivariate Analysis

It was conducted to see the relationship between two variables, namely independent variables (family knowledge and support) and dependent variables (exclusive breastfeeding). The data was analyzed using a statistical test (chi square) with a confidence level of 95% or α=5% (0.05).

RESEARCH RESULTS

Univariate Analysis

Exclusive Breastfeeding

The analysis of exclusive breastfeeding was carried out to find out how the picture of mothers who give exclusive breastfeeding to their babies at the age of 0-6 months and how much mothers give complementary foods to breastfeeding babies aged 0-6 months. Exclusive breastfeeding is described in the following table.

Table 1. Exclusive Breastfeeding Frequency Distribution

Exclusive Breast Milk	N	%
No	65	67.01%
Yes	32	32.99%
Total	**97**	**100.00%**

Based on the table above, it is known that out of 97 respondents, mothers who only breastfeed their babies without additional food or other drinks during the age of 0-6 months (32.99%). Meanwhile, the majority of respondents as many as 65 people (67.01%) were included in the category of not exclusively breastfeeding, where they also gave other foods or drinks such as formula milk, water, or complementary foods at the age of under six months. In line with the research of Moleong et al. (2021) who explained that even though respondents breastfed their babies, the coverage of exclusive breastfeeding was still much lower than expected. These results show that the practice of exclusive breastfeeding in Tataaran II Village is still relatively low. This condition can be influenced by various factors, such as the mother's lack of understanding of the benefits of exclusive breastfeeding, the influence of the surrounding environment, and limited family support in supporting the breastfeeding process.

Mother's Knowledge Of Exclusive Breastfeeding

Mothers' knowledge of exclusive breastfeeding was measured to determine the extent of their understanding of the importance of breastfeeding in infants aged 0–6 months. The level of knowledge of mothers towards Exclusive Breastfeeding is described in the following table.

Table 2. Frequency Distribution of Mother's Knowledge Towards Exclusive Breastfeeding

Mother's Level of Knowledge	N	%
Enough	68	70.10%
Good	26	26.80%
Less	3	3.09%
Total	**97**	**100.00%**

Based on the table above, it is known that the majority of respondents have a level of knowledge in the sufficient category, namely 68 people (70.10%), while 26 people (26.80%) have knowledge in the good category, and only 3 people (3.09%) have less knowledge. These findings show that in general, mothers in Tataaran II Village have a sufficient understanding of exclusive breastfeeding, although it is not fully optimal. This knowledge is quite sufficient indicates that some mothers already know the benefits of exclusive breast milk for the growth and development of the baby, but may not fully understand how to apply it correctly.

Family Support for Exclusive Breastfeeding

This analysis was carried out to find out the extent to which family support plays a role in supporting mothers to provide exclusive breastfeeding. Family support for Exclusive breastfeeding is described in the following table.

Table 3. Frequency Distribution of Family Support for Exclusive Breastfeeding

Categories Support	N	%
Good	87	89.69%
Enough	10	10.31%
Less	0	0.00%
Total	**97**	**100.00%**

Based on the table above, it can be seen that most of the respondents had good family support, namely 87 people (89.69%), while 10 people (10.31%) had sufficient family support, and no respondents stated that family support was lacking. These results show that the majority of families in Tataaran II Village have provided positive support to mothers in the process of exclusive breastfeeding. This form of support can be in the form of emotional assistance, such as encouraging breastfeeding mothers, or practical support, such as helping with household chores so that mothers have enough time to breastfeed. Good family support is very important because it can increase the mother's confidence and motivate them to maintain exclusive breastfeeding until the baby is six months old as recommended by health.

Bivariate Analysis

Bivariate analysis was carried out to determine the relationship between two variables, namely independent variables (maternal knowledge and family support) and dependent variables (exclusive breastfeeding). In this study, the test used was the Spearman Rank correlation test. The results of this bivariate analysis are presented in the form of a table and described descriptively to see the closeness and direction of the relationship between each variable.

The Relationship of Maternal Knowledge with Exclusive Breastfeeding

The relationship between maternal knowledge and exclusive breastfeeding in infants aged 0-6 months is described in the following table.

Table 4. The Relationship of Maternal Knowledge with Exclusive Breastfeeding

Variable	N	Correlation Coefficient	Sig.
Exclusive Breastfeeding Mother's Knowledge	97	0,342	<0.001
Exclusive Breast Milk	97	0,342	<0.001

Based on the results of the Spearman Rank correlation test, a correlation coefficient value (rs) of 0.342 was obtained with a significance value (Sig. 2-tailed) of < 0.001. Since the significance value was less than 0.05 ($p < 0.05$), it can be concluded that there is a significant relationship between maternal knowledge of exclusive breastfeeding. The positive correlation value shows that the higher the mother's knowledge, the more likely the mother is to give exclusive breastfeeding to her baby.

The Relationship of Family Support to Exclusive Breastfeeding

The relationship between family care and exclusive breastfeeding in infants aged 0-6 months is described in the following table.

Table 5. The Relationship between Family Support and Exclusive Breastfeeding

Variable	N	Correlation Coefficient	Sig.
Exclusive Breastfeeding Family Support	97	0,94	0.361
Exclusive Breast Milk	97	0,94	0,361

Based on the results of the Spearman Rank correlation test between family support and exclusive breastfeeding, a correlation coefficient value (rs) of 0.094 with a significance value (Sig. 2-tailed) of 0.361 was obtained. Since the significance value was greater than 0.05 ($p > 0.05$), it can be concluded that there was no significant association between family support for exclusive breastfeeding. A positive but very low correlation value (0.094) indicates that the direction of the relationship between the two variables is unidirectional, but its strength is very weak and not statistically strong enough to be considered meaningful. In other words, family support for the respondents in this study did not significantly affect the mother's decision to provide exclusive breastfeeding.

DISCUSSION

In this section, the results of the research will be discussed regarding the relationship between maternal knowledge and family support with exclusive breastfeeding in Tataaran II Village. This discussion includes the characteristics of the respondents, the results of univariate analysis, and the results of bivariate analysis that explain the relationship between variables in the research. Each finding is elaborated by taking into account theories as well as the results of relevant previous research.

Based on the results of the study, it is known that the majority of respondents are 17-25 years old, which is 53.61%, while respondents with the age of 26-35 years amount to 34.02%. This shows that most mothers are at productive age and are classified as healthy reproductive age, where physical ability and psychological readiness in breastfeeding are still very good. In terms of education, the majority of respondents have the last high school education, which is 72.16%, while those with a college education are 27.84%. This level of education, which is classified as middle to high, shows that most respondents have the ability to receive and understand health information, including the importance of exclusive breastfeeding.

When viewed from the type of work, most of the respondents were housewives (IRT) as many as 71 people (73.20%). Furthermore, there are 13 people (13.40%) who work as self-employed, 8 people (8.25%) who work as private employees, and 5 people (5.15%) as Civil Servants (PNS). This condition shows that most mothers have more flexible time to give full attention to the baby's care, including in terms of breastfeeding. However, working mothers also have the potential to face obstacles in providing exclusive breastfeeding due to time constraints and inadequate work environment support.

Based on the characteristics of respondents according to the order of children and the sex of the babies, it was found that most of the respondents had babies who were the first children, namely 53 people (54.64%).

Furthermore, the second child was 30 people (30.93%), the third child was 11 people (11.34%), and the fourth child was 3 people (3.09%). These results show that the majority of mothers are in the early phase of parenting experience. This first experience can be an important factor in the implementation of exclusive breastfeeding. Meanwhile, based on the sex of the babies, most of them were boys, namely 59 babies (60.82%), and 38 babies (39.18%) were girls.

In the results of a univariate analysis on exclusive breastfeeding, it was found that as many as 32 people (32.99%) of respondents gave exclusive breastfeeding to their babies without additional food or other drinks during the age of 0–6 months. However, the majority of respondents, namely 65 people (67.01%) were included in the category of not exclusively breastfeeding, where they also provided complementary food or drinks during the period. This condition shows that the level of exclusive breastfeeding practices in the study area is still relatively low, which can be caused by a lack of understanding of the mother, environmental influences, or limited support from families and health workers.

The results of the univariate analysis of mother's knowledge showed that most of the respondents had a level of knowledge in the sufficient category, namely 68 people (70.10%), 26 people (26.80%) with good knowledge, and 3 people (3.09%) with poor knowledge. This indicates that most mothers have a sufficient understanding of the importance of exclusive breastfeeding, although it is not yet fully optimal. Meanwhile, family support for exclusive breastfeeding was relatively high, with 87 people (89.69%) stating good family support, and 10 people (10.31%) stating that it was sufficient. No respondents stated that family support was lacking. These findings illustrate that families in Tataaran II Village generally have a positive concern and involvement in breastfeeding practices.

The Relationship of Maternal Knowledge with Exclusive Breastfeeding

Based on the results of bivariate analysis using the Spearman Rank test, a correlation coefficient value of 0.342 with a significance value of $p < 0.001$ was obtained. These results show that there is a significant relationship between maternal knowledge and exclusive breastfeeding in infants aged 0–6 months. Thus, H1 is accepted. The results of this study are in line with the findings of Rumopa et al. (2025) and Sari (2025) which also show a significant relationship between the mother's level of knowledge and exclusive breastfeeding practices (Sari, 2025). This indicates that the higher the level of knowledge a mother has about the benefits, methods, and importance of exclusive breastfeeding, the greater her tendency to apply exclusive breastfeeding practices to her baby.

Based on the results of this study, the researcher argues that knowledge has an important role in shaping mothers' attitudes and behaviors towards exclusive breastfeeding. Mothers who understand the benefits of exclusive breastfeeding not only in terms of the baby's health, but also in terms of economy and emotional bonding, tend to be more committed to breastfeeding without the addition of other foods or drinks during the first six months. Conversely, mothers who lack knowledge or are still influenced by certain cultures and myths tend to stop exclusive breastfeeding early. Therefore, increasing knowledge through health education, counseling by medical personnel, and information support from the mass media is needed so that maternal awareness is higher and exclusive breastfeeding practices can increase.

The Relationship between Family Support and Exclusive Breastfeeding

Based on the results of bivariate analysis using the Spearman Rank test, a correlation coefficient value of 0.094 was obtained with a significance value of $p = 0.361$. These results showed that there was no significant association between family support and exclusive breastfeeding in infants aged 0–6 months. Thus, H1 is accepted and H0 is rejected. The results of this study are not in line with the findings of Supriyanto et al. (2021) and Sari (2025) which show that family support is positively related to exclusive breastfeeding patterns. However, these results are consistent with the research of Dewi et al. (2023) which stated that there was no significant relationship between family support and exclusive breastfeeding practices. These results show that family support has not been the main factor in determining the success of exclusive breastfeeding in this study area.

According to the researcher's view, the absence of a significant relationship can be caused by the characteristics of the respondents, most of whom are mothers with their first child, which is as much as 54.64%. Mothers who are having a baby for the first time are generally still adapting to their new role and tend to have limited experience in breastfeeding. In this situation, even if family support is available, the decision to exclusively breastfeed is influenced more by the mother's level of knowledge, confidence, and understanding of the benefits of breastfeeding. In addition, the form of family support provided may not be specifically related to breastfeeding practices, for example, only physical or emotional assistance, not information support that can strengthen the mother's decision to exclusively breastfeed. Therefore, it is necessary to increase education not only to mothers, but also to family members so that the support provided can be more effective in encouraging exclusive breastfeeding practices.

CONCLUSION

There is a significant relationship between maternal knowledge and exclusive breastfeeding for babies under 6 months of age in Tataaran II Village. This result was obtained with a correlation coefficient value of 0.342

and a significance value of p < 0.001 ($p < 0.05$). The direction of the positive relationship shows that the better the mother's knowledge about exclusive breastfeeding, the higher the mother's tendency to give exclusive breastfeeding to her baby.

There was no significant relationship between family support and exclusive breastfeeding for infants under 6 months of age in Tataaran II Village. This result was obtained with a correlation coefficient value of 0.094 and a significance value of p = 0.361 ($p > 0.05$). These results show that the level of family support does not directly influence the mother's decision to exclusively breastfeed infants aged 0–6 months.

ADVICE

It is hoped that mothers can continue to increase their knowledge about the importance of exclusive breastfeeding through various sources of information such as health workers, counseling, and social media. A good understanding of the benefits of exclusive breastfeeding can help mothers to be more consistent in breastfeeding without other food additives during the first six months of the baby's life.

Although the results showed that family support was not significantly related to exclusive breastfeeding, the role of the family remained very important in providing motivation, emotional support, and practical support to breastfeeding mothers. Therefore, families are expected to create a positive environment so that mothers feel comfortable and motivated in providing exclusive breastfeeding.

It is recommended that health workers continue to optimize counseling and assistance activities for breastfeeding mothers, especially in providing education about the benefits and correct breastfeeding techniques. Education programs can also involve family members so that support for breastfeeding mothers is stronger.

This research is still limited to two independent variables, namely maternal knowledge and family support. Therefore, it is recommended that the next researcher can add other variables such as employment status, economic level, or the influence of health workers, so that the results of the study can provide a more comprehensive picture of the factors that affect exclusive breastfeeding.

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