



Factors Associated with Exclusive Breastfeeding Practice In Adolescent Mothers, North Kalimantan, Indonesia

Reza Bintangdari Johan^{1*}, Teresia Suminta Rotua Situmorang², Muftlilah³, Nur Indah Noviyanti⁴, Dessy Hertati⁵

^{1,2,4} *Diploma III of Midwifery Program, Faculty of Health Sciences, Universitas Borneo Tarakan, Tarakan Timur, Tarakan, North Kalimantan, Indonesia*

³ *Midwifery Program, Faculty of Health Sciences, Universitas Aisyiyah Yogyakarta, Gamping Kabupaten Sleman, Daerah Istimewa Yogyakarta, 55592, Indonesia*

⁵ *Bachelor of Midwifery Study Program, STIKES Eka Harap, Palangka Raya, Indonesia, Kota Palangka Raya, Kalimantan Tengah 74874, Indonesia*

* *Corresponding author*

E-mail: bintangjohan@borneo.ac.id

ABSTRACT

Background: The breastfeeding period is the golden age for babies as growth and development take place. In reality, there are still mothers who do not breastfeed their children. Adolescent mothers are more prone to stop breastfeeding their babies because adolescent mothers are not yet able to make decisions about feeding their babies.

Objectives: The study aimed to determine the factors that influence exclusive breastfeeding among adolescent mothers.

Method: Design study was Analytic observational with a cross-sectional approach. This study involved 106 adolescent mothers. The sampling technique used cluster random sampling according to the inclusion criteria. The instrument used a questionnaire. The study was conducted in the working area of Pantai Amal and Mamburungan Primary Health Center for two months. Data analysis using kendal-tau b. Adolescent mothers who provide exclusive breastfeeding amounted to 56.6%.

Result: There was a relationship between support, knowledge, perception, exposure to information sources about breast milk and formula milk, and socio-culture with breastfeeding in adolescent mothers (p-value <0.05).

Conclusion: This can lower the chance of health issues for mothers and their babies by identifying risk factors that might make nursing difficult. Peer formation, promotion, and preconception can all contribute to health promotion for exclusive breastfeeding.

Keywords: *Exclusive Breastfeeding, Support, Knowledge, Indonesia*

INTRODUCTION

Breastfeeding is the most crucial phase of a baby's life for supplying nutrients for growth and development. The procedure of a mother providing her baby breast milk via her breasts is known as breastfeeding ⁽¹⁾. Breast milk is the ideal nutrition source for infants, containing carbohydrates, proteins, fats, vitamins, minerals, enzymes, and hormone ⁽²⁾. Government rule number 33 about exclusive breastfeeding mandates that newborns receive breast milk until they are six months old. Exclusive breastfeeding is a right for infants to receive care and health protection to support their growth and development ⁽³⁾. It is a fact that some newborns do not receive breast milk, particularly six months after birth. This is a significant obstacle to the success of exclusive breastfeeding.

Exclusive breastfeeding rates during the first six months of life have risen by 10 percentage points globally during the previous ten years, and as of 2023, they stand at 48%, very near the 50% target set by the World Health Assembly by 2025. However, this is still far from the global target of 70% by 2030 ⁽⁴⁾. The coverage of exclusive breastfeeding in Indonesia in 2023 is 63.9%. This figure meets the program's target of 50%. However, not all provinces have reached this target, including North Kalimantan province, which has an exclusive breastfeeding coverage of 45.5% ⁽³⁾. Therefore, there is a need for efforts to increase exclusive breastfeeding and minimize predictive factors that cause breastfeeding failure to achieve

Exclusive breastfeeding for infants has a positive impact on health. Infants who are exclusively breastfeeding benefit from improved health. Because breast milk includes beneficial antibodies, babies who receive exclusive breastfeeding are less likely to contract numerous ailments ⁽⁵⁾. Breastfeeding habits differ globally, there is a shared concept of the process. The

early introduction of nursing, which lasts for the first hour after the baby is born, is followed by exclusive breastfeeding for six months. With safe and adequate supplemental feeding, breastfeeding can be continued until the child is two years old ⁽⁶⁾.

Adolescent are not prohibited from breastfeeding, but they must have given birth and have children in order to do so. Adolescent fall into the age range of 10 to 19 ⁽⁷⁾. Compared to women aged 20–24, who exhibited a breastfeeding rate of 28.76%, women under the age of 18 had an early breastfeeding rate of 18.83%. This is concerning because initiating breastfeeding at an early age is essential to healthy nursing ⁽⁸⁾.

Adolescent is considered the most crucial stage of human development, it is influences both the quest for self-identity and one's future health and well-being. Adolescent mothers who nurse frequently have unfavorable attitudes and habits ⁽⁹⁾. Adolescents are still dependent on or influenced by others during this time because they are not yet capable of acting independently. This is due to several factors.

Factors that influence exclusive breastfeeding in adolescent mothers are employment, digital technology literacy, family support, pregnancy intention, and breastfeeding self-efficacy ⁽¹⁰⁾. Breastfeeding support comes from the spouse, the family, the community, and medical professionals ⁽¹¹⁾. Maternal age, marital status, work, and family income are other characteristics that have a substantial impact on exclusive breastfeeding ⁽¹²⁾.

Age, maternal education, nutritional status, and maternal condition are included as internal risk factors for exclusive breastfeeding failure, with a lower risk level compared to maternal occupation, parity, and knowledge ⁽¹³⁾. Moreover, breastfeeding is influenced by several characteristics, including marital status, education, body mass index, birthweight, mother's work, place of

residence, mother's literacy, place of delivery, and first antenatal care⁽¹⁴⁾. The behavior of mothers in giving exclusive breastfeeding is strongly correlated with their awareness of the practice breastfeeding⁽¹⁵⁾. Therefore, to reduce the amount of breastfeeding cessation, one must understand and obtain knowledge about exclusive. Knowledge and skills in breastfeeding for mothers after giving birth to boost confidence through breastfeeding books can serve as health promotion materials to support the success of exclusive breastfeeding⁽¹⁶⁾.

Compared to younger mother, mothers over 30 have a 1.3 times higher likelihood of exclusively nursing their children⁽¹⁷⁾. Adolescent mothers who have nursing difficulties are more likely to quit breastfeeding early⁽¹⁸⁾. Adolescent mothers are more prone to discontinue breastfeeding before the baby is six months old. Adolescent mothers who are aware of the benefits of exclusive breastfeeding, however, are more likely to decide to nurse their kids for at least six months⁽¹⁹⁾.

Adolescent mother may decide not to nurse their children due to poor breastfeeding techniques, unpleasant early breastfeeding experiences, and insufficient support for breastfeeding issues⁽²⁰⁾. so that, emphasizing the importance of correct breastfeeding practices. Adolescent mothers face challenges when it comes to breastfeeding because they and their partners are still learning how to sift through the correct information regarding breastfeeding and the development of their child. Aside from that, adolescent mothers continue to be reluctant and ashamed to ask for help, unsure of whom to approach, finding a healthcare facility difficult, and lacking a support network of other adolescent mothers.

The reasons why mothers do not give breast milk are little milk coming out, the child is still hungry, and other causes as well as the mother's intention to breastfeed her child are not available⁽²¹⁾, because of society's belief that during adolescence,

adolescents should still be searching for their identity, making lots of friends, studying, and playing with their peers, breastfeeding mother frequently experience negative pressure and stigma during this time. Instead, they are expected to focus on taking care of their husband and children. adolescent mothers who experience this kind of guilt may experience negative psychological effects since their breast milk production may decrease and they may even decide they no longer want to breastfeed and would rather have family members take care of their child instead.

Several studies have examined support, knowledge, perceptions, and exposure to information about breastfeeding and formula milk. However, most research only focuses on first-time breastfeeding mothers or grand multiparous mothers, and none specifically address the perspectives of mothers who belong to the adolescent age group. Therefore, this study aims to analyze the factors that influence exclusive breastfeeding among adolescent mothers.

METHODS

Study design

This is an analytical survey study with a cross-sectional approach. One kind of observational study design is cross-sectional, in which data is gathered at a certain time point by the researchers⁽²²⁾. This design can be used to quantify the frequency of health outcomes, comprehend health variables, and characterize the features of a population⁽²³⁾.

Study setting

Pantai Amal and Mamburungan Primary Health Center were used as two research locations. The two health centers are in the Tarakan City area, North Kalimantan. The coverage of exclusive breastfeeding has not yet met the target of 50% for the working area of the community health center and the provincial target of 45%, including the Pantai Amal and Mamburungan community health centers.

Sample size

106 adolescent mothers made up the study's total sample, which was selected via cluster random selection in compliance with the inclusion criteria. The population number cannot be determined with certainty since there are no records of the identities of teenage women who have breastfeeding their children in the past, either exclusively or non-exclusively, or with precise addresses in reporting and recording. So, the sample size was determined using the Cohran formula. Adolescent mothers who have children aged between the ages of six and twenty-four months, have a history of breastfeeding during adolescence, have a history of normal delivery or cesarean section, and can communicate well are the inclusion criteria for this study.

Variable and Instrument

This research's variables are support, knowledge, perception, exposure to information about breast milk and formula milk, and socio-cultural factors. Variable in this studied were support, knowledge, perception, exposure to information regarding breast milk and formula milk, and social culture. In this study, a questionnaire was the instrument about factors that influence exclusive breastfeeding among adolescent mothers. The questionnaire is composed of 39 statements, each containing: six statements about nursing, eight statements about support, thirteen statements about knowledge, five statements about perception, four statements about exposure to information about formula milk and breast milk, and three about social culture.

All statements are closed statements. Fill out the questionnaire on support, perceptions, information exposure about formula milk, socio-cultural factors, and breastfeeding behavior using four response options: strongly agree, agree, disagree, and strongly disagree. Fill out the knowledge questionnaire using "yes and no" options. The questionnaire has

undergone validation and reliability testing with three experts, resulting in a reliability score of $0.992 > 0.7$. It means that the instrument can be considered reliable and suitable for use.

Ethical consideration

The committee of the Ethical Review Board for Research Involving Human Research Subjects approved the research protocol for this investigation with No. 026/KEPK-FIKES UBT/X/2023.

Collectional Data and analysis

Researcher obtained respondent data at the community health center. Researcher connect with regional health coordinators to facilitate finding suitable housing. After that, the researcher visited the respondents' homes to collect data. The goal, advantages, and methods for completing the questionnaire were all communicated to the respondents by the researcher. After the respondents agreed, the researcher provided informed consent. Next, confirm that respondent have completed every question on the form. After all, data analysis using Kendall's Tau.

RESULT

There were 106 adolescent mothers involved in this study. The age ranges of adolescents who have previously been married and nursed their offspring include 15–17 years old (44.9%), 18–21 years old (45.8%), and early adolescents (less than 15 years old) (8.4%). None of the respondents had graduated from college, whereas the majority had finished elementary school at 40.6% and Junior High School at 38.7%. Of the respondents, 16% completed Senior High School, whereas 5% did not go to school. Only one respondent works as a teacher, making up the majority of respondents (99.1%) who are housewives. For 89.6% of his work, my spouse grows seaweed (Table 1).

Table 1. Frequency distribution of respondent characteristics

variable	Catagory	Frequency (n)	Percentage (%)
Age	Early teens (12-14 years old)	9	8.40
	Middle teens (15-17 years old)	48	44.9
	Late teens (18-21years old)	49	45.8
Mother's Education	Not school	5	4.70
	Elementary School	43	40.6
	Junior High School	41	38.7
	Senior High School	17	16.0
Wife's Occupation	College	0	0.00
	housewives	105	99.1
Husband's Occupation	Teacher	1	0.90
	Seaweed farmer	4	3.80
	Fisherman	95	89.6
	Self-employed	2	1.90
	Factory worker	2	1.90
	Motorbike taxi driver/driver	1	9.00
	Private employees	2	1.90
Parity	Primipara	55	51.9
	Multipara	51	48.1
	Grandmultipara	0	0.00
Exclusive Breastfeeding	Yes	60	56.6
	No	46	43.4
Birth History	Normal	101	95.3
	Sectio Caesarea (SC)	5	4.70
Income per month	< IDR 4,055,356.62	93	87.7
	≥ IDR 4,055,356.62	13	12.3

Based on those surveyed, 51.9% had their first kid, and 48.1% had more than one. This indicates that about the same amount of respondents have more than one child or are parents to their first child. The majority of respondents (56.6%) and (43.4%) had respectively a history of exclusive and non-exclusive breastfeeding. 95.3% of respondents gave birth naturally, while 4.70 % did section Caesarea. The majority of families earn less each month than the 87.7% Tarakan City Regional Minimum Wage (table 1).

The percentage of good, enough, and less breastfeeding is used to quantify the factors influencing breastfeeding among adolescent mothers. Breastfeeding support is sufficient (74.5%), with good support at 51.9% and adequate support at 47.2%.

More than half of mothers' knowledge was good (74.5%), enough (17.9%), and less (7.50%). Mothers have a perception that exclusive breastfeeding is sufficient at 62.3%. Respondents' exposure to information about breast milk and formula milk regarding formula milk and breast milk is still lacking at 30.2%. However, the percentage of respondents who are exclusively breastfeeding is greater than those who are not given exclusive breastfeeding (table 1). Meanwhile, it was discovered that the social-cultural influence on breastfeeding was considerable (54.7%), indicating that 40.6% of respondents had minimal control over social-cultural breastfeeding practice and that some respondents adhered to the current culture (Table 2).

Table 2. Frequency Distribution of factors that influence exclusive breastfeeding among adolescent mothers.

Variable	n = 106 (%)			Mean	Standard Deviation
	Good	Enough	Less		
Exclusive Breastfeeding	26 (24.5)	79 (74.5)	1 (0.9)	2.24	0.448
Support	55 (51.9)	50 (47.2)	1 (0.9)	2.24	0.448
Knowledge	79 (74.5)	19 (17.9)	8 (7.5)	2.51	0.521
Perception	37(34.9)	66 (62.3)	3 (2.8)	2.32	0.526
exposure to information about formula milk and breast milk	0 (0.00)	49 (25.9)	57 (30.2)	1.46	0.501
Social-cultural	5 (4.7)	58 (54.7)	43 (40.6)	1.64	0.572

Table 3. Association support, knowledge, perceptions, exposure to information regarding breast milk and formula milk, and social culture with exclusive breastfeeding among adolescent mothers.

Variable	Correlation coefficient	Sig. (2-tailed)
Support	0.210	0.030*
Knowledge	0.260	0.006*
Perception	0.190	0.047*
exposure to information about formula milk and breast milk	0.281	0.004*
Social-cultural	0.235	0.014*

Table 3, There is a relationship between support and breastfeeding by adolescent mothers breastfeeding mothers of $0.030 < 0.05$. It is evident from this that the mother's ability to breastfeed and the chance of providing exclusive breastfeeding both improve with more support. Support is received from health professionals, family members, and the husband. Breastfeeding is influenced by knowledge as well; the more information a mother receives, the better she will be able to nurse her child, and the more opportunities she will have to do so exclusive breastfeeding ($p\text{-value} = 0.006 <$

0.05). Perception, exposure to information about breast milk and formula milk, and social culture can be factors related to breastfeeding ($p\text{-value} < 0.05$). Perception is associated with the perspective or method by which the information is comprehended. The same is true of information sources found in print, electronic, and social media as well as from medical professionals. Aside from that, social culture in Indonesia is inextricably linked to the country, thus it is important to comprehend what is good and bad for mothers and children health.

Table 4. Multivariate Analysis

Variable	OR	Wald	Sig.	95% CI	
				lower	Upper
Support	0.536	0.901	0.343	-0.571	2.643
Knowledge	1.830	6.218	0.013*	0.329	3.269
Perception	-0.24	0.002	0.343	-1.140	1.091
exposure to information about formula milk and breast milk	1.181	4.587	0.032*	100	2.261
Social-cultural	1.006	4.902	0.027*	115	1.897

According to the study findings, parallel tests were conducted to evaluate the hypothesis of whether or not all groups have the same parameters. A p-value of = $0.059 > 0.05$ is indicated by the parallel line test findings. Because of this, it may be assumed that all categories have the same parameters because the model is appropriate. Based on statistical tests, knowledge variables, exposure to information about breast milk and formula milk and social culture have an influence on breastfeeding by teenage breastfeeding mothers (p-value < 0.05). While support and perception have no effect, this can be caused by a lack of support, the mother being too independent, and the mother being too dependent on the family so that the support is not visible. Mother's perception of not being able to understand correctly regarding breastfeeding, with a p-value > 0.05 (Table 4).

DISCUSSION

Adolescence is a crucial time in a person's development toward adulthood. The stages of physical, cognitive, psychological, and social growth happen quickly at this time. It may have an impact on one's relationships, health, comprehension, judgment, and quality of life⁽⁷⁾. Identity formation, or the process of discovering one's own identity and getting ready to become an adult, also occurs during this stage.

The majority of adolescent moms who breastfeed are homemakers. Mabetang, or tying seaweed seeds on a rope linked to a plastic bottle, is a sometimes-resorted

occupation by adolescent mothers to help support their families. Most adolescent mothers are aged 15-19 years, and their monthly family income is less than Tarakan City's regional minimum wage. There is about equal coverage of exclusive and non-exclusive breastfeeding. This implies that not all adolescent mothers breastfeed their children exclusively. The optimal diet for babies is breast milk, which has bioactive ingredients tailored to meet their nutritional, developmental, and immunological needs⁽²⁴⁾. Exclusive breastfeeding is the practice of nursing a newborn exclusively for the first six months of life, with the exception of vitamins or medications⁽²⁵⁾. In actuality, some moms continue to refuse to breastfeed their children. Other elements can impact this. The study's findings indicate that social culture, perceived exposure to information regarding formula and breast milk, knowledge, and support all have an impact on adolescent mothers' factors to exclusive breastfeeding.

The study's findings exclusive breastfeeding is correlated with husband and family support⁽²⁶⁾⁽²⁷⁾⁽²⁸⁾. Husband's support in effective communication with his wife during the breastfeeding process, providing encouragement, assisting with the mother's needs, and assisting in preventing and overcoming breastfeeding difficulties can increase duration and exclusive breastfeeding⁽²⁹⁾⁽³⁰⁾. The failure of exclusive breastfeeding is related to a lack of husband's support⁽³¹⁾. A key factor in the success of exclusive breastfeeding is husbands.

Help from medical professionals is also essential for enabling moms to breastfeed exclusively ⁽³²⁾⁽³³⁾ and as a mediator between families to come to a breastfeeding agreement ⁽³⁴⁾. Moreover, family support and lactation education management can enhance a mother's confidence in breastfeeding. It encouraged her to continue providing breast milk until the baby was six months old ⁽³⁵⁾. The self-confidence of adolescent mothers has not yet developed well. Family support is so crucial for the mother. Adolescent mothers can practice excellent breastfeeding and boost the success of exclusive breastfeeding if they have support from their spouses, families, and medical professionals. Multivariate statistical tests show no relationship between support and exclusive breastfeeding. This may be the result of teenage moms' propensity to accept reality as it is and to still rely on their parents. For the type of support received to be difficult to distinguish between support and assistance. Support is the act of motivating someone to act. However, exclusive breastfeeding and support are related.

Nevertheless, there was no correlation between exclusive breastfeeding and the support factor's multivariate analysis results. This is due to the lack of knowledge from the mother herself and the family, as well as breastfeeding skills. Teenage mothers tend to have a negative attitude and are still passive, hesitant, and shy in breastfeeding their children despite support from family, husbands, or healthcare workers. In addition, mothers of adolescent age tend to still be dependent on their parents and accept things as they are. Thus, the form of support received is not clearly and definitively distinguishable between support and assistance. Support is encouraging someone to take action. This result is in line with Yusuff, A.A., et al and Naufal, et al., that there is no relationship between family support and breastfeeding because families lack information and knowledge about exclusive breastfeeding

⁽³⁶⁾⁽³⁷⁾. Fatmawati, Y dan Biyanti D.W., there is no relationship between family support for working mothers in exclusive breastfeeding ⁽³⁸⁾. Therefore, support for exclusive breastfeeding, especially from husbands and family, should be introduced during pregnancy and good communication. Good support can motivate mothers to breastfeed their children.

A factor that also influences exclusive breastfeeding in adolescent mothers is knowledge. The study's findings support Yulyani and Sulistyaningsih's theory that exclusive breastfeeding can be achieved because positive behavior arises from good knowledge ⁽³⁹⁾. A barrier to exclusive breastfeeding may arise from a lack of knowledge, which will affect breastfeeding behavior⁽⁴⁰⁾. Good intentions and knowledge are essential before implementing exclusive breastfeeding. Leshi, et al., there is a relationship between knowledge and intention to breastfeed ⁽⁴¹⁾. To prevent ending exclusive breastfeeding, it is important to stress this. Moreover, Adolescent mothers who are frequently exposed to breastfeeding-related media typically possess a solid understanding ⁽⁴²⁾. Positivity and a willingness to supply breast milk can result from having sufficient knowledge of breast milk. There are several reliable and substantiated sources from which knowledge can be acquired.

A perception is a reaction or an opinion held by others. A person's perspective can affect how they think when making or selecting a decision ⁽⁴³⁾. The study's findings indicate that there is a connection between exclusive breastfeeding and perceptions. This is consistent with studies, Yulyani, et al., Perceptions include beliefs about how teenage moms behave when exclusively breastfeeding, how they feel about nursing for the first time, and what they know about the difficulties and barriers they face ⁽³⁹⁾. Perception in exclusive breastfeeding encompasses experience and knowledge ⁽⁴⁴⁾. As a result,

it's critical to have a solid grasp of breast milk because a mistaken perception can have negative effects down the road. Decisions to breastfeed as well as comments from partners and family members are influenced by perceptions. At times, a mother's drive can also impact perceptions, as she is aware of the advantages of providing breast milk to her child ⁽⁴⁵⁾. However, finding a multivariate test indicates that perception has no bearing on exclusive breastfeeding. Other uncontrollable elements like expectations, culture, and interests may also be to blame for this. Study Donmez AY., et al., there is no correlation between the level of perception and the status of exclusive breastfeeding in the first six months ⁽⁴⁶⁾. The cause of the perception not correlating with breastfeeding is insufficient knowledge about breastfeeding and inadequate support. Focused education about breast milk should be provided for pregnancy so that mothers are ready to breastfeed. Pregnant women should get targeted education about breast milk to prepare them for breastfeeding. For moms to already comprehend and adopt the good impression of breastfeeding.

Information sources are accessible from anywhere, at any time, extensively, and endlessly in the contemporary era of industry 4.0. Teenage moms who exclusively breastfeed are influenced by the media. This age group has a high level of curiosity and finds it simple to stay current with technology. Confusion and self-interest might result from using media-sourced information sources. Formula milk advertisements are readily available, if unable to filter the information as effectively as possible, the original plan to provide infant with only breast milk will not be carried out. For instance, people may consider converting to formula milk due to the issue of little or no breast milk leaking out. This is because of concern that the infant won't receive the greatest nourishment. However, if the information can be understood well it will have a

positive impact. According to studies by Kumar, adolescent mothers who receive information regularly are more likely to breastfeed their children exclusively ⁽⁴²⁾. Studies conducted in Bangladesh found that adolescent mothers who got information through the radio were more likely to exclusively breastfeed their babies ⁽⁴⁷⁾. This is due to influences and desires so breastfeeding programs must emphasize exclusive breastfeeding.

Social and cultural standards are inextricably linked to breastfeeding as a practice or behavior ⁽²⁴⁾. This is consistent with the study by Mudagowa et al., showing a relationship between exclusive breastfeeding and social culture ⁽⁴⁸⁾. The same study linked exclusive breastfeeding to cultural factors ⁽³³⁾. Strong ancestral beliefs and ideas may be the source of this. Traditions can be carried out as long as the mother and her family are aware of the impact and benefits of breastfeeding. The study's weakness is that additional, in-depth study is required on the internal and external factors that affect breastfeeding among adolescent mothers and explore breastfeeding experiences.

The limitations of this study focus only on certain aspects, and there are no other aspects that could be further researched related to qualitative research that assesses the exposure to information and the experience of breastfeeding practices for adolescent mothers. Nevertheless, this research creates a new perspective or approach regarding breastfeeding and its real implications for society, particularly for teenage breastfeeding mothers.

CONCLUSION

Adolescent mothers require a great deal of compassion and support, there is a need for strong understanding and emphasis for adolescent mother about breastmilk and breastfeeding. The ideal diet for babies is breast milk, which can be given as soon as they are born and should not be replaced with anything until they are six months old. Some of the factors that most influence

breastfeeding among adolescent mothers are knowledge, exposure to sources of information about formula milk and breastmilk, and social culture. This needs to be emphasized very clearly so that the adolescent mother is prepared for breastfeeding period. The goal of promoting exclusive breastfeeding needs to be broadened to include teens, who also need to be introduced to breastfeeding. The creation of peer support groups with other young moms who are nursing might be beneficial in assisting mothers in resolving issues that arise during the breastfeeding process and in exchanging motivation, support, and experiences. Realizing the success of exclusive breastfeeding requires not only the breastfeeding woman but also the community as a whole to support exclusive breastfeeding.

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