JOURNAL OF CULTURAL ANALYSIS AND SOCIAL CHANGE

Journal of Cultural Analysis and Social Change,
2025, 10(4), 3740-3750
ISSN: 2589-1316

Socioeconomic and Cultural Disparities in the Early Breastfeeding Initiation among Working Mothers in Indonesia

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Citation: Damayanti, N. A., Laksono, A. W., Wulandari, R. D., Low, W. Y., Setijanto, R. D., Armunanto, & Syahrizal, B. M. (2025). Socioeconomic and Cultural Disparities in the Early Breastfeeding Initiation among Working Mothers in Indonesia, *Journal of Cultural Analysis and Social Change*, 10(4), 3740-3750. https://doi.org/10.64753/jcasc.v10i4.3649

Published: December 25, 2025

ABSTRACT

Background: The low implementation of Early Breastfeeding Initiation (EBI) among working mothers is often linked to their dual burden of domestic and economic responsibilities. Cultural norms, traditional values and social structures also shape EBI related practices. Certain cultural beliefes such as giving pre-lacteal milk liquids and extended family decisions in the birth process, can hinder the implementation of EBI. This study examined socioeconomic disparities in EBI practices among working mothers in Indonesia, emphasizing the cultural factors that specifically affect the likelihood of initiating breastfeeding in the first hour of life.Methods: This cross-sectional study analyzed data from 46,130 children. EBI served as the independent variable, while socioeconomic status was the dependent variable, with seven controls: residence, mother's age, education, marital status, antenatal care, birthplace, and child's gender. Socioeconomic position was measured using wealth quintiles ranging from the poorest to the richest. Binary logistic regression assessed the association between EBI and socioeconomic status, with interpretation of findings considering cultural differences across social groups.Results: The result showed that 59.7% of working mothers in Indonesia had implemented EBI. Socioeconomic status was a significant predictor of EBI. Poorer mothers were 1,146 times more likely to initiate EBI than wealthier mothers (95% CI: 1,134-1,159). Conversely, the richest mothers had a 1.422-fold higher likelihood of achieving EBI compared with the poorest (95% CI: 1.288-1.315), while working mothers had a 1.399-fold higher chance (95% CI: 1.385-1.414). EBI was also more common among mothers who had antenatal care, lived in rural areas, were older, married, and had higher levels of education. These variations indicate that beyond economic status, access to health information and cultural values strongly influence EBI practices among working mothers.Conclusion: Socioeconomic disparities significantly influence EBI among working mothers in Indonesia. Wealthier mothers are more likely to initiate breastfeeding within the first hour, highlighting the role of socioeconomic position in shaping maternal health behaviors. Cultural norms further contextualize these differences, affecting decisions and practices surrounding early breastfeeding. Strengthening EBI coverage therefore requires strategies that go beyond structural and economic improvements, incorporating cultural considerations and family support.

Keywords: Early Breastfeeding Initiation (EBI), Cultural Norms, Socioeconomic Inequality, Working Mothers.

INTRODUCTION

High maternal and infant mortality rates, combined with the risk of stunting, highlight the urgent need for effective early-life interventions. One of the most proven, immediate, and life-saving interventions is Early Breastfeeding Initiation (EBI). EBI, placing the newborn on the mother's chest or abdomen within the first hour of life to allow the baby to self-attach, has been shown to significantly increase newborn survival, strengthen maternal–infant bonding, and stimulate early breast milk production. EBI forms the biological and behavioural foundation for successful and sustained exclusive breastfeeding, as one of the five key determinants of stunting according to the WHO Framework. Without EBI, the likelihood of exclusive breastfeeding decreases, heightening vulnerability to infections, malnutrition, and growth faltering. Government Regulation No. 33 of 2012 mandates exclusive breastfeeding for the first six months, aligning with WHO an UNICEF guidance that early initiation is critical for improving neonatal survival and long-term health.

Early Breastfeeding Initiation (EBI) constitutes a foundational component of optimal neonatal care and is widely recognized as an evidence-based intervention that significantly improves maternal and infant health outcomes. The World Health Organization (WHO) and the Indonesian Pediatric Association (IPA) advocate for EBI as an essential practice due to its immediate and long-term benefits. EBI enhances neonatal survival, stabilizes body temperature, and facilitates early stimulation of lactation. Despite these well-documented benefits, substantial barriers continue to impede the effective implementation of EBI, underscoring the need for comprehensive and multisectoral support systems.

Nationally, Indonesia's EBI coverage stands at approximately 56.6% among women aged 15–49 years. Although this figure exceeds that reported in various settings such as central Saudi Arabia (23.1%), Bangladesh (46.3%), and India (43.5%), it remains below the universal coverage target of 80% recommended by WHO and UNICEF. Comparatively higher coverage observed in settings such as Moshi, Tanzania (83%), and the South Gondar Zone Hospital in Ethiopia (88.2%) demonstrates that optimal EBI coverage is attainable when systemic, familial, and professional support functions cohesively. These international comparisons indicate that Indonesia's current achievements, while notable, remain insufficient to ensure equitable neonatal outcomes at the EBI number.

The introduction of Indonesia's six-month maternity leave policy in early 2024 presents a potentially transformative opportunity to strengthen EBI implementation. However, its execution has yet to be systematically evaluated. Adoption of this policy remains limited due to divergent interpretations between employers and employees regarding leave duration, remuneration mechanisms, and perceived disruptions to workflow and productivity. Without robust institutional and governmental enforcement, the policy's intended benefits for EBI, particularly for working mothers, may not be fully realized.

At the individual and interpersonal levels, several factors contribute to suboptimal EBI implementation. These include maternal self-efficacy, psychological readiness, and physical discomfort. Sociodemographic determinants such as low partner support, inadequate family involvement (particularly from husbands), and limited awareness of EBI's benefits further undermine maternal readiness. Within health facilities, delays in EBI are especially common among mothers undergoing cesarean section. Contributing factors include postoperative discomfort, maternal fatigue, neonatal complications such as low birth weight (<2,500 grams), and insufficient breastfeeding skills. These clinical and logistical challenges reflect the critical need for facility-level protocols, provider training, and supportive postpartum care that prioritize EBI as a standard practice.

The quality and comprehensiveness of antenatal care (ANC) also exert a substantial influence on EBI uptake. ANC serves as a critical platform for breastfeeding counselling, maternal education, and early identification of complications, thereby shaping maternal attitudes and intentions regarding EBI. Evidence consistently demonstrates a positive association between high-quality ANC and successful EBI implementation. Mothers who receive comprehensive ANC are more likely to possess adequate knowledge, demonstrate proactive health-seeking behaviours, and initiate breastfeeding promptly after birth. Strengthening ANC services, improving facility accessibility, and enhancing midwife competencies are therefore essential strategies for increasing EBI coverage. This shows how important it is to provide the best care possible from pregnancy to the postpartum period and to have sufficient support from all parties involved for EBI to be successful. Numerous research demonstrates a connection between socioeconomic position and EBI implementation.

Socioeconomic and cultural determinants further shape mothers' capacity to practice EBI. Socioeconomic position influences educational attainment, comprehension of health information, autonomy in health-related decision-making, and overall capacity to initiate and sustain breastfeeding. Working mothers face particular challenges. Evidence indicates that children of working mothers are 11% more likely not to receive EBI compared with children of non-working mothers, in some cases, this is compounded by mothers who, from the outset, do not plan to breastfeed and therefore feel that EBI is unnecessary. When EBI is not initiated promptly, adherence to exclusive breastfeeding becomes more difficult, increasing vulnerability to adverse health outcomes in both mother and child.

Cultural norms and intergenerational beliefs also exert substantial influence on infant feeding practices. In many Indonesian communities, traditional practices such as early introduction of water, honey, or complementary foods persist and often delay EBI. Studies indicate that decisions related to EBI are rarely made in isolation; they are strongly shaped by extended family dynamics, social norms, traditional values, and community expectations. Consequently, EBI-promoting interventions must adopt culturally sensitive approaches that actively engage family members, community elders, and other influential actors.

Overall, the successful implementation of EBI is determined by a complex interplay of systemic, cultural, socioeconomic, and clinical factors. Ensuring that EBI becomes a universal practice requires coordinated efforts across multiple levels: supportive policies at the governmental and institutional levels, high-quality maternal and newborn care services, competent and empathetic health workers, and informed, empowered families. By positioning EBI as the foundational intervention within the continuum of care from pregnancy through the postpartum period, Indonesia can strengthen exclusive breastfeeding practices, improve neonatal health outcomes, and contribute to the long-term reduction of stunting and preventable infant mortality. Therefore, analysis of the implementation of EBI among working mothers needs to consider the interaction between culture, socioeconomic status, and work context, which together determine the opportunities and obstacles in initiating breastfeeding.

SUBJECTS AND METHODS

Study Design and Data Sources

This study employed a cross-sectional analytical design using secondary data from the 2022 Indonesian Nutrition Status Survey (INSS). Conducted by the Ministry of Health of Indonesia, the INSS provides a nationally representative description of the nutritional status of children under five, along with key determinants, including indicators of specific and sensitive nutritional interventions. The survey used a two-stage stratified sampling design and produced a weighted sample of 46,130 children. The unit of analysis consisted of children aged 0–23 months whose mothers were employed; responses were provided by the mothers during the survey.

Setting

This study was conducted nationwide and focused on Indonesian working mothers.

Outcome Variable

The dependent variable in this study is Early Breastfeeding Initiation (EBI) performed by working mothers within the last two years. EBI refers to the first breastfeeding episode that occurs within one hour after birth, during which the infant is placed on the mother's chest for direct skin-to-skin contact. EBI is categorized as Yes = 1 and No = 0.

Exposure Variables

The primary exposure variable in this analysis is socioeconomic status, determined through household wealth quintiles. These quintiles were derived from household asset ownership—such as cars, motorcycles, and televisions—as well as housing characteristics, including flooring materials, drinking water sources, and sanitation facilities. Using principal component analysis, socioeconomic scores were generated and categorized into five wealth-based groups: the poorest, lower middle, upper middle, rich, and richest.

Cultural aspects were not directly measured; instead, they were incorporated as interpretive context to explain socioeconomic differences in breastfeeding practices. Prior studies have shown that cultural elements, including family support, traditional beliefs, and workplace environments that are not breastfeeding-friendly, can influence decisions regarding EBI. Therefore, in interpreting the findings, the variables of maternal education, region of residence, and marital status were used as proxies to capture cultural values and social norms relevant to breastfeeding behavior. This approach enables statistically rigorous empirical analysis while remaining sensitive to Indonesia's cultural diversity.

Control Variables

Seven control variables were included in the analysis: type of residence, maternal age, marital status, education level, antenatal care (ANC), place of delivery, and child's sex. Residence was categorized into rural and urban areas. Maternal age was divided into six groups: 20–24, 25–29, 30–34, 35–39, 40–44, and >44 years. Maternal education was categorized into five levels: no formal education, elementary school, middle school, high school, and college. Marital status consisted of two categories: married and divorced/widowed. ANC utilization was coded as Yes or No based on whether the mother received antenatal care. Place of delivery was categorized as primary health center, hospital, or non-institutional settings. Child's sex was categorized as male or female.

Data Analysis

A chi-square test was performed as the preliminary analysis to assess associations between variables. Binary logistic regression with an entry method was then conducted for multivariable analysis. Statistical significance was determined based on $p<0.05$ with 95% confidence interval (CI). All statistical analyses were conducted using IBM SPSS Statistics version 26. Additionally, ArcGIS 10.3 (ESRI Inc., Redlands, CA, USA) was used to generate a spatial distribution map illustrating the prevalence of EBI among working mothers across Indonesia. Shapefiles containing administrative boundary polygons were obtained from the Indonesian Central Bureau of Statistics.

Ethical Approval

This study utilized secondary data from the 2022 Indonesian National Nutrition Status Survey. According to the National Ethics Commission, the use of this dataset is exempt from additional ethical approval. The Ministry of Health of Indonesia collected the data after obtaining informed consent, ensuring that participation was voluntary and that confidentiality was maintained. The dataset is publicly accessible through the Ministry of Health's data portal (https://jasadata.kemkes.go.id/).

RESULTS

According to the analysis, up to 59.7% of Indonesian working mothers practice EBI. Working mothers' EBI implementation levels by province are depicted in Figure 1, which indicates that the percentage of EBI is typically lower in eastern Indonesia than in other regions.

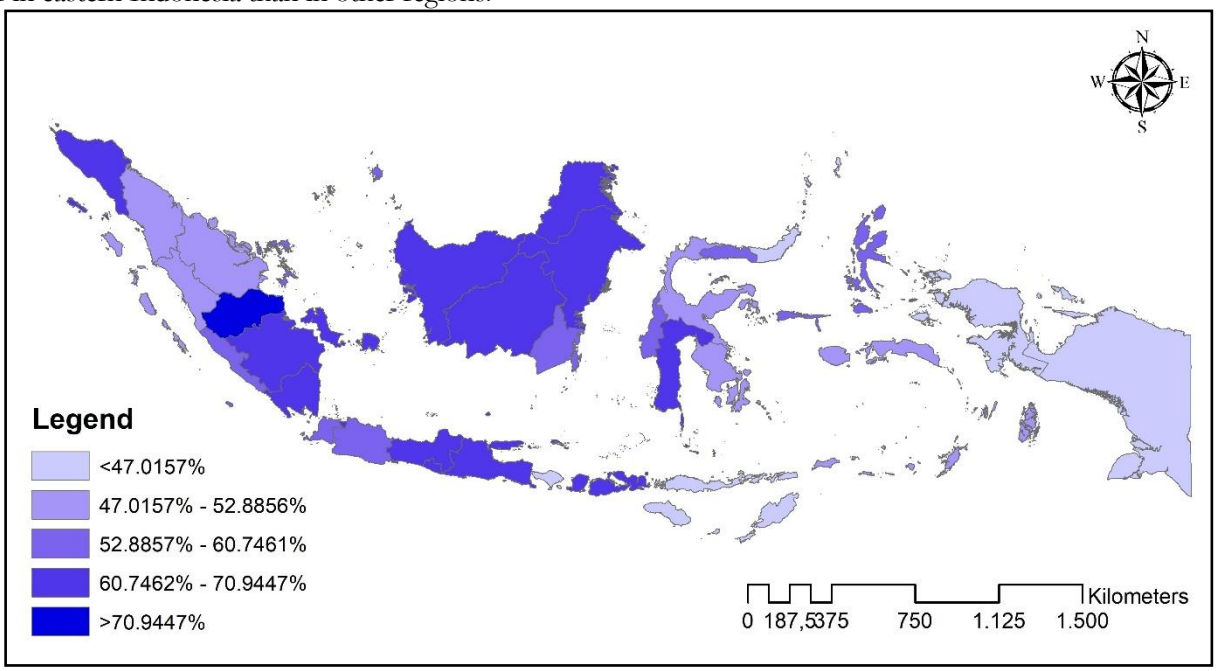

Figure 1: Map of Indonesian Working Mothers' Proportion of EBI Implementation by Province
Source: Data from the 2022 Indonesian National Nutrition Status Survey was used by the author to construct this visualization.

Table 1 provides descriptive information about Indonesian working mothers as well as socioeconomic characteristics. The study's findings reveal that Early Breastfeeding Initiation occurs in all socioeconomic classes. As determined by their place of residence, working mothers in urban areas are more than three times more likely to be classified as part of the wealthiest category than those residing in rural areas. Mothers between the ages of 30-34 comprise the largest share of the wealthiest age group. Additionally, the wealthiest category is dominated by mothers with higher levels of education. In general, married mothers are the most prominent in every socioeconomic group.

Table 1. Characteristics of Working Mothers in Indonesia by Socioeconomic Group (n=46,130)

Characteristics	Socioeconomic Group					*p*-value
	Poorest (n=8,108)	**Poorer (n=7,278)**	**Middle (n=7,859)**	**Richer (n=9,617)**	**Richest (n=13,268)**	
Early Breastfeeding Initiation						<0.001
● No	44.6%	39.4%	38.7%	38.1%	41.4%	
● Yes	55.4%	60.6%	61.3%	61.9%	58.6%	
Residence Type						<0.001
● Urban	29.9%	45.8%	59.6%	63.1%	78.0%	
● Rural	70.1%	54.2%	40.4%	36.9%	22.0%	
Maternal Age (in years)						<0.001
● ≤19	2.4%	1.4%	0.8%	0.4%	0.1%	
● 20–24	14.3%	13.9%	10.8%	9.0%	4.2%	
● 25–29	26.4%	26.9%	28.4%	32.1%	30.7%	
● 30–34	27.9%	29.0%	32.3%	31.6%	36.1%	
● 35–39	18.8%	19.9%	20.3%	19.1%	21.1%	
● 40–44	7.8%	7.0%	6.1%	6.9%	6.8%	
● ≥45	2.4%	1.9%	1.4%	0.9%	0.9%	
Maternal Educational Level						<0.001
● No formal education	4.8%	0.9%	0.4%	0.0%	0.1%	
● Primary school	35.0%	21.7%	14.0%	7.2%	2.1%	
● Junior high school	23.7%	25.9%	21.0%	14.2%	3.9%	
● Senior high school	30.4%	39.0%	45.0%	40.8%	27.9%	
● College	6.1%	12.5%	19.7%	37.7%	66.1%	
Maternal Marital Status						<0.001
● Married	96.9%	97.5%	97.6%	98.2%	99.0%	
● Divorced/Widowed	3.1%	2.5%	2.4%	1.8%	1.0%	
Antenatal care						<0.001
● No	16.1%	6.1%	4.4%	3.2%	3.3%	
● Yes	83.9%	93.9%	95.6%	96.8%	96.7%	

Characteristics	Socioeconomic Group					*p*-value
	Poorest (n=8,108)	**Poorer (n=7,278)**	**Middle (n=7,859)**	**Richer (n=9,617)**	**Richest (n=13,268)**	
Birthplace						<0.001
● Non-institutional	20.5%	6.5%	4.1%	3.1%	1.9%	
● Hospital	32.4%	43.7%	53.8%	59.2%	74.8%	
● Primary care	47.1%	49.8%	42.1%	37.7%	23.3%	
Child's Sex						<0.001
● Male	51.0%	50.7%	51.8%	51.1%	49.8%	
● Female	49.0%	49.3%	48.2%	48.9%	50.2%	

According to Table 1 mothers who work and receive ANC are more prevalent across all socioeconomic strata. For working mothers in the wealthiest categories, hospitals are the most prevalent site to give birth. Furthermore, significantly more females fall into the richest category when it comes to the child's gender.

Table 2 shows the results of a binary logistic regression test that was used for additional analysis to forecast the adoption of EBI among Indonesian working mothers. EBI results showed a significant correlation with socioeconomic status. Compared to the poorest mothers (95% CI: 1.134-1.159), the likelihood of having EBI was 1.146 times higher for the poorer mothers. Middle-class working mothers were 1.302 times more likely to participate in EBI than the poorest mothers (95% CI: 1.288-1.315). Additionally, the likelihood of undergoing EBI was 1.399 times higher for wealthier working mothers than for the poorest mothers (95% CI: 1.385-1.414). Finally, compared to the poorest mothers, the wealthiest working mothers had a 1.422 times higher likelihood of undergoing EBI (95% CI: 1.407-1.437).

Therefore, it can be concluded that having a higher socioeconomic status (from Poorer to Richest) has a favorable effect on how EBI is implemented for working mothers, with mothers from the wealthiest category usually receiving better EBI. Higher socioeconomic groups may accept EBI more readily because they have greater access to opportunities or resources that improve their quality of life.

Table 2. Binary Logistic Regression Analysis of Early Breastfeeding Initiation among Working Mothers in Indonesia (n=46,130)

Predictors	Early Breastfeeding Initiation			
	p-value	Adjusted Odds Ratio	95% Confidence Interval	
			Lower Bound	Upper Bound
Socioeconomic: Poorest (ref.)	-	-	-	-
Socioeconomic: Poorer	**<0.001	1.146	1.134	1.159
Socioeconomic: Middle	**<0.001	1.302	1.288	1.315
Socioeconomic: Richer	**<0.001	1.399	1.385	1.414
Socioeconomic: Richest	**<0.001	1.422	1.407	1.437
Residence: Urban (ref.)	-	-	-	-
Residence: Rural	*0.013	1.008	1.002	1.014
Maternal age: ≤19 (ref.)	-	-	-	-
Maternal age: 20–24	**<0.001	1.269	1.229	1.310
Maternal age: 25–29	**<0.001	1.478	1.433	1.525
Maternal age: 30–34	**<0.001	1.628	1.578	1.680
Maternal age: 35–39	**<0.001	1.509	1.463	1.557

Predictors	Early Breastfeeding Initiation			
	p-value	Adjusted Odds Ratio	95% Confidence Interval	
			Lower Bound	Upper Bound
Maternal age: 40–44	**<0.001	1.299	1.258	1.342
Maternal age: ≥45	**<0.001	1.516	1.459	1.576
Maternal Education: No formal education (ref.)	-	-	-	-
Maternal Education: Primary school	*0.041	1.033	1.001	1.066
Maternal Education: Junior high school	*0.042	1.033	1.001	1.067
Maternal Education: Senior high school	*0.026	0.965	0.935	0.996
Maternal Education: College	**<0.001	1.063	1.030	1.097
Maternal Marital: Married	**<0.001	1.154	1.132	1.177
Maternal Marital: Divorced/Widowed (ref.)	-	-	-	-
Antenatal care: No (ref.)	-	-	-	-
Antenatal care: Yes	**<0.001	2.354	2.325	2.384
Birthplace: Non-Institutional (ref.)	-	-	-	-
Birthplace: Hospital	**<0.001	0.860	0.849	0.871
Birthplace: Primary care	**<0.001	3.605	3.560	3.651
Child's Sex: Male	0.102	1.005	0.999	1.010
Child's Sex: Female (ref.)	-	-	-	-

Table 2 shows that mothers who work in rural regions had a 1.008 times higher chance of achieving EBI than mothers who work in urban areas (95% CI: 1.002-1.014). Additionally, three maternal characteristics (age, education, and marital status) were found to be strongly correlated with EBI.

According to Table 2, working mothers who got ANC during pregnancy had a 2.354 times greater chance of undertaking EBI than mothers who did not (95% CI: 2.325-2.384). In terms of delivery place, working mothers who gave birth in primary healthcare facilities had a greater chance of having EBI than mothers who gave birth in hospitals or elsewhere. Additionally, among Indonesian working mothers, EBI is correlated with the gender of the children.

DISCUSSION

According to this study, working mothers in Indonesia exhibit socioeconomic differences in their EBI practices, which are influenced by several variables, including income, age, education, location of residence, marital status, ANC during pregnancy, and place of birth.

According to these findings, EBI and socioeconomic status are positively correlated, with mothers who earn higher incomes typically being better equipped to implement EBI. Wealthier mothers usually have easier access to high-quality medical facilities that encourage breastfeeding. These results are in line with studies conducted in sub-Saharan Africa, which likewise show a favorable correlation between better economic status and the implementation of EBI. These findings, however, cross-country variations highlight the important role of culture and local social practices. In Bangladesh, EBI was more common among low-income mothers, especially first-time mothers, due to limited access to formula, reflecting social norms and cultural adaptation to available resources. According to studies conducted in Vietnam, higher-income mothers are less likely to initiate EBI, possibly influenced by modernization, adoption of Western practices, or perceptions of formula as a convenient alternative. Thus, culture mediates how socioeconomic factors affect EBI, as breastfeeding practices are shaped by family traditions, community norms, beliefs about infant health, and attitudes toward breast milk versus formula.

The results of this study also demonstrate that exclusive breastfeeding and EBI practices are significantly influenced by the place of residence. Mothers who work in rural areas tend to initiate breastfeeding for their babies more often than mothers who live in urban areas. This disparity might be caused by the fact that formula milk is more commonly used in cities, where it is more widely available and easier to obtain. Formula milk is frequently used by mothers in metropolitan settings who are unable to supply enough breast milk to their infants as a nutritious substitute. These results are consistent with those of studies conducted by Ekholuenetale et al., Wako et al., and Dang Thi et al., who similarly found a strong correlation between living in a rural region and starting breastfeeding at a young age. One possible contributing aspect is that metropolitan mothers, who typically earn

more for their families, are more likely to be exposed to misleading formula milk advertising, highlighting the combined influence of socioeconomic status, cultural norms, and exposure to commercial messaging on maternal breastfeeding practices.

Maternal age, education, and marital status influence EBI not only through access to knowledge and resources but also through cultural and social expectations. Additionally, a strong positive correlation between EBI and older maternal age was discovered by Wako et al., indicating that mothers in the healthy reproductive age range of 20 to 35 years are frequently better prepared both mentally and physically for pregnancy. Older mothers may be more respected within family and community structures, giving them greater authority to follow traditional or medically recommended breastfeeding practices. In terms of education, higher-educated mothers are more likely to understand the value of EBI and are therefore more inclined to support their infants' exclusive breastfeeding. A significant aspect of breastfeeding effectiveness is that educated mothers are often more receptive to health information, but cultural norms, such as the role of elders in guiding infant feeding, beliefs about colostrum, or perceptions of formula as a modern alternative, can either support or hinder EBI. This situation is further influenced by cultural practices in certain communities, where colostrum is traditionally perceived as impure and therefore considered unsuitable for infant consumption. However, several studies also reported different results, showing that mothers with upper secondary education or higher were less likely to initiate early breastfeeding ($p<0.05$). Furthermore, EBI practices are also influenced by marital status; married women are more likely to initiate early breastfeeding compared to single or divorced mothers. Marital status also interacts with cultural expectations; married women may receive more family support and approval to initiate breastfeeding early, while single or divorced mothers may face social stigma or limited household support, affecting their ability to practice EBI. Thus, cultural context mediates how maternal characteristics translate into actual breastfeeding behavior.

Mothers who work and receive ANC throughout pregnancy are more likely to experience EBI than mothers who do not. These results are consistent with earlier studies demonstrating that breastfeeding-related discussions at ANC visits can motivate mothers to initiate breastfeeding immediately after birth. In addition to improving their confidence, understanding, and breastfeeding behavior, ANC visits frequently provide mothers with information about healthy pregnancy behaviors, including exercise, nutrition, birth preparation, and breastfeeding. These benefits are further shaped by cultural norms in communities where family elders or traditional beliefs influence infant feeding, ANC can provide authoritative, evidence-based guidance that supports early breastfeeding initiation.

Moreover, working mothers who gave birth in primary healthcare facilities were more likely to practice EBI than those delivering in hospitals or at home. Institutional delivery settings typically have protocols that encourage immediate mother–infant contact, which may counteract cultural practices that delay breastfeeding. Studies in Ethiopia similarly show that mothers delivering in medical facilities tend to start breastfeeding earlier. Conversely, mothers undergoing cesarean sections in hospitals often experience delays, which may be compounded by cultural expectations around postpartum rest and care practices. These findings illustrate how access to healthcare services, maternal employment, and cultural beliefs interact to shape EBI behaviors.

Research Limitations

This research has several limitations. This study employs secondary data from the 2022 Indonesian National Nutrition Status Survey, which provides a diverse and representative sample for analysis. However, this study only included survey-based characteristics; it did not account for additional variables like ANC, health education, and perinatal factors that may have an impact on EBI. Furthermore, previous research that emphasizes the significance of the role of the family and children also supports these conclusions.

CONCLUSION

Socioeconomic disparities have a significant impact on how EBI is implemented among working mothers in Indonesia. EBI and socioeconomic status are positively correlated, with mothers with higher socioeconomic status being more likely to perform EBI. These results highlight the need for the government to prioritize support for underprivileged working mothers to enhance EBI coverage. Government and business collaboration is crucial to the development and application of successful EBI programs. Apart from that, the government and businesses must ensure that the six-month leave policy (prenatal and postnatal) is fully implemented, allowing mothers the time to provide exclusive breastfeeding.

Abbreviations

ANC: Antenatal Care; CI: Confidence Interval; EBI: Early Breastfeeding Initiation; SSGI: *Survei Status Gizi Indonesia* (National Nutrition Status Survey); UNICEF: United Nations Children's Fund; WHO: World Health Organization.

REFERENCES

Adeboye, A. (2024) 'Associated factors of early breastfeeding initiation and exclusive breastfeeding in South Africa: Evidence from the South African Demographic and Health Survey', Epidemiology and Health Systems Journal, 11(1), pp. 13–21.

Ahmed, S., Mahmud, N., Farzana, N., Parvin, M.I. and Alauddin, M. (2023) 'Early initiation of breastfeeding (EIBF) and its associated factors among mothers with infants aged 0–6 months in Jashore District, Bangladesh', Journal of the American Nutrition Association, 42(8), pp. 737–745.

Ahinkorah, B.O., Seidu, A.A., Budu, E.U., Mohammed, A., Adu, C. and Ameyaw, E.K. (2021) 'Maternal and child factors associated with early initiation of breastfeeding in Chad', International Health, pp. 1–9.

Allifiya, B.N., Khasanah, T.A., et al. (2023) 'The relationship of mother's knowledge and early initiation of breastfeeding with exclusive breastfeeding history in under fives', JAKAGI: Jurnal Pangan, Kesehatan dan Gizi, 4(1), pp. 1–11.

Alrasheedi, A.T. (2023) 'Factors associated with early initiation of breastfeeding in central Saudi Arabia: A hospital-based survey', International Breastfeeding Journal, 18(62), pp. 1–11.

Ananda, G.I. (2021) Association of early breastfeeding initiation with exclusive breastfeeding in children aged 6–24 months in Indonesia (SDKI 2017). Bengkulu: Poltekkes Kemenkes Bengkulu.

Apsley, L. and Walter, A. (2020) The effect of competitive swimming on oral health status. Virginia: Virginia Commonwealth University.

Ariani D, Septiani H & Sunarni N. 2025. Literature Review : Factors Influencing The Implementation Early Breastfeeding Initiation in Mother's Materials. Journal of Indogenius, Volume 4, No. 1, Pages 208-215.

Damayanti, N.A., Wulandari, R. and Ridlo, I. (2023) 'Maternal health care utilization behavior, local wisdom, and associated factors among women in urban and rural areas, Indonesia', International Journal of Women's Health, 15, pp. 665–677.

Din, M.A.C., Teng, N.I.M.F. and Manaf, Z.A. (2023) 'Maternal depression and child feeding practices: Determinants to malnutrition among young children in Malaysian rural area', Women's Health, 19, pp. 1–10.

Dos Santos, S.P.L., Chertok, I.A. and Haile, Z.T. (2023) 'Influence of the quality of antenatal care on early breastfeeding initiation and exclusive breastfeeding among Haitian women', Journal of Obstetric, Gynecologic & Neonatal Nursing.

Ekholuenetale, M., Mistry, S.K., Chimoriya, R., et al. (2021) 'Socioeconomic inequalities in early initiation and exclusive breastfeeding practices in Bangladesh', International Breastfeeding Journal, 16(73).

ES, K., J., K. and E., L. (2021) 'Maternal knowledge-seeking behavior among pregnant women in Tanzania', Women's Health, 17.

Gayatri, M. and Dasvarma, G.L. (2020) 'Predictors of early initiation of breastfeeding in Indonesia: A population-based cross-sectional survey', PLoS ONE, 15(9), e0239446.

Gayatri, M. and Dasvarma, G.L. (2020) 'Predictors of early initiation of breastfeeding in Indonesia: A population-based cross-sectional survey', PLoS ONE, 15(9), pp. 1–15.

Hadisuyatmana, S., Has, E.M.M., Sebayang, S.K., Efendi, F., Astutik, E. and Kuswanto, H. (2021) 'Women's empowerment and determinants of early initiation of breastfeeding: A scoping review', Journal of Pediatric Nursing, 6, pp. e77–e92.

Jones, L., Damayanti, N.A., Wiseman, N. and Harris, N. (2021) 'Factors shaping uptake of antenatal care in Surabaya Municipality, Indonesia: A qualitative study', Kesmas: National Public Health Journal, 16(3), pp. 189–198.

Kassa, B.G. (2021) 'Early initiation of breastfeeding and its associated factors among mothers who delivered vaginally in South Gondar Zone Hospitals, Northwest Ethiopia', International Journal of Women's Health, 13, pp. 9–17.

Kementerian Kesehatan Republik Indonesia (2022) Buku saku: Hasil Survei Status Gizi Indonesia (SSGI) 2022. Jakarta: Kemenkes RI.

Kusrini, I., Ipa, M. and Laksono, A.D. (2019) '"Is it true that the child is king?": A qualitative study of factors related to nutritional status of children in West Lombok, Indonesia', Indian Journal of Public Health Research & Development, 10(12), pp. 1729–1733.

Lailiyah, R. and Siwi, R.P.Y. (2023) 'Cultural analysis of early complementary feeding', Journal for Research in

Public Health, 4(2), pp. 31–38.
Laksono, A.D. and Wulandari, R.D. (2019) '"Children are assets": Meta-synthesis of the value of children in the Lani and Acehnese tribes', Journal of Reproductive Health, 10(1), pp. 11–20.
Laksono, A.D., Nugraheni, W.P., Rohmah, N. and Wulandari, R.D. (2022) 'Health insurance ownership among female workers in Indonesia', BMC Public Health, 22(1), p. 1798.
Laksono, A.D., Wulandari, R.D., Matahari, R. and Suharmiati (2023) 'Socioeconomic differences of intimate partner violence among married women in Indonesia', Indian Journal of Community Medicine, 48(2), pp. 304–309.
Laksono, A.D., Wulandari, R.D. (2021) 'The food taboo of the Muyu Tribe in Papua', Amerta Nutrition, 5(3), p. 251.
Lyellu, H.Y., Hussein, T.H., Wandel, M., Stray-Pedersen, B., Mgongo, M. and Msuya, S.E. (2020) 'Prevalence and factors associated with early initiation of breastfeeding among women in Moshi Municipal, Northern Tanzania', BMC Pregnancy and Childbirth, 20, p. 285.
Maghfiroh, M.S. and Laksono, A.D. (2020) 'Study of patterns of infant intake', Amerta Nutrition, 4(2), pp. 116–122.
Mary, J., Sindhuri, R., Kumaran, A. and Dongre, A. (2022) 'Early initiation of breastfeeding and factors associated with its delay', Clinical and Experimental Pediatrics, 65(4), pp. 201–208.
Meher, C. and Zaluchu, F. (2024) 'Cultural influences of early food introduction on exclusive breastfeeding rates in the Nias Islands, Indonesia', Journal of Multidisciplinary Healthcare, 17, pp. 5653–5663.
My, T.D.T., et al. (2022) 'Associated factors of breastfeeding practices among mothers in rural Vietnam', Journal of Pediatric Nursing, 67, pp. 85–91.
Nisa, F., Damayanti, N.A. and Anggraini, F.D. (2020) 'Exclusive breastfeeding village program increased the role of health cadres', Journal of Public Health Research, 9(2), pp. 137–139.
Nisa, F., Damayanti, N., Suhariadi, F., Anggasari, Y., Dewi, F.E. and Arini, D. (2021) 'Breastfeeding based on breastfeeding self-efficacy and social support', Open Access Macedonian Journal of Medical Sciences, 9, pp. 1026–1031.
Perdani, F.P., Laksono, A.D. and Chalidyanto, D. (2021) 'Undernutrition prevalence of under-two-years infants in Indonesia', Indian Journal of Forensic Medicine & Toxicology, 15(4), pp. 1113–1119.
Peraturan Pemerintah Republik Indonesia (2012) Peraturan Pemerintah Nomor 33 Tahun 2012 tentang Pemberian Air Susu Ibu Eksklusif. Jakarta.
Pratita, I. and Laksono, A.D. (2020) 'Exploration of value of children and parenting patterns', Amerta Nutrition, 4(2), p. 147.
Raymond, M., Gudmundson, B., Seshia, M.M., Helewa, M., Alvaro, R. and Day, C. (2023) 'Perinatal factors associated with breastfeeding trends after preterm birth', Journal of Obstetrics and Gynaecology Canada, 45(1), pp. 27–34.
Sako, S., Gilano, G., Tekabe, B. and Abebe, S. (2022) 'Determinants of early initiation of breastfeeding in Ethiopia', BMJ Open, 12(10), e062905.
Santos, D., Lima, S.P., Chertok, I.A. and Haile, Z.T. (2023) 'Influence of the quality of antenatal care', Journal of Obstetric, Gynecologic & Neonatal Nursing, 52(4), pp. 296–308.
Selviyanti, E., Kartika, R.C., Umbaran, D.P.A., Fitriyah, D. and Yuanta, Y. (2022) 'Improving maternal knowledge about early breastfeeding initiation', Journal of Community Development, 3(2), pp. 224–232.
Sen, K.K., Mallick, T.S. and Bari, W. (2020) 'Gender inequality in early initiation of breastfeeding in Bangladesh', International Breastfeeding Journal, 15(1), pp. 1–11.
Shimizu, M., Nakata, Y. and Takahashi, K. (2023) 'Current findings and gaps in early initiation of breastfeeding practices in sub-Saharan Africa', Journal of Global Health, 13, 04036.
Sinaga, H.T. and Siregar, M. (2020) 'Factors causing low coverage of early initiation and exclusive breastfeeding', Action Aceh Nutrition Journal, 5(2), p. 164.
Sukarti, N.N., Trisna, I.G.A. and Kurniati, D.Y. (2020) 'Barriers to early breastfeeding initiation', Jurnal Ilmiah Kebidanan (Midwifery Journal), 8(1), pp. 40–53.
Syafitri, N.P., Wiratmo, P.A. and Setyaningsih, W. (2020) 'Socioeconomic status and antenatal care visits', Binawan Student Journal, 2(2), pp. 237–241.
Tarini, N.W.D., Yunitasari, E. and Krisnana, I. (2025) 'Maternal, knowledge and cultural factors affecting primigravida readiness for early breastfeeding initiation', Health Leadership and Quality of Life, 4, pp. 1–9.
UNICEF and World Health Organization (2018) Capture the moment: Early initiation of breastfeeding. New York: UNICEF.
Undang-Undang Republik Indonesia (2024) Undang-Undang Nomor 4 Tahun 2024 tentang Kesehatan Ibu dan Anak pada Fase Seribu Hari Pertama Kehidupan. Jakarta.
Wako, W.G., Wayessa, Z. and Fikrie, A. (2022) 'Effects of maternal education on breastfeeding practices', BMJ

Open, 12(3), e054302.
WHO (2013) Childhood stunting: Context, causes and consequences – Conceptual framework. Geneva: World Health Organization.
World Health Organization (2017) Guideline: Protecting, promoting and supporting breastfeeding. Geneva: World Health Organization.
Wulandari, R.D., Laksono, A.D., Prasetyo, Y.B. and Nandini, N. (2022) 'Socioeconomic disparities in hospital utilization among female workers in Indonesia', Journal of Primary Care & Community Health, 13(2), pp. 1–7.
Zulnia Putri, N., Rohmawati, N. and Ririanty, M. (2016) 'Correlation between mother factors and early initiation of breastfeeding', pp. 1–6.

