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Original Article

Factors associated with exclusive breastfeeding success among breastfeeding mothers in Ogan Komering Ulu Regency, Indonesia: A cross-sectional study

Ranida Arsi[1*], Ulva Rachmawati[2], Fitri Afdhal[3]
[1] Program Studi Profesi Ners, Universitas Kader Bangsa, Palembang, Indonesia
[2] Program Studi Ilmu Keperawatan, Universitas Kader Bangsa, Palembang, Indonesia
[3] Program Studi D-III Keperawatan, Universitas Kader Bangsa, Palembang, Indonesia

***Corresponding Author:**
Ranida Arsi
Program Studi Profesi Ners, Universitas Kader Bangsa, Palembang, Indonesia
Email:
arsiranida20@gmail.com

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Abstract

Background: Exclusive breastfeeding is an essential intervention for improving infant health, growth, and development. Despite its well-established benefits, the coverage of exclusive breastfeeding in several regions of Indonesia remains below target, including in the working area of Puskesmas Peninjauan, Ogan Komering Ulu Regency. The success of exclusive breastfeeding is influenced by multiple maternal and environmental factors, including maternal knowledge, family support, parity, and pregnancy interval.
Objective: This study aimed to analyze the factors associated with the success of exclusive breastfeeding among breastfeeding mothers in the working area of Puskesmas Peninjauan, Ogan Komering Ulu Regency.
Methods: This study employed an analytical quantitative design with a cross-sectional approach. The study was conducted from June to July 2025 and involved all mothers with infants aged 7–12 months in the working area of Puskesmas Peninjauan, with a total of 61 respondents selected using total sampling. Data were collected using a checklist form and structured questionnaires covering maternal knowledge, family support, parity, pregnancy interval, and exclusive breastfeeding success. Data were analyzed using univariate and bivariate analyses with the Chi-square test at a 95% significance level ($\alpha = 0.05$).
Results: Most respondents were aged 21–30 years (52.5%), had completed senior high school (37.7%), and were homemakers (88.5%). A total of 91.8% of mothers successfully practiced exclusive breastfeeding. Bivariate analysis showed that family support was significantly associated with exclusive breastfeeding success ($p = 0.002$), whereas maternal knowledge ($p = 0.353$), parity ($p = 0.215$), and pregnancy interval ($p = 0.052$) were not significantly associated.
Conclusion: Family support was the most influential factor associated with the success of exclusive breastfeeding. Strengthening the involvement of husbands and family members in breastfeeding education and lactation support should be integrated into maternal and child health services to improve exclusive breastfeeding outcomes.

Background

Breast milk is the most appropriate and biologically tailored source of nutrition for infants during the first six months of life (World Health Organization, 2023; Bauer et al., 2024). Exclusive breastfeeding is defined as feeding infants only breast milk, without any additional liquids, solids, or water, from birth until six months of age (World Health Organization, 2023; Putri & Zahra, 2025). This practice is considered essential because breast milk provides optimal nutrients, immunological protection, and digestive support that cannot be fully replaced by formula feeding or other foods (Altobelli et al., 2020; Bauer et al., 2024). Infants who receive breast milk tend to experience better health and developmental outcomes than those who are not exclusively breastfed (Lapidaire et al., 2022; Putri & Zahra, 2025).

Despite the proven benefits of exclusive breastfeeding, its coverage remains below expected targets in many countries (World Health Organization, 2023). Globally, the proportion of infants under six months who receive exclusive breastfeeding is still suboptimal, indicating persistent challenges in breastfeeding promotion and continuation (World Health Organization, 2023; Walsh et al., 2023). This condition demonstrates that exclusive breastfeeding is not only a maternal practice but also a public health issue influenced by support systems and health service quality (Walsh et al., 2023; von Seehausen et al., 2023).

In Indonesia, the achievement of exclusive breastfeeding has also not consistently reached the national target (Raudah, 2024). Variations in breastfeeding coverage across different reports indicate that breastfeeding practices remain

unstable and context-dependent (Raudah, 2024; Olfah et al., 2022). At the provincial and district levels, fluctuating breastfeeding rates further suggest that the success of exclusive breastfeeding is still a major challenge in community health services (Lestari, 2023; Maulidza et al., 2022). In Kabupaten OKU, the declining trend in exclusive breastfeeding coverage in recent years highlights the need to identify factors associated with breastfeeding success in the local setting

The success of exclusive breastfeeding is influenced by both internal and external factors (Liswarni, 2023). Internal factors include maternal age, physical condition, parity, psychological readiness, and knowledge related to breastfeeding (Liswarni, 2023; Fachmawati et al., 2023). External factors include family support, healthcare support, sociocultural influences, maternal education, and employment demands (Komariah & Azizah, 2023; Walsh et al., 2023). These factors interact with one another and may either facilitate or hinder the continuity of exclusive breastfeeding (Oktarida, 2025; Sintani et al., 2023).

Maternal knowledge is one of the most important determinants of exclusive breastfeeding success (Fachmawati et al., 2023; Oktarida, 2025). Mothers who have better knowledge about the benefits, duration, and correct practices of exclusive breastfeeding are more likely to breastfeed successfully (Desmawati & Putri, 2025; Oktarida, 2025). Health education has also been shown to improve maternal understanding and readiness to provide exclusive breastfeeding (Desmawati & Putri, 2025). Inadequate knowledge, on the other hand, may increase the likelihood of early breastfeeding discontinuation or supplementation with other foods and liquids (Maulidza et al., 2022; Olfah et al., 2022).

Family support is another important factor associated with breastfeeding success (Komariah & Azizah, 2023; Sintani et al., 2023). Mothers who receive emotional, informational, and practical support from their husbands and other family members tend to have greater confidence and motivation to continue exclusive breastfeeding (Komariah & Azizah, 2023; Oktarida, 2025). Family support becomes especially important when mothers face fatigue, stress, or social pressure during the breastfeeding period (Ding et al., 2023; Walsh et al., 2023). Without adequate family support, mothers may find it more difficult to maintain exclusive breastfeeding for the recommended six months (Sintani et al., 2023; Fitriana & Hermawan, 2023).

Parity also plays a meaningful role in breastfeeding practices (Liswarni, 2023; Wilda et al., 2025). Mothers with previous childbirth and breastfeeding experience often demonstrate greater confidence and practical ability in managing breastfeeding than first-time mothers (Wilda et al., 2025; Fachmawati et al., 2023). Previous studies have shown that parity is significantly associated with exclusive breastfeeding outcomes, indicating that maternal experience may improve breastfeeding adaptation and persistence (Fitriana & Hermawan, 2023; Lestari, 2023). In contrast, mothers with limited experience may need greater assistance and education in the early postpartum period (Desmawati & Putri, 2025; Walsh et al., 2023).

Several previous studies have consistently reported significant relationships between maternal knowledge, parity, family support, and the success of exclusive breastfeeding (Olfah et al., 2022; Lestari, 2023). Research in different Indonesian settings has shown that mothers with good knowledge and strong family support are more likely to succeed in providing exclusive breastfeeding (Oktarida, 2025; Sintani et al., 2023). Other studies have also found that parity contributes to breastfeeding success because mothers with more experience are generally better prepared to manage breastfeeding challenges (Fachmawati et al., 2023; Fitriana & Hermawan, 2023). These findings indicate that exclusive breastfeeding is a multidimensional behavior shaped by maternal, family, and contextual factors (Maulidza et al., 2022; Komariah & Azizah, 2023).

A preliminary survey conducted on May 20, 2025, through interviews with 15 breastfeeding mothers in the working area of Puskesmas Peninjauan found that 9 mothers had failed to provide exclusive breastfeeding The reported reasons included limited understanding of the importance of breastfeeding, inadequate family support, and maternal conditions such as becoming pregnant again while the infant was still four months old These findings suggest that the problem of exclusive breastfeeding in this

area remains complex and requires serious attention

Based on this background, identifying the factors associated with the success of exclusive breastfeeding is essential for developing more effective strategies to improve breastfeeding coverage (Oktarida, 2025; Walsh et al., 2023). Therefore, this study aimed to determine the factors related to the success of exclusive breastfeeding among breastfeeding mothers in the working area of Puskesmas Peninjauan, Kabupaten OKU The findings are expected to provide practical and scientific contributions to improving infant health outcomes and strengthening breastfeeding promotion efforts in Indonesia (World Health Organization, 2023; Putri & Zahra, 2025).

Therefore, this study aimed to analyze the factors associated with the success of exclusive breastfeeding among breastfeeding mothers in the working area of Puskesmas Peninjauan, Kabupaten OKU.

Methods

Study Design

This study employed a quantitative analytical design using a cross-sectional approach, in which the independent and dependent variables were measured simultaneously at a single point in time. This design was selected because it is appropriate for examining the relationship between several maternal and family-related factors and the success of exclusive breastfeeding within a defined population. In this study, the independent variables included maternal knowledge, family support, parity, and pregnancy interval, while the dependent variable was the success of exclusive breastfeeding. The cross-sectional design was considered methodologically suitable because it enables the researcher to assess the distribution of variables and test associations efficiently within a relatively limited period, without requiring follow-up observation. This study was conducted in the working area of Puskesmas Peninjauan, Ogan Komering Ulu Regency, during June–July 2025. In reporting this observational quantitative study, the preparation of the methods section follows the principles of the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) guideline from the EQUATOR Network, which is widely recommended for cross-sectional studies to ensure clarity, transparency, and completeness in reporting study procedures and analytical decisions.

Sampling

The target population in this study consisted of all mothers with infants aged 7–12 months who were recorded in the working area of Puskesmas Peninjauan during the period of January to May 2025, with a total population of 61 mothers. The study used a total sampling technique, meaning that all eligible members of the population were included as research participants. This approach was chosen because the total population was relatively small and still feasible to reach comprehensively. The use of total sampling was expected to reduce sampling error, increase representativeness, and strengthen the internal consistency of the findings because no eligible subgroup was intentionally excluded from the sampling frame. This strategy is particularly appropriate in community-based studies with limited population size, where involving the entire accessible population can provide a more complete description of the observed phenomenon.

Eligibility criteria were established to ensure that participants were relevant to the research objectives and able to provide valid responses. The inclusion criteria were mothers who had infants aged 7–12 months during the study period, mothers who were physically and mentally healthy enough to participate in interviews and questionnaire completion, mothers who were able to read and write in Bahasa Indonesia, and mothers who agreed to participate by signing the informed consent form. The exclusion criteria included mothers who refused to participate, mothers with certain medical conditions that contraindicated breastfeeding such as HIV/AIDS or treatment conditions that did not allow breastfeeding, and mothers whose infants had serious congenital abnormalities that directly interfered with breastfeeding, including severe Down syndrome complications, Hirschsprung disease, cleft lip

and palate, and hydrocephalus. The participant selection process began with identifying all registered mothers of infants aged 7–12 months, followed by screening for inclusion criteria, elimination based on exclusion criteria, explanation of the study, and signing of informed consent before final enrollment. If any eligible mother declined participation or met exclusion criteria, the final sample size would be adjusted accordingly and reported transparently in the study results.

Instruments

Data were collected using two types of instruments, namely a checklist form and structured questionnaires. The checklist form was used to obtain data on parity, pregnancy interval, and the success of exclusive breastfeeding. This instrument was selected for variables that were factual, categorical, and relatively straightforward to verify, allowing the researcher to record participant characteristics systematically and consistently. The use of a checklist also helped standardize data recording across respondents and reduced unnecessary variation in field documentation.

The first questionnaire measured maternal knowledge regarding exclusive breastfeeding. It consisted of 20 multiple-choice items covering five major domains: the definition of exclusive breastfeeding, types of breast milk, breast milk composition, factors affecting milk production, and the benefits of breastfeeding. This instrument was intended to capture mothers' cognitive understanding of exclusive breastfeeding comprehensively, from conceptual knowledge to practical awareness related to breastfeeding benefits and physiology. Based on previous testing, the questionnaire had undergone validity and reliability assessment in Puskesmas IV Denpasar Selatan among 20 respondents, with 18 responses included in the analysis. The reported Cronbach's alpha value was 0.609, exceeding the reference threshold used in the original source, indicating that the instrument was considered adequately reliable for use in this study setting.

The second questionnaire assessed family support and consisted of 16 items representing four dimensions: emotional support, informational support, instrumental support, and appraisal support. This instrument was selected because family support is a multidimensional construct that cannot be captured adequately by a single-item measure. Emotional support reflected expressions of empathy, encouragement, and reassurance; informational support referred to the provision of advice or knowledge related to breastfeeding; instrumental support described practical help provided to the mother; and appraisal support addressed positive reinforcement and validation from family members. The questionnaire had previously been validated in Jambi City and showed a Cronbach's alpha of 0.609, which supported its use as a sufficiently reliable instrument for assessing perceived family support in this study. Together, these instruments enabled the study to capture both behavioral-contextual and psychosocial determinants of exclusive breastfeeding success in a structured manner.

Data Collection

Data collection was carried out during the study period in the working area of Puskesmas Peninjauan. Respondents who met the eligibility criteria were approached and given an explanation regarding the study objectives, procedures, voluntary nature of participation, and confidentiality of their responses before informed consent was obtained. After consent was secured, the researcher collected data using the checklist form and questionnaires. During questionnaire administration, respondents were accompanied by the researcher to minimize misunderstanding of the questions, ensure completeness of responses, and provide clarification when necessary without influencing participants' answers. This procedure was important to maintain consistency in data collection and reduce the risk of information bias arising from misinterpretation of questionnaire items.

Several measures were applied to strengthen data quality during collection. To address missing data, the researcher established a sequential procedure before analysis. First, when a questionnaire was incomplete, the

respondent was re-contacted whenever possible to complete the missing responses. Second, if the respondent could not be re-contacted and the proportion of unanswered items exceeded 10% of the total items in one questionnaire, the respondent's data were excluded from the analysis using listwise deletion, and this decision was to be reported transparently in the final study report. Third, if the proportion of missing responses was 10% or less, imputation using the mode was planned for categorical variables. This approach was adopted to preserve as much usable information as possible while maintaining analytical transparency and minimizing distortion of the dataset.

In addition, the study incorporated several strategies to control potential sources of bias and confounding. Selection bias was minimized through the use of total sampling and clearly defined inclusion and exclusion criteria, which ensured that all eligible mothers within the study population had the opportunity to participate. Information bias was reduced by using structured instruments that had undergone prior validity and reliability testing, by accompanying respondents during questionnaire completion, and by using language that was understandable and appropriate to the local context. Recall bias was addressed by limiting the study population to mothers with infants aged 7–12 months, thereby shortening the recall period regarding breastfeeding experience, and by clarifying participant responses with reference to maternal and child health records (Buku KIA) when such records were available. Potential confounding variables, including maternal age, education level, and employment status, were identified as respondent characteristics and examined descriptively in the univariate analysis. If substantial imbalance across groups was observed, these variables were planned to be discussed narratively as study limitations in interpreting the results.

Data Analysis

The data were analyzed using univariate and bivariate statistical procedures. Univariate analysis was conducted to describe the frequency and percentage distribution of all study variables, including respondent characteristics such as age, education, and occupation, as well as the main variables of interest: exclusive breastfeeding success, maternal knowledge, family support, parity, and pregnancy interval. This stage of analysis was important for presenting the profile of the study population and identifying the distributional pattern of each variable before proceeding to inferential testing. The univariate findings also provided the empirical basis for interpreting the broader context of breastfeeding practices in the study setting.

Bivariate analysis was then performed to examine the association between each independent variable and the dependent variable, namely the success of exclusive breastfeeding. The statistical test used was the Chi-square test, with a 95% confidence level and a significance threshold of $\alpha = 0.05$. This test was considered appropriate because the variables under study were categorical in nature and the objective was to determine whether there were statistically significant relationships between maternal knowledge, family support, parity, pregnancy interval, and exclusive breastfeeding success. Through this analytical approach, the study aimed to identify which factors were significantly associated with breastfeeding outcomes and to provide evidence for future intervention planning in maternal and child health services.

Ethical Consideration

This study was conducted in accordance with fundamental research ethics principles, including respect for autonomy, confidentiality, voluntary participation, and protection from harm. Before data collection, all eligible mothers received a clear explanation regarding the purpose of the study, the procedures involved, the type of information requested, and their right to refuse or withdraw participation at any point without any negative consequences. Only mothers who agreed to participate and signed the informed consent form were included in the study. The use of inclusion and exclusion criteria also served an ethical purpose by ensuring that participants were physically and

psychologically capable of taking part in the study and that mothers or infants with conditions that could make participation inappropriate were not burdened by the research process.

Results

The first part describes the respondent characteristics and distribution of study variables, including maternal age, education, occupation, parity, pregnancy interval, maternal knowledge, family support, and exclusive breastfeeding success.

Table 1. Sociodemographic and breastfeeding-related characteristics of respondents (n = 61)

Variable	n (%)
Age	
<21 years	1 (1.6)
21–30 years	32 (52.5)
≥30 years	28 (45.9)
Education	
Primary school	12 (19.7)
Junior high school	21 (34.4)
Senior high school	23 (37.7)
Bachelor's degree	5 (8.2)
Occupation	
Homemaker	54 (88.5)
Civil servant	6 (9.8)
Farm laborer	1 1.6)
Parity	
Primipara	16 (26.2)
Multipara	39 (63.9)
Grand multipara	6 (9.8)
Pregnancy Interval	
<2 years	25 (41)
≥2 years	36 (59)
Maternal Knowledge	
Poor	16 (26.2)
Moderate	30 (49.2)
Good	15 (24.6)
Family Support	
Low	4 (6.6)
Moderate	12 (19.7)
High	45 (73.8)
Exclusive breastfeeding	
Yes	56 (91.8)
No	5 (8.2)

As shown in Table 1, most respondents were aged 21–30 years (52.5%), followed by those aged ≥30 years (45.9%), while only a small proportion were younger than 21 years (1.6%). In terms of education, the largest group had completed senior high school (37.7%), followed by junior high school (34.4%), primary school (19.7%), and bachelor's degree (8.2%). Most respondents were homemakers (88.5%), with only a few working as civil servants (9.8%) or farm laborers (1.6%). Regarding reproductive characteristics, the majority were multiparous mothers (63.9%), and more than half had a pregnancy interval of ≥2 years (59.0%). With respect to the main study variables, nearly half of the respondents had moderate knowledge regarding exclusive breastfeeding (49.2%), most reported high family support (73.8%), and the vast majority were classified as successful in providing exclusive breastfeeding (91.8%).

Based on Table 2, the Chi-square analysis showed that family support was significantly associated with exclusive breastfeeding success ($p = 0.002$), indicating that mothers who received stronger family support were more likely to successfully provide exclusive breastfeeding. In contrast, maternal knowledge was not significantly associated with exclusive breastfeeding success ($p = 0.353$), suggesting that knowledge level alone did not differentiate breastfeeding outcomes in this sample. Similarly, parity was not significantly related to exclusive breastfeeding success ($p = 0.215$), meaning that breastfeeding success did not vary significantly according to maternal childbirth experience. The association between pregnancy interval and exclusive breastfeeding success was also not statistically significant ($p = 0.052$), although the result approached the conventional level of significance. Overall, these findings indicate that among the factors examined, family support emerged as the only variable significantly related to exclusive breastfeeding success in this study population.

Discussion

The analysis showed that there was no significant relationship between maternal knowledge level and the success of exclusive breastfeeding . The findings indicated that some respondents with poor knowledge were still able to successfully provide exclusive breastfeeding. This suggests that knowledge alone does not necessarily determine maternal behavior in exclusive breastfeeding practice. Maternal knowledge is indeed an important

component in shaping breastfeeding behavior, but breastfeeding outcomes are also influenced by other factors, such as social support, maternal readiness, and the surrounding care environment (Desmawati & Putri, 2025; Oktarida, 2025; Walsh et al., 2023). These findings are consistent with previous studies reporting that maternal knowledge was not significantly associated with exclusive breastfeeding practice (Fachmawati et al., 2023; Sintani et al., 2023). This indicates that the success of exclusive breastfeeding is not determined solely by maternal knowledge, but is also influenced by other factors, including family support, breastfeeding experience, and sociocultural conditions that support breastfeeding behavior (Maulidza et al., 2022; Olfah et al., 2022; Komariah & Azizah, 2023).

Table 2. Bivariate analysis of factors associated with exclusive breastfeeding success among breastfeeding mothers (n = 61)

Variable	Successful n (%)	Unsuccessful n (%)	Total n (%)	p-value
Maternal knowledge				
Poor	16 (26.2)	0 (0.0)	16 (26.2)	0.353
Moderate	27 (44.2)	3 (4.9)	30 (49.2)	
Good	13 (21.3)	2 (3.3)	15 (24.6)	
Family support				
Low	4 (6.6)	0 (0.0)	4 (6.6)	0.002
Moderate	8 (13.1)	4 (6.6)	12 (19.7)	
High	44 (72.1)	1 (1.6)	45 (73.8)	
Parity				
Primipara	16 (26.2)	0 (0.0)	16 (26.2)	0.215
Multipara	34 (55.8)	5 (8.2)	39 (63.9)	
Grand multipara	6 (9.8)	0 (0.0)	6 (9.8)	
Pregnancy interval				
<2 years	25 (41.0)	0 (0.0)	25 (41.0)	0.052
≥2 years	31 (50.8)	5 (8.2)	36 (59.0)	

A similar pattern was found for the parity variable, in which the analysis showed that parity had no significant relationship with the success of exclusive breastfeeding. In this study, most primiparous and grand multiparous mothers were successful in providing exclusive breastfeeding, whereas failure was found only among a small proportion of multiparous mothers. Theoretically, childbirth experience may influence a mother's ability to breastfeed because mothers with previous experience tend to be more confident in breastfeeding their infants (Wilda et al., 2025). However, the present findings indicate that exclusive breastfeeding success is not determined only by previous childbirth experience, but also by other contributing factors such as family support, maternal motivation, and healthcare support (Fitriana & Hermawan, 2023; Ding et al., 2023; Walsh et al., 2023). These findings are in line with previous studies that also found no significant association between parity and exclusive breastfeeding success (Fitriana & Hermawan, 2023; Puspita et al., 2021).

In contrast, the family support variable showed a significant relationship with the success of exclusive breastfeeding. Most mothers who received high family support were successful in providing exclusive breastfeeding to their infants. Family support plays an important role in strengthening maternal motivation and self-confidence throughout the breastfeeding process. Family support may take the form of emotional support, informational assistance, and practical help in daily activities, all of which enable mothers to focus more effectively on breastfeeding (Komariah & Azizah, 2023; Ding et al., 2023). These findings are consistent with previous studies showing that family support is significantly associated with exclusive breastfeeding success (Fitriana & Hermawan, 2023; Oktarida, 2025; Sintani et al., 2023). This suggests that family involvement, particularly

support from husbands and other close family members, is crucial in promoting successful exclusive breastfeeding practices (Walsh et al., 2023; Komariah & Azizah, 2023).

For the pregnancy interval variable, the analysis also showed no significant correlation with the success of exclusive breastfeeding. Although theoretically a short pregnancy interval may affect maternal physical condition and breast milk production, most mothers in this study were still able to successfully provide exclusive breastfeeding even when the pregnancy interval was less than two years. This finding suggests that other factors, such as maternal motivation, family support, and healthcare support, may have had a greater influence on the success of exclusive breastfeeding in this population (Ding et al., 2023; Walsh et al., 2023; Oktarida, 2025). These results differ from findings reported in other studies that identified pregnancy-related maternal factors as important contributors to breastfeeding outcomes, and such differences may be explained by variation in respondent characteristics, local context, and sample size across studies (Raudah, 2024; Olfah et al., 2022; Lestari, 2023).

Conclusion and Recommendation

Based on the findings of this study, it can be concluded that family support was the only factor significantly associated with the success of exclusive breastfeeding. This finding confirms that the role of the family, particularly husbands and other family members, is highly important in providing optimal support for breastfeeding mothers. Other factors, including maternal knowledge, parity, and pregnancy interval, were not significantly associated with exclusive breastfeeding success, indicating that even when mothers have good knowledge or different childbirth experiences, exclusive breastfeeding practices are still influenced by other supporting factors.

it is recommended that family involvement be integrated into breastfeeding services by actively involving husbands and other family members in lactation classes, providing practical educational materials, and offering individual lactation counseling to all mothers regardless of their previous childbirth experience. For posyandu cadres, it is recommended to conduct scheduled home visits to mothers with infants aged 0–6 months in order to monitor breastfeeding practices and identify any difficulties encountered. For mothers, they are encouraged to be more proactive in utilizing lactation counseling services at the community health center and posyandu, while husbands and family members are expected to provide tangible support in household tasks and infant care during the breastfeeding period.

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Declaration of conflict of interest

The authors declare no competing interests.

Declaration on the Use of AI

No AI tools were used in the preparation of this manuscript.

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