EXTERNAL FACTORS OF MOTHERS IN EXCLUSIVE BREASTFEEDING

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ABSTRACT

Background: More than 40 percent of babies are introduced too early to breast milk companion foods, which is before they reach the age of 6 months and the food is given often does not meet the baby’s nutritional needs. The main problems with the use of breast milk in Indonesia are socio-cultural factors, lack of knowledge among pregnant women, families, and the public about the importance of breast milk as well as the ranks of health workers who have not fully supported the Increased Breastfeeding (PP-ASI) by not providing Early Breastfeeding Initiation (IMD).

Aim: To find out the external factors of mothers in exclusive breastfeeding in the handover village of Gresik Regency in 2021.

Method: This research uses an analytical research design with a cross-sectional approach. The population in this study was mothers who had babies 7-12 months as many as 32 respondents and sampling in this study used the total population.

Findings: Data analysis is performed using the Chi-square statistical test with Fisher Exact values in bivariate analysis and Regency Binary Logistic on multivariate analysis. Based on bivariate analysis with the statistical test Fisher Exact obtained $\rho = 0.000$ on socio-cultural variables, $\rho = 0.010$ on family support variables, and $\rho = 0.041$ on health worker role variables. In the multivariate statistical test with Regency Binary Logistic, the value of sig = 0.015 in socio-culture, sig = 0.317 in family support, and sig = 0.273 in the role of health worker.

KEYWORDS socio-culture, family support, the role of health workers

INTRODUCTION

Exclusive breast milk is breast milk that is given to the baby and does not receive other supplements during the first six months of birth and continues until the age of two. Exclusive breast milk given in the first 6 months can boost the immune system in infants (Fikawati & Syafiq, 2010).

At the World Breastfeeding Week celebrations on August 1-7, UNICEF and the World Health Organization (WHO) called on governments and all stakeholders to maintain and promote access to services that enable mothers to keep breastfeeding during the COVID-19 pandemic. The initiation of early breastfeeding and breastfeeding exclusively helps children survive and builds the antibodies they need to be protected from various diseases that often occur in childhood, such as diarrhea and pneumonia. In Indonesia, only 1 in 2 infants under 6 months of age get exclusive breast milk, and only slightly more than 5 percent of children are still breastfed by the age of 23 months. That is, almost half of all Indonesian children do not receive the nutrition they need during the first two years of life. More than 40 percent of babies are introduced too early to breast milk companion foods, that is, before they reach the age of 6
months, and the food is given often does not meet the nutritional needs of the baby (Roesli, 2000).

In 2020, of the number of infants less than 6 months old who were recalled, of the 3,196,303 targets for infants less than 6 months old, there were 2,113,564 infants less than 6 months old who were exclusively breastfed or about 66.1%. The achievement of the percentage of babies less than 6 months old who get exclusive breast milk has met the 2020 target, which is 40%. Based on the distribution of provinces, as many as 32 provinces have reached the expected target and there are still 2 provinces that did not reach the target, namely West Papua (34%) and Maluku (37.2%), while the province with the highest achievement is West Nusa Tenggara (87.3%) (Wulandari & Iriana, 2016).

The main problems with the low use of breast milk in Indonesia are socio-cultural factors, lack of knowledge among pregnant women, families, and the public about the importance of breast milk as well as the ranks of health workers who have not fully supported the Increased Breastfeeding (PP-ASI) by not providing Early Breastfeeding Initiation (IMD).

Socio-cultural is one of the factors behind breastfeeding behavior. The provision of honey, water, and honey/brown sugar, bananas, porridge, and biscuits in early childhood babies is a pattern of behavior carried out for generations based on the values of the local community, so this causes mothers cannot to provide exclusive breast milk. These patterns of behavior/habits are socio-cultural barriers to exclusive breastfeeding (INDONESIA, n.d.).

Addressing this is needed family support and the role of health workers in providing good information. Family support such as husband, parents, and in-laws is the most influential external factor in exclusive breastfeeding because it is related to the mother's self-confidence (Sirait, 2015).

The role of health workers towards exclusive breastfeeding is also very important not only for babies but also for mothers who breastfeed. Health workers should be able to inform the mother to exclusively provide exclusive breast milk to her baby by explaining the benefits and composition of breast milk compared to formula milk and not facilitating newborns with formula milk. Another factor of health workers that affects the continuity of exclusive breastfeeding and the length of breastfeeding is the implementation of the initiation of early breastfeeding by the delivery helper (Fikawati & Syafiq, 2010).

Based on the description above, the author was interested in conducting research with the title "External Factors of Mothers in Exclusive Breastfeeding."

METHOD

This research was conducted in Serah Village Gresik 2021 on the grounds that there is still a low amount of mothers who provide exclusive breast milk. The research starts from September to December 2021.

The research design used is an analytical survey. The analytical survey conducted in this study used a design of latitude surgery approach (Cross-sectional). Cross-sectional is a study to study the dynamics of correlation between risk factors and effect factors, by approaching, observing or collecting data at the same time. The population in this study was mothers who had babies aged 7-12 months in Serah Yaitu Village as many as 32 mothers. A sample is a portion of the population that can represent the entire population. The study used a total population of 32 people to sample. Data analysis techniques are carried out by means of
univariate analysis used to describe the data carried out on each variable of the research results with the aim of knowing the frequency distribution of each variable.

Bivariate analysis is done to find out the relationship (Correlation) between independent variables and dependent variables. To prove the existence of a significant relationship between independent variables and dependent variables used Chi-square analysis, at the limit of the meaning of statistical calculation p-value (0.05).

Multivariate analysis is used to test the simultaneous relationships of more than two variables. Just like univariate statistics, multivariate statistics can also be distinguished into parametric and nonparametric tests. This study used logistic regression tests.

RESULTS AND DISCUSSION
Sample Characteristics
Based on table 1 below, it can be known that of the 32 respondents there are 25 respondents (78.1%) have less socio-culture, 7 respondents (21.9%) have good socio-culture.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Sum</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Family Support</td>
<td></td>
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</tr>
<tr>
<td>Support</td>
<td>13</td>
<td>40.6</td>
</tr>
<tr>
<td>Not Supporting</td>
<td>19</td>
<td>59.4</td>
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<tr>
<td>Socio-Cultural</td>
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<tr>
<td>Good</td>
<td>7</td>
<td>21.9</td>
</tr>
<tr>
<td>Less</td>
<td>25</td>
<td>78.1</td>
</tr>
<tr>
<td>Health Workers</td>
<td></td>
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<tr>
<td>Good</td>
<td>5</td>
<td>15.6</td>
</tr>
<tr>
<td>Less</td>
<td>27</td>
<td>84.4</td>
</tr>
<tr>
<td>Exclusive Breastfeeding</td>
<td></td>
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<tr>
<td>Exclusive Breast Milk</td>
<td>7</td>
<td>21.9</td>
</tr>
<tr>
<td>Not Exclusive Breast Milk</td>
<td>25</td>
<td>78.1</td>
</tr>
</tbody>
</table>

Based on table 1, it can be seen that out of 32 respondents there are 7 respondents (21.9%) who do exclusive breastfeeding to their babies and 25 respondents (78.1%) who did not give exclusive breast milk to their babies. Of the 32 respondents, 13 respondents (40.6%) had family support and 19 respondents (59.4%) did not have family support. Of the 32 respondents, there were 7 respondents (21.9%) who received good treatment related to the role of health workers and 25 respondents (78.1%) who received less treatment related to the role of health workers.

Dominant Factors in Exclusive Breastfeeding
Cross-tabulation results are presented in table 2. It is known that of the 7 respondents (21.9%) who gave exclusive breast milk there were 6 respondents (18.8%) had a good socio-
culture and 1 respondent (3.1%) had less socio-culture. Meanwhile, of the 25 respondents (78.1%) who did not provide exclusive breast milk, 1 respondent (3.1%) had a good socio-culture and 24 respondents (75.0%) had less socio-culture. The results of the Chi-square statistical test with the Fisher Exact value show a p value of 0.000, so there is a relationship between socio-culture and exclusive breastfeeding.

Table 2. Cross-Tabulation between Influencing Factors with Exclusive Breastfeeding of Infants in Kembangan Village in 2017

<table>
<thead>
<tr>
<th></th>
<th>Exclusive Breast Milk</th>
<th>Fisher Exact</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Already f</td>
<td>%</td>
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<tr>
<td><strong>Social Culture</strong></td>
<td></td>
<td></td>
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<tr>
<td>Good</td>
<td>6</td>
<td>18.8</td>
</tr>
<tr>
<td>Less</td>
<td>1</td>
<td>31</td>
</tr>
<tr>
<td><strong>Family Support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>6</td>
<td>18.8</td>
</tr>
<tr>
<td>Not Supporting</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td><strong>The Role of Health Workers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>4</td>
<td>12.5</td>
</tr>
<tr>
<td>Less</td>
<td>3</td>
<td>9.4</td>
</tr>
</tbody>
</table>

Based on table 2, it can be known that of the 13 respondents (40.6%) who provide exclusive breast milk there are 6 respondents (18.8%) have family support and 1 respondent (3.1%) who do not have family support. While the 19 respondents (59.4%) who did not provide exclusive breast milk there were 7 respondents (21.9%) received family support and 18 respondents (56.3%) who did not get family support.

The results of the Chi-square statistical test with Fisher exact values between family support variables and exclusive breastfeeding show a p value of 0.010, hence there is a relationship between family support with exclusive breastfeeding.

The results of cross-tabulation can be known that of the 5 respondents (15.6%) who provide exclusive breast milk there are 4 respondents (12.5%) got the role of good health workers and 3 respondents (9.4%) who got less health worker roles. While 27 respondents (84.4%) who did not provide exclusive breast milk there was 1 respondent (3.1%) got the role of good health worker and 24 respondents (75.0%) who got the role of health worker less.

The results of the Chi-square statistical test with Fisher Exact values between the variables of the role of health workers and exclusive breastfeeding show a p value of 0.004, then there is a relationship between the role of health workers with exclusive breastfeeding.

**Multivariate Analysis**

Based on the results of the Binary Logistic statistical test in table 3 showed that of the 3 independent variables (Socio-culture, family support, and role of health workers) tested for results, only one variable had a significant influence on exclusive breastfeeding, namely socio-culture.
Socio-culture has a significant value of 0.015 so that there is a community between socio-culture and exclusive breastfeeding. The coefficient of tolerance of -3.803 indicates that socio-cultural existence can minimize the possibility of exclusive breastfeeding or vice versa.

Family support has a significant value of 0.317 so there is no relief between family support and exclusive breastfeeding. The coefficient of frequency -1.868 indicates that the presence of family support can minimize the possibility of exclusive breastfeeding.

The role of health workers has a significant value of 0.273 so there is no abuse between health workers and exclusive breastfeeding. The coefficient of tolerance of -1.878 indicates that the presence of the role of health workers can minimize the possibility of exclusive breastfeeding.

Table 3. Variable in the Equation Results (Parameter Assumption)

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>Df</th>
<th>Sig.</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Socio-Cultural</td>
<td>-3.803</td>
<td>1.569</td>
<td>5.879</td>
<td>1</td>
<td>.015</td>
<td>0.022</td>
</tr>
<tr>
<td>Family Support</td>
<td>-1.868</td>
<td>1.866</td>
<td>1.001</td>
<td>1</td>
<td>.317</td>
<td>0.154</td>
</tr>
<tr>
<td>The Role of Health Workers</td>
<td>-1.878</td>
<td>1.712</td>
<td>1.203</td>
<td>1</td>
<td>.273</td>
<td>0.153</td>
</tr>
<tr>
<td>Constant</td>
<td>3.146</td>
<td>1.657</td>
<td>3.608</td>
<td>1</td>
<td>.058</td>
<td>23.254</td>
</tr>
</tbody>
</table>

Information:
B: Beta  Sig: Significant  Exp: Expected  OR: Ods Rasio
CI: Confidential Interval
*Variables that most affect with Exclusive Breastfeeding.

Socio-Cultural Relations with Exclusive Breastfeeding

Socio-culture is a complex that includes knowledge, beliefs, norms, laws, customs, abilities, and habits. People are less aware that they do not know some traditions and socio-cultures that are contradictory in terms of health which is certainly related or inseparable from an education (Zuska & Jumirah Apt, n.d.).

Beliefs and traditions that exist directly or indirectly are less supportive of the implementation of exclusive breast milk. There are a wide variety of cultural beliefs related to breastfeeding, there are some beliefs that are supportive but some are not supportive. Cultural and social standards in society vary between each person depending on each community. This suggests that public health policies around the world should consider and study people's cultures to create conditions that support breastfeeding practices (Firanika, 2010). A person's trust in it depends on the strong beliefs passed down by the ancestors and the experiences possessed (Hidayati & Rokhanawati, 2013).

The correct provision of information about exclusive breast milk alone is not enough to change socio-culture in society. When the mother is well informed about exclusive breast milk and has good knowledge as well, assumptions from people around, habits or adatistiadat from
parents who are still applied can affect the mother's knowledge so as not to apply exclusive breast milk.

The role of culture on public health is in shaping, regulating, and influencing the actions or activities of individuals of a social group to meet various health needs. The perception of health or the cause of illness is very different from the medical concept, of course, efforts to overcome it are also different in accordance with beliefs or beliefs that have been embraced down and down so that more adverse impacts for health (Dahlia, 2016).

Chi-square statistical test results between socio-cultural variables and exclusive breastfeeding show a p value of 0.000, where the value of p value < α = 0.05 then Ho is rejected and Ha accepted, meaning that there is a relationship between socio-culture with exclusive breastfeeding.

In line with Ayu Yulia's research, the DDK entitled Internal Factors and External Factors of Mothers in Exclusive Breastfeeding in Pekan Bahorok Village, Bahorok District, Langkat Regency in 2014, with analytical survey research methods with a cross-sectional approach. The results of the bivariate analysis using the Chi-square test with a level of α = 0.05, stated that there was a significant relationship between culture (p =0.001), family support (p=0.012), and health worker support (p=0.017) with exclusive breastfeeding (Sirait, 2015).

Hajaroh Hidayati's research entitled Socio-Cultural Relations with the Success of Exclusive Breastfeeding in Breastfeeding Mothers in Posyandu Sri Gadin Sanden Bantul Yogyakarta Village Region in 2013, with analytical survey research methods with a cross-sectional approach. The results of bivariate analysis using the Fisher Exact test showed that p = 0.004 (p<0.05) which means there is a socio-cultural relationship with the success of exclusive breastfeeding (Hidayati & Rokhanawati, 2013).

According to the assumptions of researchers, there is a relationship between socio-culture with exclusive breastfeeding because in the village of Serah, there is a majority of Javanese. The Javanese have customs in birth, one of which is very contrary to exclusive breastfeeding, namely the provision of honey applied to the lips of newborns with the assumption that the honey can make if the baby grows up will feel sweet things in his life will speak sweet and not rude.

**Husband Support Relationship with Exclusive Breastfeeding**

Basically, husband support is very meaningful in facing the pressure of the mother in undergoing the breastfeeding process. The support of husband and family makes the mother calm so as to facilitate the production of breast milk. For the breastfeeding process to be smooth, it is necessary for the breastfeeding father, namely the father to help the mother to be able to breastfeed comfortably so that the milk produced is maximal (Suryawati, 2007).

Family support can be internal social support, such as support from husband or support from siblings and can also be external family support for the nuclear family. Family support derived from husbands and other family members (mothers) increases the duration of breastfeeding until the first six months of postpartum and plays an important role in the success of exclusive breast milk (Maas, 2004).

Chi-square statistical test results between family support variables and Exclusive breastfeeding show a p value of 0.010, where the p value > α = 0.05 then Ha is rejected and Ho
is accepted, meaning that there is a relationship between family support and exclusive breastfeeding.

In line with Diampu Yeni Hartati’s Research entitled Relationship of Employment, Education, and Family Support with Exclusive Breastfeeding on Babies Aged more than 6 Months in Lubuk Batang Baru. This research uses survey methods that are analytical with a cross-sectional approach. The results of the chi-square test obtained a p-value of 0.002 < α 0.05, it can be concluded that there is a relationship between family support and exclusive breastfeeding in infants over 6 months old in Lubuk Batang Baru Village (Yeni, 2021).

According to the researchers' assumptions, there is a significant relationship between family support and exclusive breastfeeding, this relates to the family as the closest to the mother. Conversely, with less support, breastfeeding decreases. Breastfeeding is not solely the responsibility of the mother who gave birth to her baby alone. Breastfeeding can be said to be the result of a team between mother-baby-father and the environment (Family) (Nainggolan, 2014).

There is the majority of mothers who do not get family support, one of which is due to knowledge, a person's knowledge of something will affect his attitude towards something will affect the actions that will be done. Positive and negative attitudes depend on the individual's knowledge of a thing, so this attitude will further encourage the individual to take certain actions when needed, but if the attitude is negative, it will avoid doing the action.

Families who have a good knowledge of exclusive breast milk will be positive about a thing or problem and ultimately affect the action itself. The same thing in exclusive breast milk, if family members have a good knowledge of exclusive breast milk then it will be positive or considered exclusive breast milk is good. So when you see a mother who is close to her who is breastfeeding will definitely support the mother to keep breastfeeding because the formation of one's behavior and actions based on knowledge, awareness, and a positive attitude, then the action will be lasting (Dwi Yuliarti, 2008).

Statistical analysis tests showed no significant influence between husband support with exclusive breastfeeding. This is not in accordance with the opinion of Utami Roesli who stated that the lack of support from the family, especially the support of the baby's father and parents, resulted in the baby not getting exclusive breast milk. According to Utami also, to be able to provide breast milk exclusively, a mother must get support from various parties. The family in this case the husband plays an important role in supporting the wife to breastfeed exclusively and the husband is a vital part in the success or failure of breastfeeding. The involvement of a father will motivate the mother to breastfeed. The process of feeding milk to babies involves three human relationships. The mother gives breast milk, the child is given and the husband is a balancer of the relationship. However, many husbands think wrongly. The husbands argue that breastfeeding is the mother's business with her baby and feel no need to interfere in this process, they consider it enough to be a passive observer only (Safitri, 2017).

**The Relationship of the Role of Health Workers with Exclusive Breastfeeding**

The role of health workers is a form of response provided by health workers in providing health information during breastfeeding, providing guidance in dealing with problems during exclusive breastfeeding, providing good services, conducting home visits to monitor the implementation of breastfeeding, facilitating the needs of mothers during breastfeeding,
providing information about exclusive breast milk, and increasing the confidence of mothers to provide exclusive breast milk (Safitri, 2017).

The role of health workers where needed is specifically about how to provide good breast milk. Information to the mother regarding breastfeeding by health workers about the first out breastfeeding (Colostrum) is needed because the experience found during colostrum is usually discarded (Firanika, 2010).

The results of the Chi-square statistical test between the variables of the role of health workers and exclusive breastfeeding showed a value of p value of 0.004, where the value of p value > α = 0.05 then Ha was rejected and Ho was accepted, meaning that there is a relationship between the role of health workers and exclusive breastfeeding.

In line with The Research of Dimpu Rismawati Nainggolan entitled Relationship of Maternal Characteristics, Family Support, and the Role of Health Workers with Exclusive Breastfeeding in Siatas Barita District, North Tapanuli Regency in 2014. This research uses a quantitative approach with analytical surveys using a cross-sectional design. The results of bivariate analysis using the Chi-square test showed that p = 0.041 (p<0.05) in the role of health workers which means there is a relationship between the role of health workers and the success of exclusive breastfeeding (Nainggolan, 2014).

There is a significant relationship between the role of health workers and exclusive breastfeeding, this is related to the benefits of the role of the health worker itself because when health workers play a good role it is useful to increase information so that the mother's knowledge of exclusive breast milk is increased which impacts the mother has a positive attitude and provides exclusive breast milk. When health workers do not play a good role then the mother may get information from older people or neighbors, which sometimes even contradicts exclusive breastfeeding (Firanika, 2010).

The role of health workers is said to be good if the health worker himself encourages the mother to provide exclusive breast milk, one of the clear evidence of the attitude and actions of health workers in supporting the mother to provide exclusive breast milk to her baby, for example by not facilitating the newborn with formula, the implementation of IMD, counseling so that the mother continues to breastfeed her child even though on the first day of breast milk has not been raised (Astuti, 2013).

**Socio-Cultural Influence, Family Support, Role of Health Workers with Exclusive Breastfeeding**

Socio-culture is considered to have an effect on exclusive breastfeeding because socio-culture includes knowledge, beliefs, norms, laws, customs, abilities, and habits. Changing behavior that contains beliefs of customs, abilities, and habits are very necessary time and strategic way (Siregar, 2004; Lestari, Zuraida, & Larasati, 2013).

The correct provision of information about exclusive breast milk alone is not enough to change socio-culture in society. When the mother is well informed about exclusive breast milk, and has a good knowledge as well, the assumptions of the people around, habits or customs of the parents who are still applied can affect the mother's knowledge so as not to apply exclusive breast milk (Ichsan, 2014; Muthmainah, 2010).
CONCLUSION

From the research that has been done, it can be concluded that there is a gap between socio-culture, family support and the role of health workers with exclusive breastfeeding.

REFERENCES


