

BEHAVIOR OF EXCLUSIVE BREASTFEEDING AND ASSOCIATED FACTOR AMONG MOTHERS IN THE FORMAL SECTOR, INDONESIA

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ABSTRACT

Introduction: Based on data from the Strategic Plan (Strategic Plan of the Ministry of Health) in 2018 nationally, coverage of infants obtained exclusive breastfeeding in 2018 which is 68.74%. Based on data on the coverage of exclusive breastfeeding at Puskesmas Kelurahan Utara, 45.5% is still below the Indonesian government's national target. **Aims:** Determine the factors related to exclusive breastfeeding behavior in Posyandu RW 06 Puskesmas Kelurahan Utara Kembangan Utara West Jakarta. **Methods:** This study uses a quantitative research type with a cross-sectional design. The study population was all mothers who had babies aged 7 to 12 months with a sample size of 94 mothers with stratified sampling as the sampling technique.. Data analysis was performed using the chi-square test. **Result:** Univariate results were the highest proportion of mothers who gave exclusive breastfeeding (66%), good knowledge (72.3%), working mothers (51.1%) and supporting families (55, 3%). There is a relationship between maternal knowledge (PR = 2,308, 95% CI: 1,362-3,909), and family support (PR = 5,365, 95% CI: 2,437-11,811) with exclusive breastfeeding behavior in Posyandu Puskesmas Kelurahan Kembangan Utara West Jakarta. **Conclusion:** Mothers give exclusive breastfeeding because it is easy to give without the hassle of making formula milk and the cost is cheap so that mothers can save on expenses without having to buy milk formula and baby's weight always increases every month. It is hoped that you can add material and provide education about the role of the family in breastfeeding exclusively when the mother controls the womb with the family.

Keywords : Exclusive breastfeeding, family support, knowledge, mother's occupation

INTRODUCTION

Exclusive breastfeeding is a natural first food for babies. Exclusive breastfeeding contains all the nutrition a baby needs for the first thousand days of life. Breastfeeding has many benefits not only for the health of the baby but also for the mother. By breastfeeding, it means providing the best nutrition for the healthy growth and development of a baby. In order to reduce infant morbidity and mortality, UNICEF and WHO recommend that babies only be breastfed (ASI) for at least six months, and breastfeeding is continued until the baby is two years old. In order for mothers to maintain exclusive breastfeeding for six months, WHO recommends initiating breastfeeding within the first hour of life, babies only receive breast milk without additional food or

drink, including water, breastfeed as requested or as often as the baby wants, and do not use bottles or pacifiers (WHO, 2005).

The United National Children's Foundation (UNICEF) states that as many as 44% of the world's newborns get breast milk within the first hour of birth, but fewer babies under the age of six months are breast milked exclusively. Exclusive breastfeeding coverage in Central Africa is 25%, Latin America and the Caribbean as much as 32%, East Asia as much as 30%, South Asia as much as 47%, and developing countries as much as 46%. Overall, less than 40% of children under the age of six months are fed breast milk exclusively. The WHO target in 2025 is to increase exclusive breastfeeding for the first six months at least 50% (WHO, 2015).

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Colostrum is one of the ingredients in exclusive breastfeeding which is rich in antibodies because it contains protein for endurance and is useful for killing high numbers of germs so that exclusive breastfeeding can reduce the risk of death in infants. Yellowish colostrum is produced on the first to the third day. The fourth to the tenth day of breastfeeding contains less immunoglobulin, protein, and lactose than colostrum but the fat and calories are higher with whiter milk color. Apart from containing food substances, breast milk also contains certain enzymes that function as absorbent substances that will not interfere with other enzymes in the intestine. Formula milk does not contain these enzymes so that the absorption of food depends entirely on the enzymes present in the baby's intestine (Indonesian Ministry of Health RI, 2018).

The target of the Ministry of Health's Strategic Plan (Renstra) regarding exclusive breastfeeding in 2018 is 47%, but in Indonesia there are six provinces that have not reached the target, in addition, there are nine provinces that have not collected data. Nationally, the coverage of infants receiving exclusive breastfeeding in 2018 is 68.74%, the highest percentage of coverage of exclusive breastfeeding is in West Java Province (90.79%), while the lowest percentage is in Gorontalo Province (30.71%).

In Indonesia, 31.36% of 37.94% children are sick, because they do not receive exclusive breastfeeding. Exclusive breastfeeding can reduce infant mortality due to infection by 88%. In addition, breastfeeding also contributes to a reduction in the risk of stunting, obesity and chronic disease in the future (Indonesian Ministry of Health RI, 2018).

According to the Dinas Kesehatan Provinsi DKI Jakarta (2017), the number of babies who received exclusive breastfeeding was 20,583 babies 0-6 months from a total of 34,888 babies 0-6 months or only around 59.5% who received exclusive breastfeeding. There was a

decrease of 7.7% when compared to the number of babies who were exclusively breastfed in 2015 amounting to 67.1% of the total number of babies. One of the factors affecting exclusive breastfeeding in Jakarta decreasing is due to the large number of housewives who work and help to seek family income sources. The area with the lowest percentage of exclusive breastfeeding was in the West Jakarta area of 41.70%.

The consequences of not giving exclusive breastfeeding are that it can cause diseases related to the baby's weak immune system, such as malnutrition, obesity, stunting, low intelligence quotients (IQ) and can cause death (Roesli, 2000). Factors that can affect breast milk exclusively include maternal characteristics (knowledge, education, occupation, age, parity and attitude), environment (information disclosure, facilities and infrastructure), family support and support from health workers. All of these factors have their own contribution in creating the expected behavior in exclusive breastfeeding ((Indonesian Ministry of Health RI, 2014).

Previous research says good knowledge will make it easier for someone to change behavior including the practice of breastfeeding, so it states that there is a relationship between respondents' knowledge of breastfeeding and exclusive breastfeeding (Sriningsih, 2011). Apart from other factors that can influence exclusive breastfeeding, one of the success factors of breastfeeding is work. The results of this study indicate that there is a relationship between maternal work and exclusive breastfeeding (Khoiriah et al., 2018). Another factor that influences the behavior of exclusive breastfeeding is family support, this factor is in accordance with previous research which states that there is a relationship between family support and exclusive breastfeeding (Mamangkey et al., 2018).

The Kembangan District Health Center is located in Kembangan Utara

Village, precisely on Jl. Kembangan Raya Rt. 005/002 Kembangan Utara Village, Kembangan District, West Jakarta Administrative City. Kembangan Sub-District Health Center leads six village health centers. Puskesmas Kelurahan Kembangan Utara is a health center with the lowest exclusive breast milk coverage of 45.5% , still far from the national target of 80%. Puskesmas Kelurahan Kembangan Utara Has nine RW. Where RW 6 has four posyandus and has the largest baby population compared to other RWs. One of the impacts that occurred in infants aged 6-12 months was 21 people with malnutrition, 75 obesity and 12 stunting (Puskesmas Kecamatan Kembangan, 2018).

METHODS

This research uses quantitative research design with cross-sectional research design, namely research in which variables including risk factors and variables including effects are observed at the same time by using interviews with questionnaire measuring instruments. The dependent variable in this study is the behavior of exclusive breastfeeding, while the independent variables are knowledge, work and family support.

In this study, a sample of 94 mothers who had babies aged 7 to 12 months based on four posyandus were 26 samples of Posyandu Cambodia 1, 15 samples of Cambodia 2, 43 samples of Cambodia 3 and 10 samples of Cambodia 4. The sampling technique used in this research is stratified sampling, which is a sampling technique stratifying the

population first, which identifies the general characteristics of members of the population which then determines the strata or layers of the population units. The inclusion criteria in this study were mothers who came to posyandu at RW 06 (Cambodia 1, Cambodia 2, Cambodia 3 and Cambodia 4) who had babies aged 7 to 12 months and were willing to be respondents. The exclusion criteria in this study were mothers who were not willing to be interviewed and mothers who did not have babies.

This research has passed the ethical review from the Research Ethics Commission of Esa Unggul University with Number: 0092-20.093 / DPKE-KEP / FINAL-EA / UEU / II / 2020.

RESULTS

According to the results of research for exclusive breastfeeding behavior in Posyandu RW 06 Puskesmas Kelurahan Kembangan Utara West Jakarta Year 2019 categories are giving exclusive breastfeeding, if the mother breastfeeds the baby from birth until the baby is six months old and does not provide exclusive breastfeeding and if the mother provides food other than breast milk <6 months. In the variable data, knowledge is divided into two categories, namely, bad knowledge and good knowledge. In the variable data, maternal work is divided into two categories, namely, mothers who work and mothers who do not work. In the variable data, family support is divided into two categories, namely, not getting family support and those who get family support.

Table 1. Distribution of Exclusive Breastfeeding Behavior, Knowledge, Work and Family Support at Posyandu RW 06 Puskesmas Kembangan Utara Village, West Jakarta in 2019

Variable	Category	Frequency N	Percentage %
	Not Exclusive Breastfeeding	32	34.0
	Exclusive Breastfeeding	62	66.0

Variable	Category	Frequency N	Percentage %
Exclusive Breastfeeding Behavior	Total	94	100
	Bad	26	27.7
Knowledge	Well	68	72.3
	Total	94	100
	Work	46	48.9
Profession	Does Not Work	48	51.1
	Total	94	100
	Does Not Support	42	44.7
Family Support	Support	52	55.3
	Total	94	100

Table 2. Analysis of Relationship between Knowledge, Work and Family Support with Exclusive Breastfeeding Behavior at Posyandu RW 06 Puskesmas Kelurahan West Jakarta North Development in 2019

Independent Variable	Category	Exclusive Breastfeeding Behavior				Total N	P-value	PR (95% CI)
		Not Exclusive Breastfeeding		Exclusive Breastfeeding				
		N	%	N	%			
Knowledge	Bad	15	57.7	11	42.3	26	0.006	2.,308 (1.362- 3.909)
	Well	17	25.0	51	75.0	68		
Profession	Work	15	32.6	31	67.4	46	0.945	0.921 (0.524- 1.,619)
	Does Not Work	17	35.4	31	64.6	48		
Family Support	Does Not Support	26	61.9	16	38.1 6	42	0.000	5.365 (2.,437- 11.811)
	Support	6	11.5	46	88.5	52		

Based on the results of Table 1, it can be known that, from 94 respondents, the study obtained the highest proportion of mothers who gave exclusive breast milk as many as 62 babies (66%), while the lowest proportion were in mothers who did not give breast milk exclusively, as many as 32 babies (34%).

This study is in line with research conducted by Khoiriah et al. (2018) which found that the proportion of mothers who gave exclusive breastfeeding was more than those who did not provide exclusive breastfeeding, namely 59 mothers (62.8%).

Based on the results of Table 1 it can be known that, from 94 respondents in the study, the highest proportion was found in mothers who had good knowledge as many as 68 mothers (72.3%), while the lowest proportion was mothers who had bad knowledge as many as 26 mothers (27.7%).

Based on the results of Table 1 it can be known that, from 94 respondents in the study, the highest proportion was found in mothers who did not work, as many as 48 mothers (51.1%), while the lowest proportion was mothers who worked as many as 46 mothers (48.9%).

Based on the results of Table 1, it can be known that, from 94 respondents in the study, the highest proportion of mothers who received family support was 52 mothers (55.3%), while the lowest proportion was 42 (44.7%) mothers who did not get family support. Table 2 shows the results of the bivariate analysis on the chi-Square test that there is a relationship between knowledge and exclusive breastfeeding behavior (P-value 0.006) and the results of the analysis found that the prevalence ratio (PR) value was 2.308 with 95% CI: 1.362-3.909, which means mothers who have bad knowledge have a 2,308 times risk of not giving exclusive breastfeeding compared to mothers who have good knowledge.

There was no relationship between maternal employment and exclusive breastfeeding behavior (P value 0.945) and the analysis found that the $\text{PR} = 1/0.921$ with 95% CI: 0.524-1.619 meaning that working mothers were more at risk $1/0.921$ times, because they do not provide exclusive breast milk compared to working mothers. There is a relationship between family support and exclusive breastfeeding behavior (P-value 0.000) and the results of the analysis found that the PR was 5.365 with 95% CI: 2.437-11.811, meaning that mothers who do not get family support are at risk of 5.365 times not giving breast milk exclusively compared to mothers who get family support.

DISCUSSION

The health and survival of children is very important, one of which is by feeding babies and children. According to the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), it is recommended that mothers who breastfeed their babies at least one hour after giving birth, breastfeed exclusively for the first six months and continue to breastfeed for two years so that the baby's nutrition is fulfilled. Coarse, semi-coarse and soft foods are given to

children from the first six months of age. Early initiation of breastfeeding takes place approximately the first hour after birth, as several studies have shown a significant impact on overall neonatal mortality. Breast milk is mandatory. During the first six months of life it contains very good nutrition including the vitamins and minerals that the baby needs, meaning no fluids or other foods are needed. In addition, breast milk carries antibodies from mothers that help combat the disease, protecting the baby from diarrhea and acute respiratory tract infections. Exclusive breastfeeding stimulates the baby's immune system, strengthens bonds and responses to vaccinations and can provide cognitive benefits as well.

Continuing breastfeeding after six months, accompanied by sufficient amounts nutritionally sufficient, safe and solid food, half solid and soft accordingly, also helps ensure good nutritional status and protects against disease. Optimal breastfeeding in children under the age of two is estimated to have the potential to prevent 1.4 million deaths in toddlers in the development of the world each year (Cai, Wardlaw, & Brown, 2012).

Univariate Analysis

According to the results of research that has been done to find out the picture of exclusive breastfeeding behavior in Posyandu RW 06 Puskesmas Kembangan Utara, West Jakarta, in 2019, the highest proportion of mothers who gave exclusive breastfeeding was 62 babies (66%). This study is in line with research conducted by Khoiriah et al. (2018) which found that the proportion of mothers who gave exclusive breastfeeding was more than those who did not provide exclusive breastfeeding, namely 59 mothers (62.8%). Nabunya, Mubeezi, and Awor (2020) found the prevalence of exclusive breastfeeding in this study was 42.8%. It decreased from 85.7% among children aged zero months to 24.6% among children aged five months. Factors related to EBF in this study were

infant age, mother's job position at work, intention to exclusively breastfeed, attend ANC at least four times, and proper breastfeeding (Nabunya, Mubeezi, & Awor, 2020). This is in accordance with the findings of another study conducted in Ethiopia which showed that the prevalence of EBF was 48%, which is also lower than 52% at the national level (Egata & Tigistu Amanuel, 2015; Mogre, Dery, & Gaa, 2016).

The behavior of exclusive breastfeeding is breastfeeding without additional fluids from the time the baby is 30 minutes after birth until the baby is six months old (Purwoastuti et al, 2015). Exclusive breastfeeding is breastfeeding the best food for babies from breast milk to babies aged six months and continue to provide breast milk and nutritious complementary foods according to the needs of growth and development until the baby is 24 months old (Indonesian Ministry of Health RI, 2010).

According to Gibney (2015), mothers can face difficulties during breastfeeding, without proper help and support, and generally it will result in stopping breastfeeding. These difficulties include breast engorgement, sore nipples, blocked milk ducts (lactiferous ducts), mastitis or breast abscess, candida albicans infection, nipple retraction (flat, deep nipple) and breast milk stopped flowing.

According to Soetjiningsih (2014), ASI is one of the elements of the GOBI-FFF that UNICEF has launched in the effort to help children survive; its use must be encouraged, including in Indonesia. The role of breast milk in the prevention and therapy of acute diarrhea in children is because breast milk contains various components that are important both in prevention and in acute allergy therapy, so that children who drink breast milk suffer from diarrhea less frequently than children who drink formula milk. Research in Canada has shown that breast milk protects babies against gastrointestinal and respiratory infections in the first six months

of life. Likewise, research in California shows that the incidence of diarrhea in children who drink breast milk is 50% lower than those who drink formula milk.

Exclusive breastfeeding is not only important for the health of mothers and babies but can provide benefits for families, the environment and even for the country. Therefore it is important to make various efforts to increase exclusive breastfeeding (Fikawati, 2018).

Breastfeeding for newborns is very beneficial because it can protect the baby from cause of death. In addition to benefiting the baby, breastfeeding also benefits the mother because it can reduce postpartum bleeding and reduce the risk of developing breast cancer. However, although breastfeeding and breastfeeding are very beneficial, it is estimated that 85% of mothers in the world do not breastfeed immediately after the baby is born (Widodo, 2003).

The target of the Ministry of Health's Strategic Plan (Renstra) regarding exclusive breastfeeding in 2018 was 47%; in Indonesia there are six provinces that have not reached the target of the Ministry of Health's Strategic Plan (Renstra) in 2018, in addition, there are nine provinces that have not collected data. Nationally, the coverage of infants receiving exclusive breastfeeding in 2018 is 68.74%, the highest percentage of coverage of exclusive breastfeeding is in West Java Province (90.79%), while the lowest percentage is in Gorontalo Province (30.71%).

According to the results of the questionnaire to mothers many mothers give exclusive breast milk because it is easy to give without the difficulty of making formula milk and its low cost so that the mother can save expenses without having to buy formula milk and the baby's weight always goes up every month. From the results of the interview to the KIA in charge of the high level of mothers who provide exclusive breast milk, the extension program during pregnancy discusses the understanding of exclusive breast milk and

the benefits of breast milk in the Puskesmas Of North Kembangan Village as well as the monitoring and treatment of nifas mothers to be educated about exclusive breast milk. Exclusive breast milk coverage in North Kembangan Village Health Center is 45.5%. However, for exclusive breast milk coverage in Puskesmas Kelurahan Kembangan Utara it has not reached 80%.

According to the results of research to find out the picture of maternal knowledge about exclusive breast milk in Posyandu RW 06 Puskesmas Kelurahan Kembangan Utara West Jakarta Year 2019 it obtained the highest proportion of mothers who have good knowledge as many as 68 mothers (72.3%). This research is in line with research conducted by Rubinem (2012) which found a higher proportion of mothers with better knowledge compared to mothers (58, 58%) who had poor knowledge.

The knowledge of an object has different levels of intensity or number (Notoatmodjo, 2003). The results showed that the highest proportion of mothers with a good level of knowledge was 68 mothers (72.3%). As for good knowledge in mothers, namely mothers who know about the meaning of exclusive breastfeeding, it was as much (98.9%); what foods are given to babies aged 0-6 months (77.7%); according to the mother, if the baby is given exclusive breastfeeding, the baby will (92.6); what is meant by colostrum (43.6%); according to the mother, what are the signs that the baby is sufficiently breastfed (94.7%); the mother knows the benefits of breastfeeding for the baby (67.0%); the mother knows the benefits of breastfeeding For the mother (91.5%); if there is still little milk that comes out, what should the mother do (59.6%); according to the mother, how many times should the baby be breastfed in a day (62.8%); and according to the mother, the milk that comes out on days 7 to 10 days were called (37.2%).

According to the results of research to find out the picture of maternal work in

Posyandu RW 06 North Kembangan Village West Jakarta Year 2019 it obtained the highest proportion of mothers who do not work as many as 48 mothers (51.1%). This research is in line with research conducted by Okawary et al. (2015) which obtained the highest proportion of mothers who did not work more than working mothers as many as 30 mothers (55.6%).

According to Roesli (2000), work is an activity carried out to support one's own life and for the family, besides that the work environment can exchange information between friends in the workplace so that it can increase knowledge. The results showed that the highest proportion of mothers who did not work was 48 mothers (51.1%). Based on the results of the research questionnaire at Posyandu RW 06 Puskesmas Kembangan Utara Village, West Jakarta, it was found that there were more mothers who did not work than mothers who worked. According to the results of interviews conducted with several mothers, namely mothers who did not work from the start (housewives) and with mothers who worked before having children, it was explained that mothers who did not work initially worked but after having children these mothers preferred to care for their children at home and enjoy the development of children in their childhood. Because they think that childhood cannot be repeated.

According to the results of the research that has been conducted to determine the description of family support at Posyandu RW 06 Puskesmas Kembangan Utara, West Jakarta, in 2019, the highest proportion of mothers who received family support was 52 mothers (55.3%). This research is in line with research conducted by Eugenie et al. (2015), which found that the highest proportion of mothers who received family support was more than 68 mothers who did not get family support (83%).

Family support is a real manifestation in the form of verbal information, suggestions, assistance or the

behavior of the recipient. Someone gets social support so emotionally feels relieved, feels cared for, gets valuable advice or a pleasant impression on himself (Friedman, 2010).

The success of breastfeeding is largely determined by the husband's role because the husband will help determine the let down reflex, which is strongly influenced by the mother's emotional state or feelings. Husbands can play an active role by providing emotional support and other practical aids, such as changing diapers, burping babies, carrying and calming an anxious baby, bathing babies and breastfeeding, taking babies for walks in the park and massaging babies. This important understanding of his girlfriend is the first step for a father to be able to support a mother to successfully breastfeed exclusively (Roesli Utami, 2009). The results showed that the highest proportion of mothers who received family support was 52 mothers (55.3%). Based on the results of the research questionnaire that family support is sometimes in the mother's family helping to do housework, which is the mother's daily task (37.2%); always in the mother's family to create an atmosphere full of affection in an effort to increase the mother's confidence to breastfeed (48.9%); and always in the family giving attention to nutritional intake for breastfeeding mothers (40.4%).

A husband has an important role in the success of breastfeeding mothers. The mother's feelings and enthusiasm for breastfeeding and to continue to provide the best for her child really depend on the role of the father to continue to maintain a conducive atmosphere. The process of breastfeeding is hampered when the conditions of the husband and mother are not harmonious, the mother does not receive the support of her husband, cannot communicate well, and the mother's feelings are not safe and comfortable (Hartono, 2009).

The results of family support obtained at Posyandu RW 06 Puskesmas

Kembangan Utara Village, West Jakarta are supportive, because, with such support, families care about the growth and development of their babies and the fluency of breastfeeding and families who get knowledge about the benefits of breastfeeding will improve mothers if they want to switch to milk formula and can reduce family expenses.

Bivariate Analysis

According to the results of the study obtained, the mothers with the highest level of knowledge with the highest proportion who did not give exclusive breast milk was as many as 15 mothers (57.7%), while the mothers with the highest level of knowledge with the highest proportion who gave exclusive breast milk was as many as 51 mothers (75.0%). After the statistical test it showed there is a relationship between maternal knowledge and exclusive breastfeeding behavior. In the variable knowledge of mothers, it obtained a prevalence ratio (PR) value of 2.308; this showed that mothers with poor knowledge levels were 2,308 times more at risk of not providing exclusive breast milk than mothers with good knowledge. This is in line with research conducted by Rahmawati (2018) showing that there is a relationship between maternal knowledge and exclusive breastfeeding. Another research conducted by Rubinem (2012) showed there is a relationship between maternal knowledge and exclusive breastfeeding.

A person's knowledge of objects has different intensities. Sufficient knowledge and understanding of breastfeeding in terms of breastfeeding position, breast care, stimulating breast milk, the benefits and advantages of breastfeeding, will motivate mothers to breastfeed properly and will increase breastfeeding for babies (Maryunani, 2012).

According to the results of this study states there is a relationship between maternal knowledge and exclusive breastfeeding behavior. From the results of the questionnaire it was seen that there are

mothers who have poor knowledge about exclusive breast milk. Efforts made by puskesmas to improve the mother's knowledge are in the form of counseling pregnant women and educating new mothers with the delivery of material in the form of exclusive breast milk understanding, benefits of breast milk, what is colostrum breast milk, signs of babies having enough breast milk, if only a little breast milk comes, how many times the baby is breastfed and breast milk that comes out on the 7th day to 10 days. However, what is colostrum breast milk and breast milk that comes out on the 7th day to 10 days is not explained in the material. When the mother does not know what colostrum is then the mother will think the liquid breast milk that is clear color is a bit yellowish and the texture tends to be more viscous is breast milk liquid with less good quality.

The results found working mothers with the highest proportion who did not breast milk exclusively was as many as 15 mothers (32.6%), while mothers who did not work with the highest proportion who gave exclusive breast milk was as many as 31 (64.6%). The statistical test showed there was no relationship between the mother's work and exclusive breastfeeding behavior. On the variable maternal employment rate the PR was 0.921, this indicates that working mothers are 0.921 times more at risk of not providing exclusive breast milk compared to working mothers. This is in line with research conducted by Sriningsih (2011) showing that there is no relationship between maternal work and exclusive breastfeeding behavior. Another study that is in line is that conducted by Paschalia (2015) showing there is no relationship between maternal work and exclusive breastfeeding behavior.

For a working mother, it is a challenge in her efforts to provide exclusive breastfeeding. This is often an obstacle due to short maternity leave and delivery times. Mothers who started working before exclusive breastfeeding for the first six

months was the reason ibu not to give exclusive breast milk especially the mothers who live in the city (Prasetyono, 2009). The most dominant perceived behavioral control was related to the intention of exclusive breastfeeding ($p=0.007$; Odds Ratio 3.030; 95% CI 1.361-6.746) (Permatasari et al., 2018). These findings suggest that promoting universal coverage ANC could be effective in increasing ANC among this group because some studies have shown that women who attend four or more ANC visits tend to be wealthier. However, some also found low EBF due to work barriers (Eide et al., 2016; Malhotra, 2013; Saad-Haddad et al., 2016; Stewart-Glenn, 2008; Subramanyam, Kawachi, Berkman, & Subramanian, 2010).

The results showed that exclusive breastfeeding was not influenced by maternal occupation. This may be because there are other factors involved. Based on the results of the analysis between the work of the mother and the exclusive breastfeeding behavior, there is stratification with the knowledge in that if the mother is not working, if the knowledge is poor then the biggest proportion do not give exclusive breast milk, but for working mothers and mothers who do not work, if the knowledge is good then the biggest proportion give exclusive breast milk.

According to the results of the analysis between the work of mothers and the behavior of exclusive breastfeeding which is stratified with family support, it can be seen that mothers who work or do not work if the family does not support, the largest proportion do not provide exclusive breastfeeding, but for mothers who work or do not work, if the family supports the largest proportion provides exclusive breastfeeding.

It can be concluded that working mothers are not related to exclusive breastfeeding behavior but are influenced by family knowledge and support. Although there is no relationship between

maternal occupation and exclusive breastfeeding behavior, working mothers are at risk of not giving exclusive breastfeeding because of the condition of mothers who work as street vendors and mobile vegetable vendors, so there is no special room for expressing breast milk so that mothers choose formula milk for the baby.

Based on the results of the study, it was found that mothers who did not get family support with the highest proportion who did not provide exclusive breastfeeding were 26 mothers (61.9%), while mothers who received family support with the highest proportion who gave exclusive breastfeeding were 46 mothers (88.5%). After conducting a statistical test, it shows that there is a relationship between family support and exclusive breastfeeding behavior. In the family support variable, a prevalence ratio value was obtained of 5,365; this shows that mothers who do not get family support are 5,365 times more at risk of getting family support. In accordance with research conducted by Ramadani (2017), family support has an important role in exclusive breastfeeding behavior. Another study was also conducted by Rubinem (2012) which shows the main key to the success of exclusive breastfeeding, one of which is family support.

According to Friedman (2010), families are a strategic healthcare focus because families have a leading role in the healthcare of the whole family and family issues are interconnected; families can also be a place to make decisions in healthcare. Family support, especially sangai husband, affects exclusive breastfeeding of babies. Family support, namely the husband's participation, is very important for a mother in giving exclusive breastfeeding. When the mother experiences frustration due to breastfeeding, the husband simply gives advice to the mother to give formula milk. The main key to breastfeeding success is a strong will in the mother to breastfeed her child. Such abilities can arise from within

themselves or the surrounding environment. Therefore psychologically, a mother supported by a husband or family will be more motivated to give exclusive breast milk to her baby (Fikawati et al., 2018).

The results of this study indicate that there is a relationship between family support and exclusive breastfeeding behavior. The results showed that the mother did not get family support did not provide exclusive breastfeeding. Based on the results of questionnaires to respondents, the form of family support that is lacking is such as the provision of reading materials such as books or magazines about exclusive breastfeeding and assistance to give breast milk to the baby. Inadequate forms of family support can be caused by a lack of knowledge possessed by the husband or immediate family, so that it is difficult to help or resolve problems regarding exclusive breastfeeding, and families who do not have time, which results in mothers feeling tired in caring for children and feeling unloved, so that the milk that is released is not smooth and maximal in breastfeeding. There is a need for cross-sector cooperation, by providing socialization about the role of the family, especially husbands, in supporting the success of exclusive breastfeeding.

CONCLUSION

According to the results of research and discussion conducted at Posyandu RW 06 Puskesmas Kembangan Utara, West Jakarta in 2019, the following conclusions can be drawn: An illustration of the behavior of exclusive breastfeeding at Posyandu RW 06 Puskesmas Kembangan Utara, West Jakarta, in 2019, showed the highest proportion of mothers who gave exclusive breastfeeding was 62 babies (66%). An illustration of mother's knowledge about exclusive breastfeeding at Posyandu RW 06 Puskesmas Kembangan Utara, West Jakarta, in 2019, showed the highest proportion of mothers who had

good knowledge was 68 mothers (72.3%). In the description of the work of mothers at Posyandu RW 06 Kembangan Utara Village, West Jakarta, in 2019, the highest proportion of mothers who did not work was 48 mothers (51.1%). An illustration of family support at Posyandu RW 06 Puskesmas Kembangan Utara Village, West Jakarta, in 2019 showed the highest proportion of mothers who received family support was 52 mothers (55.3%). There is a relationship between mother's knowledge and behavior of exclusive breastfeeding at Posyandu RW 06 Puskesmas Kembangan Utara Village, West Jakarta in 2019 (PR = 2.308). There is no relationship between maternal occupation and exclusive breastfeeding behavior at Posyandu RW 06 Puskesmas Kembangan Utara Village, West Jakarta in 2019 (PR = 0.921). There is a relationship between family support and exclusive breastfeeding behavior at Posyandu RW 06 Puskesmas Kembangan Utara Village, West Jakarta in 2019 (PR = 5,365). Based on the conclusions obtained from the results of the study, the researchers suggest : to increase the knowledge of mothers there maximally puskesmas should add enough baby breast milk material, how to store breast milk and breast milk composition and conduct question and answer sessions after being counseled and educated and improve family support; puskesmas should provide education about the role of family in providing exclusive breast milk when the mother controls the womb with the family.

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