EXCLUSIVE BREASTFEEDING BEHAVIOR

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Abstract: According to WHO, exclusive breastfeeding is the best method for feeding infants from birth to 6 months of age without additional food. This practice is influenced by various factors, including maternal age, occupation, maternal knowledge, family support, health worker support, and the Early Initiation of Breastfeeding (IMD) process. This study aims to analyze the influence of these factors on exclusive breastfeeding in infants. Objective Methods: The method used is a quantitative analytical observational study with a cross-sectional approach, conducted in the Lamongan health center area. The sample consisted of breastfeeding mothers who had infants aged 6-12 months with a total sampling technique. The variables of this study include independent variables: maternal age, occupation, knowledge, family support, health worker support, and the IMD process, and the dependent variable: exclusive breastfeeding. The instrument used was a questionnaire, with data analysis using the chi-square test and multivariate test using logistic regression. Results: The results of the study involved 71 samples of breastfeeding mothers; the majority of respondents (78.9%) who provided exclusive breastfeeding were 25-35 years old, had good knowledge, and were unemployed. All respondents received support from family and health workers, and most (85.9%) experienced the IMD process. The results of the bivariate test showed no relationship between age (p = 0.163), occupation (p = 0.592), and knowledge (p = 0.452) with exclusive breastfeeding, but there was a relationship between the IMD process (p = 0.010) and exclusive breastfeeding. The multivariate test showed that the most influential factor on exclusive breastfeeding was the IMD factor. Conclusion: In conclusion, although there was no relationship between age, occupation, and maternal knowledge with exclusive breastfeeding, the IMD process was significantly related, becoming the dominant factor influencing exclusive breastfeeding in infants.

Keywords: Factors, Success, Exclusive Breastfeeding

INTRODUCTION

Mother's milk is the first and best food for a newborn baby. According to WHO, breast milk is the best method of feeding babies, especially in the period from newborn to 6 months without being given any other additional food. The World Health Organization (WHO) has recommended exclusive breastfeeding until babies are 6 months old (Yunita & Budiati, 2021). The 2018 Riskesdas results show that the exclusive breastfeeding coverage

rate is not yet optimal. The benefits of exclusive breastfeeding are quite large, but the achievement rate is still low. Babies in Indonesia who receive exclusive breast milk reach 37.3%. This achievement is still far from the exclusive breastfeeding coverage target set by WHO and the Indonesian Ministry of Health, namely 40%.

Various studies have been conducted to assess the factors that influence the success of exclusive breastfeeding. Research conducted by Wirawati in 2014 on factors that influence exclusive breastfeeding coverage rates, such as family support, support from health workers, regulations that have not been implemented properly, and education or level of understanding (Sihota et al., 2019), revealed very significant factors. The impact of breastfeeding success is individual, cultural, and socio-economic.

Petterson J. In 2019 also researched the support of health workers who give mothers the confidence to be successful in the breastfeeding process. According to (Shofiya et al., 2020), initial breastfeeding success is influenced by several things, namely, poor position and attachment, infrequent breastfeeding and less effective milk production, poor breastfeeding management, nipple problems, and a combination of all these problems. What needs to be noted is that successful breastfeeding is a collaboration between health facilities, medical personnel, mothers, and a supportive environment (Alzaheb, 2017).

Based on these considerations, the researchers wanted to examine factors, including maternal age, maternal occupation, maternal knowledge, family support, support from health workers, and the IMD process for exclusive breastfeeding. It is hoped that this research will provide a good understanding of the risks of non-exclusive breastfeeding, including several diseases that have the potential to attack the baby's body, such as infectious diseases, diarrhea, and disorders of the child's growth and development. Breast milk has nutritional content that suits the baby's needs and is available in quantities that are suitable for the baby's needs, so if it is given optimally from the time the baby is born, it is hoped that it can help the baby's growth and development process optimally.

METHOD

The type of research used is observational analytical research, with a cross-sectional approach. The population in this study were all breastfeeding mothers who had babies aged 6 months to 12 months in the work area of the Lamongan health center. The sample size used in this research is the same as the population, namely 71 people. The sampling technique is total sampling. The sample was mothers who met the inclusion criteria, namely

breastfeeding mothers who had babies aged 6-12 months. The variables studied were maternal age, maternal occupation, maternal knowledge, family support, support from health workers, and the IMD process. The data in this study was obtained using a questionnaire distributed by researchers to respondents who met the criteria, which took place after the posyandu activities at each posyandu. Data analysis using univariate, bivariate analysis using chi-square and Fisher exact tests, as well as multivariate analysis using multiple logistic regression.

RESULTS

Table 1. Characteristics of Research Subjects

Characteristics	Frequency (n)	%
Mother's Age		
<20 Years	1	1,40
20-35 Years	56	78,90
>35 Years	14	19,70
Occupation		
Work	12	16,90
Doesn't work	59	83,10
Mother's knowledge		
Good	35	49,00
Enough	19	26,80
Not enough	17	23,9
Family support		
Support	71	100
Does not support	0	0
Health Worker Support		
Support	71	100
Does not support	0	0
IMD process		
Done	61	85,90
Are not done	10	14,10
Exclusive breastfeeding		
Do	54	76,10
Do not do	17	23,90
Total	71	100

Table 1, shows that the majority of respondents are of healthy reproductive age, namely 20-35 years, do not work, and have good knowledge. All respondents received support from family and health workers, and most respondents carried out the IMD process.

Table 2. Relationship between age, employment, knowledge, family support, health worker support, and IMD process with exclusive breastfeeding

Age (Years)	Exclusive breastfeeding				Total	P value	
	Exclusive Breastfeeding		Not Exclusively Breastfeeding				
	N	%	N	%			
<20	1	1,4	0	0	1	1,4	0,163
20-35	45	63,4	11	15,5	56	76,9	
>35	8	11,3	6	8,5	14	19,7	
Total	54	76,1	17	23,9	71	100	

Work	Exclusive breastfeeding				Total	P value	
	Exclusive Breastfeeding		Not Exclusively Breastfeeding				
	N	%	N	%			
Work	9	12,7	3	4,2	12	16,9	0,592
Doesn't work	45	63,4	14	19,7	59	83,1	
Total	34	76,1	17	23,9	71	100	

Knowledge	Exclusive breastfeeding				Total	P value	
	Exclusive Breastfeeding		Not Exclusively Breastfeeding				
	N	%	N	%			
Good	28	39,4	7	9,9	35	49,3	0,452
Enough	15	21,1	4	5,6	19	26,8	
Not enough	11	15,5	6	8,5	17	23,9	
Total	54	76,1	17	23,9	71	100	

Support	Exclusive breastfeeding				Total	P value	
	Exclusive Breastfeeding		Not Exclusively Breastfeeding				
	N	%	N	%			0,452
Support	54	76,1	17	23,9	71	100	
Does not support	0	0	0	0	0	0	
Total	54	76,1	17	23,9	71	100	

IMD	Exclusive breastfeeding				Total	P value	
	Exclusive Breastfeeding		Not Exclusively Breastfeeding				
	N	%	N	%			

Done	50	70,4	11	15,5	61	85,9	0,01
Are not done	4	5,6	6	8,5	10	14,1	
Total	54	76,1	17	23,9	86	100	

Table 2 shows that there is no relationship between maternal age, maternal occupation, maternal knowledge, and exclusive breastfeeding, all respondents received support from family and health workers to provide exclusive breastfeeding, and there is a significant relationship between the IMD process and exclusive breastfeeding for babies.

Table 3. Multivariate Analysis Results

Variable	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
							Lower	Upper
Knowledge	,514	,366	1,973	1	,160	1,672	,816	3,427
IMD process	2,085	,759	7,535	1	,006	8,042	1,815	35,629
Constant	-4,566	1,305	12,233	1	,000	,010		

Binary logistic regression is used to analyze the relationship between independent variables and the probability of an event occurring. Logistic Regression Model: Logit (Y)=−4.566 + 0.514 (knowledge) + 2.085 (IMD Process). IMD Knowledge and Process are independent variables while -4.566 is a constant value. 0.514 and 2.085 are the regression coefficients for knowledge and IMD processes respectively. For the interpretation of the regression coefficient: The coefficient of 0.514 for knowledge, indicates that every one-unit increase in the knowledge variable will increase the log odds of the occurrence of an event by 0.514 if the IMD process variable is held constant. The coefficient of 2.085 for the IMD process indicates that every one-unit increase in the IMD process variable will increase the log odds of an event occurring by 2.085 if the knowledge variable is held constant.

Table 3 shows the results that the IMD process has the most influence on exclusive breastfeeding. Mothers who practice IMD are 8 times more likely to provide exclusive breast milk to their babies compared to mothers who do not practice IMD. This research shows there is no relationship between age and exclusive breastfeeding. In line with research by (Mirafzali et al., 2022), it explains that there is no relationship between maternal age and exclusive breastfeeding. A woman's age does not have a statistical effect, but women who are at a healthy reproductive age

tend to have a ready and stable attitude to conceive, give birth, care for, and breastfeed their babies. so that exclusive breastfeeding is more successful than non- reproductive age. In good and stable reproductive health conditions, mothers can provide breast milk needs for babies, including important information in providing exclusive breast milk.

Occupation is one of the variables examined in this research. In the univariate test results, most of the respondents were breastfeeding mothers who did not work and the bivariate test results found that there was no relationship between work and exclusive breastfeeding. Other research (Oggero et al., 2024) explains that there is no relationship between work and exclusive breastfeeding. Research shows that a mother who does not work will be more successful in being able to provide exclusive breastfeeding because she has a long time with her baby, whereas a mother who works has a shorter time to breastfeed exclusively. After all, it is influenced by the length of leave time and the availability of facilities for expressing breast milk. , work affairs, and support from the workplace (Wood & Qureshi, 2017).

Knowledge is obtained from one's own experience or the experience of others. Behavior that is based on good knowledge and awareness will be good. (Notoadmojo S, 2012). In line with this research, research conducted (Robinson et al., 2019), explains that there is a relationship between maternal knowledge and exclusive breastfeeding. Although statistically, the influence between knowledge and exclusive breastfeeding is not very significant, a mother's knowledge greatly influences her attitude toward giving breast milk to her baby. This is often associated with receiving adequate information from the time of pregnancy (Weston et al., 2023).

This research shows that all respondents received support from their families in providing exclusive breastfeeding. Family support can build a mother's self-confidence, which is important in successfully providing breast milk to her baby. Family support contributes to maternal behavior for exclusive breastfeeding in the form of informational support, instrumental support, assessment support, and emotional support (Nisa et al., 2020). Family support has an important role in supporting the mother's success in providing exclusive breastfeeding. The family support given to the mother will influence the mother's psychological condition so that the mother will have strong motivation to try to practice breastfeeding correctly and appropriately for 6 months. (Khasawneh et al., 2023). Other studies also state that women who breastfeed need support from family members (Choo & Ryan, 2016).

This research shows that all respondents in the study received support from health workers. Support from health workers is an influential factor in taking a stance on exclusive

breastfeeding. Mothers who receive staff support are 2,729 times more likely to provide exclusive breastfeeding compared to mothers who do not receive support from staff (Whelan et al., 2018). Support from health workers can take the form of explaining exclusive breastfeeding and providing motivation, encouragement, enthusiastic support, and attention to mothers when breastfeeding. The support provided by health workers influences mothers' behavior in providing exclusive breastfeeding (Alemie et al., 2023).

The research found that the majority of respondents who had experienced the early initiation of breastfeeding (IMD) process could only give their babies breast milk. Based on the results of bivariate tests, it was found that there was a significant relationship between the early initiation of breastfeeding (IMD) process and exclusive breastfeeding. Every newborn baby has the opportunity to start breastfeeding independently and rediscover the mother's nipple, provided that the child is immediately placed on the mother's breast after birth and there is skin contact between the baby's skin and the mother's skin (Wood & Qureshi, 2017). Apart from reducing infant mortality rates, IMD has been shown to play a role in successful breastfeeding later in life (Shirima et al., 2023).

Multivariate analysis carried out in this study showed that early initiation of breastfeeding (IMD) was the most dominant factor influencing exclusive breastfeeding. IMD is a process that babies experience immediately after birth. This is done by placing the baby on the mother's stomach, finding the mother's nipple, and feeding him until his needs are met. The IMD process is carried out at least 60 minutes after the baby is born (Ayalew et al., 2022). IMD is not only the starting point for successful exclusive breastfeeding but is also beneficial for the mother because when the baby touches, sucks, and licks the mother's nipple at the beginning of breastfeeding, it stimulates the release of the hormone oxytocin, which causes the uterus to contract. Uterine contractions help expel the placenta and reduce bleeding. There is evidence that IMD procedures can affect exclusive breastfeeding in babies (Nisa et al., 2020).

CONCLUSION

Exclusive breastfeeding is also influenced by early initiation of breastfeeding (IMD), which begins immediately after the baby is born. Health service providers such as obstetricians and health facilities can implement an early initiation of breastfeeding (IMD) policy at every birth so that it can have an impact on increasing exclusive breastfeeding.

Conflict of Interest

The authors declare that there is no conflict of interest that could influence the results of the study. All research funding comes from independent sources that are not related to parties interested in the results. All research decisions and manuscript preparation are based entirely on scientific considerations, without external influence.

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