

## Analysis of Determinants of Exclusive Breastfeeding in Breastfeeding Mothers

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### ABSTRACT

Exclusive breastfeeding for babies aged 0-6 months, which continues until the age of 2 years accompanied by adequate complementary feeding, has an essential meaning, especially regarding the fulfillment of nutritional needs and other substances to form the body's immunity to disease, because at that age the baby's condition is still precarious. This study uses an analytic survey research cross-sectional design. The aim was to analyze the relationship between determinants of exclusive breastfeeding. The population of all mothers with babies aged 6-12 months amounted to 127, using a purposive random sampling technique. Sample calculation, according to Slovin, obtained a sample of 84. Data collection using a questionnaire. Univariate analysis with percentages, bivariate analysis with chi-square test. There is a relationship between knowledge (p-value=0.026), Early initiation breastfeeding (EIBF) history (p-value=0.005), breastfeeding self-efficacy (p-value=0.042), breastfeeding motivation (p-value=0.016), cultural customs (p-value=0.012), and family support (p-value=0.036) with exclusive breastfeeding in mothers who have babies aged 6-12 months at the Tanjung Sari Health Center, South Lampung Regency in 2024. A relationship exists between breastfeeding self-efficacy knowledge, motivation, and exclusive breastfeeding. There is a relationship between breastfeeding self-efficacy knowledge, breastfeeding motivation, cultural customs, and family support with exclusive breastfeeding. Suggested improving IEC (Communication, Information, and Education), implementing lactation management programs, making behavioral changes, and providing support for exclusive breastfeeding.

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## INTRODUCTION

Breastfeeding is giving breast milk to babies from birth to infancy, aged 2 years. Breastfeeding naturally can give the baby enough nutrition and can benefit the baby's growth (Maryunani, 2018). Breast milk is the nutrition that can prevent disease, save a life, and ensure healthy growth and development through the First 1,000 Days of Life. Breastfeeding can end, but it is also more innovative. It has stable emotions, positive spiritual development, and better social development (ensure that babies stay healthy and start their lives in the healthiest way possible. Breastfeeding not only allows babies to grow into physically healthy humans (Ministry of Health Republic Indonesia, 2020).

Exclusive breastfeeding for 0- 6 months without additional food or drink and continued until 2 years, accompanied by adequate complementary foods (MP-ASI), is an effective intervention to

reduce the Infant Mortality Rate (IMR) due to malnutrition. In Lampung Province, in 2022, 570 cases were found dead babies; in 2023, it is expected to be down to 550, and in 2024, it is expected to be down to 520. In 2022, the total case infant mortality rate was 0-1 Year in Lampung Province, 526 cases were found, while in South Lampung Regency, Lampung, there were 22 cases (Health Department Lampung Province, 2022).

In efforts to reduce morbidity and mortality rates, the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) assign a minimum target of 50% of babies given exclusive breastfeeding for 0-6 months in 2025 and recommend giving exclusive breastfeeding for six months first month of life, as well giving complementary feeding along with continuing breastfeeding until two months years or more (WHO, 2023). World Breastfeeding Week 2020, with the theme "Breastfeeding Foundation of

Life," mandates that breastfeeding is key to the success of the SDGs. World Breastfeeding Week focuses on preventing nutritional problems, ensuring food security, and breaking the chain of poverty, to encouraging the achievement of Early Initiation of Breastfeeding (EIBF) and 100% exclusive breastfeeding in all babies (Ministry of Health Republic Indonesia. 2020).

Exclusive breastfeeding for babies aged 0-6 months is essential, especially regarding the fulfillment of nutritional needs and other substances that form the body's immunity against disease because, at the age of the condition, the baby is still very unstable. An increased number of babies <6 months who received Exclusive Breastfeeding in Lampung Province in 2021-2022. In 2020, it reached 70.1%; in 2021, it increased to 73.6%, and in 2022, babies getting exclusive breastfeeding <6 months in Lampung Province 2022 was 75.37%, referring to the national target of coverage of exclusive breastfeeding for babies under six months of age of 70%, so this number is already achieve the expected target. Meanwhile, in South Lampung Regency, exclusive breastfeeding achievement reached 76.47% (Health Department Lampung Province, 2023).

Various factors can cause mother not to give exclusive breastfeeding to their babies. The lack of exclusive breastfeeding caused by the level of education, knowledge, attitude, and motivation of breastfeeding mothers is lacking, role helper labor and influenced by behavior officers poor health maximum counseling regarding exclusive breastfeeding during pregnancy, and not support the management of early initiation in Normal Delivery Care (APN) (Lestari, 2018; Arintasari, 2018; Septiani, 2017). Research by Mustika (2024) shows that the factors of breastfeeding self-efficacy in breastfeeding relate to the success of breast milk exclusive (mark  $p < 0.05$  And mark OR 2.5). Building self-motivation is also a success factor for exclusive breastfeeding (Prasetyono, 2017). In addition, research by Lindawati (2019) shows that family support is related to breastfeeding ( $p$ -value  $< 0.05$  and OR 7.6). Family can have a significant influence on the desire of mothers to give breast milk exclusively to the baby and strongly influence the decision to give breast milk exclusively until it is successful (Rahmadani & Sutrisna, 2022).

Based on the background above, this study aims to analyze the determinants of exclusive breastfeeding for mothers who have a baby ages 6-12 months, especially relationship knowledge of the mother, early initiation history, breastfeeding self-efficacy, motivation for breastfeeding,

cultural customs, and support family regarding exclusive breastfeeding in the working area of Tanjung Sari Health Center, South Lampung Regency in 2024. Through this research, it is hoped that an overview can be obtained about related factors with exclusive breastfeeding to the mother so that she can provide input on energy health in planning and action to address the problem of low coverage exclusive breastfeeding, which can prevent nutritional problems in babies.

## METHOD

A quantitative type of study with an analytical survey uses a cross-sectional *approach*. Research in the work area Health Center Tanjung Sari, South Lampung Regency, April -September 2024. The population of all mothers with babies aged 6-12 months in the work area Health Center Tanjung Sari in 2024 (until July 2024) is 127. The sampling technique used in this research is purposive random sampling, with criteria including a mother who has a baby aged 6-12 months, can read and write, and is willing to become a respondent based on the calculation sample, according to Slovin's obtained sample study, as many as 84 breastfeeding mothers. Data collection with a questionnaire uses a tool-help questionnaire containing questions about variable-dependent exclusive breastfeeding and independent variables. Data analysis univariate with percentage, analysis bivariate used in this research is a chi-square test with level significance ( $\alpha$ )=0.05 (Sugiyono, 2017). Ethics review by Health Research (KEPK) obtained from Health Ethics Committee, Poltekkes Kemenkes Tanjung Karang No.507/KEPK-TJK/VII/2024.

## RESULTS

Table 1 shows a total of 62 mothers with a percentage of 7.4% providing exclusive breastfeeding and 22 mothers (26%) not providing exclusive breastfeeding.

**Table 1. Frequency distribution of exclusive breastfeeding**

Variables	n	%
Exclusive breastfeeding	62	74
No exclusive breastfeeding	22	26

Table 2 shows the level of mothers' knowledge about exclusive breastfeeding: good, as many as 61 (73%); early initiation of breastfeeding history, carried out by as many as 53

(63%); breastfeeding self-efficacy, in category high 60 (71%); motivation to breastfeed, in category high 69 (82%); custom supportive culture exclusive breastfeeding, as many as 72 (86%); and support family classified as support, as many as 62 (74%).

By chi-square test, the knowledge variable obtained a p-value of 0.026, the history of early initiation of breastfeeding (EIBF) had a p-value of 0.005, the breastfeeding self-efficacy p-value was 0.042, the breastfeeding motivation p-value is 0.016, cultural customs p-value is 0.012 and family support p-value is 0.036. This shows that the p-value obtained is smaller than the significance value ( $\alpha=0.05$  ( $0.026 < 0.05$ )). This means a significant relationship exists between maternal knowledge, history of early initiation of breastfeeding, breastfeeding self-efficacy, breastfeeding motivation, cultural customs, and family support with exclusive breastfeeding in mothers who have babies aged 6-12 months.

**Table 2. Distribution frequency determinant exclusive breastfeeding**

Variables	n	%
<b>Mother's Knowledge</b>		
Good	61	73
Not good	23	27
<b>Early initiation of breastfeeding History</b>		
Early initiation of breastfeeding	53	63
No early initiation of breastfeeding	31	37
Amount	84	100
<b>Breastfeeding Self-Efficacy</b>		
High	60	71
Low	24	29
<b>Motivation breastfeed</b>		
High	69	82
Low	15	18
<b>Customs and Culture</b>		
Support	72	86
No support	12	14
<b>Support Family</b>		
Support	62	74
No support	22	26

**Table 3. Relationship of determinant exclusive breastfeeding for mothers who have a baby aged 6-12 months**

Determinant exclusive breastfeeding	Exclusive Breastfeeding				Total		p-value
	Yes		No		n	%	
	n	%	n	%			
<b>Knowledge</b>							
Good knowledge	55	91	6	9	61	73	0.026
Lack of Knowledge	7	30	16	70	23	27	
<b>Early initiation of breastfeeding history</b>							
Early initiation of breastfeeding	50	94	3	6	53	63	0.005
No early initiation of breastfeeding	12	39	19	61	31	37	
<b>Breastfeeding self-efficacy</b>							
High Self-efficacy	53	88	7	12	60	71	0.042
Low Self-efficacy	9	38	15	62	24	29	
<b>Breastfeeding motivation</b>							
High Motivation	60	87	9	13	69	82	0.016
Low Motivation	2	13	13	87	15	18	
<b>Customs and culture</b>							
Support	58	81	14	19	72	86	0.012
Does not support	4	33	8	67	12	14	
<b>Family support</b>							
Support	52	84	10	16	62	74	0.036
Does not support	10	45	12	55	22	26	

## DISCUSSION

### The relationship mother's knowledge about exclusive breastfeeding

Knowledge about exclusive breastfeeding is essential for pregnant and breastfeeding mothers to maintain their breast milk production and the condition of their babies so that they can breastfeed well. Efforts to increase mothers' knowledge about exclusive breastfeeding include

providing health education to mothers (Ramli, 2020). Behavior that is based on knowledge is better than behavior that is not based on knowledge. A behavior occurs after someone senses a certain object (Notoatmodjo, 2017).

This study's result means a significant relationship exists between mothers' knowledge about breast milk and exclusive breastfeeding. This study found that some mothers give additional formula milk because they feel milk is needed by babies less; that statement is that a

mother who gives water to her baby and honey before the baby is 6 months old because Certain honey is also a good food consumed by babies.

This study's results align with Hatala's research (2022), which states that there is a relationship between knowledge and the level of exclusive breastfeeding. (p-value=0.000). The same research was conducted by Safrida & Fahlevi (2022). There is an influence of the level of knowledge of breastfeeding mothers on the provision of exclusive breastfeeding, and there is a need to increase maternal knowledge by providing counseling and creating a program about exclusive breastfeeding for mothers. With the increase in maternal knowledge about exclusive breastfeeding, it is hoped that mothers will be more confident in their attitudes and behaviors always to take action to maintain their health and that of their fetuses so that they can provide exclusive breastfeeding to their babies. This can be interpreted as increasing the knowledge of mothers about exclusive breastfeeding, so increasingly achieving exclusive breastfeeding for babies.

### **The relationship history of early initiation of breastfeeding (EIBF) with exclusive breastfeeding**

Early breastfeeding initiation is essentially implemented to ensure that the breast milk production process runs successfully. EIBF, or the beginning of breastfeeding early, is when the baby is born from the uterus. The mother can breastfeed within herself. EIBF is a breastfeeding process immediately done in the first hour after the baby is born. The first hour of birth in the baby is the most important moment because this first hour happens during the phase of life that affects the breastfeeding process (Roesli, 2012).

The study results show a significant relationship between history carrying out EIBF and exclusive breastfeeding. In this study, there was still there are 37% of mothers who did not have a history of EIBF due to factors such as premature babies and maternal factors. Because of the ignorance of mothers about EIBF and the attitude of the health workers who do not perform EIBF on postpartum mothers. The benefits of EIBF are contact with the skin when EBIF stimulates the production of oxytocin and prolactin. Oxytocin stimulates colostrum expenditure and helps uterine contractions so that bleeding post-labor is lower. Prolactin functioning increases breast milk production, helps the mother overcome stress, encourages the mother To sleep and relax after the baby finishes breastfeeding, and

delays ovulation (Ministry of Health Republic Indonesia, 2015).

The research results align with the results of Umayya (2021), which showed a relationship between a history of EIBF and exclusive breastfeeding (p-value=0.040). Another study was conducted by Khasanah and Allifiya (2023). there was no significant relationship between early breastfeeding initiation and history of exclusive breastfeeding (p-value 0.932). Implementing early initiation of breastfeeding is very important for mothers. The studies show that mothers who practice EIBF provide 58.62% exclusive breastfeeding to their babies compared to mothers who do not practice EIBF (Hakim, 2020).

### **The relationship of breastfeeding self-efficacy with exclusive breastfeeding**

Less confidence and self-moment breastfeeding self-efficacy become the reasons no successful mothers breastfeed in a way exclusive. Being a new parent tests trust self, especially for a mother who is always together with the baby, caring for and breastfeeding, and feels stressed, nervous, and afraid of not getting enough breast milk enough Ccn appear in the mother. Concerns usually appear when the mother is through cluster feeding or the growth spurt phase; in this phase, the mother usually starts to not believe in herself because of fear of breast milk being produced and the lack of an everyday sufficient need for the baby.

The results show a relationship between breastfeeding self-efficacy and exclusive breastfeeding. As a new mother, they tend to be more sensitive, possibly vulnerable, and emotional in face-to-face situations. A sense of trust is needed for high self-efficacy in breastfeeding their baby. There are many ways to increase self-confidence during breastfeeding, including breastfeeding as often as possible to work on production and walk smoothly. Another way to build trust in the self-mother is to educate oneself about the importance of breast milk for the baby and mother, to spend time relaxing and unwinding, and to give a chance for the mother to be saved from things that make the mother stressed.

The results of this study are the same as those of research by Rahmadani & Sutrisna (2022), who found a relationship between breastfeeding self-mother's efficacy and the success of exclusive breastfeeding. Researchers suggest optimizing the support system and information about the benefits of exclusive breastfeeding. The same study by Mustika (2024) shows a relationship between breastfeeding self-efficacy and exclusive

breastfeeding. According to Bandura (1997), the stronger self-perception, the efficacy, the more active and persistent one's efforts to achieve something; when someone has a strong feeling of efficacy, he will use more significant effort to overcome challenges. With the confidence to breastfeed (breastfeeding strong self-efficacy, it is hoped that mothers will try to achieve exclusive breastfeeding for their babies until the baby is six months old.

### **The relationship between breastfeeding motivation and exclusive breastfeeding**

Motivation is an internal force that drives a person to act, and external factors drive that action. Motivation is defined as a complex drive, direction, and need or other mechanism that illuminates and maintains behavior toward achieving one's goals (Locke & Latham, 2012). Currently, there are still many mothers who have not exclusively breastfed their babies for up to 6 months due to the lack of motivation of mothers to breastfeed their babies properly, especially for mothers who have just had a baby for the first time.

Results show a relationship between breastfeeding motivation and providing exclusive breastfeeding. This research is in line with the research of Hidayati (2019), which showed that most mothers were motivated to provide exclusive breastfeeding, amounting to 61.4%, and there is a relationship between motivation and exclusive breastfeeding in mothers. The same study was conducted by Juliati et al. (2023). The study's results, through a review of the study, show that there is a relationship between mothers' motivation in providing exclusive breastfeeding to babies in Indonesia.

Needs theory is related to motivation theory, which is closely related to the concept of learning. Three of the learned needs are the need for achievement (need for achievement,  $n$  Ach), the need for affiliation (need for affiliation,  $n$  Aff), and the need for power (need for power,  $n$  Pow) when a strong need arises within a person, this need will become motivation in himself to behave in a way that can bring satisfaction (Greenberg, 1988). Likewise, with the implementation of exclusive breastfeeding for babies, if the mother already feels that the baby needs breast milk, then the mother will have high motivation to breastfeed exclusively.

### **Customary cultural relations with exclusive breastfeeding**

cultural factors influence the behavior of breastfeeding. A culture mother who has inherited

in a way hereditary in the culture in question is very important and successful in breastfeeding a baby (Nuzrina et al., 2016). The World Health Organization (WHO, 2023) recommends exclusive breastfeeding as an important strategy to reduce the death of children, especially in developing countries. The socio-cultural aspects that become a habit in the family will affect the provision of exclusive breastfeeding. Mothers who are in an environment and culture that supports giving breast milk will show success in providing exclusive breastfeeding.

The results of the study show there is a relationship between customs and culture towards providing exclusive breastfeeding. This study is in line with the research of Tombeg et al. (2023), which states that traditions and cultural heritage were related to the culture of exclusive breastfeeding. The same research by Padeng et al. (2021) indicated that there is a socio-cultural relationship to exclusive breastfeeding.

Breastfeeding is inseparable from cultural order, meaning that every time a mother gives breast milk to her baby, it will be related to the socio-culture that exists in society. In this study, it was found that the mother gives honey besides breast milk to her babies because there is still a habit in society that believes giving honey to babies is very good for their health. Behavior is shaped by habits colored by socio-culture. Everyone is constantly exposed to and touched by environmental habits and is influenced by society directly and indirectly (Azwar, 2019). Behaviors that have shaped habits and beliefs about breastfeeding will impact the mother's desire to provide exclusive breastfeeding to her baby.

### **The relationship family support with exclusive breastfeeding**

Family support can increase exclusive breastfeeding achievement. Member families can support compliance with mothers to give exclusive breastfeeding, emphasizing that breast milk provides the best source of nutrition for the baby. The support given by the mother/mother-in-law, husband, grandmother, or family can contribute to parenting the baby, providing custody of the child, buying or preparing food, and giving food to the children. Family support can also increase the trust of mothers, especially support from the husband because the husband has an important role in providing information about breastfeeding, as well as encouraging and motivating.

Results show that there is an influence between support families regarding exclusive breastfeeding. The main role of supporting the

husband in making the decision to provide exclusive breastfeeding is to be positive, involved in making decisions, have extensive knowledge and practice, and support the mother breastfeeding. On the contrary, a negative attitude, such as concern that breastfeeding will damage the breasts, can influence the attitude of the mother breastfeeding.

This study is in line with the results of Sulistyowati et al. (2020), who found a relationship between family support and exclusive breastfeeding. The same study conducted by Sari (2024) also found a significant relationship between family support and exclusive breastfeeding. It is recommended that health workers on duty and cadres further motivate mothers and families to provide exclusive breastfeeding until the age of 6 months in order to have healthy babies.

## CONCLUSION

The results of research on determinants related to exclusive breastfeeding in breastfeeding mothers showed that 74% gave exclusive breast

milk, and 26% did not give exclusive breast milk. There is a relationship between maternal knowledge and exclusive breastfeeding, EIBF history and breastfeeding, breastfeeding self-efficacy and breastfeeding, breastfeeding motivation and breastfeeding, cultural customs and exclusive breastfeeding, and a relationship between family support and giving.

Improving IEC (Communication, Information, and Education) regarding exclusive breastfeeding until babies are 6 months old, starting from prospective brides, breastfeeding mothers, and postpartum mothers through pregnancy classes and integrated health posts. Breastfeeding mothers are expected to provide exclusive breastfeeding until the baby is 6 months old and continue breastfeeding until the baby is 2 years old. Brides-to-be are expected to prepare their pregnancy plans by optimizing their health conditions so that their baby is healthy and they can provide exclusive breast milk to their baby. For society, family members are expected to support exclusive breastfeeding consistently.

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