

Factors Related to The Unsuccessful of Exclusive Breastfeeding in Breastfeeding Moms at Yosomulyo Health Center, Metro City

Faktor-Faktor yang Berhubungan dengan Tidak Berhasilnya Pemberian ASI Eksklusif pada Ibu Menyusui di Puskesmas Yosomulyo Kota Metro

Ima Syamrotul Muflihah, Linda Anisa✉

Universitas Muhammadiyah Purwokerto, Indonesia

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✉ Corresponding Author:

Linda Anissa

Phone: +628992338982

Email: lindaanisa5@gmail.com



Abstract

Introduction: The World Health Organization WHO (2019), recommends to mothers around the world to exclusively breastfeed their babies for the first 6 (six) months after the baby is born to achieve optimal growth, development and health. At the Yosomulyo Health Center, 45.3% were not given exclusive breastfeeding (97 babies out of 214 babies). **Objective:** The purpose of this study was to determine the factors associated with the failure of exclusive breastfeeding in breastfeeding mothers at the Yosomulyo Health Center. **Method:** This type of research is quantitative with a cross sectional design. The total population of breastfeeding mothers at the Yosomulyo Health Center is 336 nursing mothers. The sample size was determined based on the Lemeshow formula obtained by 75 respondents. The sampling technique used is simple random sampling. Collecting data using a questionnaire. **Results:** The results showed that the proportion of breastfeeding mothers: not exclusive breastfeeding was 37.3%, poor knowledge was 18.7%, primiparous parity was 36% and did not support 33.3%. Based on the analysis, it was obtained that each p-value was knowledge with a p-value of 0.009, parity with a p-value of 0.000 and family support with a p-value of 0.000. **Conclusion:** this study is that there is a relationship between knowledge, parity, and family support with the failure of exclusive breastfeeding for breastfeeding mothers at Yosomulyo Public Health Center, Metro City.

Abstrak

Pendahuluan: World Health Organization WHO (2019), merekomendasikan kepada ibu di seluruh dunia untuk menyusui bayi secara eksklusif selama 6 (enam) bulan pertama setelah bayi dilahirkan untuk mencapai pertumbuhan, perkembangan dan kesehatan yang optimal. Di Puskesmas Yosomulyo yang tidak diberikan ASI eksklusif yaitu 45,3% (97 bayi dari 214 bayi). **Tujuan:** Tujuan penelitian ini mengetahui faktor-faktor yang berhubungan dengan ketidakberhasilan ASI eksklusif pada ibu menyusui di Puskesmas Yosomulyo. **Metode:** Jenis penelitian kuantitatif dengan rancangan cross sectional. Jumlah populasi ibu menyusui di Puskesmas Yosomulyo sebesar 336 ibu menyusui. Besar sampel ditentukan berdasarkan rumus Lemeshow diperoleh 75 responden. Teknik pengambilan sampel yang digunakan adalah simple random sampling. Pengumpulan data menggunakan kuisioner. **Hasil:** Hasil penelitian menunjukkan proporsi ibu menyusui: tidak ASI eksklusif sebesar 37,3%, pengetahuan kurang baik terdapat 18,7% , paritas primipara terdapat 36% dan tidak memberi dukungan terdapat 33,3%. Berdasarkan analisis didapatkan masing-masing nilai p yaitu pengetahuan dengan nilai p sebesar 0.009, paritas dengan nilai p sebesar 0.000 dan dukungan keluarga dengan nilai p sebesar 0.000. **Simpulan:** dari penelitian ini adalah ada hubungan antara pengetahuan, paritas, dan dukungan keluarga dengan ketidakberhasilan ASI eksklusif pada ibu menyusui di Puskesmas Yosomulyo Kota Metro.

Introduction

World Health Organization WHO (2019), recommends that mothers around the world exclusively breastfeed their infants for the first 6 (six) months after birth to achieve optimal growth, development and health. This has been regulated through the Indonesian Ministry of Health No. 450/Menkes/SK/IV/2004 by setting a 6-month exclusive breastfeeding target of 80%. Exclusive

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breastfeeding at the age of 0-6 months is considered very strategic, because at that age the baby's condition is still very unstable and easily exposed to disease. (Metro City Health Profile, 2019: 50)

According to the United Nations Children's Fund UNICEF (2015), infants who are not exclusively breastfed in industrialized countries are more likely to die infants who are exclusively breastfed. The impact of low exclusive breastfeeding in infants 0-6 months is that it can aggravate diseases such as ARI 35.09%, diarrhea 38.07%, and malnutrition 49.2% which can have several negative effects on infants such as slow body growth, susceptibility to disease, decreased intelligence levels and mental disruption of children, serious malnutrition can cause child death (Heryanto, 2019:1).

Based on data from the World Health Organization (WHO) in 2016 regarding the exclusive breastfeeding coverage target set by WHO which is 50%, coverage of

Exclusive breastfeeding in the world is 36%. (WHO in Nia et al, 2019: 20). Based on data from the Indonesian Health Profile in 2018, exclusive breastfeeding coverage in Indonesia was around 37.3% (Indonesian Ministry of Health, 2018). The coverage of exclusively breastfed infants in Lampung Province in 2019 was only 69.3%, this figure is still below the expected target of 80%. (Lampung Provincial Health Office, 2019: 96). Exclusive breastfeeding prevalence in Lampung Province according to the Metro City Health Profile increased in 2018 to 65.26% and increased to 69.3% in 2019 (Lampung Provincial Health Office, 2019: 96).

Exclusive breastfeeding coverage in Metro City in 2019 was 78.7% (1,803 babies out of 2,725 babies) (Metro City Health Office, 2019). Exclusive breastfeeding coverage was distributed in 12 Puskesmas Working Areas in Metro City, the achievement of exclusive breastfeeding from three Puskesmas was Puskesmas Metro 56.3% (80 babies out of 142 babies), lower at Puskesmas Ganjar Agung 55.7% (54 babies out of 97 babies), and lower at Puskesmas Yosomulyo 54.7% and those who were not exclusively breastfed were 45.3% (97 babies out of 214 babies) (Metro City Health Office, 2019: 137).

The causes of mothers' failure to provide exclusive breastfeeding to their babies are lack of knowledge about exclusive breastfeeding, parity, lack of family support, lack of support from health care facilities about the benefits of breastfeeding, and lack of support from the surrounding environment, which can affect breastfeeding (Maryunani, 2015).

Based on previous research conducted to determine the factors associated with the failure of mothers in providing exclusive breastfeeding by Nurul and Mifbakhuddin (2013) in Semarang with a cross sectional design and a sample size of 67 people selected by means of simple random techniques, the results of the study showed an influence between knowledge and the failure of exclusive breastfeeding with the results of data processing obtained a Chi Square value of 8.981 with a p value of $0.011 < \alpha$ (0.05), so there is a significant relationship between knowledge about exclusive breastfeeding and failure in exclusive breastfeeding.

Based on this background, the researcher is interested in conducting research on "Factors Associated with the Failure of Exclusive Breastfeeding in Breastfeeding Mothers at the Yosomulyo Health Center".

Method

Quantitative research with cross sectional design. The population of breastfeeding mothers at Yosomulyo Health Center was 336 breastfeeding mothers. The sample size was determined based on Lemeshow's formula and obtained 75 respondents. Independent variables: knowledge, parity, and family support and dependent variable: failure of exclusive breastfeeding. The sampling technique

used is Simple Random Sampling where the eligible sample according to the inclusion criteria is 86 respondents, from which the number will be randomized and taken the required number of samples.

In sampling, the researcher determines the inclusion criteria and exclusion criteria to limit the characteristics of the affordable population that have met the requirements of the clinical trial.

1. Inclusion Criteria

The samples used in this study were samples encountered while conducting research that met the following inclusion criteria:

- a. Breastfeeding mothers who have infants aged ≥ 6 to 12 months.
- b. Mothers who are willing to be respondents.
- c. Located in the Yosomulyo Health Center area.

2. Exclusion Criteria

Criteria where the research subject is not suitable as a sample because it does not meet the research sample requirements, namely:

- a. Mothers who have breast diseases such as tumors or cancer may not be able to breastfeed optimally.
- b. Mothers who give their babies complementary foods.
- c. Mothers who have infants aged ≤ 6 months and have a history of severe illness (diarrhea).
- d. Mothers who are outside the Yosomulyo Health Center area.

The method of data collection uses the interview method. An interview is a question and answer with someone who is needed to be asked for information or opinions about something. Data were analyzed univariately and bivariately, the test used was chi square to determine the relationship between knowledge, parity, and family support to the failure of exclusive breastfeeding.

Results

Univariate Analysis

Univariate analysis was used to describe the failure of exclusive breastfeeding based on knowledge, parity, family support. The data collection obtained by the research results of each variable can be seen in tables 1, 2, 3, and 4:

Table 1.

Proportion of exclusive breastfeeding coverage among breastfeeding mothers at Yosomulyo Health Center Metro City

Exclusive breastfeeding coverage	Total	Percent (%)
Not exclusively breastfed	28	37.3
Exclusive breastfeeding	47	62.7
Total	75	100

Based on table 1 it is known that the proportion of exclusive breastfeeding coverage in breastfeeding mothers who are not exclusively breastfeeding at the Yosomulyo Health Center is 37.3% (28 respondents).

Table 2.

Proportion of Knowledge of Breastfeeding Mothers at the Health Center Yosomulyo Metro City

Knowledge	Total	Percent (%)
Less Good	14	18.7
Good	61	81.3
Total	75	100

Based on table 2, it is known that the proportion of breastfeeding mothers with poor knowledge at the Yosomulyo Health Center in Metro City is 18.7% (14 respondents).

Table 3.

Proportion of Parity in Breastfeeding Mothers at the Health Center Yosomulyo Metro City

Parity	Total	Percent (%)
Primiparous	27	36
Multiparous	48	64
Total	75	100

Based on table 3, it is known that the proportion of parity in primiparous breastfeeding mothers at the Yosomulyo Health Center in Metro City is 36% (27 respondents).

Table 4.

Proportion of Family Support for Breastfeeding Mothers at the Health Center Yosomulyo Metro City

Family Support	Total	Percent (%)
No Support	25	33.3
Providing Support	50	66.7
Total	75	100

Based on table 4, it is known that the proportion of family support in breastfeeding mothers who did not receive family support at the Yosomulyo Health Center in Metro City was 33.3% (25 respondents).

Bivariate Analysis

To determine the relationship between the independent variables (knowledge, parity, and family support) and the dependent variable (unsuccessful exclusive breastfeeding) using the chi square statistical test. The test results can be seen in tables 5, 6, 7:

Table 5.

The Relationship between Breastfeeding Mothers' Knowledge and the Failure of Exclusive Breastfeeding At Yosomulyo Health Center

Knowledge	Exclusive breastfeeding				Total		Value	
	No		Yes				p-value	OR (95% CI)
	n	%	n	%	N	%		
Less Good	10	71.4	4	28.6	14	100	0.009	5.972 (1.655-21.554)
Good	18	29.5	43	70.5	61	100		
Total	28	37.3	47	62.7	75	100		

Based on table 5, it is known that out of 14 breastfeeding mothers with poor knowledge who are not exclusively breastfed, 71.4% (10 respondents), while breastfeeding mothers with poor knowledge who are exclusively breastfed are 28.6% (4 respondents). The results of statistical test analysis with a significant level $\alpha = 0.05$ obtained a p value of 0.009. This shows p value $< \alpha$ ($0.009 < 0.05$), so H_0 is rejected H_a is accepted. There is a relationship between knowledge and the failure of exclusive breastfeeding with OR = 5.972. So, mothers with poor knowledge have a risk of 5.972 times experiencing exclusive breastfeeding failure.

Table 6.

The Relationship between Parity of Breastfeeding Mothers and the Ineffectiveness of Exclusive Breastfeeding At Yosomulyo Health Center

Parity	Exclusive breastfeeding				Total		Value	
	No		Yes				<i>p value</i>	OR (95% CI)
	n	%	n	%	N	%		
Primiparous	19	70.4	8	29.6	27	100	0.000	10.292 (3.429-30.885)
Multiparous	9	18.8	39	81.3	48	100		
Total	28	37.3	47	62.7	75	100		

Based on table 6, it is known that the parity of primiparous breastfeeding mothers who are not exclusively breastfed is 70.4% (19 respondents), while in primiparous breastfeeding mothers who are exclusively breastfed are 29.6% (8 respondents). The results of statistical test analysis with a significant level $\alpha = 0.05$ obtained p value 0.000. This shows p value $< \alpha$ ($0.000 < 0.05$), so H_0 is rejected H_a is accepted. There is a relationship between parity and the failure of exclusive breastfeeding. with OR = 10.292. So, primiparous mothers are at risk of 10.292 times experiencing exclusive breastfeeding failure.

Table 7.

Relationship between family support and the failure of exclusive breastfeeding At Yosomulyo Health Center

Comparison between family support and the failure of exclusive breastfeeding At Rossmore's Health Center								
Family Support	Exclusive breastfeeding				Total		Value	
	No		Yes				<i>p</i> <i>value</i>	OR (95% CI)
	n	%	n	%	N	%		
No Support	17	68.0	8	32.0	25	100	0.000	7.534 (2.573- 22.057)
Providing Support	11	22.0	39	78.0	50	100		
Total	28	37.3	47	62.7	75	100		

Based on table 7, it is known that breastfeeding mothers who do not provide support and do not exclusively breastfeed are 68.0% (17 respondents), while breastfeeding mothers who do not provide support and exclusively breastfeed are 32.0% (8 respondents). The results of statistical test analysis with a significant level of $\alpha = 0.05$ obtained a *p* value of 0.000. This shows *p* value $< \alpha$ ($0.000 < 0.05$), so H_0 is rejected H_a is accepted. There is a relationship between family support and the failure of exclusive breastfeeding OR = 7.534. So, mothers who do not get family support have a risk of 7.534 times experiencing unsuccessful exclusive breastfeeding.

Discussion

Proportion of Exclusive Breastfeeding Coverage for Breastfeeding Mothers at Yosomulyo Health Center

Based on the results of the study, it was found that at the Yosomulyo Health Center the number of breastfeeding mothers who were not exclusively breastfed was 37.3% (28 respondents). This proportion was lower than the result of 58.8% (80 respondents) who were not exclusively breastfed in a study in the South Metro District of Metro City (Supiyah, 2013: 109).

Nationally, the coverage of exclusively breastfed infants 0-6 months fluctuates from time to time. Coverage of exclusively breastfed infants in 2017 was 61.33%, in 2018 it rose to 68.74% and in 2019 it fell to 67.74%, which is above the 50% target (Indonesian Health Profile, 2019: 145). Exclusive breastfeeding coverage in Metro City in 2020 is 68.89% (1,477 babies out of 2,144 babies), which is above the 50% target (Metro City Health Office, 2020: 110).

Seeing the exclusive breastfeeding rate above, every baby should be able to achieve exclusive breastfeeding, and every mother who gives birth must provide exclusive breastfeeding to her baby so that the exclusive breastfeeding program can reach the maximum of the predetermined target.

Proportion of Knowledge of Breastfeeding Mothers at Yosomulyo Health Center

Based on the research data, the number of breastfeeding mothers with poor knowledge was 18.7% (14 respondents). This proportion is lower than the study with the results of 52.2% (71 respondents) who had poor knowledge in research in the South Metro District of Metro City (Supiyah, 2013: 111).

Knowledge is the basis for an individual to make decisions and determine actions towards problems faced, including health problems. Knowledge about health can be obtained through formal education, counseling and mass media information. Knowledge about exclusive breastfeeding can raise awareness and influence attitudes towards prelacteal feeding. Knowledge also serves as a motivation in behavior and action, including the rejection of prelacteal feeding. Mothers who lack knowledge and are given less advice about the importance of giving colostrum in the first days of birth can cause mothers to give prelacteal food (Rahardjo in Nur Rahman, 2017: 55).

Based on the results of the recapitulation of the knowledge questionnaire in Appendix 8, it is known that mothers who answered incorrectly on question number 5 about breast milk that first comes out or called Transitional Breast Milk, namely 53.4% (40 respondents) and question number 9, namely 65.4% (49 respondents) about breastfeeding babies can reduce the risk of bleeding after childbirth, from all questions about the knowledge of the two questions the mother answered incorrectly > 50%, and those who answered correctly were only <50%.

Based on the results of the knowledge questionnaire recapitulation above, when further studied, mothers who answered incorrectly on question number 5 were 53.4% (40 respondents) & number 9 were 65.4% (49 respondents) so that for health workers what can be done for mothers with poor knowledge is to provide IEC about colostrum and the benefits of exclusive breastfeeding which is more emphasized, so that the mother's knowledge about exclusive breastfeeding becomes good.

Proportion of Parity in Breastfeeding Mothers at Yosomulyo Health Center

Based on the results of the study, it was found that at the Yosomulyo Health Center primiparous breastfeeding mothers were 36% (27 respondents). The results of Hikmatul's research (2019: 3) showed that the proportion of primiparous parity was 33.64% (36 respondents) at the Puskesmas Tambah Subur Way Bungur District, East Lampung Regency.

(Soejtiningsih cited by Pranajaya, 2013: 233) A person who has just given birth for the first time usually has less knowledge and experience in terms of breastfeeding, the psychological readiness between primiparas and multiparas is also very different. A primipara is more prone to anxiety and unstable psychological conditions, this will affect the release of hormones that play a role in breast milk production and have an impact on the failure of exclusive breastfeeding.

Efforts that can be made for primiparous parity are to provide IEC on *breast care* to breastfeeding mothers, and teach breastfeeding techniques so that the risk of unsuccessful exclusive breastfeeding can be avoided.

Proportion of Family Support for Breastfeeding Mothers at Yosomulyo Health Center

Based on the results of the study, it was found that at the Yosomulyo Health Center breastfeeding mothers who did not receive support were 33.3% (25 respondents). This proportion is lower than the results of 56.6% (41 respondents) who did not receive family support in the study at the Banjarsari Metro Health Center Working Area (Indarwati, 2017: 30).

The results of this study are reinforced by the theory put forward by (Swasono in Ida, 2012: 44) Family is the closest person to breastfeeding mothers, who are expected to always be by the mother's side and always ready to provide assistance. The mother's failure to breastfeed is inseparable from the lack of support provided by the family. The mother's motivation to breastfeed decreases if she does not get full confidence and support from her family. A mother who is not supported by her family such as her husband, mother, sister or even scared and influenced to switch to formula milk is one of the causes of the failure of exclusive breastfeeding (Ririn, 2019: 78).

Based on the results of the recapitulation of the family support questionnaire in Appendix 8, it is known that mothers who answered no to question number 9 about whether the family stores expressed breast milk so that it is always in a refrigerator (ice flask) so that the quality of breast milk remains good (does not spoil quickly), namely 46.7% (35 respondents) and in question number 15 as much as 49.4% (37 respondents) about whether the family motivates the mother to always express her breast milk when she is at home, from all questions about family support in these two questions the mother answered that she did not get support > 40%.

Based on the results of the recapitulation of the family support questionnaire above, if further studied, mothers who answered no to question number 9 were 46.7% (35 respondents) & number 15 were 49.4% (37 respondents) so that efforts can be made by increasing the role of the family in efforts to succeed in exclusive breastfeeding to better understand that mothers need support both physically and emotionally. Examples of family support that can be given are helping to store expressed breast milk so that the quality of breast milk remains good (does not spoil quickly), motivating mothers to always express their breast milk when they are at home and listening to the complaints that the mother is feeling.

Relationship between maternal knowledge and the failure of exclusive breastfeeding

Based on the results of the study, it was found that there was a relationship between maternal knowledge and the failure of exclusive breastfeeding at the Yosomulyo Health Center in Metro City with

p value= 0.009. The results of this study are in accordance with Siti's research (2017: 47) in the Turi Health Center Working Area, which shows that there is a significant relationship between maternal knowledge and the failure of exclusive breastfeeding with the result of p value= 0.000 ($p < \alpha = 0.05$). The results of the study are also in line with research conducted by Sariyanti (2015: 3) on factors related to exclusive breastfeeding, showing there is a significant relationship between maternal knowledge and exclusive breastfeeding with the results of p value= 0.008 ($p < \alpha = 0.05$). Research conducted by Bina (2017: 133) with the title of factors related to exclusive breastfeeding, obtained the results of statistical tests of significant relationship between maternal knowledge and exclusive breastfeeding in infants with the results of p value= 0.032 ($p < \alpha = 0.05$).

The results of the study are in accordance with theory that states maternal behavior in breastfeeding based on knowledge will be better than behavior that is not based on knowledge about exclusive breastfeeding (Notoatmodjo in Aprilica M, 2016: 118). Knowledge about exclusive breastfeeding raises awareness and influences attitudes towards prelacteal feeding. Knowledge also serves as a motivation in behavior and action, including the rejection of prelacteal feeding. Mothers who lack knowledge and are given less advice about the importance of giving colostrum in the first days of birth can cause mothers to give prelacteal food (Rahardjo in Nur Rahman, 2017: 55).

The knowledge of breastfeeding mothers is closely related to the age of the mother, the older the mother, the more mature her knowledge level will be in thinking and acting. Based on the characteristics of the respondents, breastfeeding mothers aged 20-35 years were 81.3% (61 respondents). Mothers aged 20-35 years tend to be more active in seeking information about exclusive breastfeeding. Mothers aged 20-35 years are referred to as "adulthood" and are also called the healthy reproductive period, where at this time it is expected that people are able to solve problems faced with emotional calm, especially caring for their babies including exclusive breastfeeding. Mothers with a healthy reproductive age will better understand the benefits of exclusive breastfeeding so that mothers are moved to provide exclusive breastfeeding to their babies (Ririn, 2019: 70). Low education of breastfeeding mothers allows them to be slow in adopting new knowledge. Based on the characteristics of the respondents, breastfeeding mothers with high school education were 81.3% (61 respondents). Education aims to change knowledge, opinions, concepts, attitudes, perceptions, and instill new correct habits to mothers who still use old customs (Notoatmodjo in Siti Fatimah, 2017: 28)

Based on the explanation of theory and previous research, the researcher argues that maternal knowledge has a relationship with the failure of exclusive breastfeeding, efforts that can be made are to increase the role of health workers, especially midwives, namely by providing IEC about colostrum and the benefits of exclusive breastfeeding, so that maternal knowledge about exclusive breastfeeding is good.

Relationship between parity and the failure of exclusive breastfeeding

Based on the results of the study there is a relationship between parity and the failure of exclusive breastfeeding at the Yosomulyo Health Center in Metro City with p value= 0.000. The results of this study are in accordance with research by Dhimas (2015: 59) at DI RSUD Wates showing there is a significant relationship between parity and the failure of exclusive breastfeeding with the results of p value= 0.000 ($p < \alpha = 0.05$). The results of the study are also in line with research conducted by Anita (2016: 9) on the relationship between parity of breastfeeding mothers with exclusive breastfeeding at the Sewon II Bantul Health Center, showing there is a relationship between parity and maternal awareness in exclusive breastfeeding with the results of p value= 0.043 ($p < \alpha = 0.05$). Research conducted by Nurma (2014: 54) with the title of the relationship between knowledge, education, parity with exclusive breastfeeding, obtained statistical test results of the relationship between parity and exclusive breastfeeding practices with the results of p value= 0.04 ($p < \alpha = 0.05$).

Parity is very influential on exclusive breastfeeding behavior because a mother who has no experience, acceptance of exclusive breastfeeding information is more difficult which will increase the

chances of negative behavior higher than positive behavior (Hurlock in Zumrotul 2019: 52). Parents who do not have experience caring for children will be less confident in carrying out parental roles than those who have experience.

The results of the study are in accordance with the theory that women who give birth for the first time (primipara) have no experience compared to those who have given birth (multipara), this will affect the way of adaptation where primipara mothers are at risk of not providing exclusive breastfeeding because they often encounter problems in providing breast milk to their babies. The problem that most often arises is nipple blisters due to lack of experience so that they experience problems in physiological breastfeeding (Neil, WR cited by Ida, 2012: 137).

Parity of breastfeeding mothers is closely related to the age of the mother, in primiparous parity (first-time mothers) who are 35 years or older, cannot breastfeed their babies with sufficient breast milk (Pudjiati cited by Ida, 2012: 40). Based on the characteristics of the respondents, breastfeeding mothers aged >35 years were 18.7% (14 respondents). In general, older women have a lower ability to breastfeed than younger women, one of the factors causing this is that in older women there is no mature gland development and its function changes after giving birth to a baby as in puberty (Ebrahim quoted by Ida, 2012: 39).

Efforts that can be made primiparous parity are by conducting IEC on the importance of exclusive *breastfeeding*, *breast care* for breastfeeding mothers, and teaching mothers breastfeeding techniques so that the risk of exclusive breastfeeding failure can be avoided.

Relationship between family support and the failure of exclusive breastfeeding

Based on the results of the study there is a relationship between family support and the failure of exclusive breastfeeding at the Yosomulyo Health Center in Metro City with $p\text{ value} = 0.000$. The results of this study are in accordance with Ririn's research (2019: 69) in Prawirodirjan Village, Gondomanan Health Center Working Area, which found that there was a relationship between husband support and exclusive breastfeeding with the result of $p\text{ value} = 0.000$ ($p < \alpha = 0.05$). The results of the study are also in line with research conducted by Ida (2012: 128) on factors related to exclusive breastfeeding, showing there is a significant relationship between family support and the failure of exclusive breastfeeding with the results of $p\text{ value} = 0.002$ ($p < \alpha = 0.05$). Research conducted by Indarwati (2017: 31) with the title of factors associated with exclusive breastfeeding, obtained statistical test results of the relationship between family support and exclusive breastfeeding with the results of $p\text{ value} = 0.032$ ($p < \alpha = 0.05$).

The results of the study are in accordance with the theory that family support plays an important role in the practice of exclusive breastfeeding by mothers who breastfeed their babies. The existence of family support, parents, especially husbands will increase self-confidence or motivation for the mother in breastfeeding, the mother's motivation is very decisive in exclusive breastfeeding for 6 months in infants (Maryunani, a, 2015: 204).

Based on the explanation of theory and previous research, the researcher assumes that the absence of family support is the cause of the lack of motivation that mothers get from the closest people who are expected to always be by the mother's side and always ready to provide assistance for breastfeeding in order to gain confidence and get full support from their husbands and families.

Efforts that can be made are to increase the role of the family by motivating mothers to always express breast milk when they are at home, help provide expressed breast milk to babies when the mother is at work, and provide support both physically and emotionally.

Conclusions and Suggestions

Based on the results of the research and discussion of the factors associated with the failure of exclusive breastfeeding in breastfeeding mothers at the Yosomulyo Health Center in Metro City, it can be concluded that there is a relationship between knowledge, parity, and family support with the failure of exclusive breastfeeding, efforts that can be made for mothers with less knowledge are with IEC about colostrum, the benefits of exclusive breastfeeding, for primiparous parity health workers are

sought to provide IEC about *breast care*, breastfeeding techniques and increase the role of the family by motivating mothers to always express their milk, and help provide expressed milk when the mother is working so that the risk of failure of exclusive breastfeeding can be avoided. exclusive breastfeeding.

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