

## Factors Affecting Mother In Giving Exclusive Asi In Saumlaki Health Center Kec. Tanimbar Selatan Maluku Regency West Tenggara

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**Abstract:** According to WHO data in 2006 issued a standard for child growth which was then applied throughout the world. The content is to emphasize the importance of breastfeeding only for babies from birth to 6 months of age, this means that babies only receive breast milk from the mother, without additional fluids or other solid foods. Exclusive breastfeeding coverage in ASEAN countries such as India has reached 46%, in the Philippines 34%, in Vietnam 27% and in Myanmar 24%.

This study uses an analytical research design with Cross Sectional design which is an observational research design that is conducted to determine the relationship of independent variables where the measurement of the variable is once and at the same time

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### I. Background

One of the goals of national development is to build quality human resources. One of the factors that play an important role in improving human quality is building the character of children from an early age so that they have good character. The quality of today's children is a determinant of the quality of Human Resources in the future. Future human development begins with coaching children today. To prepare qualified human resources in the future, children need to be prepared so that children can grow and develop as optimally as possible. Proper and optimal feeding is very important for the survival, growth and development of infants and children under the age of two.

The World Health Organization (WHO) recommends mothers to provide exclusive breastfeeding for six months, after six months given ASI supplementary food correctly and correctly, and breastfeeding is still given until children aged two years or older and weaning after two years old children.

According to WHO data in 2006 issued a standard for child growth which was then applied throughout the world. The content is to emphasize the importance of breastfeeding only for babies from birth to 6 months of age, this means that babies only receive breast milk from the mother, without additional fluids or other solid foods.

Globally, 38% of infants given breastfeeding are exclusively 0-6 months old. For the lowest level is 4 months with the lowest rates occurring in high-income countries such as Australia, Britain and the United States. In Australia, 96% of children aged 0-2 years start breastfeeding, and only 15% are exclusively breastfed. 5-6 months. 5-6 months of exclusive breastfeeding which trends are seen in other high income.

Indonesia's target for the Millennium Development Goals (MDGs), in 2015 the infant mortality rate and under-five mortality rate decreased by two thirds in the 1990-2015 period. The improvement of the exclusive breastfeeding program is one of the government's efforts to achieve Sustainable Development Goals (SDGs). Nationally, the exclusive ASI target in Indonesia is 80%, while the coverage of exclusive breastfeeding reaches only 48.6%, Exclusive breastfeeding during the first 6 months of life reduces infant morbidity and mortality. Estimates suggest that infants who are not breastfed at the age of 0-5 months have a 14.40 risk of death compared to infants given exclusive breastfeeding. Global data from 2011 calculated that 11.6% of the total deaths of children under five were caused by suboptimal breastfeeding.

Exclusive breastfeeding until the age of 6 months seems to be too difficult to implement. Efforts for mothers to be able to breastfeed their babies exclusively until the age of 4 months still have many obstacles. The

goal of the community nutrition improvement program to increase exclusive breastfeeding to 80% seems too high. Reports from various studies show a low prevalence of 4 months exclusive breastfeeding.

The benefits of breast milk can reduce a baby's risk of developing childhood cancer (lymphocytic leukemia, neuroblastoma, malignant lymphoma), 16.7 times less pneumonia and the risk of being treated with respiratory tract 3x less often than babies with formula milk, 47.00% rarely diarrhea 23, 50% (Rasyida, 2012). Although there are many known benefits of exclusive breastfeeding, there are still many mothers who do not use it and replace it with the provision of milk and formula food.

## II. Method

It is an abstraction formed by generalization of specific things. Because the concept is abstraction, the concept cannot be directly observed or measured. The concept can only be observed through the construct or better known as the variable. So the variable is a symbol or symbol that shows the value or number of the concept. Variables are a variety (Notoatmodjo, 2010).

The sample by the mother is part of the population that is expected to represent or represent the population. The sampling technique in this study uses incidental sampling technique. Incidental sampling is the technique of determining incidental sample based on meeting researchers can be used as a sample if the person who happens to be found is suitable as a data source. According to Riyanto (2011)

The place of research was conducted in the work area of Saumlaki Public Health Center, South Tanimbar District, West Southeast Maluku Regency.

Analytical research design with Cross Sectional design is an observational research design conducted to determine the relationship of independent variables where the measurement of variables is once and at the same time (Riyanto, 2011). Research Time This research was conducted from April to August 2018

The number of samples in this study were 70 samples.

The sampling technique in this study uses incidental sampling technique. Incidental sampling is the technique of determining incidental sampling based on meeting researchers can be used as a sample if it is considered that someone who happened to be found is suitable as a data source (Sugiono, 2017).

**Inclusion criteria:** mothers with exclusive breastfeeding

**Exclusive criteria:** Mother with no exclusive breastfeeding

### Research procedure

#### 1. Administrative procedure

Stages of research preparation, researchers conducted research permits and studied research ethics. The research preparation phase, the researcher carries out research permits and studies research ethics. After the study passed the ethical test from the Ethics Committee of the General Achmad Yani Cimahi STIKes, the letter was then submitted to the Head of the Health Service of West Southeast Maluku Regency.

#### 2. Technical Procedures

After obtaining a research permit from the Head of the West Southeast Maluku District Health Office, the investigator first conducted a study assisted by nutrition workers or midwives or Puskesmas nurses by collecting data when the mother came to the socialization by giving a questionnaire

#### 3. There are 4 implementation phases:

The implementation phase of this research is through the following stages:

a. Request willingness of the person in charge to give permission to take research

Subjects.

b. Explain the purpose and objectives of the research to be carried out to the respondent and the benefits that will be carried out.

c. Give respondents the opportunity to ask questions that have not been understood.

d. After finishing explaining the purpose and objectives of the study, the researcher asked the mother's willingness to sign the informed consent. Parents / person in charge if they refuse to sign the informed consent, the mother is declared not to have been investigated. But if the mother is willing to sign the informed consent, the researcher has the right to do the research by giving a questionnaire to the respondent when she comes to the socialization at home

Data analysis performed includes:

#### A. Univariate

Univariate analysis aims to make factual and accurate structured data images about the facts and the relationship between the phenomena under study (Riyanto, 2011). Univariate analysis was carried out to explain or make a data connection related to the independent variables of maternal characteristics (age, occupation and education)

internal factors (knowledge, attitudes, perceptions and culture), external factors (family support, community support, health worker support). Existing numerical data is categorized as presentation in frequency and presentation:

1. Age
  - a. <20 years is given a value of 1
  - b. 20-35 years given a value of 2
  - c. > 35 years given a value of 3
2. Job:
  - a. Not working is given a value of 1
  - b. Work is rated 2
3. Education
  - a. Low (elementary, junior high) is given a grade of 1
  - b. High (high school, PT) is given a score of 2
4. Knowledge:

Measurement of knowledge using percentages (%) with the following categories:

  - a. Less <56%
  - b. Enough 56-75%
  - c. Good > 76%
5. Attitude  
Attitude measurement using percentage (%) with the following categories:
  - a. Negative <54.6
  - b. Positive > 54.6
6. Perception  
Perception measurement using percentage (%) with the following categories:
  - a. Less <60
  - b. Good 60
7. Family Support
  - a. Does not support if the median value is <7
  - b. Support if the median value is 7
8. Community Support
  - a. Does not support if the median value is <3
  - b. Support if the median value is 3
9. Health Officer Support
  - a. Does not support if the median value is <6
  - b. Support if the median value is 6

#### B. Bivariate

Bivariate analysis was carried out to prove the hypotheses that had been formulated and also carried out to determine the effect or influence or differences between the independent variables using the chi square test. (Riyanto, 2011). Bivariate analysis in this study uses correlation and Simple Linear Regression which is to know between two numeric variables. The purpose of the regression analysis is to estimate the value of the most dominant independent variables. Bivariate analysis in this study was used in finding independent variables of maternal characteristics (age, occupation, education), internal factors (knowledge, attitudes, perceptions) external factors (family support, community support, health worker support) that were considered to affect one variable with variables other.

#### C. Multivariate analysis

Multivariate analysis used is factor analysis with the aim to try to find the relationship between independent variables with each other, so that one or more variables can be made that are fewer than the number of initial variables (Riyanto, 2012). The analysis used to form several groups of independent variables that are considered valid to explain internal and external characteristics that affect mothers does not provide exclusive breastfeeding

1. Analysis of the dominant factors that influence mothers giving exclusive breastfeeding
2. Factor Analysis

Factor analysis steps:

- a. Test the correlation by looking at KMO (Kaiser-Meyer-Olkin) and Bartlett's numbers. The purpose of seeing the variables and samples as a whole can be further analyzed or not.
- b. Seeing the correlation between independent variables with regard to the value of anti-image matrix by looking at the number marked "a"

c. Grouping factors:  
 Explain each variable by looking at the value of the communalities, which is basically the number of variants (in percentage) of a first variable that can be explained by existing factors.

### III. Results

In this chapter, the results of the research will explain the dominant factors that influence mothers in giving exclusive breastfeeding in the Saumlaki Community Health Center Work Area, South Tanimbar District, West Southeast Maluku Regency, from July to August 2018. education), internal factors (knowledge, attitude, perception), external factors (family support, community support, health worker support). Bivariate analysis uses correlation and simple linear regression to know the relationship between independent variables, namely: 1. Attachment of research data. 2. Multivariate analysis using factor analysis

#### 1. Univariate Analysis

a. Overview of maternal characteristics (age, occupation, education) in giving exclusive breastfeeding.

Table 4.1 Distribution of Frequency of Mother Characteristics (age, occupation, education) in Giving Exclusive Breastfeeding in Saumlaki Health Center Work Area, South Tanimbar District, West Southeast Maluku District.

Variable	Sub. Variable	EXCLUSIVE BREASTFEEDING	Σ	%
Characteristics mother	Age	1. <20 th	6	8.6
		2. 20-35 thn	58	82.9
		3. >35 thn	6	8.6
	Work	1. Does not work	58	82.9
		2. Work	12	17.1
	Education	1. Low(SD,SMP)	24	34.3
		2. High(SMA,PT)	46	65.7

Based on table 4.1, maternal age is at the highest rank at age 20-35 years 58 (82.9%), maternal work is in the most orderly position in not working 58 (82.9%), maternal education is in the highest order SMA, PT 46 (65.7%) in the Saumlaki Health Center working area of South Tanimbar District, West Southeast Maluku Regency.

b. Description of Mother's Internal Factors (knowledge, attitudes, perceptions) in Giving Exclusive ASI.  
 Table 4.2 Distribution of Frequency of Maternal Internal Factors (knowledge, attitudes, perceptions) in Giving Exclusive Breastfeeding in the Work Area of Saumlaki Health Center South Tanimbar District, West Southeast Maluku District.

Variable	Sub,Variable	ASEXCLUSIVE	Σ	%
Mother's Internal Factors	Knowledge	1. Less	38	54.3
		2. Enough	28	40.0
		3. Good	4	5.7
	Attitude	1. Negatif	48	68.6
		2. Positif	22	31.4
	Perception	1. Kurang	52	74.3
		2. Baik	18	25.7

Based on table 4.2 above, maternal knowledge is in the highest rank among 38 (54.3%). The mother's attitude was in the most negative order 48 (68.6%), the mother's perception was not the highest, 52 (74.3%) in the Saumlaki Puskesmas work area South Tanimbar District, West Southeast Maluku Regency

c. Overview of the mother's external factors (family support, community support, health worker support) in the provision of exclusive breastfeeding.

d. Table 4.3 Distribution of Frequency of Maternal External Factors (family support, community support, health worker support) In Giving Exclusive Breastfeeding in Saumlaki Puskesmas Work Areas, South Tanimbar District, West Southeast Maluku District.

EXCLUSIVE BREASTFEEDING				
Mother's External Factors	Family support	1. Does not support 2. Support	Jumlah	Presentase
			30	42.9.
	40	57.1		
	Community Support	1. Does not support 2. Support	28	40.0
			42	60.0
Health Officer	1. Does not support	41	58.6	

	Support	2. Support	29	41.4
	Total		<b>70</b>	<b>100.0</b>

Based on table 4.3 above Family support that does not support is at the highest rank among supporting 40 (57.1%). Community support was in the most orderly position supporting 42 (60.0%), unsupportive health worker support was at the highest rank 41 (58.6%) in the SaumlakiPuskesmas work area South Tanimbar District, West Southeast Maluku District.

e. Distribution of Frequency of Exclusive Breastfeeding in the Work Area of Saumlaki Public Health Center, South Tanimbar District, West Southeast Maluku District.  
 Table 4.4 Distribution of Frequency of Exclusive Breastfeeding in the Saumlaki Health Center Work Area, South Tanimbar District, West Southeast Maluku District

Exclusive breastfeeding	Exclusive breastfeeding	Not Giving	amount	Presentase
			Give	58
	<b>Total</b>		<b>12</b>	<b>17.1</b>
			<b>70</b>	<b>100.0</b>

Based on table 4.4 above, the distribution of 70 mothers with the most 0-6 months of infants who did not provide Exclusive ASI 58 (82.9%).

2. Bivariate Analysis (Chi-Square)

a. Relationship of Mother Characteristics Factors (age, occupation, education)in the provision of exclusive breastfeeding

Table 4.5. Characteristic factors (age, occupation, education) of mothers in the provision of exclusive breastfeeding in the work area of SaumlakiPuskesmas, South Tanimbar District, West Southeast Maluku District, 2018

Exclusive breastfeeding		Not Giving(N)	%	Give	%	P. Value
Mother Characteristics	Umur ibu	1.<20 Thn 6	6	100.	0	0.05
		2.20-35 Thn	47	0	11	19.0
		3.>35 Thn	5	81.0	1	16.7
			83.3			
	Pekerjaan	1.Doesnot work	50	86.2	8	13.8
		2.Work	8	66.7	4	33.3
	Pendidikan	1.Laceh (SD, SMP)	23	95.8	1	0.034
		2.High(SMA, PT)	35	76.1	11	23.9
		<b>Total</b>	<b>58</b>	<b>82.9</b>	<b>12</b>	<b>17.1</b>

Based on table 4.5 above the age of the mother is in the order of the most at the age of 20-35 years means that there is a relationship  $<\alpha$  p.value (0.05), the mother's work is in the most orderly order in not working means  $>\alpha$  p.value (0.115 .%), Mother education is in the highest order of senior high school, PT means that there is a  $<\alpha$  p.value (0.034) relationship in the SaumlakiPuskesmas working area in South Tanimbar District, West Southeast Maluku Regency.

b. Relationship of Internal Factors of Mother (knowledge, attitude and perception) in the Giving of Exclusive Breastfeeding.

Table 4.6. Mother's Internal Factors (knowledge, attitude and perception) in Giving Exclusive Breastfeeding in the Work Area of Saumlaki Health Center South Tanimbar District, West Southeast Maluku District, 2018.

Internal factors		Not Giving(N)	%	Give	%	P. Value
Knowledge	1.Less	34	89.5	4	10.0	0.005
	2.Good	23	82.1	5	17.9	
	3.Enough	1	25.0	3	75.0	
Attitude	1.Negative	40	83.3	3	13.8	0.562
	2.Positive	18	81.8	9	33.3	
Perception	1.Less	49	94.2	3	16.7	0.034
	2.Good	9	50.0	9	18.	
<b>Total</b>		<b>58</b>	<b>82.9</b>	<b>12</b>	<b>17.1</b>	

Based on table 4.6 above, the knowledge of mothers is less in the highest order, meaning that there is a relationship  $<\alpha$  p.value (0.005). Positive maternal attitude is in the most orderly sequence meaning that there is

no relationship >  $\alpha$  p.value (0.562), mother's perception is in the highest order, meaning there is no <  $\alpha$  p.value (0.034) relationship in Saumlaki Health Center work area. South Tanimbar, West Southeast Maluku Regency.

3. Relationship between External Factors of Mother (family support, community support, health worker support) in the provision of exclusive breastfeeding.

4. Table 4.7 Relationship between maternal external factors (family support, community support, health worker support) in exclusive breastfeeding in the Saumlaki Puskesmas working area, South Tanimbar District, West Southeast Maluku District in 2018.

EXCLUSIVB REASTFEED ING			Not Giving(N)	%	Give	%	P. Value
External Factors	Family support	1.Doesnotsupport	28	93.3	2	6.7	0.042
		2.Support	30	75.0	10	25.0	
	Community Support	1.Doesnot support	25	89.3	3	10.7	0.202
		2.Support	33	78.6	9	21.4	
	Support of Kes.	1. Doesnotsupport	39	95.1	2	4.9	0.002
		2.Support	19	65.5	12	34.5	
<b>Total</b>			<b>58</b>	<b>82.9</b>	<b>12</b>	<b>17.1</b>	

Based on table 4.7 above, family support is in the most order of support, meaning that there is a relationship <  $\alpha$  p.value (0.042). Community support in the most orderly order supports the meaning that there is no relationship >  $\alpha$  p.value (0.202). Health worker support is in the highest order of support, meaning that there is a relationship <  $\alpha$  p.value (0.002) in the Saumlaki Puskesmas working area of South Tanimbar District, West Southeast Maluku Regency.

### 3. Multivariate Analysis (Logistic Regression)

Based on the bivariate analysis using the chi square test, it is known that the variables of education, perception, family support, health workers have  $p < 0.05$  so that these variables are included in the multivariate test with logistic regression test, while the other variables do not enter. Table 4.8. Factors Affecting Mothers in Exclusive Breastfeeding in the Work Area of Saumlaki Health Center South Tanimbar District, West Southeast Maluku District, 2018.

Variabel	Exp(B)	CI95%	P-value
Education	12.634	1.013-157.602	0.049
Knowledge	3.712	0.937-14.700	0.062
Perception	8.594	1.335-55.333	0.024
Family support	3.369	0.426-26.624	0.249
Officer Support	4.018	0.478-33.806	0.201

Table 4.8 shows that the p-value of the Education variable (0.049) and perception (0.024) is less than the 0.05 value so that the three variables enter the model.

Table 4.9. Variables that influence exclusive breastfeeding.

Variable	Exp(B)	CI95%	P-value
Education	18.374	3.786-89,161	0.000
Perception	8.905	0.901-87,987	0.061

The results of the analysis can be concluded that of all the independent variables that are thought to influence exclusive breastfeeding, there is one variable (perception) that most influences exclusive breastfeeding with p value 0.000 < 0.05. The biggest PR value obtained is 18,374 which means that a good mother's perception that has a chance of 18,374 times causes the mother to give exclusive breastfeeding.

#### a. Correlation Test Results

Correlation Matrix is a correlation matrix table containing correlation values between the variables to be analyzed. In the Correlation section can be seen the magnitude of the correlation between variables. Obtained results Health workers support the more percentage of health worker support, the less percentage of mothers' perceptions of exclusive breastfeeding attitudes (0.501) and the correlation between health worker support variables and significant perceptions of p value. Value 0.000 (< 0.05) means that there is a relationship between variables of health worker support for perception.

**Tabel 4.9. Hasil Analisis Variabel Dominan**

Model	Variabel	KMO	Anti Image
Model 1	Age	0.634	0.384
	Work		0.499
	Education		0.45
	Knowledge		0.631
	Attitude		0.735
	Perception		0.682
	Family support		0.52
	Community Support		0.688
	Officer Support		
Model 2	Knowledge	0.684	0.626
	Attitude		0.745
	Perception		0.675
	Family support		0.669
	Community Support		0.746
	Officer Support		0.681

Based on table 4.9 model 1 shows the Kaiser-Meyer-Olkin Measure of Sampling (KMO) value of 0.634 thus the KMO requirement meets the requirements (> 0.5). The anti image table shows that out of 9 variables, age, occupation and education variables with Measures of Sampling Adequacy (MSA) <0.5, these variables are excluded from the test.

After repeated testing on model 2 the KMO value is 0.684, then the KMO requirement is fulfilled. The anti image table shows that six variables were tested to meet MSA requirements, namely > 0.5.

**Tabel 4.10 Extraction**

Model	variabel	Extraction
Model 1	Knowledge	0.69
	Attitude	0.325
	Perception	0.629
	Familysupport	0.461
	Community Support	0.399
	Support of Kes	0.637
Model 2	Knowledge	0.314
	Perception	0.653
	Officer Support	0.686
Model 3	Perception	0.75
	Officer support	0.75

**Communalities Test Results**

Model 1 table shows that there is an Extraction <0.5 value, so the attitude, family support and community support variables must be removed from the test. After retesting, Model 2 shows that there is a variable with an extraction value <0.5, so the knowledge variable is excluded from the test. The final result is obtained in Model 3 which shows the perception and support variable of the health worker is 0.75.

So the closeness of the perception variable relationship to the factors formed by 0.75 means that the relationship of perceptual variables to factors that are closely formed or the contribution of perception variables to the factors formed by 75%. Then, the closeness of the relationship variable health care support 0.75 means the relationship of health worker support variables to the factors closely formed or the contribution of health worker support variables to the factors formed by 75% is the most closely related factor of perception, and support of health workers.

**IV. Discussion**

A. Research is explained in accordance with the research objectives and hypotheses presented in this study. The purpose of this study was to examine the factors that influence mothers not to provide exclusive breastfeeding in the Saumlaki Community Health Center Work Area, South Tanimbar District, West Southeast Maluku District.

1. Univariate analysis:

a. Mother Characteristics

1) Age

Based on the results of the study it was found that mothers in Saumlaki Health Center South Tanimbar District, West Southeast Maluku District, were the most aged 20 to 35 years with a percentage of (82.9%).

Mother's age greatly determines maternal health and is related to the conditions of pregnancy, childbirth and childbirth and how to breastfeed her baby. Changes in age in mothers affect breast milk production. Whereas

mothers who are less than 30 years of age have more milk production than older mothers. Production is associated with changes in the female breast gland associated with the menstrual cycle and changes in the hormones estrogen and progesterone. After menstruation where estrogen and progesterone levels are reduced, namely prolactin (Novita, 2008).

According to research conducted by AgamIsnaini (2011) who said that besides that the cause of breastfeeding failure was due to inhibited initiation, inexperienced mothers, parity, age, marital status, smoking, failed breastfeeding experience, no family support, lack of knowledge, attitudes and skills, socio-cultural factors and health workers, low lactation education during prenatal care and hospital policies that do not support lactation.

## 2) Work

Based on the results of the study, it is known that most of the mothers in the public health center in South Tanimbar sub-district, West Southeast Maluku regency, are more not working 58 (82.9%).

According to research conducted by SitiSyamsiah (2011) which states that the low rates of breastfeeding are due to constraints on breastfeeding practices, including lack of information about breastfeeding and correct breastfeeding, management in places of delivery that are less supportive, maternal problems working, and facilities inadequate. The family is the smallest unit in life. Interaction in a family unit is an important form of interaction so that if the mother who works gives less breastfeeding with more family interaction breastfeeding.

Based on research conducted by Sulistiyowati (2014) Mothers who are active in commercial activities such as working in an office or factory, running a personal business as an additional income that takes up a lot of time outside the home, choose to use formula milk because it is considered more profitable. Besides that, the rise of milk advertising has caused many mothers to assume that formula milk is not just food, but also as a medicine for children. This is believed by mothers who have less knowledge about ASI who think that formula milk is better than breast milk because it is economical and the essential nutrients contained in formula milk advertisements (Prasetyono, 2012).

## B. Education

Based on the results of the study, it was found that mothers at Saumlaki Health Center South Tanimbar District, West Southeast Maluku District had high school education, PT, 46 (65.7%).

Maternal education affects exclusive breastfeeding and early breastfeeding initiation. Mothers who are highly educated will have better acceptance of exclusive breastfeeding and initiation of early breastfeeding and strive to put it into practice. Diverse and different information absorption is influenced by the level of education. Education will affect all aspects of human life, both thoughts, feelings and attitudes.

The higher the level of education the higher the basic abilities of a person, especially the provision of breastfeeding. The level of education can underlie maternal attitudes in absorbing and changing information systems about ASI (Astuti, 2013).

According to research conducted by Oktoviyanda (2013) which said that several studies have been conducted to identify factors that influence weaning age, namely sociodemographic factors (age, place of residence, level of education, marital status, parity, occupation, and income) and psychosocial factors (breastfeeding intention, belief in breastfeeding ability, and social support) (Yusria, 2011). Socio-demographic factors influence the decision of the mother to stop breastfeeding compared to psychosocial factors which actually influence the father's role in the mother's decision to stop breastfeeding (Marcil, 2005). Socio-demographic factors (socio-economic and demographic) such as parity, residence, level of education, and maternal work are factors that influence the age of weaning.

## C. Internal factors

### 1) Knowledge

Based on the results of the study it was found that most of the mothers in Saumlaki Health Center South Tanimbar District, West Southeast Maluku District had less knowledge 38 (53.3%), sufficient knowledge 28 (40.00) and good knowledge 4 (5.7%).

Knowledge is obtained from life experiences that can influence a person's behavior in learning important information. Information and experience gained by someone related to complementary feeding of ASI influences that person's behavior. Lack of knowledge of mothers not giving exclusive breastfeeding to their babies, among others, lacks the importance of exclusive breastfeeding (Riksani, 2012).

According to Afoseet (2012) research, that one of the factors of knowledge related to exclusive breastfeeding the main factor that determines one's knowledge is education compared to age, marital status and income from the family. Knowledge is a domain that is very important for the formation of one's actions. From experience and research it turns out that behavior based on knowledge will be better than behavior that is not based on knowledge. According to Arikunto, a person's knowledge can be known and interpreted by scale: Good if the percentage results are 76 to 100%, if the results are up to 75% and less if the percentage results > 56%.



2) attitude

Based on the results of the study it was found that most of the mothers in Saumlaki Health Center South Tanimbar District, West Southeast Maluku District had a negative attitude of 48 (68.6%).

According to research conducted by Andri (2014) which states that maternal attitudes towards exclusive breastfeeding are still largely negative (71.2%), there is a relationship between mother's knowledge and attitudes, and mothers generally have mistaken beliefs about exclusive breastfeeding. The low level of knowledge of respondents is thought to be caused by, among others, lack of information, lack of clarity of information, and lack of ability of respondents to understand the information received.

According to research conducted by (Widiyanto, 2012) which states that maternal psychological preparation for breastfeeding during pregnancy is very meaningful, because a positive mother's decisions and attitudes must exist at the time of pregnancy even far before. The mother's attitude is influenced by several factors including custom or breastfeeding habits in their respective areas, previous breastfeeding experience, mother's knowledge of exclusive breastfeeding, pregnancy is desired or not, besides support from the family also plays an important role and for mothers who have a supportive attitude towards exclusive breastfeeding he will strive to meet the needs of his baby in this case is the fulfillment of nutrition by giving ASI exclusively.

Based on research conducted by Widiyanto (2012) who said that while mothers who do not have a supportive attitude towards giving exclusive breastfeeding will try to change their role during lactation by giving bottle milk to their babies on the grounds that breastfeeding is not enough, the mother works, afraid of fat body, besides the support of the family is also very influential.<sup>2,5</sup> An example of a mother who is pregnant out of wedlock will be reluctant to breastfeed her baby because she considers her child to be an unwanted baby as a result of which a baby who at 6 months should start teething but turns out his teeth have not grown and growth his weight is only around 500-600 grams / month in the first quarter, besides that the baby also often experiences pain such as diarrhea and coughing.

3) Perception

Based on the results of the study it is known that most of the mothers in the Saumlaki health center in South Tanimbar sub-district, South East Maluku district, have a perception of less than 52 (74.3%).

Perception is a process of organizing, interpreting the stimulus received by the individual so that it becomes something meaningful. The response as a result of perception can be taken by individuals with various forms, which stimulus will get responses from individuals depending on individual attention. The feeling of the ability to think, the experiences that individuals have are not the same in perceiving a stimulus resulting from perception will differ from individual to one another. These differences can affect many factors, including knowledge, experience and point of view (Walgito, 2009).

According to research conducted by Yulianti (2014) who said that the misperceptions of working mothers with breastfeeding exclusion so that can be done is by telling the mother directly even though sara squeeze the milk and put it in a bottle and then stored in the refrigerator refrigerator, if the baby feels thirsty and hungry just to give milk that had been squeezed before, even though the mother worked the mother still used to give exclusive breastfeeding to the baby.

D. External Factors

1) Family Support

Based on the results of the study it was found that family support for mothers in giving exclusive breastfeeding mostly supported 40 (57.1%) and did not support 30 (42.9%).

According to research by Tran HuuBich (2013), states that family support is an integral part of social support. At the national level, the proportion of exclusive breastfeeding among children less than 6 months was reported to be 19.8% in one survey and 10% in the other. In Hai Duong province, the proportion of exclusive breastfeeding for children aged less than 6 months is only 4%. According to research conducted by Syamsiah (2011) the family is the smallest unit in life. Interaction in a family unit is an important form of interaction. Likewise in terms of exclusive breastfeeding, support from the family so that this exclusive ASI program is successful is very important. This is in accordance with Budiarti's (2008) statement which states that support for the success of the breastfeeding process comes from several parties, including families, ASI support groups, communities, and the Government. While Rahardian (2009) stated that family support especially husband is a factor that influences the achievement of breastfeeding.

2) Community Support

Based on the results of the study it was found that community support for mothers in giving exclusive breastfeeding mostly supported 42 (60.0%) and did not support 28 (40.0%).

Breastfeeding by breastfeeding mothers requires support from the closest person, such as community leaders. People who are considered as the most able to give influence to the mother to maximize exclusive breastfeeding.

Support or support from other people or people nearby, is very instrumental in the success or failure of breastfeeding. The greater the support obtained to continue breastfeeding, the greater the ability to be able to continue to breastfeed (Nurlinawati, 2016).

According to research conducted by Suharti (2018) who said that support or support from other people or people closest to them, was very instrumental in the success or failure of breastfeeding. The greater the support you get to continue breastfeeding, the greater the ability to be able to continue to breastfeed. Husband and family support is very influential, a mother who is not supported by her husband, mother, sister, or even feared, is influenced to switch to formula milk.

### 3) Support of health workers

Based on the table above, the results of statistical tests using chi square test on the 95% confidence level is known that the sig (0.001)  $< \alpha$  (0.05) value indicates that there is a statistically significant relationship between the support of the officer by giving exclusive breastfeeding.

Based on the results of the study, it was found that family support for mothers in giving exclusive breastfeeding did not support 41 (58.6%) and did not support 29 (41.4%).

Support Health workers are (doctors, midwives, nurses) and other health workers can influence the function of maternal health services, both before and after pregnancy and childbirth.

The form of support from health workers is to provide information about exclusive breastfeeding with the age of 0-6 months as an effort to help improve the achievement of exclusive breastfeeding targets and also the immediate interaction between mother and baby within minutes after birth is closely related to breastfeeding success. The provision of health education is carried out before during pregnancy and continued until delivery (Fikawati, 2010).

According to research conducted by DwiSarhini (2008) which states that exclusive breastfeeding is influenced by factors of health worker support, namely maternal health, infant health by breastfeeding infants is considered not modern and puts mothers in a lower position compared to upper class mothers. The rapid development of formula milk industry with various promotions in the mass media can cause misunderstanding. The provision of formula milk is considered better than ASI. Knowledge and attitudes of health workers in providing counseling or encouragement about the benefits of breastfeeding greatly determines the success of breastfeeding mothers. In addition, the health conditions of infants and mothers are very influential in breastfeeding. Healthy babies, not having certain diseases and not having disabilities are easier to breastfeed and vice versa. The amount of milk produced is sufficient if maternal health conditions are good and food consumption is sufficient in terms of quality and quantity.

## 2. Results of Bivariate Analysis

### A. Relationship between maternal characteristics (age, occupation, education) with exclusive breastfeeding.

#### 1) Age

Statistical test results showed a significant relationship between maternal age and exclusive breastfeeding showed a relationship with the value of p.value (0.502)  $> \alpha$  (0.05).

This means that mothers aged 19 to 23 years produce more breast milk compared to older people, while primiparous mothers who are more than 20-35 years old tend to produce enough milk, this is because over 20-35 years of breast and gland degeneration occur the alveoli as a whole, so that the milk produced is reduced because the alveoli is an ASI-producing gland. In addition, a mother's age of 30 years or more for a mother for exclusive breastfeeding is 58 (82.9%). (Utami, 2012).

According to research conducted by Riskesdas (2010) states that maternal conditions (swelling, breast abscess, anxiety / lack of confidence, incorrect assumptions about the value of bottle milk, want to work, mother's malnutrition, etc.). Besides that, the cause of breastfeeding failure is due to inhibited initiation, inexperienced mother, parity, age until a failed breastfeeding experience.

#### 2) Work

The results of statistical tests related to a significant relationship between the work of mothers with exclusive breastfeeding showed no relationship with the value of p.value (.199)  $> \alpha$  (0.05). This means that the mother's work must prepare the baby with complementary feeding, so that exclusive breastfeeding becomes unsuccessful. When compared to mothers not working, by providing complementary foods so that exclusive breastfeeding was unsuccessful. Article 128 paragraph 2 and 3 of the Republic of Indonesia Law Number 36 of 2009 concerning health states that during the provision of ASI, the family, the local government and the community must support the mother in full with the provision of special time and facilities. Provision of special facilities as referred to in paragraph (2) is held at workplaces and public facilities. During the second month of maternity maternity leave can make supplies for breast milk because at this time breast milk production increases while the baby's needs are still small, breast milk can be stored in the refrigerator.

For mothers who work still provide complementary food after returning to work, the mother continues to provide breastfeeding so that exclusive breastfeeding does not reach 0-6 months 50 (86.2%). For working mothers who do not have ASI supplies, they can use complementary foods for breastfeeding and formula milk. In addition, working mothers should seek complete information on how to manage ASI (Astuti 2013). According to research conducted by SitiSyamsiah (2011) which states that the low rates of breastfeeding are caused by constraints on breastfeeding practices, including lack of information about breastfeeding and correct breastfeeding, management in a place of delivery that is less supportive for working mothers, with no facilities adequate.

3) Education

Statistical test results revealed a significant relationship between maternal education with exclusive breastfeeding shows that there is a relationship with p.value (0.047) >  $\alpha$  (0.05).

This means that maternal education affects exclusive breastfeeding and early breastfeeding initiation. Mothers who are highly educated will have better acceptance of exclusive breastfeeding and initiation of early breastfeeding and strive to put it into practice. Absorption of diverse and different information is influenced by the level of education. Education will affect all aspects of human life, both thoughts, feelings and attitudes. The higher the level of education the higher the basic abilities of a person, especially the provision of breastfeeding. The level of education can underlie mother's attitude in absorbing and changing information systems about ASI (Astuti, 2013).

According to research conducted by Tran HuuBich (2013) states that exclusive breastfeeding for the first 6 months of life brings benefits to maternal health education and child health and development. Based on the WHO definition of exclusive breastfeeding, babies are exclusively breastfed if they only receive breast milk from their mothers. The definition also states that the baby does not receive food or other liquids, except oral solutions, drops or syrup containing vitamins, minerals and drugs. However, the proportion of mothers who practice exclusive breastfeeding at 4 and 6 months is still low at the global level. Exclusive breastfeeding is influenced by factors at the individual level including education, maternal health, infant health. Beyond individual factors are also influenced by households, families, community level factors such as peer pressure, cultural perception, health service delivery and socio-economic factors. WHO and UNICEF have initiated several intervention strategies that target maternal and health care systems to improve breastfeeding practices.

B. Relationship between internal maternal factors and exclusive breastfeeding

1) Knowledge

Statistical test results revealed a significant relationship between maternal education and exclusive breastfeeding showed that there was a relationship with p.value (0.005) >  $\alpha$  (0.05).

This means that knowledge is obtained from life experiences that can influence a person's behavior in learning important information. Information and experience gained by someone related to complementary feeding of ASI influences that person's behavior. Lack of knowledge of mothers not giving exclusive breastfeeding to their babies, among others, lacks the importance of exclusive breastfeeding (Riksani, 2012).

The reality on the ground shows that exclusive breastfeeding is not as easy as imagined. The trust that developed in the community as well as hereditary habits of giving MP-ASI (banana) after a 2-month-old baby was a major obstacle to exclusive breastfeeding. In addition, health workers who help mothers during childbirth often give formula milk and sugar water first until the mother is ready to breastfeed. Whereas in the code of ethics health workers have explained that health workers must participate in supporting the exclusive ASI program. Another factor that is an obstacle in exclusive breastfeeding is the level of maternal education and mother's knowledge of breastfeeding.

Both factors are possible to have a considerable influence in exclusive breastfeeding. If the mother's education level is low, the mother's knowledge of breastfeeding will also be low so that exclusive breastfeeding for 6 months will not be achieved. Moreover, coupled with the ignorance of the public about the duration of exclusive breastfeeding that is right in accordance with what is recommended by the government. Even today the period of correct breastfeeding is still a debate among the health world (Agustin Syamsiana, 2010).

2) attitude

Statistical test results revealed a significant relationship between the attitude of mothers with exclusive breastfeeding showed no relationship with the value of p.value (0.876) >  $\alpha$  (0.05).

This means that the psychological preparation of the mother for breastfeeding during pregnancy is very meaningful, because the positive decisions and attitudes of the mother must exist at the time of pregnancy even far before. The mother's attitude is influenced by several factors including custom or breastfeeding habits in their respective areas, previous breastfeeding experiences, maternal knowledge about exclusive breastfeeding,

pregnancy desired or not, besides support from the family also plays an important role and in mothers who have a supportive attitude towards exclusive breastfeeding he will strive to meet the needs of his baby in this case is the fulfillment of nutrition by giving exclusive breastfeeding (Widiyanto, 2012)

According to research conducted by Yulianah (2013) which states that the low level of exclusive breastfeeding by breastfeeding mothers in Indonesia is caused by internal factors of maternal attitudes in exclusive breastfeeding, lack of availability of maternal and child health care facilities. The stakeholders in the health sector concluded that the basic reason for the low coverage of exclusive breastfeeding was the baby's access to low exclusive breastfeeding. Low access was strongly influenced by the mother's specific potential as the main figure, namely maternal behavior.

### 3) Perception

Statistical test results revealed a significant relationship between the attitude of mothers with exclusive breastfeeding showed there was a relationship with the value of  $p.value (0.000) > \alpha (0.05)$ .

This means that the perception that is often found in breastfeeding mothers is that breastfeeding is lacking and the mother feels that breast milk is produced is not enough to meet the needs of her baby. The mother's knowledge about exclusive breastfeeding but with the mother's perception made it so that it did not provide exclusive breastfeeding. Based on the research by Pertiwi (2010), there were 55.7 percent of mothers with negative perceptions because mothers felt the need to provide drinks other than breast milk because their babies often asked for breastfeeding.

Exclusive breastfeeding or exclusive breastfeeding until a 6 month old baby is very beneficial because it can

protect babies from various diseases that cause infant mortality. In addition to benefiting the baby, exclusive breastfeeding also benefits the mother, which reduces postpartum bleeding, reduces blood loss during menstruation, accelerates the achievement of body weight before pregnancy, reduces the risk of breast cancer and uterine cancer.

Although breastfeeding and breastfeeding are very beneficial, an estimated 85 percent of mothers in the world do not give ASI optimally. It seems that exclusive breastfeeding as recommended by WHO (2002) is still rarely practiced by mothers in various countries, due to various factors, such as social, cultural, economic, and political (Yekti Widodo, 2011)

Factors that influence a person's perception are:

- a. Relation, which is the relationship between people who perceive perceived objects. A person does not usually capture all the stimuli that are around at once, but will focus his attention on one or two of the same objects.
- b. Set, that is one's expectation of arousal arising.
- c. Needs, a momentary need for a fixed need for someone will affect the person's perception.
- d. The value system, the prevailing value system in society also influences one's perception. (Sari, 2017).

According to research conducted by Susilo (2012) who said that the role of the family towards exclusive breastfeeding is very important, especially towards, the perception of the mother in breastfeeding her baby. That is why the government made a national breakthrough to mobilize all members of the Indonesian community, especially mothers with family motivation to give their babies only 6 months of breastfeeding.

### C. Relationship between maternal external factors and exclusive breastfeeding.

#### 1) Family Support

Statistical test results revealed a significant relationship between the attitude of mothers with exclusive breastfeeding showed a relationship with the value of  $p.value (0.044) > \alpha (0.05)$ .

This means that the family is the smallest unit in life. Interaction in a family unit is an important form of interaction. Likewise in terms of exclusive breastfeeding, support from the family so that this exclusive ASI program is successful is very important. This is in accordance with Budiarti's (2008) statement which states that support for the success of the breastfeeding process comes from several parties, including families, ASI support groups, communities, and the Government. While Rahardian (2009) states that family support, especially the husband, is a factor that influences the achievement of exclusive breastfeeding.

According to research conducted by Breastfeeding sick babies (2014), it was found that a very effective way to maintain breast milk production. Involving the mother / father in caring for the baby as soon as possible is one way to maintain bonding between the baby and mother. This early bond may be important in an attachment process needed by the baby in the beginning of his life. Providing breastfeeding education to mothers whose babies are in trouble may be very difficult. Therefore guidance on how important breastfeeding is to parents, especially mothers, should be done before / before the birth of the baby or when the mother is in the best psychological or mood condition.

According to research conducted by Setiyowati (2010) who said that there is a lack of family support for breastfeeding as experienced by rural women. In rural areas, on average, mothers breastfeed their babies, but the influence of habits that do not support optimal use of breast milk, such as supplementary feeding, feeding or drinks for breastfeeding because breast milk comes out in the first days after birth.

## 2) Community Support

Statistical test results revealed a significant relationship between the attitude of mothers with exclusive breastfeeding showed no relationship with p.value  $(0.244) > \alpha (0.05)$ .

Breastfeeding by breastfeeding mothers requires the support of the closest person, such as the community. People who are considered as the most able to give influence to the mother to maximize exclusive breastfeeding. Support or support from other people or people nearby, is very instrumental in the success or failure of breastfeeding. The greater the support obtained to continue breastfeeding, the greater the ability to be able to continue to breastfeed (Nurlinawati, 2016).

Giving breast milk (ASI) by breastfeeding mothers requires the support of the closest people, such as community support, baby rights are part of human rights that must be guaranteed, protected, and fulfilled by the community. Children's rights are included (1) Non-discrimination (2) Best interests for children (3) Right of survival (4) Appreciation of children's opinions. Exclusive breastfeeding is only giving babies breast milk without additional food or other drinks including water except medicines and vitamins and minerals and breast milk that is squeezed and given for 6 months (Astuti, 2013).

## 3) Support of Health Officers

Statistical test results showed a significant relationship between the attitude of mothers with exclusive breastfeeding showed a relationship with the value of p.value  $(0.001) > \alpha (0.05)$ .

This means that health workers are a reinforcing factor in exclusive breastfeeding. Health worker support is a form of support given to family, and friends in exclusive breastfeeding. Strengthening factors in exclusive breastfeeding for infants aged 0-6 months from the support of health workers, and family support (Sri Achadi, 2015).

Support Health workers are (doctors, midwives, nurses) and other health workers can influence the function of maternal health services, both before and after pregnancy and childbirth. The form of support from health workers is to provide information about exclusive breastfeeding with the age of 0-6 months as an effort to help improve the achievement of exclusive breastfeeding targets and also the immediate interaction between mother and baby within minutes after birth is closely related to breastfeeding success. The provision of health education is carried out before during pregnancy and continued until delivery (Fikawati, 2010).

## 3. Multivariate analysis

The dominant factor influencing mothers to provide exclusive breastfeeding in the work area of Saumlaki Health Center South Tanimbar District, West Southeast Maluku Regency. Of the 9 variables of maternal characteristics (age, occupation, education), internal factors (knowledge, attitudes, perceptions) external factors (family support, community support, health worker support) were examined, the dominant factors affecting mothers not giving exclusive breastfeeding were

### 1. Mother's Perception.

Maternal perception is very influential on exclusive breastfeeding is determined by many things, namely according to research Ditya (2014) through personal factors and situational factors. Personal factors are internal factors within the mother, such as likes, physical conditions and so on. Whereas situational factors are factors outside the person that influence it, among others, the opinion and influence of others when the person is in a process to perceive.

According to research from Sriwahyuniati (2009) which says that exclusive breastfeeding is expected by mothers who have perceptions if only given breast milk until the age of 6 months the baby will be malnourished and will not experience weight gain so that exclusive breastfeeding does not reach 0- 6 months. According to research conducted by Nainggolan (2009) which says that internal factors are perceptions which are factors that originate in humans that contain more objective truth, certain and reliable. On this internal perception factor, knowledge is born as a method, system and truth that is specific. The internal factors include perspective, motivation, experience education so that it needs encouragement from within that requires specific and definite knowledge in managing existing resources so that it can be useful in meeting the needs of life such as, environment and information.

### 2. Support Health Guidelines

The formation of exclusive breastfeeding support groups is important to be formed because the mother feels supported, loved and cared for, then there will be positive emotions that will increase the production of the hormone oxytocin so that milk production is smooth. The benefits of exclusive KP-ASI are that pregnant women have the confidence to be able to breastfeed a baby, breastfeeding mothers can get support and can learn

from the experience of nursing mothers, the baby will get the best food / nutrition from the start, the husband and family members get the role as a supporter of the success of breastfeeding mothers and health workers can refer to the community to get sustainability support to maintain at the stage (Yuniyanti, 2017).

According to research conducted by Astuti (2016) which says that peer support initiatives where advice is given by experienced and trained friends can promote and improve breastfeeding. In addition in the United States many training programs for mothers aim to increase breastfeeding awareness, increase the duration of breastfeeding among mothers, increase maternal self-confidence for breastfeeding. The group has been developed and many mothers have undergone training to become peer councillors. In addition to the hospital, support was also provided by community midwives, socializing breastfeeding in the social environment strongly supports the readiness of mothers to breastfeed strategies to support women so that breastfeeding includes providing counseling, counseling.

The provision of ASI needs to be programmed by establishing Groups ASI Supporters (KP-ASI) and ASI Support Group Cadres (KKP-ASI) as activities that can support the success of breastfeeding mothers. ASI Support Group is a group of volunteer women who are interested in increasing ASI users and are motivated to provide ASI. KP-ASI can be managed independently or by an organization in the community.

## V. Conclusion

### a. CONCLUSION

Based on the results of research conducted in the work area of Saumlaki Public Health Center, South Tanimbar District, West Southeast Maluku District, concerning the factors that influence mothers in exclusive breastfeeding in 70 mothers who had 0-6 babies who were carried out:

1. Description of mothers who have infants aged 0-6 months in the Saumlaki Puskesmas Work Area, South Tanimbar District, West Southeast Maluku District, mostly aged 20-35 years 58 (82.9%). Mother's work did not work 58 (82.9%). Mother's education is mostly high school education, PT, 46 (65.7%).
2. Description of internal factors that have infants aged 0-6 months in the Saumlaki Health Center Work Area South Tanimbar District West Southeast Maluku District most of the knowledge is less 38 (54.3). The mother's attitude is mostly Negative 48 (68.6%). Maternal perception of exclusive breastfeeding is mostly 52 (74.3%).
3. Knowing the picture of maternal external factors that influence exclusive breastfeeding in the Saumlaki Community Health Center working area, South Tanimbar District, West Southeast Maluku District, most of the Family Support, supports exclusive breastfeeding 40 (57.1%). Community support for exclusive breastfeeding mostly supports 42 (60.0%). Health worker support for exclusive breastfeeding is largely unsupported by 41 (58.6%).
4. Determine the relationship of maternal characteristics (age, occupation, education), maternal internal factors (knowledge, attitudes, perceptions), maternal external factors (family support, community support, health worker support) in exclusive breastfeeding in Saumlaki Puskesmas Work Area, Tanimbar District South West Southeast Maluku Regency most of the mother's age 20-35 years means that there is a relationship  $<\alpha$  p.value (0.05), the mother's work is in the most orderly order in not working means  $> \alpha$  p.value (0.115.%), Mother's education in the highest order of senior high school education, PT means that there is a relationship  $<\alpha$  p.value (0.034) in the work area of Saumlaki Public Health Center, South Tanimbar District, West Southeast Maluku Regency.
5. Knowing the most dominant factors affecting mothers in exclusive breastfeeding. The results of the analysis can be concluded that from the overall independent variables that influence exclusive breastfeeding there is one variable (perception) that most influences exclusive breastfeeding with p value 0.000  $<0.05$ . The biggest PR value obtained is 18,374 which means that a good mother's perception that has a chance of 18,374 times causes the mother to give exclusive breastfeeding.

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