



ANALYSIS OF FACTORS ASSOCIATED WITH EXCLUSIVE BREASTFEEDING IN THE WORKING AREA OF ASTAMBUL PUBLIC HEALTH CENTER

Maimunah, Husaini, Meitria Syahadatina Noor, Roselina Panghiyangani, Lenie Marlinae

Author Details

Maimunah is a lecturer in Banjarbaru Midwifery Academy

Husaini is a professor in Master in Public Health Sciences Program, Faculty of Medicine, University of Lambung Mangkurat

Meitria Syahadatina Noor is a senior lecturer in Faculty of Medicine, University of Lambung Mangkurat

Roselina Panghiyangani is a senior lecturer in Faculty of Medicine, University of Lambung Mangkurat

Lenie Marlinae is a senior lecturer in Public Health Study Program Faculty of Medicine, University of Lambung Mangkurat

KeyWords

mother factor, father factor, exclusive breastfeeding.

ABSTRACT

The low coverage of exclusive breastfeeding is a problem that can cause the process of growth and healthy development in infants or toddlers to be disrupted. Data from Banjar District Health Office, exclusive breastfeeding coverage in Astambul Public Health Center reached 39.57% and decreased in 2017 to 22.78% only. The purpose of this study was to analyze the factors related to exclusive breastfeeding in the area of Astambul Public Health Center. This study uses an analytical observational method with a cross-sectional approach conducted in the work area of the Astambul Health Center. Population d nature of this research that mothers of infants aged > 6-12 months. While the sampling using proportional random sampling techniques with inclusion and exclusion criteria obtained a sample of 99 people. The data obtained were then analyzed using a statistical test that is the Chi-Square test and logistic regression test. Chi-Square test results showed that there was a relationship between maternal age, mother's education, mother's occupation, parity, exposure to MCH book information, family income, father's education with exclusive breastfeeding for infants. Whereas the variables of child sex, father's age and father's occupation have no relationship with exclusive breastfeeding. Logistic regression test showed that the mother's occupation was the most dominant factor related to exclusive breastfeeding for infants in the Astambul Public Health Center area. There is a significant relationship between the variables of mother's age, mother's education, mother's occupation, parity, exposure to MCH book information, family income, father's education with exclusive breastfeeding. Variables of child sex, father's age and father's occupation do not have a significant relationship with exclusive breastfeeding. Mother's occupation variable is the most dominant factor related to exclusive breastfeeding.

The first page should be used only for Title/ Keyword/ Abstract section. The main paper will start from second page.

Introduction

Provision of breast milk for newborn babies is one of the efforts made to prevent problems and deaths in infants and toddlers who experience malnutrition. The United Nations Children's Fund (UNICEF, 2012) revealed that as many as 30,000 deaths in infants in Indonesia and 10 million in the world's under-five deaths that occur annually can actually be prevented by exclusive breastfeeding.

The Government of Indonesia itself has arranged exclusive breastfeeding during the first six months in various regulations including Minister of Health Decree no 450 / MENKES / SK / IV / 2004 concerning the exclusive breastfeeding (MoH RI, 2004), Government Regulation no. 33 of 2012 concerning exclusive breastfeeding, Regulation of the minister of health of the Republic of Indonesia no 15 of 2013 concerning Procedures for Provision of Breastfeeding and / or milking Facilities, and RI Law No. 36 of 2009 articles 128, 129 and 200. Nevertheless, the prevalence rate of breastfeeding exclusively is still low.

Based on the results of a family health survey conducted in Indonesia in 2016, the coverage of exclusive breastfeeding for infants up to 6 months of age was 29.5% and increased in 2017 to 35.7% (MoH RI, 2017). In South Kalimantan Province alone, the coverage of exclusive breastfeeding in 2016 was 30.95%, an increase in 2017 reaching 36.8% (Provincial Health Office, 2017). Based on South Kalimantan Provincial Health Office Data (2017) Banjar District is the region that has the lowest exclusive breastfeeding coverage in South Kalimantan in 2016 by 39.4% and has increased in 2017 to 41.76%. One of the public health centers that had the lowest exclusive breastfeeding coverage in Banjar District was the Puskesmas Astambul. In 2016, exclusive breastfeeding coverage reached 39.57% (men 68.36% and women 22.78%). The coverage rate decreased in 2017 to 22.60% (20.70% for men and 24.58% for women) (Banjar Health Office, 2016 & 2017). Despite the increase from the previous year, this achievement is still far below the national target of achieving exclusive breastfeeding at 80% and the WHO target of 50% (MoH RI, 2017).

Several factors can influence the success of exclusive breastfeeding. About 80% to 90% of milk production is determined by the mother's emotional state related to the mother's oxytocin reflex in the form of thoughts, feelings, and sensations (Ramadani, 2016). The age of the mother can also influence exclusive breastfeeding. According to Untari (2017), age is a factor that can influence exclusive breastfeeding behaviour. The more age is enough, the maturity level and strength of someone will be more mature in thinking and motivating themselves. This includes the giving of exclusive breastfeeding by the mother to her baby. The age of a mature mother and more than one child will tend to have a lot of experience related to exclusive breastfeeding (Syafneli et al, 2015).

Education is an important component that plays a role in exclusive breastfeeding. This will give a tendency for mothers to behave by giving the best for the baby by giving exclusive breastfeeding (Apriniawati, 2014). Kingsley et al (2011) stated that there is an influence of maternal education level on the provision of early breastfeeding for infants aged <6 months. Where mothers who have low levels of education have a greater risk to provide early MP-ASI (substitutional food for breast milk) to their babies. Ginting (2015) states that the cause of the low coverage of exclusive breastfeeding is the status of working mothers. Apriniawati (2014) found that 35.7% of mothers who did not work and gave exclusive breastfeeding while those who worked did not give exclusive breastfeeding. Theoretically, parity is thought to have something to do with the direction of finding information about the knowledge of breastfeeding mothers in providing exclusive breastfeeding. This is related to the influence of one's own or other people's experiences on the knowledge that can influence current or later behaviour. Hardiani (2017) states that the higher the level of maternal parity, the positive effect on exclusive breastfeeding. In addition, Krist Yanasari (2010) revealed that the cause of the decline in exclusive breastfeeding is influenced by external factors, one of which is health workers who are not maximally conducting counselling.

Information on exclusive breastfeeding can be obtained from several sources including print media (such as leaflets, brochures, posters, MCH books), electronic media (such as television, radio, internet), as well as direct information (health workers, family members, neighbours). Safrina (2016) states that there is an influence of the role of health workers regarding providing information about exclusive breastfeeding to exclusive breastfeeding in infants aged <6 months. Mothers who do not obtain information about exclusive breastfeeding from health workers have a risk of 2.73 times to give exclusive breastfeeding.

The level of family income is one of the factors that determine the pattern of breastfeeding. In rural areas the situation is quite real, the higher the level of the economy the less prevalence of breastfeeding (UNICEF, 2012). According to Zakaria's study (2015) income factors strongly support exclusive breastfeeding; families with low incomes tend to make exclusive breastfeeding. The better the father's work, the better his family income. Likewise, with age, fathers with productive age will tend to be outside the home to make a living rather than stay at home. Swain et al (2015) revealed that the father's age also contributed to the success factors of exclusive breastfeeding.

The role of the family especially the father in the success of exclusive breastfeeding is very large. Februhartanty (2014) states that fathers will provide support to mothers to provide breast milk if the father has a high education so that it can encourage the activity of fathers in seeking information about breastfeeding. This is in line with Kok (2011) which states that the higher the education of fathers, the higher the support for exclusive breastfeeding.

Based on data from the Astambul Community Health Center in 2017 there were 617 deliveries, of which only 608 babies were born alive, of which 304 babies were male and 304 babies were female. Although most mothers in the Astambul Community Health Center area have low education only graduated from elementary school/equivalent as much as 39.61%, but mothers have good

knowledge about childbirth. This is evidenced by the high number of births assisted by health workers, where midwives assisted 98.54% of deliveries.

Based on demographic data of the 2017 Astambul Puskesmas working area, most of the productive-aged mothers are between 25 - 39 years (27.17%) and 47.72% are housewives. In theory, mothers who do not work have a higher success rate than mothers who work in terms of exclusive breastfeeding. In fact, 78.03% of mothers have received health counselling from health workers, in this case, information on breast milk. The economic condition of the population in the Astambul Health Center area can be categorized as lower middle class. The low income of the population indicates this (<Rp. 2,258,000 based on Governor Regulation No. 188.44 / 0610 / KUM / 2016) as much as 40% and from 10,749 households there are only 3,192 residential houses, so that one house can be occupied by more than one family head (BPS Kab. Banjar, 2017). This condition can be influenced by the low education of fathers (as breadwinners), as much as 35.26% only graduated from elementary school/equivalent with the majority occupations as farmers, farmers, farmers, fishermen, laborers and entrepreneurs as much as 53.24% and most of them aged between 35 - 49 years as much as 32.34%.

Based on the data above, it appears that exclusive breastfeeding in the working area of the Astambul Health Center is still low, which in fact is exclusive breastfeeding that is needed in the process of growth and development of children. The low coverage of exclusive breastfeeding can have an impact on the quality of life of the nation's next-generation and also on the national economy. Various factors can influence the success of exclusive breastfeeding, so it is necessary to analyze what factors are associated with exclusive 6-month breastfeeding for mothers who have babies aged 6-12 months in the working area of the Astambul Community Health Center in Banjar District.

Method

The method used in this study is a quantitative study using an analytic observational method with a cross-sectional approach. This research was conducted in the working area of the Astambul Public Health Center in Banjar District. This research was conducted in January - February 2018. The population in this study was mothers who had babies >6-12 months old in the Astambul Public Health Center working area in 2017 totalling 218 babies. The total sample was calculated using proportional random sampling with inclusion and exclusion criteria to 82 mothers who had babies > 6-12 months of age in the Astambul Public Health Center. The dependent variable in this study was exclusive breastfeeding. The independent variables in this study were mother's age, mother's education, mother's occupation, parity, child sex, MCH book information exposure, family income, father's age, father's education, and father's occupation. Data were analyzed using statistical tests, namely the Chi-Square test and the logistic regression test.

Result and Discussion

Univariate Analysis

Table 1. Frequency Distribution of Respondent Characteristics

Variable	Amount (people)	Percentage (%)
My mother's age		
20 - 35 years old	84	84.8
<20 /> 35 years	15	15.2
Mother's Education		
Low	73	72.7
High	26	26.3
Mother's job		
Work	18	18.2
Does not work	81	81.8
Parity		
Primipara	57	57.6
Multipara	42	42.4
Gender of Children		
Male	42	42.4
Female	57	57.6
Information about breast milk		
Complete	82	82.8
Incomplete	17	17.2
Family Income		
Low	33	33.3
High	66	66.7
Father's age		
> 18 or ≤ 40 years	85	85.9
> 40 - ≤ 60 years old	14	14.1
Father's Education		
Low	67	67 , 7
High	32	32.3
Father's occupation		
Work	98	99.0
Does not work	1	1,0
Exclusive breastfeeding		
No Exclusive ASI	60	60.6
Exclusive breastfeeding	39	39.4

Bivariate Analysis

Table 2. Bivariate Analysis Relationship between Mother's Age, Mother's Education, Mother's Occupation, Number of Parities, Gender of Children, Information on Breastfeeding, Family Income, Father's Age, Father's Education, and Father's Occupation with Exclusive Breastfeeding in the Astambul Public Health Center Area

Variable	Exclusive breastfeeding				Total		P-value
	No		Yes		N	%	
	n	%	n	%			
Mother's age							
<20 or > 35	5	33.3	10	66.7	15	100	0.039
20 - 35	55	65.5	29	34.5	84	100	
Mother's Education							
Low	52	71.2	21	28.8	73	100	.001
High	8	30.8	18	69.2	26	100	
Mother's Occupation							
No	54	66.7	27	33.3	81	100	0.019
Work	6	33.3	12	67.7	18	100	
Parity							
Primipara	44	77.2	13	22.8	57	100	0,000
Multipara	16	38.1	26	61.9	42	100	
Gender of Children							
Male	25	59.5	17	40.5	42	100	1,000
Female	35	61.4	22	38.6	57	100	
Information about breast milk							
Incomplete	6	35.3	11	64.7	17	100	0.038
Complete	54	65.9	28	34.1	82	100	
Income							
Low	13	39.4	20	60.6	33	100	0.005
High	47	71.2	19	28.8	66	100	
Father's age							
> 40 or ≤ 60	7	50.0	7	50.0	14	100	0.561
18-40	53	62.4	32	37.6	85	100	
Father's Education							
Low	47	70.1	20	29.9	67	100	0.010
High	13	40.6	19	59.4	32	100	

Father's occupation						
No	0	0	1	100	1	100
Work	60	61.2	38	38.8	98	100

a. The relationship of Mother's Age with Exclusive Breastfeeding in The Area of Astambul Public Health Center

The results of this study indicate that the majority of mothers who do not provide exclusive breastfeeding are mothers of productive age (20-30 years). The results of this study are in line with the results of Jannah (2016) and Zakaria (2016) which states that there is no meaningful relationship between maternal age and exclusive breastfeeding behaviour.

The high success rate of exclusive breastfeeding for mothers aged <20 />35 years compared to mothers aged 20 - 35 years because based on the results of the study showed that of the 15 respondents in the group of mothers aged <20 /> 35 years as many as 11 people (73.3%) mothers aged >35 years and only 4 people (26.7%) mothers aged <20 years. From 11 mothers aged >35 years as many as 8 people (72.7%) mothers give exclusive breastfeeding to their babies. Age affects how mothers make decisions in exclusive breastfeeding, the more age (old), the more experience and knowledge (Dini, 2017).

b. The Relationship of Mother's Education with Exclusive Breastfeeding in The Area of Astambul Public Health Center

According to Tarigan (2016), the level of education and knowledge of the mother is an important factor to support the success of exclusive breastfeeding in infants, because the higher the level of education, the easier it is for a person to receive information so the more knowledge he has. Conversely, a lack of education will hinder the development of one's attitude towards the values introduced. The results of this study are in line with Sihombing's research (2018) based on the Chi-square statistical test, the value of $P = 0.003 < 0.05$ means that there is a significant relationship between maternal education and exclusive breastfeeding.

Education will make someone motivated to be curious, to seek experience and to organize experiences so that the information received will become knowledge. Higher education makes a mother more able to think rationally about the benefits of exclusive breastfeeding and higher education is easier to be exposed to information than those with low education (Unbegku and Anyika, 2016). Knowledge held will form a belief for certain behaviours. Education functions to develop the ability and quality of human life. In general, parental education is one of the important factors in children's growth and development, because, with good education, parents better understand how to care for children in fulfilling their children's nutrition (Mabud et al, 2017).

High levels of formal education can indeed form progressive values in a person, especially in accepting new things, including the importance of exclusive breastfeeding to infants. But there are still highly educated mothers who do not give exclusive breastfeeding to their babies (30.8%) because mothers work outside the home, babies will be left at home under the care of grandmothers, in-laws or other people who are likely to still inherit old values in giving eat in babies.

c. The Relationship between Mother's Work with Exclusive Breastfeeding in The Area of Astambul Public Health Center

Based on the results of this study most respondents were unemployed mothers (81.9%). But the majority of respondents who do not work, do not give exclusive breastfeeding (66.7%). Even though they do not work outside the home or only manage the household, they cannot exclusively breastfeed. This can be caused by the low education of mothers. Based on research results showed that of 54 mothers who do not work and do not give exclusive breastfeeding, as many as 85.2% of mothers had low education. The low level of mother's education contributes to the low level of mother's knowledge of exclusive breastfeeding. In addition, 77.8% of mothers who did not work and did not provide exclusive breastfeeding were mothers with primiparous parity. The difference in the number of children is what can affect the experience of mothers in terms of exclusive breastfeeding. In a mother who experiences the second lactation and so on tends to be better than the first. The second lactation experienced by the mother means that she has had experience in giving exclusive breastfeeding. Whereas in the first lactation the mother has no experience in terms of exclusive breastfeeding (Maryunani, 2015).

The results of this study were supported by Zakaria (2016) in his research revealed that of 98.2% of mothers who did not work, it turns out that 50% still did not give exclusive breastfeeding to their babies. According to Sihombing (2018) several factors cause the mother cannot give exclusive breastfeeding to her baby even though the mother does not work can be caused by breast milk coming out after two to three days after giving birth, the mother considers breast milk is not sufficient for the baby's needs because the baby is always crying and hard to sleep, production Breastfeeding is lacking, the baby is confused looking for nipples because from the beginning of the birth formula milk has been given, there is not enough experience and lack of motivation of the mother.

d. The Relationship between Parity and Exclusive Breastfeeding in The Area of Astambul Public Health Center

The difference in the number of children will be related to the mother's experience in terms of exclusive breastfeeding. Parity is very closely related to one's acceptance of knowledge, the more experience a mother has about exclusive breastfeeding; the acceptance of knowledge about exclusive breastfeeding will be easier (Maryunani, 2015). Mamonto (2016) revealed that mothers who

had parity >1 time had a 2.333 times greater chance of giving exclusive breastfeeding compared to mothers who had parity 1 time.

Some conditions that cause a mother to give exclusive breastfeeding or not are experience and motivation. From the results of the study found, although multipara has experience giving breastfeeding before but there are still multipara mothers who do not provide exclusive breastfeeding. Mothers who first give breast milk, their knowledge of exclusive breastfeeding has no experience compared to mothers who have experienced breastfeeding before. Previous experience of exclusive breastfeeding for children, breastfeeding habits in the family, as well as knowledge about the benefits of breastfeeding influence the mother's decision to give breastfeeding exclusively or not (Hesteria and Danuarsa, 2016). The support of doctors, midwives, or other health workers, as well as close relatives, is needed especially for mothers who first give exclusive breastfeeding (Rahmawati, 2016).

The results of this study reinforce the theory expressed by Green (2000) which states that parity is one of the predisposing factors that can influence health behaviour. A mother who has been successful in giving exclusive breastfeeding to her previous birth will be easier and is confident that she will be able to give exclusive breastfeeding the next birth (Garbhani and Padmian, 2015). In addition, there is a tendency for the health of high-parental mothers to be better than low-parental mothers. The results of this study are in line with the results of Hardiani's study (2017) which revealed that there is a significant relationship between parity and exclusive breastfeeding behaviour, the prevalence of mothers giving exclusive breastfeeding to their babies increases with the increasing number of children.

Differences in breastfeeding behaviour among primiparous and multiparous mothers can be caused by differences in the production of breast milk produced. Maryunani (2015) states that the volume of ASI increases after the birth of the first child and will decrease after the birth of the fifth child. According to Maritalia (2016) the increase in the amount of parity caused a slight change in the production of milk, namely in the first child: the amount of breast milk ± 580 ml / 24 hours, the second child: the amount of breast milk ± 654 ml / 24 hours, the third child: the amount of breast milk ± 602 ml / 24 hours, then the fifth child: the amount of breast milk ± 506 ml / 24 hours. From this explanation, it can be concluded that the greater the number of parities, the decreased milk production. Besides giving exclusive breastfeeding requires a stable emotional state, considering the psychological factors of the mother greatly affect the production of breast milk.

e. The Relationship of the Gender of Children with Exclusive Breastfeeding in The Area of Astambul Public Health Center

The results showed that in the group of mothers who had male babies, 59.5% did not give exclusive breastfeeding and 40.5% of mothers gave exclusive breastfeeding to their babies. Not much different from the group of mothers who have male babies, mothers who have baby girls 61.4% do not give exclusive breastfeeding, and 38.6% give exclusive breastfeeding to their babies. The results of this study are in line with Septiani et al. (2017) which states that there is no difference in the behaviour of exclusive breastfeeding in mothers with male and female babies.

f. The Relationship Between Information of MCH Handbook and Exclusive Breastfeeding in The Area of Astambul Public Health Center

Research data shows that of 54 mothers who had obtained information about exclusive breastfeeding from the MCH handbook in full and did not provide exclusive breastfeeding, as many as 74.1% were primiparous mothers. So that this reinforces the theory which states that in the first lactation, the mother has no experience in exclusive breastfeeding which fails exclusive breastfeeding. Whereas a mother who experiences the second lactation tends to be better than the first. The second lactation experienced by the mother means that she has had experience in giving exclusive breastfeeding (Maryunani, 2015).

Information becomes an important part because with the information of mother's knowledge to be increased and will encourage mothers to do or try to act in accordance with the information obtained (Gross, 2015). There is a significant relationship between information exposure and exclusive breastfeeding. Mothers who are exposed to information have 9.45 times the opportunity to provide exclusive breastfeeding compared to mothers who are not exposed to information (Astuti, 2016). The information obtained by the mother at the study site is from the health worker seen from the completeness in the MCH handbook. The Maternal and Child Health Book (MCH) contains information on maternal health (pregnancy, childbirth and childbirth) and child health (monitoring of growth and development, immunization and child health records) as well as various information on how to maintain and care for maternal and child health (JICA, 2015). The MCH handbook can describe Continuum of Care or ongoing care from pregnancy, childbirth, childbirth to children aged 6 years (Osaki et al., 2015). Information provided by health workers to mothers starting from the beginning of pregnancy until the puerperium.

g. Relationship of Family Income with Exclusive Breastfeeding in The Area of Astambul Public Health Center

The proportion of mothers who exclusively breastfed their babies was higher in low-income families, 60.6% compared to high-income families, which was 28.8% who exclusively breastfed. High-income families tend not to give exclusive breastfeeding. According to Maulida, et al (2015) in groups that have a low economy have a greater chance to provide exclusive breastfeeding. This is because a good economic level encourages the trust and ability of mothers to provide complimentary food or breastmilk substitution, while mothers with low economic levels must change their expenses if they want to buy complementary or breastmilk substitutes.

In line with this, Nurhayati and Murhan (2016) in their research, prove that the dominant factor affecting breastfeeding is socioeconomic factors such as family income. Mothers with low socioeconomic opportunities have 4.6 times to give ASI compared to mothers with high socioeconomic. Likewise, with the results of research by Hesteria and Dauarsa (2016) regarding the factors that influence exclusive breastfeeding in Tabanan District which results that there is a significant relationship between maternal economic factors and exclusive breastfeeding with a p-value of 0,000. The results of this study are strengthened by Sarbini and Hidayati's research (2017) which states that income factors strongly support exclusive breastfeeding; families with low incomes tend to make exclusive breastfeeding.

Income is one of the factors related to financial conditions which causes the purchasing power for additional food to be greater. Income concerns the amount of income received, which, when compared to expenses, still allows the mother to provide additional food for babies under the age of six months. Usually, the higher the family income, the need will increase as well as the purchasing power of additional food is also easy. Conversely, the lower the family income, the purchasing power of additional food is more difficult (Roesli, 2013).

h. Relationship between Father's Age and Exclusive Breastfeeding in The Area of Astambul Public Health Center

The results of this study indicate that fathers aged >18 - 40 years old and >40 - 60 years old are not much different in terms of exclusive breastfeeding to their babies. This is in line with research (Sahulika, 2015) which proves that age is not significantly related to exclusive breastfeeding. In contrast to the results of this study, Green (2000) in his theory revealed that a person's behaviour, both positive and negative, would be influenced by age and age, including predisposing factors, where the more mature a person's age, the more positive their behaviour ideally would be. According to Swain et al. (2015) age is one component that comes from within humans that can affect behaviour. Younger age is easier to be affected or exposed to something especially from peers compared to someone with older age.

This may be because more than a few fathers, both young and old, have a thorough knowledge of exclusive breastfeeding. Often wrong perceptions and lack of knowledge are factors that cause ignorance of fathers in overcoming the difficulties of exclusive breastfeeding experienced by mothers and the low level of father support for exclusive breastfeeding practices (Wahyuningsih and Machmudah, 2017). Age affects the ability to catch and mindset of a person. The more you age, the more your comprehension and mindset will develop, so that the knowledge you get is better (Oktalina, 2016).

i. The Relationship of Father's Education with Exclusive Breastfeeding in the Astambul Community Health Center

The results of this study indicate that the proportion of mothers exclusively breastfed to their babies is greater for highly educated fathers. Whereas for fathers with low education, mothers tend not to give exclusive breastfeeding. The results of this study are in line with Rahmawati (2016) which states that the behaviour of not giving exclusive breastfeeding is more often seen in mothers with fathers who have low levels of education or are not attending school. It is known that mothers who have never given exclusive breastfeeding have a husband with low educational status and do not work. Mothers will have 2.4 times tend not to give exclusive breastfeeding if they have a husband who has completed the number of years of education under 12 years compared to mothers who have a husband who has completed the number of years of education at least 16 years (Sari, 2016).

The level of education will affect the insight and knowledge of the husband as head of the household. The lower the husband's knowledge, access to health information for the family will be reduced so that the husband will find it difficult to make decisions effectively (Ramadani and Hadi, 2016). According to Sahulika (2015), a father who has less knowledge about exclusive breastfeeding has 3.4 times the chance of his wife not to give exclusive breastfeeding. Fathers who have good knowledge about exclusive breastfeeding will influence the mother to give exclusive breastfeeding by providing information about exclusive breastfeeding and motivating mothers to give exclusive breastfeeding.

This was also revealed by Sari (2016) father's knowledge about breastfeeding will affect the practice of exclusive breastfeeding for her baby. If the father with less knowledge about breast milk, then the father will assume that breastfeeding is not important so that the father does not have the will to provide support for his wife to provide exclusive breastfeeding. The process of providing fathers support is closely related to the level of the father's knowledge that can determine the success of exclusive breastfeeding. Father's education reflects that fathers who are more educated will be more intensive in seeking information on matters relating to health and knowledge about the benefits of exclusive breastfeeding which are known to affect the practice of exclusive breastfeeding (Safrina, 2016). Having formal education can help fathers understand the health benefits of breast milk and increase fathers' attention to find information about health-related practices.

j. The Relationship between Father's Work and Exclusive Breastfeeding in The Area of Astambul Public Health Center

The absence of a relationship between father's work with exclusive breastfeeding can be caused by several factors including the intensity of father's time with family, father's low knowledge and understanding of exclusive breastfeeding so that the support or role of fathers in exclusive breastfeeding is low. Sari (2016) states that the role of fathers in the practice of breastfeeding can be influenced by the knowledge and attitudes of fathers towards matters relating to breastfeeding, socioeconomic factors, as well as being exposed to various means of mass and interpersonal media communication. In addition, the role of the father as the head of the

family fully earns a living so that it will be possible to emerge the notion that caring for the baby and breastfeeding is entirely the mother's responsibility. The results of this study are in line with Evareny (2016) suggesting that the results of the analysis of the relationship between the variable length of fathers' work with the practice of breastfeeding were found statistically insignificant ($p > 0.05$), so there was no relationship of father's work with the practice of breastfeeding.

Dad's busy life as an effort to make a living is known to be one of the obstacles faced by my father to be more involved in the family. However, barriers faced by fathers are not directly related to the availability of fathers time in the family, but rather the accessibility of fathers to get precise information about matters relating to breastfeeding, as well as how fathers can provide positive support to improve breastfeeding practices (Sari, 2016). In line with this, according to Wahyuningsih and Machmudah (2017) father's work is indicated as a barrier to involvement in the support and role of fathers in the family so that the lack of opportunities to learn and increase their knowledge about exclusive breastfeeding makes them reluctant to support and be involved in the process of breastfeeding.

Multivariate Analysis

Table 3. Multivariate Analysis of Relationships between Mother's Age, Mother's Education, Mother's Occupation, Number of Parities, Gender of Children, Information on Breastfeeding, Family Income, Father's Age, Father's Education, and Father's Occupation with Exclusive Breastfeeding in The Area of Astambul Public Health Center

Variable	B	P-value	Exp (B)	Exp (B) (95% CI)	
				Lower	Upper
Mother's job	2,209	0.011	9,108	1,665	49,819
Parity	2,103	.001	8,194	2,357	28,491
Mother's Education	1,568	0.033	4,799	1,163	19,801
My mother's age	-1,522	0.055	0.218	0.046	1,032
Family Income	-2,361	.001	0.094	0.024	0.369
Constant	-1,600	0.493	0.202		

Based on the results of multivariate analysis, it is known that the most dominant independent factor associated with exclusion breastfeeding is the mother's occupation variable with the value Exp (B) = 9.108. This means that mothers who do not work increase the risk of 9,108 times greater not to give exclusive breastfeeding compared to mothers who work after being controlled by variables of parity, mother's education, mother's age and family income.

The results of multivariate analysis showed a relatively high Chi-Square value of 50,140 and a significance value of 0,000. These results mean that the variables of mother's occupation, parity, mother's education, mother's age and family income together can explain the dependent variable at an alpha level of 5%. From the results of the coefficient of determination, it can be seen how much the model is able to explain the dependent variable. Based on the analysis, the value of Nagelkerke R Square (R^2) of 0.538 (53.8%) means, variable mother's occupation, parity, maternal education, maternal age and family income were able to explain the exclusive breastfeeding at 53.8% and the remaining 46, other variables outside this study explain 2%.

The results of this study indicate that the majority of respondents in this study were mothers who did not work (81.9%). But the majority of respondents who do not work, do not give exclusive breastfeeding (66.7%). Even though they do not work outside the home or only manage the household, they cannot exclusively breastfeed. The results of this study were supported by Zakaria (2016) in his research revealed that of 98.2% of mothers who did not work, it turns out that 50% still did not give exclusive breastfeeding to their babies.

The results of multivariate analysis in this study indicate that maternal employment is the most dominant factor related to exclusive breastfeeding behaviour. The results of this study are in line with Okawary's (2015) research, which is based on the results of the Chi-square statistical test obtained p-value of 0,000 < 0.005 meaning that there is a meaningful relationship between work and exclusive breastfeeding. This is also reinforced by the results of Bahriyah's research (2017) the results of the chi-square statistical test obtained a value of $P < 0.05$ ($P = 0.018$), it can be concluded that there is a significant relationship between mother's work and exclusive breastfeeding in infants. The same results are also shown in the study of Mohanis (2014), which states that there is a relationship between employment status and exclusive breastfeeding.

Mother's work is the most dominant factor in this study because based on the results of this study shows that the majority of working mothers (67.7%) give exclusive breastfeeding to their babies. Based on the results of data analysis conducted (Iellamo et al.,

2015) shows that working mothers have a wider environment and more information obtained so that it can increase the knowledge of mothers about exclusive breastfeeding. The knowledge gained by the mother can increase the attitude and motivation of the mother to give exclusive breastfeeding to the baby, even though the mother works. Support obtained from the mother's work environment can change the behaviour of mothers in giving breast milk to be more positive.

In addition, working mothers usually have high education. Based on the results of the study showed that 52.6% of working mothers had a high education. This is in line with (Iellamo et al., 2015) which shows that respondents work but still give exclusive breastfeeding because mothers who work besides having high education, also have good knowledge and experience about exclusive breastfeeding obtained from the work environment thereby increasing motivation mother to give exclusive breastfeeding to her baby. Working mothers have a broader environment, and more information is obtained so that they can change positive behaviours.

In addition, working mothers can improve the socioeconomic status of the family. Mothers with good economic status want the best for their children too. With increasing socioeconomic status, the motivation of mothers to give exclusive breastfeeding to their babies becomes positive. This is in line with the results of research by Maulida et al. (2015) which states that there is a significant relationship between economic level and maternal motivation in exclusive breastfeeding in infants aged 0-6 months. In the study revealed that the majority of respondents stated that they would continue to provide exclusive breastfeeding despite adequate economic conditions.

Mothers who work with multipara parity are also very contributing to the success of exclusive breastfeeding, evidently, out of 18 mothers who work as many as 60% of mothers with multipara parity. The difference in the number of children is what can affect the experience of mothers in terms of exclusive breastfeeding. In a mother who experiences the second lactation and so on tends to be better than the first. The second lactation experienced by the mother means that she has had experience in giving exclusive breastfeeding. Whereas in the first lactation, the mother has no experience in terms of exclusive breastfeeding (Maryunani, 2015).

Conclusion

There is a significant relationship between the variables of mother's age, mother's education, mother's occupation, parity, exposure to MCH book information, family income, father's education with exclusive breastfeeding. Variables of child sex, father's age and father's occupation do not have a significant relationship with exclusive breastfeeding. Mother's occupation variable is the most dominant factor related to exclusive breastfeeding.

References

- Apriniawati, N. 2014. Relationship between Mother's Occupational Status and Mother's Knowledge Level about Breastfeeding and Exclusive Breastfeeding in the Village of Tlogomas in 2014. *Journal of Issue in Midwifery*. 2 (1): 43-52.
- Astutik, Yuli, R. 2014. *Breasts and Lactation*. Jakarta: Salemba Medika.
- Banjar District Health Office. 2016. *Health Profile of Banjar Regency in 2016*.
- Banjar District Health Office. 2017. *2017 Banjar District Health Profile*.
- Dini, K. 2017. Mother-in-law's Support and Mother's Characteristics for Exclusive Breastfeeding Behavior. *Midwifery Journal*. 4 (1): 12-19.
- Evareny, Lisma., Hakimi, Mohammad., Padmawati, Retna Siwi. 2016. Father's Role in Breastfeeding Practices. *Community Medicine News*. 26 (4): 187 - 195.
- Febrihartanty, J. 2014. Assessment of Breastfeeding Problems Experienced by Mothers in The First Six Months Postpartum: A Process of Tool Development
- Garbhani, A, A, I, H., And Padmian, I, A, E. 2015. Factors Affecting the Success of Exclusive Breastfeeding in the Work Area of the East Denpasar Health Center I. *Virgin Journal*. 1 (1): 177-190.
- Ginting, Daulat., Sekarwarno, Nanan. And Sukandar, Hadyana. 2015. The Influence of Characteristics, Internal and External Factors of Mother Against Exclusive Breastfeeding in Infants <6 Months in the Work Area of Barusjahe Health Center in Karo Regency, North Sumatra Province. *Community Health*. 2 (1): 56-64.
- Green, L and Marshall Kreuter. 2000. *Health Promotion Planning An Educational And Environmental Approach*. Mountain View, Calif: Mayfield.
- Gross, T. T. et al. 2015. WIC Peer Counselors' Perceptions Of Breastfeeding In African American Women With Lower Incomes. *Journal of Human Lactation*, 31 (1): 99-110.
- Hardiani, R, S. 2017. Parity and Employment Status of Mothers Against Breastmilk Expenditures on Breastfeeding Mothers 0 - 6 Months. *Nurseline Journal*. 2 (1): 44-51.
- Hesteria F.A.S., Son. A.E.I.W.G., and Dauarsa. D.P. 2016. Factors related to exclusive breastfeeding for mothers doing activities at home in Tabanan Regency. *Public Health and Preventive Medicine Archive*. 4 (2): 71 - 79.
- Iellamo, A., Sobel, H., & Engelhardt, K. 2015. Western Pacific Offices Working Mothers Of The World Health Organization: Lessons And Experiences To Protect, Promote, And Support Breastfeeding. *Journal of Human Lactation*. 31 (1): 36-39.
- Jannah, Anna Mahillatul. 2016. Factors Associated with Exclusive Breastfeeding Behavior in Infants Age 6 - 12 Months in Gerem Village Work Area Grogol Health Center in Cilegon City 2015. *Journal of Public Health (JKM)*. 2 (2): 92-99.
- JICA KR. 2015. *Mother and Child Health Book*. Jakarta: The Indonesian Ministry of Health & JICA.
- Kingsley E Agho, Michael J Dibley, Justice I Odiase, Sunday M Ogbonmwan. Determinants of Exclusive Breastfeeding in Nigeria. *BMC Pregnancy and Childbirth*. 11 (2): 112 - 116.

- Kok Leong Tan. 2011. Factors Associated With Exclusive Breastfeeding Among Infants Under Six Months Of Age In Peninsular Malaysia. *International Breastfeeding Journal*. 6 (2): 51 - 55.
- Kristyanasari, W. 2010. Nutrition of Pregnant Women. Nuha Medika. Jakarta
- Mabud, Nurma Hi., Mandang, Jenny., Mamuaya, Telly. 2017. Relationship between Knowledge, Education, Parity and Exclusive Breastfeeding at the Shoulder Health Center in Malalayang District, Manado City. *Midwife Scientific Journal*. 2 (2): 51-56.
- Mamonto, Tesy. 2016. Factors Associated with the Exclusive Breastfeeding of Infants in the Work Area of the Kotobangon Health Center, Kotamobagu Timur District Kotamobagu City. *Health journal*. 1 (2): 46 - 55.
- Maryunani, Anik. 2015. Early Breastfeeding Initiation of EXCLUSIVE ASI and Lactation Management. Jakarta: Team 2012.
- Maulida, Heni Effatul., Afifah., Sari, Desiana Pitta. 2015. The Economic Level and Motivation of Mothers in Exclusive Breastfeeding for Infants Age 0-6 Months in Private Practice Midwives (BPS) Umami Latifah Argomulyo Sedayu Yogyakarta. *Journal of Nurse and Midwifery Indonesia*. 3 (2): 116-122.
- Ministry of Health Republic of Indonesia. 2004. Decree of RI Minister of Health No. 450 / MENKES / IV / 2004 Concerning the Exclusive Breastfeeding to Indonesian Child. Jakarta.
- Ministry of Health Republic of Indonesia. 2017. Monitoring Nutritional Status. Jakarta.
- Mohanis, W., 2014. The Role of Health Officers and the Status of Mother's Work with Exclusive Breastfeeding. *Journal of Public Health*. 8 (1): 40-45.
- Nurhayati., Ilyas, H., and Murhan, A. 2016. Factors related to exclusive breastfeeding in the village of Candimas. *Journal of Nursing*. 11 (1): 42 - 51.
- Oktalina, O. 2016. Relationship between Predisposing, Enabling and Reinforcing factors with Exclusive Breastfeeding Behavior in Mothers Breastfeeding Support Groups for Breast Milk (KP-ASI) (Studies in the Megaluh Health Center Area, Jombang Regency). *Indonesian Nutrition Media*. 10 (1): 64-70.
- Osaki K, Kosen S, Indriasih E, Pritasari K, Hattori T. 2015. Factors affecting the utilization of maternal, newborn, and child health services in Indonesia: the role of the Maternal and Child Health Handbook. *Public Health*. 129 (5): 582-586.
- Rahmawati, Meiyana Dianning. 2016. Factors Affecting Exclusive Breastfeeding for Breastfeeding Mothers in Pedalangan Village, Banyumanik District, Semarang City. *KesMaDaSka Journal* 4 (1): 8-17.
- Ramadani M., Hadi EN. 2016. Husband's support in exclusive breastfeeding in the Work Area of Air Tawar Health Center in Padang City, West Sumatra. *National Journal of Public Health*. 4 (6): 269-274.
- Roesli, U. 2013. Recognizing Exclusive ASI .PT Swadaya Nusantara Development Library, Jakarta.
- Safrina, S. 2016. Influence of Internal and External Factors of Mother Against Giving Mp-ASI in Children 0-6 Months in Langsa City. *Journal of Health Sciences*. 1 (2): 76-84.
- Sahulika, Himma., Rahayuning P, Dina., Rahfiludin, M. Zen. 2015. Determinant Factors of Fathers Related to Exclusive Breastfeeding Practices in Gamayamsari Community Health Center Semarang. *Journal of Public Health*. 3 (3): 46-56.
- Sarbini, Dwi., Hidayati, Listyani. 2017. The Relationship Between Family Income Levels and Mother's Education with Exclusive Breastfeeding in the District of Surakarta Municipality Jebres. *Journal of Health*. 4 (2): 115-122.
- Sari, Reni Restu. 2016. Relationship of Characteristics, Knowledge, Attitude and Support of Fathers in Exclusive Breastfeeding in the Work Area of Talang Health Center, Solok Regency. *Indonesian Public Health Journal*. 4 (2): 76 - 82.
- Septiani, Hanulan., Budi, Artha., Karbito. 2017. Factors related to exclusive breastfeeding by breastfeeding mothers who work as health workers. *AI SYAH: Journal of Health Sciences* 2 (2): 159 - 174.
- Sihombing, Faithful. 2018. Relationship between Work and Education of Mother With Exclusive Breastfeeding in the Work Area of the Hinai Kiri Health Center in 2017. *Midwife Journal*. 5 (1) 40 - 45.
- South Kalimantan Provincial Health Office. 2017. South Kalimantan Province Health Profile 2017.
- Swain, James E., Sara, Konrath., Stephanie L. Brown., Eric D. Finegood., Leyla B. Akce., Carolyn J. Dayton., And S. Shaun Ho. 2015. Parenting and Beyond: Common Neurocircuits Underlying Parental and Altruistic Caregiving. *Journal of Parenting Science and Practice*. 12 (2): 122 - 126.
- Syafneli and Handayani, E, Y. 2015. Analysis of Factors Associated with Exclusive Breastfeeding in Pasir Jaya Village. *Journal of Maternity and Neonatal*. 2 (1): 8-14.
- Tarigan U, NK. Aryastami. 2016. Knowledge, Attitude and Behavior of Baby Mothers Towards Exclusive Breastfeeding. *Health Systems Research Bulletin*. 15 (4): 390-397.
- Unbegku., Anyika. 2016. Influence of Maternal Characteristics on Exclusive breastfeeding practices Among Urban Mother in Umuahia Nigeria. *Mal J Nutr*. 19 (3): 311-323.
- UNICEF. 2012. Let's Make Exclusive ASI a National Priority. Media Center
- Wahyuningsih, D. and Machmudah. 2017. Husband's support in exclusive breastfeeding. *Journal of Maternity Nursing*. 1 (2): 93-101.
- Zakaria, R. 2016. Factors related to maternal actions in exclusive breastfeeding in the working area of the Tilongkabila Health Center in Bone Bolango District. *JIKMU*. 5 (2): 11-19.