

## PREGNANT WOMEN AND FAMILIES' READINESS TOWARDS THE IMPLEMENTATION OF EXCLUSIVE

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### ABSTRAK: KESIAPAN IBU HAMIL DAN KELUARGA TERHADAP PENERAPAN ASI EKSKLUSIF

Latar Belakang: Tingginya angka bayi yang telah diberi MPASI sebelum berusia 6 bulan menyebabkan rendahnya pencapaian ASI eksklusif. Pemberian ASI eksklusif sampai 6 bulan dan dapat dilanjutkan sampai usia 2 tahun juga mendapat perhatian serius dari pemerintah dan kembali dituangkan dalam Kepmenkes RI. No.450/MENKES/IV/2004.

Tujuan: Mengetahui kesiapan ibu hamil dan keluarga terhadap penerapan ASI Eksklusif di wilayah kerja Puskesmas Peusangan Siblah Krueng.

Metode: Metode penelitian menggunakan rancangan observasi analitik dengan desain penelitian cross sectional. Sampel penelitian menggunakan teknik total sampling berjumlah 30 orang. Pengumpulan data menggunakan kuesioner. Uji bivariat menggunakan Fisher's Exact Test.

Hasil: Berdasarkan analisis statisti didapatkan bahwa ada hubungan kesiapan ibu hamil (0,000) dan keluarga (0,049) terhadap penerapan ASI Eksklusif di wilayah kerja Puskesmas Peusangan Siblah Krueng.

Kesimpulan: Ada hubungan kesiapan ibu hamil dan keluarga terhadap penerapan ASI Eksklusif di wilayah kerja Puskesmas Peusangan Siblah Krueng.

Saran: Diharapkan dapat sebagai bahan untuk terus memberikan memperbaharui pengetahuan ASI eksklusif sehingga ibu hamil dan keluarga dapat bersinergi hingga penerapan ASI eksklusif.

Kata Kunci : ASI Eksklusif, Kesiapan Ibu Hamil, Kesiapan Keluarga.

### ABSTRACT

Background: The majority of women who marry before the age of 18 come from poor families and are below the poverty line, according to statistical data 28.10% of teenagers marry before the age of 18 and give birth to their first child at the age of 15-19 years.

Purpose: Analyzing why and what causes early marriage among Acehnese teenagers in Lhokseumawe City.

Methods: Qualitative research with an interpretive model to analyze early marriage among young women. The study was conducted in the city of Lhokseumawe. The researchers studied the cases of three people who married early. Data analysis was carried out by grouping people and events according to their characteristics according to categories and chronological order.

Results: The results of the study showed that the causes of early marriage in Lhokseumawe city are due to local community habits, young women no longer attend school, are afraid of committing crimes (adultery), getting married (loving), premarital pregnancy and lack of knowledge about reproductive health.

Conclusion: To reduce early marriage, every young person must undergo 12 years of compulsory education to reduce the high rate of early marriage and reduce the interest of young people to marry at a young age.

Suggestions; Conducting counseling and socialization about the ideal age for marriage routinely and continuously and in synergy with related agencies.

Keywords: exclusive breastfeeding, pregnant mother readiness, family readiness

### INTRODUCTION

Exclusive breastfeeding (EBF) is defined as giving an infant only breast milk for the first six

months of life, without any additional fluids such as formula, juice, tea, or plain water, and without the introduction of complementary foods like bananas,

milk porridge, biscuits, gruel, or rice mash. Peraturan Pemerintah No. 33/2012 pasal 2 addresses EBF and aims to guarantee the right of infants to receive exclusive breastfeeding from birth up to six months, considering their growth and development. It also seeks to protect mothers in providing EBF and to enhance the role and support of families, communities, and local governments in EBF provision (Kemenkes RI, 2012). According to data from the Central Statistics Agency (Badan Pusat Statistik - BPS RI, 2024), the percentage of infants under six months receiving EBF in Indonesia in 2023 was 73.97%, an increase from 71.58% in 2021 and 72.04% in 2022. However, the province of Aceh recorded a lower percentage of EBF provision in 2023 at 67.05%, which is below the national average (73.97%). The premature introduction of complementary feeding (MPASI) before six months of age is cited as a significant factor contributing to the low EBF achievement rate (BPS RI, 2024) (Hidayat et al., 2023; Umami & Margawati, 2018). Factors affecting the provision of EBF include a lack of maternal knowledge, often leading mothers to discontinue breastfeeding due to perceived insufficient milk supply (Fitriani et al., 2022; Marlina et al., 2023; Rusiah et al., 2024). The consequences for infants who do not receive EBF and are introduced to complementary foods before six months include an increased risk of infectious diseases such as diarrhea, acute respiratory infections (ARI), ear infections, and nutritional deficiencies (Ismi, 2023; Prihatini et al., 2023). For the mother, potential adverse outcomes include breast engorgement, swollen breasts, and mastitis. The importance of EBF for six months, with continuation up to two years, is a key policy area and is reinforced by subsequent regulations, Kepmenkes RI. No.450/MENKES/IV/2004 (Kemenkes RI, 2004).

Based on the routine report from the Directorate General of Public Health (Ditjen Kesmas) in 2022, the national achievement of EBF among infants under six months was 67.96%. The province with the lowest achievement was Aceh (18.29%), while the highest was recorded in DI Yogyakarta (147.91%), potentially indicating an over-reporting or data compilation anomaly (Kemenkes RI, 2023). Exclusive Breastfeeding is designated as one of the six priority behaviors established in Bireuen

Regency Head Decree Number 170 of 2021 (Bupati Bireuen, 2021). Peusangan sub-district in Bireuen Regency has the largest population, with 53,012 inhabitants out of a total population of 441,895 (Pemerintahan Kabupaten Bireuen, 2021).

Based on the observed challenges in EBF implementation, this study aims to analyze the readiness of pregnant women and their families for the adoption of Exclusive Breastfeeding within the working area of the Peusangan Siblah Krueng Public Health Center (Puskesmas).

## **RESEARCH METHODS**

This study employs a quantitative research approach with an analytic observational design, specifically a cross-sectional study. The aim of this design is to determine the relationship between the readiness of pregnant women and their families and the implementation of Exclusive Breastfeeding (EBF). The research was conducted within the operational area of the Peusangan Siblah Krueng Public Health Center.

The study population consisted of all pregnant women in their third trimester within the specified area, totaling 30 individuals. Total sampling technique was utilized, meaning the entire population served as the sample. Consequently, the sample size for this study was 30 participants.

Data was collected from both primary and secondary sources. Primary data was obtained using a questionnaire instrument. The collected data was then processed and subjected to statistical analysis. Data analysis involved: Univariate analysis use employing descriptive statistics to characterize the study variables and bivariate analysis using the Fisher's Exact Test to assess the association between the readiness of pregnant women/families and EBF implementation.

## **RESEARCH RESULTS**

### **Univariate analysis**

Based on Table 1, the statistical analysis yielded a p-value of 0.000. This result is interpreted as statistically significant, indicating a relationship between the readiness of pregnant women and the implementation of Exclusive Breastfeeding (EBF) within the working area of the Peusangan Siblah Krueng Public Health Center.

**Table 1**  
**Frequency Distribution of Mental Health Status of Third Trimester Pregnant Women in the Control Group**

| Exclusive<br>breastfeeding | Readiness of Pregnant Women |      |           |      |       |      | P Value<br>(Fisher's Exact Test) |
|----------------------------|-----------------------------|------|-----------|------|-------|------|----------------------------------|
|                            | Ready                       |      | Not Ready |      | Total |      |                                  |
|                            | n                           | %    | n         | %    | n     | %    |                                  |
| Good                       | 20                          | 66,7 | 4         | 13,3 | 24    | 80,0 | 0,000                            |
| Poor                       | 0                           | 0,0  | 6         | 20,0 | 6     | 20,0 |                                  |

**Table 2**  
**Analysis of Family Readiness for Exclusive Breastfeeding Implementation in the Peusangan Siblah Krueng Public Health Center Working Area**

| Exclusive<br>breastfeeding | Family Readiness |      |           |      |       |      | P Value<br>(Fisher's Exact Test)<br>Ready |
|----------------------------|------------------|------|-----------|------|-------|------|-------------------------------------------|
|                            | Ready            |      | Not Ready |      | Total |      |                                           |
|                            | n                | %    | n         | %    | n     | %    |                                           |
| Good                       | 19               | 63,3 | 5         | 16,7 | 24    | 80,0 | 0,049                                     |
| Poor                       | 2                | 6,7  | 4         | 13,3 | 6     | 20,0 |                                           |

Based on Table 2, the analysis results showed a p-value of 0.049, which is less than the significance level ( $\alpha=0.05$ ). This finding indicates a statistically significant relationship between family readiness and the implementation of Exclusive Breastfeeding (EBF) within the working area of the Peusangan Siblah Krueng Public Health Center.

## DISCUSSION

The research findings indicate a statistically significant relationship between the readiness of pregnant women and the implementation of Exclusive Breastfeeding (EBF) within the Peusangan Siblah Krueng Public Health Center working area, evidenced by a p-value of 0.000.

Pregnant women who possess good physical and mental readiness are more inclined to successfully practice EBF (Ratnawati et al., 2024). This readiness encompasses not only optimal physical health but also the mental preparedness required to manage the challenges of pregnancy and childbirth (Rahmawaty & Nugroho, 2025; Sujawaty et al., 2024). Mentally prepared mothers are reported to be more confident and demonstrate a higher commitment to EBF (Marwiyah & Khaerawati, 2020; Rahmita et al., 2024).

This finding is consistent with prior research by Oktaviyana et al. (2025), which established a relationship between knowledge and the readiness of working pregnant women for EBF (p-value = 0.047) (Oktaviyana et al., 2025). The results of the study showed a tendency that mothers who had good knowledge about exclusive breastfeeding tended to provide exclusive breastfeeding compared to mothers who did not have good

knowledge (Darmawati & Fransisca, 2024; Herman et al., 2021; Parapat et al., 2022).

The researcher posits that the readiness of pregnant women—particularly their physical and mental state, combined with adequate EBF knowledge—are interconnected factors that directly influence EBF adoption. Consequently, efforts to enhance EBF rates must begin with interventions targeting pregnant women.

The analysis revealed a statistically significant relationship between family readiness and the implementation of EBF in the study area, with a p-value of 0.049 ( $\leq 0.05$ ). This result underscores the critical role of family support in the successful provision of EBF by the mother.

Family readiness involves not only a basic understanding of the importance of EBF but also the provision of emotional and practical support by the family, especially the partner and close relatives. Mothers who receive family support tend to feel more confident in facing the challenges of breastfeeding. This often includes an active role by the husband, such as assisting with household chores or offering moral encouragement.

This finding aligns with Batubara et al.'s (2023) study, which found a relationship between maternal knowledge and family support in EBF provision (Batubara et al., 2023). Family support gives a person confidence in making decisions (Rifkawati & Astutik, 2025; Timiyatun & Oktavianto, 2021). This trust fosters a sense of security, self-confidence, self-esteem, and courage. Therefore, the emotional support provided by the family is one of the driving forces behind a person's decision, in this case, the mother's decision to exclusively

breastfeed (Jannah et al., 2023; Rukama et al., 2024; Sinaga et al., 2025).

However, this result contradicts the findings of Aluman et al. (2025), which reported no association between family support and EBF provision ( $p$ -value = 0.225)(Aluman et al., 2025). Although a pregnant woman may receive physical or emotional support, a lack of information or understanding within the family about the importance of EBF may render that support insufficient to effectively encourage the mother (Haque, 2024; Zaqiatunnufus & Syaripah, 2025).

The researcher proposes that the family's knowledge and level of understanding regarding EBF likely influence the effectiveness of the support provided, even when the family offers tangible physical and emotional assistance to the pregnant woman.

## CONCLUSION

There is a significant relationship between the readiness of pregnant women and their families and the implementation of Exclusive Breastfeeding (EBF) within the working area of the Peusangan Siblah Krueng Public Health Center.

## SUGGESTION

It is recommended that this finding be utilized as a basis for continuously updating and providing knowledge regarding Exclusive Breastfeeding. The goal is to facilitate synergy between pregnant women and their families to ensure successful EBF implementation.

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