THE FACTORS AFFECTING EXCLUSIVE BREASTFEEDING AT WORK ARE OF KRUI COMMUNITY HEALTH CENTER, WEST PESISIR REGENCY

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ABSTRAK : FAKTOR-FAKTOR YANG MEMPENGARUHI PEMBERIAN ASI EKSKLUSIF DI KERJA DI PUSKESMAS KRUI KABUPATEN PESISIR BARAT

Latar Belakang: ASI Eksklusif adalah pemberian ASI kepada bayi tanpa makanan dan minuman pendamping ASI, dimulai sejak bayi dilahirkan sampai dengan usia 6 bulan. Cakupan bayi yang mendapat ASI Eksklusif di Provinsi Lampung pada tahun 2021 sebesar 69,3%. Persentase ini masih dibawah target yang ditetapkan sebesar 80%. Tujuan: penelitian ini adalah untuk mengetahui faktor risiko yang mempengaruhi pemberian ASI Eksklusif di Wilayah Kerja Puskesmas Krui Kabupaten Pesisir Barat Tahun 2022.

Metode: Penelitian ini merupakan penelitian kuantitatif dengan desain penelitian survei analitik dengan menggunakan pendekatan cross sectional. Populasi penelitian ini adalah ibu yang mempunyai bayi usia 6-12 bulan yang berjumlah 112 ibu, dengan jumlah sampel yang diambil sebanyak 82 orang. Pengambilan sampel dilakukan dengan metode kecelakaan pada bulan Mei sampai Juli 2022. Instrumen penelitian menggunakan angket dan analisis data menggunakan uji pearson chi square.

Hasil:Uji pearson chi square menunjukkan ibu yang melakukan inisiasi menyusu dini dengan ASI eksklusif sebanyak 39 (47,6%), ibu yang melakukan inisiasi menyusu dini tanpa ASI eksklusif sebanyak 6 (7,3%), ibu tidak melakukan inisiasi menyusu dini dengan ASI eksklusif sebanyak 9 (11,0%), ibu yang melakukan inisiasi menyusu dini tanpa ASI eksklusif sebanyak 28 (34,1%). Ibu yang mendapat dukungan suami dengan kategori ASI eksklusif sebanyak 7 (8,5%), ibu yang tidak mendapat dukungan suami dengan kategori ASI eksklusif sebanyak 16 (19,5%).), kategori ibu tidak mendapat dukungan suami tanpa ASI eksklusif sebanyak 27 (32,9%).

Kesimpulan: ada hubungan ibu yang mendapat dukungan suami dengan ibu yang melakukan inisiasi menyusu dini.

Saran: dapat menjadi informasi dan motivasi bagi para ibu untuk memberikan ASI Eksklusif pada bayinya.

Kata Kunci : ASI eksklusif, faktor yang mempengaruhi, bayi

ABSTRACT

Background: Exclusive breastfeeding was the provision of breastfeeding to infants without complementary foods and drinks, starting from the time the baby was born to the age of 6 months. The coverage of infants receiving exclusive breastfeeding in Lampung province in 2021 was 69.3%. This percentage was still under the target set of 80%.

Purpose: The purpose of this study was to determine the risk factors affecting exclusive breastfeeding at the Work Area of Krui Community Health Center, West Pesisir Regency in 2022.

Methods: This study was a quantitative research with an analytical survey research design using a cross sectional approach. The population of this research was mothers having infants aged 6-12 months, totalling 112 mothers, with the number of samples taken as many as 82 people. Sampling was carried out by accident method from May to July 2022. The research instrument used a questionnaire and the data analysis used a pearson chi square test.

Results: The results of pearson chi square test showed that the of mother having early initiation of breastfeeding with exclusive breastfeeding was 39 (47,6%), mother having early initiation of breastfeeding without exclusive breastfeeding was 6 (7,3%), mother not having early initiation of breastfeeding with exclusive breastfeeding was 9 (11,0%), mother having early initiation of breastfeeding without exclusive breastfeeding was 28 (34,1%). Mother having husband support with exclusive breastfeeding category was 32 (39,0%), mother having husband support without exclusive breastfeeding category was 7 (8,5%), mother not having husband support without exclusive breastfeeding category was 16 (19,5%), mother not having husband support without exclusive breastfeeding category was 27 (32,9%).

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Conclusion: Conclusion, there was correlation on mother having husband support and mother having early initiation of breastfeeding.

Suggestions: Therefore this study could be information and motivation to the mothers on giving exclusive breastfeeding to their infants hopefully.

Keywords: Exclusive breastfeeding, factors affected, infants

INTRODUCTION

Breast milk is an emulsion of fat in a solution of protein, lactose, and organic salts secreted by both sides of the mother's breast glands, as the main food for the baby. Exclusive breastfeeding is breastfeeding to infants without complementary foods and drinks (including orange juice, honey, sugar water) starting from the time the baby is born until the age of 6 months (Vita, 2021).

In 2020 WHO presented data in the form of exclusive breastfeeding rates globally, which is about 44% of infants aged 0-6 months worldwide who received exclusive breastfeeding during the 2015-2020 period from 50% of the target for exclusive breastfeeding. Optimal breastfeeding, which is when children are 0-23 months old, is very important because it can save the lives of more than 820.000 children under the age of 5 years each year (WHO, 2020). Exclusive breastfeeding is breastfeeding to infants without complementary foods and drinks (including orange juice, honey, sugar water) starting from the time the baby is born until the age of 6 months (Vita, 2021). Breast milk also contains certain enzymes that function as absorbent substances that will not interfere with other enzymes in the intestine (Indonesian Health Profile, 2020). Breastfeeding increases intelligence for babies, helps jaw development and stimulates tooth growth (Vita, 2021).

Nationally, the coverage of infants receiving exclusive breastfeeding in 2020 is 66.06%. This figure has exceeded the 2020 Strategic Plan target of 40%. The highest percentage of exclusive breastfeeding coverage is in West Nusa Tenggara Province (87.33%), while the lowest percentage is in West Papua Province (33.96%). There are four provinces that have not yet achieved the target of the 2020 Strategic Plan, namely Maluku and West Papua (Health Profile Indonesia, 2020). The coverage of infants receiving exclusive breastfeeding in Lampung Province in 2021 is 69.3%, where this number is still below the required target of 80%. based on achievements per city district only Tanggamus district and Metro City have achieved the required target while the west coast district have not reached the specified target (Lampung Provincial Health Office, 2021).

Research conducted, et al (2021), regarding the analysis of the that influence exclusive breastfeeding infants at the Talaga Jaya Health Center, it was found that the mother's education, mother's occupation, implementation of IMD and family support obtained a p-value (0.000) less than (0, 05), while the support of health workers has a p-value (0.998) more than (0.05). The factors that influence exclusive breastfeeding for infants at the Talaga Jaya Health Center are mother's education, mother's occupation, implementation of IMD, and family support.

Research conducted by Erbaydar (2020) in Turkey onrelationship between caesarea section and breastfeeding turkey, it was found that the incidence of late initiation of breastfeeding and non-exclusive breastfeeding were 42.7 and 41.0%, respectively. The standard incidence rate of late initiation of breastfeeding among women with vaginal delivery was 35.34%, compared to 50.49% among those who delivered by cesarean. The standard rate ratio for late initiation of breastfeeding and non-exclusive breastfeeding is 1.428 (95%confidence interval (CI): 1.212-1.683) and 1.468 (95% CI: 1.236-1.762). respectively. Women who undergo caesarean section have a higher risk for late initiation of breastfeeding and non-exclusive breastfeeding for three days after delivery sociodemographic and labor-related factors.

Based on the regulation of the Pesisir Barat Regent number 41 of 2018 that the condition of exclusive breastfeeding in Pesisir Barat Regency is still experiencing various obstacles caused by mothers not being confident in being able to breastfeed properly (Regulation of the Pesisir Barat Regent, 2018). Krui Pesisir Barat Health Center is a health center located in Pesisir Barat Regency which has a prevalence of achieving the target of exclusive breastfeeding that has not been achieved and is still very low from the number of infants 0-6 months as many as 320, 35 (10.9%) who do not receive exclusive breastfeeding where this figure does not meet the expected target of 60% (Health Profile of Pesisir Barat Regency, 2021).

RESEARCH METHODS

This type of research is quantitative, with analytical survey research design, with a cross

sectional approach with a population of mothers having babies 6-12 months with a sample of 82 respondents, accidental sampling technique. Research place in the area of Puskesmas Krui Kabupaten Pesisir Barat, research instruments using questionnaires and data analysis using Pearson Chi Square test. The contents of the questionnaire include: Mother's name. Mother's age. address. occupation, education, implementation of IMD, history of childbirth, number of children. The questions asked in the questionnaire were 22 which included 4: informational, appraisal, instrumental, emotional. With mom give the answer: always, often, sometimes, never. Mother choose 1 (one) of 4 (four) available answers by ticking ($\sqrt{\ }$) on the available column.

RESEARCH RESULT

Based on table 1 above, it can be seen that the characteristics of respondents based on maternal age in the Krui Health Center area. Pesisir Barat Regency In 2022, there were 54 (65.2%) respondents in the 27-32 year maternal age category, 28 (34.7%) respondents aged 33-36 years. Characteristics of respondents based on mother's education with undergraduate education category as many as 13 (15.9%) respondents, elementary education as many as 32 (39.0%) respondents, high school education as many as 16 (19.5%), junior high education as many as 21 (25.6%). Characteristics of respondents based on the mother's occupation with the category of working mothers as many as 27 (32.9%) respondents, the category of mothers not working as many as 55 (67.1%) respondents.

Table 1
Characteristics of Respondents Based on Mother's Age, Education and Occupation in the Health Center
Area

Characterisc respondent	Amount	Percentage (%)
By Age		
27-32 years old	54	65,2%
33-36 years old	28	34,7%
Total	82	100%
Based on Mother's education		
Bachelor	13	15,9%
SD	32	39,0%
SENIOR HIGH SCHOOL	16	19,5%
JUNIOR HIGH SCHOOL	21	25,6%

Univariate Analysis

Table 2
Distribution of Frequency of Exclusive
Breastfeeding in Area of Krui Health Center,
Pesisir Regency West Year 2022

Breastfeeding	Amount	Percentage (%)
Exclusive breastfeeding	48	58,5%
Not breastfeeding exclusive	34	41,4%

Based on table 2 above, it can be seen that the frequency of respondents based on exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022 with the category of being given exclusive breastfeeding as many as 48 (58.5%) respondents and 34 (41.4%) respondents not being given exclusive breastfeeding.

Table 3
Distribution of the Frequency of Mother's Work in the Krui Health Center Area, Pesisir Barat Regency Year 2022

Work	Amount	Percentage (%)
Working	27	32,9%
Doesn't work	55	67,1%

Based on table 3 above, it can be seen that the frequency of respondents based on the occupation of mothers who gave exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022 with the category of working mothers as many as 27 (32.9%) respondents and the category of mothers not working as many as 55 (67.1%) respondents.

Table 4
Distribution of the Frequency of IMD
Implementation in the Krui Health Center Area,
Pesisir Regency West Year 2022

Implementation of IMD	Amount	Percentage (%)
Done IMD	45	54,9%
Not done IMD	37	45,1%

Based on table 4 above, it can be seen that the frequency of respondents based on the implementation of IMD who gave Exclusive Breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022 with the category of mothers giving IMD as many as 45 (54.9%) respondents and the category of mothers who did not do IMD as many as 37 (45.1%) respondents.

Based on table 5 above, it can be seen that the frequency of respondents based on the support of their husbands who gave exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022 with the category of getting support from family as many as 39 (47.6%) respondents and the category of not getting family support was 43 (52, 4%) respondents.

Table 5

Bivariate Analysis

Table 7

The Relationship between Employment and Exclusive Breastfeeding in the Krui Community Health
Center, Pesisir Regency West Year 2022

		Excl								
Mother's work	Exclusive breastfeeding		Not exclusive		Total		Total		p-value	OR
	N	%	N	%	N	%	=			
Working	13	15,9	14	17,1	27	32,9	0.272	0.200.4.250		
Doesn't work	35	42,7	20	24.4	55	67,1	0,272	0,209-1,350		

Based on Table 7 above, it can be concluded that The Chi Square test results that have been done indicate the category of working mothers who are given exclusive breastfeeding as many as 13 (15.9%) respondents, and those who are not given exclusive breastfeeding as many as 14 (17.1%) respondents. As for mothers who do not work are given exclusive breastfeeding as many as 35 (42.7%) and are not given exclusive breastfeeding as many as 20 (24.4%) respondents. The Total value for

Distribution of the Frequency of Husband and Mother Support in the Krui Health Center Area, Pesisir Regency West Year 2022

Family support	Amount	Percentage (%)		
Support	39	47,6%		
Does not support	43	52,4%		

Table 6
Frequency Distribution of Types of Labor Labor
Mothers in the Krui District Health Center West
Coast 2022

Type of delivery	Amount	Percentage (%)		
SC . Delivery	29	35,4%		
Normal delivery	53	64,6%		

Based on table 6 above, it can be seen that the frequency of respondents based on the occupation of mothers who gave exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022 with the category of mothers who delivered Sectio Caesaria as many as 29 (35.4%) while the category of mothers with normal deliveries was 53 (64,6%) respondents.

the working category was 27 (32.9%) and not working as much as 55 (57.1%), with a total of exclusive breastfeeding as much as 48 (58.5%) and not exclusive breastfeeding as much as 34 (41.5%). OR value 0.209-1.350.

The result of the p-value of $0.272 < \alpha \ (0.05)$ means that H0 is accepted and Ha is rejected, which means that there is no maternal employment relationship with exclusive breastfeeding in the Krui Health Center area of West Pesisir Regency in 2022.

Tabel 8
The relationship between IMD implementation and exclusive breastfeeding in the Krui Health Center area of West Pesisir Regency in 2022

		E	xclusiv	e breastfe	eding				
IMD implementation		usive feeding	Not e	xclusive		Total p-value		OR	
	N	%	N	%	N	%			
IMD	39	47,6	6	7,3	45	54,9	0,000	6 450 62 240	
Not IMD	9	11,0	28	34,1	37	45,1	0,000	6,458-63,318	

Based on Table 8 above can be concluded Pearson Chi-square test results that have been done shows the category of mothers with the implementation of IMD given exclusive breastfeeding as many as 39 (47.6%) respondents, and not given exclusive breastfeeding as many as 6 (7.3%) respondents. As for mothers who do not do IMD given exclusive breastfeeding as much as 9 (11.0%) and not given exclusive breastfeeding as many as 28 (34.1%) respondents. The Total value for the category performed IMD as much as 45 (54.9%) and

not performed IMD as much as 37 (45.1%), with a total of exclusive breastfeeding as much as 48 (58.5%) and not exclusive breastfeeding as much as 34 (41.5%). Value OR 6,458-63,318.

The result of the p-value of $0.000 < \alpha(0.05)$ means that H0 is rejected and Ha is accepted, which means that there is a relationship between the implementation of IMD and exclusive breastfeeding in the Krui Health Center area of West Pesisir Regency in 2022.

Table 9
Relationship between Husband's Support and Exclusive Breastfeeding in Puskesmas Area
Krui Pesisir Barat District in 2022

		Exclu	sive bre	p-value	OR			
Family support	Exclusive breastfeeding		Not exclusive			Total		
	N	%	N	%	N	%	='	
Support	32	39,0	7	8,5	39	47,6	0.000	0.767.04.606
Does not support	16	19,5	27	32,9	43	52,4	0,000	2,767-21,506

Based on table 9 on could concluded test results Pearson Chi-squareWhat has been done shows that the category of mothers who are given support from their husbands who are given exclusive breastfeeding are 32 (39.0%) respondents, and those who are not given exclusive breastfeeding are 7 (8.5%) respondents. Meanwhile, for mothers who did not get support from their husbands by being given exclusive breastfeeding as many as 16 (19.5%) and 27 (32.9%) respondents who were not given exclusive breastfeeding. Total score for category earn support from husbands is 39 (47.6%) and does not get support from husbands is 43 (52.4%), with a total of 48 (58.5%) exclusive breastfeeding and 34 (41.5%) not exclusive breastfeeding). OR value 2,767-21,506.

The result of p-value 0.000 < (0.05) means H0 rejected and Ha accepted, which means that there is a relationship between husband's support and

exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022.

Based on table 10 above, it can be concluded that the test resultsPearson Chi-squareWhat has been done shows the category of mothers with the type of maternal delivery by sectio caesaria who were given exclusive breastfeeding as many as 19 (23.2%) respondents, and 10 (12.2%) respondents who were not given exclusive breastfeeding.

Meanwhile, 29 (35.4%) respondents who gave normal delivery were given exclusive breastfeeding and 24 (29.4%) respondents who were not given exclusive breastfeeding. The total score for the category of type of delivery by cesarean section was 29 (35.4%) and the type of normal delivery was 53 (64.4%), with a total of 48 (58.5%) exclusive breastfeeding and 34 non-exclusive breastfeeding (41.5%). OR value 0.943-0.349.

The result of p-value 0.475 < (0.05) means H0 accepted and Ha rejected, which means that there is no relationship between the type of maternal delivery

and exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022.

Table 10
The Relationship between Type of Delivery and Exclusive Breastfeeding in the Health Center Area
Krui Pesisir Barat District in 2022

		Ex	clusive					
Type of delivery		usive feeding	Not ex	xclusive	Total		Total p-value	
	N	%	N	%	N	%	_	
SC . Delivery	19	23,2	10	12,2	29	35,4	0.475	0.042.0.240
Labor normal	29	35,4	24	29,4	53	64,4	0,475	0,943-0,349

DISCUSSION Univariate Analysis

Distribution of the frequency of exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022

Based on the results of the study, it can be seen that the frequency of respondents giving exclusive breastfeeding in the Krui Public Health Center, Pesisir Barat Regency in 2022 with the category of being given exclusive breastfeeding as many as 48 (58.5%) respondents and 34 (41.4%) respondents not being given exclusive breastfeeding.

Exclusive breastfeeding is breastfeeding after the baby is born until the age of at least 6 months, without fluid intake, such as formula milk, honey, sweet tea, water, and other milk porridge, porridge, rice, bananas, and others. Therefore, baby can only get breast milk from the mother, and if forced (sick), the baby can get medicines in the form of syrup from the doctor (Chomaria Nurul, 2020).

Research conducted Adityaningrum, et al (2021), regarding the analysis of the factors that influence exclusive breastfeeding for infants at the Talaga Jaya Health Center, it was found that the mother's education, mother's occupation, implementation of IMD and family support obtained a p-value (0.000) less than (0,05), while the support of health workers has a p-value (0.998) more than (0.05).

According to researchers, exclusive breastfeeding can help improve the quality of health and immunity for babies and increase antibodies for babies.

Distribution of the frequency of work of mothers in the Krui Health Center area, Pesisir Barat Regency in 2022

Based on the results of the study, it can be seen that the frequency of respondents based on the

work of mothers who gave exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022 with the category of working mothers as many as 27 (32.9%) respondents and the category of mothers not working as many as 55 (67.1%) respondents.

A working mother has difficulty in giving exclusive breastfeeding because she has to divide her time with her work. It can be seen that the busier the mother in working, the fewer mothers who give exclusive breastfeeding. Working mothers do not give exclusive breastfeeding, it means that there is a tendency due to the lack of opportunities to give exclusive breastfeeding which is contrary to the obligation to carry out work. Working moms can still give exclusive breastfeeding to her baby by pumping or expressing her milk, then it is stored and given to her baby later. The working environment of a working mother can also affect exclusive breastfeeding (Yanti, 2021).

Research conducted by Susilawati & Maulina (2018), regarding Factors Associated with Inhibitors of Exclusive Breastfeeding in the Work Area of Posyandu Melati, Gedong Tataan District, Pesawaran Regency in 2014, that knowledge with inhibition of exclusive breastfeeding (pvalue= 0.002), the relationship between work and exclusive breastfeeding inhibitors (pvalue=0.027), the relationship between family support and inhibition of exclusive breastfeeding (pvalue=0.017).

Research that conducted by Adityaningrum, et al (2021), regarding the Analysis of Factors Affecting Exclusive Breastfeeding for Babies at the Talaga Jaya Health Center, it was found that the mother's education, mother's occupation, implementation of IMD and family support obtained a p-value (0.000) less than (0.05), while the support of health workers has a p-value (0.998) more than (0.05).

According to researchers, mother's work can affect exclusive breastfeeding given to babies on the grounds that working mothers rarely meet their children so that mothers rarely give breast milk on the grounds that breast milk is not good if it is not given directly.

Distribution of the frequency of IMD implementation in the Krui Health Center area, Pesisir Barat Regency in 2022

Based on the research results can be seen that frequency of respondents based on the implementation of IMD that provides exclusive breastfeeding for the Krui Health Center area of Pesisir Barat Regency in 2022 with the category of mothers giving IMD as many as 45 (54.9%) respondents and the category of mothers not doing IMD as many as 37 (45.1%) respondents.

The success of the IMD practice can help make the exclusive breastfeeding process successful, on the other hand, if the IMD fails to do so, it will also be the cause of the failure of exclusive breastfeeding. If the mother is facilitated by the birth attendant for IMD, it is hoped that this interaction between mother and baby will occur soon. With IMD, mothers are more confident to continue breastfeeding and the baby can be comfortably pressed to the mother's breast or quietly in the mother's arms soon after birth.

Research conducted by Deviana et al (2015), on the relationship between Early Initiation of Breastfeeding (IMD) and Exclusive Breastfeeding in Primiparous Mothers with Infants Age > 6-12 Months (The Correlation between Early Initiation of Breastfeeding (IMD) with Exclusive Breastfeeding in the Primiparous Mother and the Baby in more than > 6 until 12 Months Old). That infants who received exclusive breastfeeding, 95% received Early Initiation of Breastfeeding (IMD) and infants who did not receive exclusive breastfeeding, 70% received Early Initiation of Breastfeeding (IMD) (P=0.027<0.05 OR=8.143 95% CI=0.976-67,944).

According to researchers, if the mother does IMD for her baby, the mother will understand more and understand about exclusive breastfeeding because from the IMD process we will understand and understand whether the mother's milk comes out smoothly or has problems such as the mother's nipples not protruding or experiencing mastitis.

Frequency distribution of husband's support in the Krui Health Center area, Pesisir Barat Regency in 2022

Husband's support has an important role for the welfare of the mother and fetus from the time of pregnancy until after giving birth. A husband who continues to support his wife during breastfeeding can mean keeping the baby healthy. The support that the husband can provide, for example, takes care of his wife's health and accompanies his wife to breastfeed her baby at night, helps part of the wife's work or gives a light massage when the wife feels sore (Riskita, 2019).

Research by Kusumawati et al. 2021 regarding the Relationship between Husband's Support and Exclusive Breastfeeding in Rural Areas, most husbands support exclusive breastfeeding (72.7%). Based on the cross tabulation test, it is known that husband's support has a greater chance (27.1%) of exclusive breastfeeding than husbands who do not support (5.6%).

According to researchers, good husband support can help mothers in exclusive breastfeeding and can increase mother-husband bonding so that mothers will feel that if their husbands provide support, mothers will be more enthusiastic about breastfeeding their babies.

Distribution of the frequency of types of delivery in the Krui Health Center area, Pesisir Barat Regency in 2022

Based on the results of the study, it can be seen that the frequency of respondents based on the occupation of mothers who gave exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022 with the category of mothers who delivered Sectio Caesaria as many as 29 (35.4%) while the category of mothers with normal deliveries was 53 (64, 6%) respondents.

Normal labor is labor that occurs at term pregnancy (not premature or postmature), has a spontaneous onset (not induced), is completed after 4 hours and before 24 hours from the time the woman is born, has a single fetus with a cephalic presentation, occurs without artificial assistance., excluding complications, the placenta was born normally (Siwi and Endang, 2016).

Research conducted by Erbaydar (2020) in Turkey on the relationship between caesarea section and breastfeeding turkey, it was found that the incidence of late initiation of breastfeeding and non-exclusive breastfeeding was 42.7 and 41.0%, respectively. The standard incidence rate of late initiation of breastfeeding among women with vaginal delivery was 35.34%, compared to 50.49% among those who delivered by cesarean. The standard rate ratios for late initiation of breastfeeding and non-exclusive breastfeeding were 1.428 (95% confidence interval (CI): 1.212-1.683) and 1.468 (95% CI: 1.236-1.762), respectively.

. According to researchers, if a mother has a cesarean section, it will be more difficult to give exclusive breastfeeding because of the influence of anesthesia so that the milk that comes out becomes less and sometimes the milk becomes dry.

Bivariate Analysis

Employment relationship with exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022

Test resultsPearson Chi Squarewhat has been done shows the category of working mothers who 13 (15.9%) respondents were given exclusive breastfeeding, and 14 (17.1%) respondents were not given exclusive breastfeeding. Meanwhile, 35 (42.7%) respondents who did not work were given exclusive breastfeeding and 20 (24.4%) respondents were not given exclusive breastfeeding. The total score for the working category is 27 (32.9%) and not working is 55 (57.1%), with a total of 48 (58.5%) exclusive breastfeeding and 34 (41.5%) not exclusive breastfeeding. OR value 0.209-1.350.

The result of p-value 0.272 < (0.05) means H0 accepted and Ha rejected, which means that there is no relationship between mother's work and exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022.

Research conducted by Susilawati & Maulina (2018), regarding Factors Associated with Inhibitors of Exclusive Breastfeeding in the Work Area of Posyandu Melati, Gedong Tataan District. Pesawaran Regency in 2014, that knowledge with inhibition of exclusive breastfeeding (pvalue= 0.002), the relationship between work and exclusive breastfeeding inhibitors (pvalue=0.027), relationship between family support and inhibition of exclusive breastfeeding (pvalue=0.017). So it can be concluded that there is a relationship between knowledge, work and family support with the inhibition of exclusive breastfeeding at the jasmine gedong posyandu in the pesawaran setting in 2014.

Research conducted by Adityaningrum, et al (2021), regarding the Analysis of Factors Affecting Exclusive Breastfeeding for Babies at the Talaga Jaya Health Center, it was found that the mother's education, mother's occupation, implementation of IMD and family support obtained a p-value (0.000) less than (0.05), while the support of health workers has a p-value (0.998) more than (0.05). The factors that influence exclusive breastfeeding for infants at the Talaga Jaya Health Center are mother's education, mother's occupation, implementation of IMD, and family support.

According to researchers, the type of mother's work can affect exclusive breastfeeding because

working mothers think that if they don't have time to breastfeed their babies, so babies are connected to formula milk because formula milk has more nutrition than breast milk which is rarely used. drink it. Working mothers also said they were lazy to do breast pumps at work.

The results of the above study indicate that working mothers still provide exclusive breastfeeding because mothers always pump breast milk every time they work, assuming that mothers must fulfill their obligations in fulfilling exclusive breastfeeding. Meanwhile, mothers who do not work but still do not provide exclusive breastfeeding to their babies are caused by unexplored factors such as problems with breastfeeding and consumption of nutrients that mothers consume every day.

The relationship between IMD implementation and exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022

Test resultsPearson Chi SquareWhat has been done shows that the category of mothers with IMD implementation who are given exclusive breastfeeding is 39 (47.6%) respondents, and 6 (7.3%) respondents who are not given exclusive breastfeeding.

Meanwhile, 9 (11.0%) mothers who did not do IMD were given exclusive breastfeeding and 28 (34.1%) respondents who were not given exclusive breastfeeding. The total score for the IMD category was 45 (54.9%) and 37 (45.1%), with a total of 48 (58.5%) exclusive breastfeeding and 34 (41.5%). %). OR value 6,458-63.318.

The result of p-value 0.000 < (0.05) means H0 rejected and Ha accepted, which means that there is a relationship between the implementation of IMD and exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022.

Research conducted by Deviana et al (2015), on the relationship between Early Initiation of Breastfeeding (IMD) and Exclusive Breastfeeding in Primiparous Mothers with Infants Age > 6-12 Months (The Correlation between Early Initiation of Breastfeeding (IMD) with Exclusive Breastfeeding in the Primiparous Mother and the Baby in more than > 6 until 12 Months Old). That infants who received exclusive breastfeeding, 95% received Early Initiation of Breastfeeding (IMD) and infants who did not receive exclusive breastfeeding, 70% received Early Initiation of Breastfeeding (IMD) (P=0.027<0.05 OR=8.143 95% CI=0.976- 67,944). The conclusion of this study is that there is a relationship between Early Initiation of Breastfeeding (IMD) and exclusive breastfeeding.

According to researchers, babies should be given the process of breastfeeding immediately after birth until 1 hour after delivery IMD is also highly recommended for babies to learn to breastfeed or get used to sucking the nipple and also prepare the mother to start producing breast milk. Therefore, IMD should be given immediately after the baby is born to help increase the occurrence of exclusive breastfeeding for their babies in the future and increase mother's knowledge about the importance of exclusive breastfeeding. The results of research conducted on mothers who do IMD but do not give exclusive breastfeeding to their babies are caused because the baby does not want to breastfeed or maternal factors such as sore nipples, or drowning.

The relationship between husband's support and exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022

Test resultsPearson Chi SquareWhat has been done shows that the category of mothers who are given support from their husbands who are given exclusive breastfeeding are 32 (39.0%) respondents, and those who are not given exclusive breastfeeding are 7 (8.5%) respondents. Meanwhile, for mothers who did not get support from their husbands by being given exclusive breastfeeding as many as 16 (19.5%) and 27 (32.9%) respondents who were not given exclusive breastfeeding. The total score for the category of getting support from husband is 39 (47.6%) and not getting support from husband is 43 (52.4%), with a total of 48 (58.5%) exclusive breastfeeding and 34 not exclusive breastfeeding. (41.5%). OR value 2,767-21,506.

The result of p-value 0.000 < (0.05) means H0 rejected and Ha accepted, which means that there is a relationship between husband's support and exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022.

Research conducted by Kusumawati, et al 2021 regarding the Relationship between Husband's Support and Exclusive Breastfeeding in Rural Areas, most husbands support exclusive breastfeeding (72.7%). Based on the cross tabulation test, it is known that husband's support has a greater chance (27.1%) of exclusive breastfeeding than husbands who do not support (5.6%). Although the Spearman correlation test showed that there was no significant relationship between support and exclusive breastfeeding.

Mothers who receive support from their husbands have a greater proportion of giving Exclusive breastfeeding compared to those who did not get husband's support, although it was not statistically significant.

According to researchers, husband's support has an important role for the welfare of the mother and fetus from the time of pregnancy until after delivery. Therefore, if the husband supports his wife well, the wife or mother will be more enthusiastic about giving breast milk to the baby because the mother feels that her husband really loves and gives more attention to the mother. From the results of the research above, some mothers who get support from their husbands because their husbands always spend time at home while for husbands who rarely provide support they are busy working outside the home so they rarely have time with their families even though they have new members in the family.

The relationship between the type of delivery and exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022

Test resultsPearson Chi SquareWhat has been done shows the category of mothers with the type of maternal delivery by sectio caesaria who were given exclusive breastfeeding as many as 19 (23.2%) respondents, and 10 (12.2%) respondents who were not given exclusive breastfeeding.

Meanwhile, 29 (35.4%) respondents who gave normal delivery were given exclusive breastfeeding and 24 (29.4%) respondents who were not given exclusive breastfeeding. The total score for the category of type of delivery by cesarean section was 29 (35.4%) and the type of normal delivery was 53 (64.4%), with a total of 48 (58.5%) exclusive breastfeeding and 34 non-exclusive breastfeeding (41.5%). OR value 0.943-0.349.

The result of p-value 0.475 < (0.05) means H0 accepted and Ha rejected, which means that there is no relationship between the type of maternal delivery and exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022.

Erbaydar (2020) stated that childbirth is a factor that hinders exclusive breastfeeding. The mode of delivery is one of the factors that play an important role in breastfeeding practice. CS delivery can have a negative impact on lactation physiology and cause side effects that inhibit maternal contact with the neonate, resulting in intolerable postoperative maternal pain and an increase in the level of need for intensive care required by neonates, both of which can have a negative impact on breastfeeding.

In line with the research conducted by Erbaydar (2020) in Turkey aboutrelationship between caesarea section and breastfeeding turkey,it was found that the incidence of late initiation of breastfeeding and non-exclusive breastfeeding were 42.7 and 41.0%, respectively. The standard

incidence rate of late initiation of breastfeeding among women with vaginal delivery was 35.34%, compared to 50.49% among those who delivered by cesarean. The standard rate ratio for late initiation of breastfeeding and non-exclusive breastfeeding is 1.428 (95% confidence interval(CI): 1.212-1.683) and 1.468 (95% CI: 1.236-1.762), respectively. Women who underwent caesarean section had a higher risk for late initiation of breastfeeding and non-exclusive breastfeeding for three days after delivery sociodemographic and labor-related factors.

According to researchers, if the mother experiences normal delivery, there will be more milk production so that it will increase exclusive breastfeeding for her baby. There are several reasons why mothers delay breastfeeding their babies, namely the presence of surgical wounds and the influence of anesthetic drugs that can have an effect on delaying breastfeeding and the emotional relationship between mothers and children. Babies from Caesarean section will usually be immediately placed in the observation room. However, there are still many failures of exclusive breastfeeding that occur in mothers with normal delivery, the contributing factors include the mother feeling sick and painful when breastfeeding her child so that the mother does not want to breastfeed her child regularly and is continued to use formula milk which is thought to reduce the duration of the baby breastfeeding but the problem is This will prevent the baby from getting his right to exclusive breastfeeding for 6 months.

CONCLUSION

Based on the results of the research and discussion that have been presented, the conclusions of this study are as follows:

The result of p-value 0.272 < (0.05) means H0 accepted and Ha rejected, which means that there is no relationship between mother's work and exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022. The result of p-value 0.000 < (0.05) means H0 rejected and Ha accepted, which means that there is a relationship between the implementation of IMD and exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022. The result of p-value 0.000 < (0.05) means H0 rejected and Ha accepted, which means that there is a relationship between husband's support and exclusive breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022. The result of pvalue 0.475 < (0.05) means H0 accepted and Ha rejected, which means that there is no relationship between the type of mother's delivery and exclusive

breastfeeding in the Krui Health Center area, Pesisir Barat Regency in 2022

SUGGESTION

After getting the research results, the researchers can give some suggestions as follows: It is hoped that by doing this research, mothers can find out about exclusive breastfeeding and be able to provide breastfeeding obligations to their babies

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