

ARTICLE INFORMATION

Received: September, 19, 2023

Revised: October, 29, 2023

Available online: November, 1, 2023

at : <http://ejournalmalahayati.ac.id/index.php/nursing/index>

Factors influencing exclusive breastfeeding duration in South Sulawesi-Indonesia: A population-based cross-sectional study

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Abstract

Background: Exclusive breastfeeding means that the infant receives only breast milk without any additional food or drink given which is started from the day 1 to 6 months old. Breast milk has been considered to be the greatest food source for babies as it contains various substances and antibodies that are important for baby's growth and development.

Purpose: To investigate the factors influencing exclusive breast feeding on mothers at Dahlia Health Center of Mariso District, Makassar, South Sulawesi.

Method: The observational study design by using cross sectional approach. The population of this study was mothers with children aged between 6- 24 months in the working area of Dahlia Health Center in 2020. The total population was 343 mothers. The sampling technique used in study was purposive sampling with a total sample of 80 people. The research data were analysed by using SPSS application with a Chi square test.

Results: The findings of this study indicated various results on different variables. It was shown that p value was 0.030 (<0.05) for the variable of mothers' age; p value was 0.009 (<0.05) for the variable of mothers' education; p value was 1,000 (>0.05) for the variable of mothers' employment; p value was 0.538 (>0.05) for the variable of family income; p value was 0.037 (<0.05) for the variable of mothers knowledge on exclusive breastfeeding; and p value was 0.000 (<0.05) for the variable of family support.

Conclusion: From these results, it could be concluded that there are relationships between the variables of mothers' age, education, work, family income, knowledge, and family support and the commitment of mother to breastfeed their children.

Keywords: Age; Education; Exclusive Breastfeeding; Family Income; Family Support; Knowledge; Employment

INTRODUCTION

Exclusive breastfeeding is breastfeeding for 6 months without additional food or drink, starting from birth until the baby is 6 months old. Breast milk is the perfect food for babies because it contains many substances and antibodies that are important for the growth and development of babies. Babies who are exclusively breastfed have been shown to be less likely to get sick. Based on WHO (World Health Organization) and Indonesian Pediatrician Association provide a code of ethics which states

that every baby must be given exclusive breast milk (breast milk without any supplements, even water) until a minimum age of 6 months is reached. If your baby is 6 months old, he will gradually be introduced to breastfeeding and complementary food which consists of fruit, rice, milk porridge and others. Remember that breastfeeding and complementary food is not a substitute (Ministry of Health of the Republic of Indonesia, 2017; Talbert, Jones, Mataza, Berkley, & Mwangome, 2020; Palmeira, & Carneiro-

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Sampaio, 2016; Theurich, McCool-Myers, & Koletzko, 2021).

Breast milk is produced by the mammary glands during breastfeeding. Breast milk must be donated because it is beneficial for the baby, the benefits of breast milk are that it can have a beneficial influence on the growth and development of the baby, contains antibodies that can protect the baby from infection by bacteria, viruses, fungi and parasites, has the right ingredients because the content of breast milk is created in accordance with baby's needs, increase intelligence, babies avoid allergies which often occur after babies drink formula milk, babies feel their mother's love directly when breastfeeding and as babies get older they can reduce the risk of high blood pressure, obesity and type 2 diabetes. Babies who are not given Breast milk will be more susceptible to chronic diseases, such as heart disease, hypertension and diabetes as it ages, and possibly malnutrition and obesity. Apart from being beneficial for the baby, exclusive breastfeeding is also beneficial for the mother, including as a natural contraceptive while the mother is breastfeeding and before menstruation. Protects the mother's health by reducing the risk of breast cancer and helps the mother bond with her baby. Breastfeeding can help reduce household costs because you don't need to buy expensive formula milk (Pitaloka, Abrory & Pramita, 2018).

Data recorded in 2017 showed that the percentage of children under 6 months of age who were given exclusive breast milk was 40%. Only 23 countries achieve at least 60% of babies less than six months of age who are exclusively breastfed. This problem is especially pronounced in the United States, where only 6% of the country has an exclusive breastfeeding rate above 60%. *The Global Breastfeeding Foundation* has set a goal to increase the rate of exclusive breastfeeding to at least 60% by 2030. The complete breastfeeding coverage rate in Indonesia in 2019 was 67.74%. In 2018, South Sulawesi Province had 119,563 babies under 6 months old and 72.97% (87,241) of babies were exclusively breastfed. In Makassar City there are 24,197 babies under 6 months old and 79% (19,116) of babies were exclusive breastfed (South Sulawesi Provincial Health Service, 2019). In 2019, South Sulawesi Province had 119,471 children aged under 6 months and 70.82% (84,606) of children received

exclusive breast milk. In Makassar City there are 15,854 children under 6 months of age and 73.91% (11,717) of children are exclusively breastfed. In 2020, it is known that 66.62% of women in Makassar city exclusively breastfeed (South Sulawesi Provincial Health Service, 2019; Makassar City Health Service, 2020).

The region in Indonesia that achieved the target with the highest exclusive breastfeeding coverage based on the 2015-2019 Strategic Plan target was in West Nusa Tenggara (87.35%), while the lowest figure are in Papua (15.32%). The goal of exclusive breastfeeding coverage in Indonesia is still difficult to achieve because there are still many mothers who do not want to give exclusive breastfeeding to their babies for 6 months for various reasons. This condition causes the success rate of providing exclusive breastfeeding to babies to remain low.

RESEARCH METHOD

This research uses an observational approach *cross-sectional* to identify the relationship between age, education, income, employment, knowledge, and family support on exclusive breastfeeding for babies. This study was conducted from 11 June 2021 to 7 July 2021 at the Dahlia Community Health Center in Mariso District, Makassar City, South Sulawesi Province. Sample method *purposive* used to collect samples from breastfeeding mothers who met the inclusion criteria, namely 78 people.

The categorized who had exclusively breastfed for <6 months and ≥ 6 months, the education categories are: 1) High education, namely mothers who are high school graduates and above (Diploma and Bachelor), and 2) Low education, namely mothers who are high school graduates or below (Elementary, Middle School, Senior High School). The income categories in this research are: 1) High, namely above the Makassar City minimum wage (≥Rp. 3, 255, 423) and 2) Low, namely below the Makassar City minimum wage (<Rp. 3, 255, 423). The knowledge criteria in this study were 1) Good, namely knowing the benefits of exclusive breastfeeding and 2) Poor, namely not knowing the benefits of exclusive breastfeeding. The criteria for family support are 1) Good, namely getting emotional, instrumental, assessment and informational support and 2) Poor, namely not

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getting enough emotional, instrumental, assessment and informational support.

The data used in this research came from two sources: primary data, which was collected through questionnaires used as a sample, and secondary data, which was obtained from the Dahlia Community Health Center, which consisted of medical records of mothers who had babies aged between 6 and 24 months. After that, the data is processed into a frequency and percentage distribution table. Next, data processing and analysis is carried out. This research analyzes data using *Statistical for Social Science* (SPSS). Analysis *univariate* used to identify sample and respondent characteristics. Next, the Chi Square test, a bivariate

test, was used to determine whether or not there was a correlation between exclusive breastfeeding and age, education, knowledge, employment, income, and family support. This research has been declared ethically appropriate by the health research ethics committee of the Alauddin State Islamic University of Makassar and complies with 7 (seven) Standards (World Health Organization, 2017), namely 1) Social Value, 2) Scientific Value, 3) Equalization of Burden and Benefits, 4) Risk, 5) Inducement/Exploitation, 6) Confidentiality and *Privacy*, and 7) Approval After Explanation, which refers to the 2016 CIOMS Guidelines. This is as shown by the fulfillment of the indicators for each standard.

RESEARCH RESULTS

Table 1. Characteristics of Respondents (N=80)

Variable	Had Exclusively Breastfed		p-value
	≥6 Months (n=65)	<6 Months (n=15)	
Baby Characteristic			
Age (Mean ± SD) (Range) (Months)	(25.85 ±4.363) (24-26)	(28.00 ±5.855) (24-26)	0.020
Mother Characteristics			
Age (Mean ± SD) (Range) (Years)	(27.46 ±5.649) (20-38)	(29.93 ±7.005) (20-38)	0.030
Education (n/%)			
Height	53/83.3	7/46.7	0.009
Low	12/16.7	8/53.3	
Employment status (n/%)			
Employee	4/6.2	1/6.7	1000
Unemployed	61/93.8	14/93.3	
Income (n/%)			
Height	19/29.4	6/40.0	0.538
Low	46/70.6	9/60.0	
Knowledge (n/%)			
Good	61/93.8	11/73.5	0.037
Poor	4/6.2	4/26.5	
Family Support (n/%)			
Good	64/99.0	9/60.0	0.000
Poor	1/1.0	6/40.0	

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Based on table 1, it shows that the average age of babies who receive exclusive breastfeeding is 25.85 months with a standard deviation of 4.363. The lowest age is 24 months and the highest age is 26 months. Babies who do not receive exclusive breastfeeding are 28 months old with a standard deviation of 5.855. The lowest age is 24 months and the highest age is 26 months. The age of mothers who provide exclusive breastfeeding is 27.46 years with a standard deviation of 5.649. The lowest age is 20 years and the highest age is 38 years. For mothers who do not exclusively breastfeed, the average age is 29.93 years with a standard deviation of 7.005. The lowest age is 20 years.

and the highest age is 38 years. Based on education level, more highly educated mothers provide exclusive breastfeeding, namely 83.3%, and mothers with low education do not provide exclusive breastfeeding, namely 53.3%. Based on employment status, 93.85% of non-working mothers provide exclusive breastfeeding and 93.3% do not provide exclusive breastfeeding. Based on income, 70.6% of low-income mothers provide exclusive breastfeeding and 60% do not provide exclusive breastfeeding. Based on good knowledge, 93.85% provide exclusive breastfeeding, and 73.5% do not provide exclusive breastfeeding. Based on family support, 99% provide exclusive breastfeeding, and 60% do not provide exclusive breastfeeding.

The relationship between baby's age and exclusive breastfeeding with a p-value of 0.020, less than the alpha value, namely 0.05, according to the results of the chi-square test there is a significant correlation between baby's age and exclusive breastfeeding.

The relationship between maternal age and exclusive breastfeeding with a p-value of 0.030, less than the alpha value, namely 0.05, according to the results of the chi-square test there is a significant correlation between maternal age and exclusive breastfeeding.

The relationship between maternal education and exclusive breastfeeding of the 60 people enrolled in high school/elementary school or bachelor's degree, 53 people (83.3%) gave exclusive breast milk and 7 people (46.7%) did not give exclusive breast milk. Of the 20 people who enrolled in junior high school and elementary school, 12 people (16.7%) gave exclusive breastfeeding and 8 people (53.3%) did

not give exclusive breast milk. The p-value is 0.009, less than the alpha value, namely 0.05, according to the results of the chi-square test there is a significant correlation between maternal education and exclusive breastfeeding.

The relationship between maternal employment and exclusive breastfeeding of the 5 respondents who work, 4 (6.15%) provide exclusive breastfeeding and 1 (6.67%) do not provide exclusive breastfeeding. Of the 75 respondents who did not work, 61 (93.85%) provided exclusive breastfeeding and 14 (93.3%) did not provide exclusive breastfeeding. The p-value of 1.000 is greater than the alpha value, namely 0.05, according to the results of the chi-square test there is no significant correlation between maternal employment and exclusive breastfeeding.

The relationship between family income and exclusive breastfeeding of the 25 people who answered, 19 people (29.4%) gave exclusive breast milk and 6 people (40%) did not give exclusive breast milk. Of the 55 people who answered, 46 people (70.6%) gave exclusive breastfeeding and 9 people (60%) did not give exclusive breast milk. The p-value of 0.538 is greater than the alpha value, namely 0.05, according to the results of the chi-square test, there is no significant correlation between family income and exclusive breastfeeding.

The relationship between mothers' knowledge about exclusive breastfeeding of the 72 people surveyed, 61 (93.85%) gave exclusive breast milk, and 11 (73.5%) did not give exclusive breast milk. Of the 8 people surveyed, 4 (6.15%) gave exclusive breastfeeding, and 4 (26.15%) did not give exclusive breast milk. The p-value of 0.037 is less than the alpha value of 0.05, according to the chi-square test results. There is a significant correlation between maternal knowledge and exclusive breastfeeding.

The relationship between family support and exclusive breastfeeding of the 73 people surveyed, 64 people (99%) gave exclusive breast milk, and 9 people (60%) did not give exclusive breast milk. The number of respondents with insufficient family support was 7 people, of which 1 person (1%) gave exclusive breastfeeding and 6 people (40%) did not give exclusive breast milk. The p-value is 0.000, less than the alpha value, which is 0.05, according to the chi square test results. There is a significant correlation between family support and exclusive breastfeeding.

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DISCUSSION

Relationship between Maternal Age and Exclusive Breastfeeding

The chi-square test results show that the p-value is 0.030, which is less than the alpha value, namely 0.05. There is a significant relationship between maternal age and exclusive breastfeeding. The results of research conducted in the Dahlia Community Health Center working area consisted of 56 respondents aged between 20 and 35 years who provided exclusive breastfeeding. Previous research also found a significant correlation between maternal age and exclusive breastfeeding, with a p-value of 0.025 (Afriyani, Savitri, & Sa'adah, 2018).

According to researchers, the age of mothers who provide the most exclusive breastfeeding in the Dahlia Community Health Center working area are mothers between 20 and 35 years, because this age has good breast milk production. However, mothers over 35 years old begin to experience hormonal changes, which result in a decrease in breast milk production, and most mothers over 35 years old in the Dahlia Community Health Center work area give additional formula milk to their babies before they are 6 months old. Researchers did not find any mothers under 20 years old when taking samples in the Dahlia Community Health Center area. Mothers who are between 20 and 35 years old and have more than one child have experience and tend to give exclusive breast milk to their babies. Mothers' previous experiences with breastfeeding influence their decision to breastfeed or not. This is in accordance with the theory that when someone is old enough, they will have a higher level of maturity and strength in thinking and working. Older mothers are more likely to receive exclusive breastfeeding. Twenty to thirty-five years of age is the ideal age for reproduction, and mothers at this age usually have better lactation abilities compared to mothers over 35 years of age because they produce less breast milk compared to mothers of reproductive age. It can be a psychological challenge leading to depression and difficulty expressing breast milk if they are less than twenty years old because they are usually not mentally ready to become mothers.

20-30 years of age is a healthy reproductive age, and the mother's age can influence breastfeeding because age will influence thinking patterns. With age, a person will gain more experience and

knowledge, which will encourage them to behave in a better way. Mothers who are reproductively healthy are expected to be able to deal with problems calmly, especially those related to pregnancy, childbirth, postpartum and caring for their babies. Mothers aged twenty to thirty years have mature physical conditions and reproductive organs, so they are expected to reduce the risks associated with pregnancy, childbirth, postpartum and breastfeeding. Therefore, age during the reproductive period is considered very supportive for exclusive breastfeeding (Gemilang & Werdani, 2020).

The Relationship between Maternal Education and Exclusive Breastfeeding

The chi-square test results show that the p-value is 0.009, less than the alpha value, which is 0.05. In short, there is a significant correlation between maternal education and exclusive breastfeeding. Highly educated mothers who work in the Dahlia Community Health Center area already know that exclusive breastfeeding is very important for babies aged 0-6 months. This was proven when a survey was given to mothers. The mother spontaneously told researchers that babies under six months of age should not be given food other than exclusive breast milk. The mother also said that she did not give other food to the baby under six months of age because she followed the officers Dahlia Community Health Center said that babies under six months of age should not be given food other than breast milk.

Mothers in research locations who had less education did not know more about the benefits of exclusive breastfeeding. One respondent who lacked education said that he put honey in the baby's mouth as a source of energy because he learned from his neighbors that honey can be given to babies even though they are not yet six months old. This is in line with the theory that education increases insight or knowledge. Someone with a higher level of education will have broader knowledge than someone with a lower level of education. Education greatly influences exclusive breastfeeding. Mothers who are highly educated are more aware of the psychological and physiological benefits, so they are more likely to provide exclusive breastfeeding. The level of education is the most recent level of education achieved. People without education will find it difficult to understand information or

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messages. When sampling at the research location, mothers with higher education were able to understand the questionnaire questions, while mothers with low education were more silent and needed to be explained about the contents of the questionnaire (Notoatmodjo, 2010).

With a p-value of 0.006, previous research found a significant relationship between maternal education level and exclusive breastfeeding. At the higher education level (university), 10 people gave exclusive breastfeeding and 1 person did not. At sufficient education level (high school), 33 people gave exclusive breastfeeding and 6 people did not. At low education levels (less than junior high school), 14 people gave exclusive breastfeeding and 11 people did not give exclusive breast milk (Pangestika & Yani, 2016). People with higher education find it easier to understand the information they receive compared to respondents with low education. Sufficient education is also important to build insight, which determines how a person thinks about accepting knowledge, attitudes and behavior from society (Yulianti, 2014).

The higher a person's level of education, the greater his ability to absorb and receive information. A higher level of education also increases a person's tendency to get information from other people and from the mass media, while a lower level of education will hinder a person's development and attitude towards new information. The formal education a person receives will influence their attitudes and actions as well as their knowledge and ability to understand. A person's level of ability is closely related to their ability to absorb and receive information (Ida, 2012; Hastuty, 2015).

Relationship between Mother's Work and Exclusive Breastfeeding

In this study, the results of the chi-square test show that the p value of 1,000 is greater than the alpha value of 0.05. It can be concluded that there is no significant relationship between maternal employment and exclusive breastfeeding. Search results obtained in the Dahlia Medical Center working area found 61 non-working mothers who exclusively breastfed. There are 5 working mothers, 4 mothers continue to provide exclusive breastfeeding because the mothers have good knowledge about exclusive breastfeeding. According

to researchers, mothers who do not work have more time to ensure exclusive breastfeeding. Mothers who do not work have more freedom to provide exclusive breastfeeding because they have the time and place to donate breast milk. However, working mothers also know how to maintain exclusive breastfeeding. In the study area, working mothers continue to exclusively breastfeed their children by expressing breast milk, then storing and breastfeeding their babies when they want to breastfeed. With the help of the family at home when the mother goes to work, the baby is still breastfed exclusively by the mother before going to work (Yusrina & Devy, 2016).

This research is also in line with other research which shows there is no significant relationship between work and exclusive breastfeeding with a p-value of 0.976. Among working mothers, 14 mothers exclusively breastfed and 5 mothers did not exclusively breastfeed. Among non-working mothers, 44 mothers exclusively breastfed and 16 mothers did not exclusively breastfeed. This study found that the mother's employment status had no effect on exclusive breastfeeding. Working mothers continue to exclusively breastfeed their babies (Simanungkalit, 2018).

Labor is an activity carried out by humans, while in a narrow sense, labor is used for a task or job that generates money. To meet their daily needs, respondents work to earn income. The work a person does varies depending on the level of education and skills they have. A person's job will influence the mother's behavior in providing exclusive breastfeeding. The busier a mother's work is, the less likely she is to breastfeed her baby exclusively. However, working mothers can still provide exclusive breastfeeding by pumping or expressing breast milk, then storing and breastfeeding when their baby wants to breastfeed (Dahlan, Mubin, & Mustika, 2013; Anggraeni, 2016).

The Relationship between Income and Exclusive Breastfeeding

In this study, the chi-square test results show that the p-value of 0.538 is greater than the alpha-value of 0.05. It can be concluded that there is no significant relationship between family income and exclusive breastfeeding. Research results obtained in the Dahlia Medical Center work area showed that 55 respondents had incomes below the minimum

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wage and 46 people breastfed exclusively. There were 25 people with incomes higher than the minimum wage and 19 people who gave exclusive breastfeeding because the respondents had good knowledge about exclusive breastfeeding.

According to researchers, families with incomes lower than the minimum wage are more likely to breastfeed exclusively. Mothers with incomes below the minimum wage say that breastfeeding can reduce their family's breast milk expenditure. However, in the research location there were also families with incomes below the minimum wage who did not provide exclusive breastfeeding because the mother was over 35 years old and her breast milk supply was decreasing so the baby had to consume more formula milk. This research is in line with other research, which found that there was no relationship between family income and exclusive breastfeeding, with a p-value of 0.683. This research shows that mothers continue to exclusively breastfeed their babies even though their family income is above the minimum wage. In families with income below the minimum wage, 16 mothers gave exclusive breastfeeding and 8 mothers did not give exclusive breast milk. In families with income below the minimum wage, 8 mothers gave exclusive breastfeeding and 2 mothers did not give exclusive breast milk. This is in accordance with the theory that families with low socio-economic status are more likely to provide breast milk than families with high socio-economic status. Unfavorable economic conditions make mothers prefer to breastfeed their babies because they cannot afford formula milk. Meanwhile, with high economic conditions, mothers will be motivated to breastfeed their babies, thereby reducing the possibility of exclusive breastfeeding (Umami & Margawati, 2018).

Relationship between Mother's Knowledge and Exclusive Breastfeeding

In this study, the chi-square test results show that the p value of 0.037 is lower than the alpha value of 0.05. It can be concluded that there is a significant relationship between maternal knowledge and exclusive breastfeeding. The results of research in the Dahlia Community Health Center working area found 72 mothers with a good level of knowledge and 61 mothers who gave exclusive breast milk to their babies.

According to researchers, mothers who have good knowledge about exclusive breastfeeding will encourage mothers to breastfeed their babies more. Good maternal knowledge will help mothers to take appropriate action for their child. The smart mother on the search site said she looked for information about exclusive breastfeeding on the internet and in magazines. Mothers' ignorance about the benefits of exclusive breastfeeding affects breastfeeding. A mother with little knowledge about exclusive breastfeeding reported feeding her baby Ambonese banana as a supplementary food before 6 months of age. If the mother has knowledge about exclusive breastfeeding, the mother will not give her baby anything other than exclusive breast milk until the baby is 6 months old. This is in accordance with the theory that knowledge is a very important area for shaping one's actions. Knowledgeable people tend to judge broadly. If people's level of understanding is lacking, their reasoning abilities will be limited, leading to ignorance and indifference to their own health.

There is a significant relationship between maternal knowledge and exclusive breastfeeding with a p-value of 0.009. At the level of understanding, there are 28 exclusive breastfeeding and 3 non-exclusive breastfeeding. To our knowledge, there were 25 who exclusively breastfed and 13 who did not breastfeed. Due to lack of knowledge, there were 8 people who gave exclusive breastfeeding and 7 people who did not give exclusive breast milk (Karnita, Suherni, & Santi, 2018). The level of respondents' knowledge about whether exclusive breastfeeding is good or not is influenced by several factors, including the level of education and the availability of information from health workers. Information that is easily related to knowledge about exclusive breastfeeding is collected from various sources, for example books, magazines, electronic media, health workers and people in the mother's school environment. The existence of information about exclusive breastfeeding collected by good mothers who carry out Integrated Healthcare Center activities helps them to know and understand good and correct knowledge about exclusive breastfeeding (Yanuarini, Rahayu & Prahitasari, 2017).

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Relationship between family support and exclusive breastfeeding

In this study, the chi-squared test results show a p-value of 0.000 which is lower than the alpha value of 0.05. It can be concluded that there is a significant relationship between family support and exclusive breastfeeding. A search in the Dahlia Medical Center work area found 73 mothers with good family support and 64 mothers breastfeeding exclusively.

According to researchers, family support is very important for mothers. Mothers who receive mental and psychological support from their families are motivated to breastfeed their babies exclusively. When mothers also experience difficulties breastfeeding, family support is important to help overcome the problems the mother faces during breastfeeding. With support from those closest to you, it is hoped that it can encourage changes in behavior which are manifested in the form of family support, so that family support is very important for mothers in forming actions. Mothers with insufficient family support in the study area do not provide exclusive breastfeeding because they receive incorrect information from their families. Information from the family says that babies can drink honey so that the baby is healthier. If the family provides correct information, the mother will not give the baby anything other than breast milk until the baby is 6 months old. Therefore, family support is very important to support the success of exclusive breastfeeding.

This research is also in line with other research, which shows a relationship between family support and exclusive breastfeeding with a p-value of 0.002. For mothers with family support, 17 mothers gave exclusive breastfeeding and 1 mother did not give exclusive breast milk. For mothers who did not receive family support, there were 7 mothers who gave exclusive breastfeeding and 9 mothers who did not give exclusive breast milk. This research shows that family support for breastfeeding mothers influences the success of exclusive breastfeeding (Umami & Margawati, 2018).

This is in accordance with the theory that support, appreciation, or praise are important things in family life. With appreciative support, people express their appreciation and positive evaluation of others. By pushing and supporting feelings and ideas that are considered

good for someone, indirectly shows that person's strengths and superiority. Support with gifts develops trust in the person who receives it. However, because we are not used to it, this support is very little or never even supported. Mothers need family support to care for their newborn babies. The support a mother needs can come from her husband, parents, in-laws, siblings or other family. If the family does not support it, it can affect the mother's attitudes and behavior. If the family supports the mother, the mother will be encouraged to act because within the mother there will be confidence, enthusiasm and intention, so that the mother will have a great desire to achieve what she wants and vice versa. A mother with desire will be more successful than a mother without desire (Hamidah, 2018).

CONCLUSION

The factors of maternal age, maternal education level, maternal knowledge, and family support influence exclusive breastfeeding, while employment and family income do not influence exclusive breastfeeding.

REFERENCES

- Afriyani, R., Savitri, I., & Sa'adah, N. (2018). Pengaruh Pemberian ASI Eksklusif di BPM Maimunah Palembang. *Jurnal Kesehatan*, 9(2), 331-335. <https://doi.org/10.26630/jk.v9i2.640>
- Anggraeni, T. (2016). Hubungan Pengetahuan dan Pekerjaan Ibu dengan pemberian ASI eksklusif di Posyandu Lestari Handayani Desa Jembungan Kabupaten Boyolali. *Infokes: Jurnal Ilmiah Rekam Medis dan Informatika Kesehatan*, 6(1).
- Dahlan, A., Mubin, F., & Mustika, D. N. (2013). Hubungan Status Pekerjaan dengan Pemberian ASI Eksklusif di Kelurahan Palebon Kecamatan Pedurungan Kota Semarang. *Jurnal Kebidanan*, 2(2), 56-60.
- Gemilang, S. W., & Werdani, K. E. (2020). *Hubungan Usia, Pendidikan, dan Pekerjaan dengan Pemberian ASI Eksklusif*. (Doctoral dissertation, Universitas Muhammadiyah Surakarta).
- Hamidah, S. (2018). Hubungan antara dukungan keluarga dengan pemberian ASI eksklusif pada bayi usia 0-6 bulan. *Jurnal Midpro*, 8(1), 9. <https://doi.org/10.30736/midpro.v8i1.2>

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- Hastuty, R. (2015). *Hubungan Karakteristik, Pengetahuan dan Sikap Ibu Terhadap Praktek Pemberian ASI Eksklusif di Puskesmas Kelurahan Petukangan Utara Jakarta Selatan Tahun 2014*. Fakultas Kesehatan Masyarakat Universitas Indonesia. Diakses dari: <https://onsearch.id/Record/IOS7064.12127>
- Ida, P.H. (2012). *Faktor-faktor yang Berhubungan dengan Pemberian ASI Eksklusif 6 Bulan di Wilayah Kerja Puskesmas Kemiri Muka Kota Depok*. Fakultas Kesehatan Masyarakat Universitas Indonesia. Diakses dari: <https://lib.ui.ac.id/detail?id=20297960&lokasi=lokal>
- Kamita, K., Suherni, S., & Santi, M. Y. (2018). *Hubungan Karakteristik dan Tingkat Pengetahuan Ibu dengan Pemberian Asi Eksklusif di Wilayah Kerja Puskesmas Koba*. Politeknik Kesehatan Kementerian Kesehatan. Yogyakarta.
- Makassar City Health Service. (2020). *Profil Kesehatan Dinas Kesehatan Kota Makassar tahun 2020*. Accessed from: <https://dinkes.sulselprov.go.id/document/Profil%20Kesehatan>
- Ministry of Health of the Republic of Indonesia. (2017). *Profil Kesehatan Indonesia Tahun 2017*. Kementerian Kesehatan Republik Indonesia. Jakarta. Accessed from: https://www.kemkes.go.id/app_asset/file_content_download/Profil-Kesehatan-Indonesia-2017.pdf
- Notoatmodjo, S. (2010). *Ilmu Perilaku Kesehatan*, Penerbit Rineka Cipta. Jakarta.
- Palmeira, P., & Carneiro-Sampaio, M. (2016). Immunology of breast milk. *Revista da Associação Médica Brasileira*, 62, 584-593.
- Pangestika, E., & Yani, J. A. (2016). *Hubungan Tingkat Pendidikan Ibu dengan Praktik ASI Eksklusif Pada Ibu yang Melahirkan Di RSUD Wates Kulon Progo*. Sekolah Tinggi Ilmu Kesehatan Jenderal Achmad Yani. Yogyakarta.
- Pitaloka, D. A., Abrory, R., & Pramita, A. D. (2018). Hubungan antara pengetahuan dan pendidikan ibu dengan pemberian ASI eksklusif di Desa Kedungrejo Kecamatan Waru Kabupaten Sidoarjo. *Amerita Nutrition*, 2(3), 265-270.
- Simanungkalit, H. M. (2018). Status Pekerjaan dan Pengetahuan Ibu Menyusui Terhadap Pemberian ASI Eksklusif. *Jurnal Info Kesehatan*, 16(2), 236-244. <https://doi.org/10.31965/infokes.vol16.iss2.222>
- South Sulawesi Provincial Health Service. (2019). *Profil Kesehatan Dinas Kesehatan Provinsi Sulawesi Selatan tahun 2019*. Accessed from: https://apidinkes.sulselprov.go.id/repo/dinkes-PROFIL_20211.pdf
- Talbert, A., Jones, C., Mataza, C., Berkley, J. A., & Mwangome, M. (2020). Exclusive breastfeeding in first-time mothers in rural Kenya: a longitudinal observational study of feeding patterns in the first six months of life. *International breastfeeding journal*, 15(1), 1-9.
- Theurich, M. A., McCool-Myers, M., & Koletzko, B. (2021, March). Supporting breastfeeding of small, sick and preterm neonates. In *Seminars in Perinatology* (Vol. 45, No. 2, p. 151387). WB Saunders.
- Umami, W., & Margawati, A. (2018). Faktor-Faktor Yang Mempengaruhi Pemberian ASI Eksklusif. *Jurnal Kedokteran Diponegoro (Diponegoro Medical Journal)*, 7(4), 1720-1730. <https://doi.org/10.30604/well.022.82000115>
- World Health Organization. (2017). *Tracking progress for breastfeeding policies and programmes: global breastfeeding scorecard 2017*. Geneva, Switzerland. World Health Organization.
- Yanuarini, T. A., Rahayu, D. E., & Prahitasari, E. (2017). Hubungan Pengetahuan dengan Sikap Ibu dalam Pemberian ASI Eksklusif di Wilayah Kerja Puskesmas Pranggang Kabupaten Kediri. *Jurnal Ilmu Kesehatan*, 3(1), 1-9. <https://doi.org/10.32831/jik.v3i1.39>
- Yulianti, F. (2014). Hubungan Antara Karakteristik, Tingkat Pengetahuan dan Dukungan Keluarga Terhadap Pemberian Asi Eksklusif Di Wilayah Kerja Puskesmas Siantan Hulu Kecamatan Pontianak Utara. *Jurnal Mahasiswa PSPD FK Universitas Tanjungpura*, 1(1).
- Yusrina, A., & Devy, S. R. (2016). Faktor yang mempengaruhi niat ibu memberikan ASI eksklusif di Kelurahan Magersari, Sidoarjo. *Jurnal Promkes*, 4(1), 11-21. <https://doi.org/10.20473/jpk.v4.i1.2016.11-21>

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DOI: <https://doi.org/10.33024/minh.v6i4.12262>