

Analysis Of Exclusive Breastfeeding In Maros Regency, South Sulawesi In 2021 (Case Study Of Mandai Puskesmas And Marusu Puskesmas)

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Abstract

Exclusive breastfeeding is breastfeeding since the baby is 0-6 months old without providing additional food. The increase in exclusive breastfeeding in the work area of the Mandai Health Center and the Marusu Health Center in Maros Regency cannot be separated from the driving and inhibiting factors for exclusive breastfeeding. This study aims to analyze the driving factors and inhibiting factors of exclusive breastfeeding in the work area of the Mandai Health Center and in the Marusu Health Center work area. This research is a qualitative research with a case study approach. Data were obtained by in-depth interviews with 24 informants consisting of 10 mothers with babies as key informants, 1 Puskesmas midwife as supporting informants, and 1 husband or parents as additional informants in the Mandai Health Center work area. As well as 10 mothers who have babies as key informants, 1 Puskesmas midwife as supporting informants, and 1 husband or parents as additional informants in the working area of Marusu Health Center. The data are classified according to the dimensions of the study and made in the form of a matrix to facilitate the interpretation of the data. The results showed that knowledge, family support and health service support were the driving factors for exclusive breastfeeding and the inhibiting factors for exclusive breastfeeding were maternal health conditions and advertisements for formula milk in the work area of the Mandai Health Center and the Marusu Health Center work area. This study concludes that exclusive breastfeeding is largely determined by how much the supporting and inhibiting forces are. It is recommended for health workers to increase socialization and counseling to pregnant women and breastfeeding mothers.

Keywords: Knowledge, Family Support, Health Care Support, Maternal Health Condition, Formula Milk

Introduction

Mother's Milk (ASI) is a very nutritious food for babies and its benefits are widely known by the community, especially in supporting the growth and development of children. Therefore, the World Health Organization (WHO) and the Government of Indonesia recommend exclusive breastfeeding for 6 months and breast milk plus complementary foods³ and continue until the child is two years old (Kemenkes, 2018).

The success of exclusive breastfeeding is influenced by several factors including working status, mothers who do not work have a 0.396 times chance to exclusively breastfeed compared to working mothers (Hidayatullah et al., 2016). In addition to work status, support can also affect the success of exclusive breastfeeding, the greater the support for continuing to breastfeed, the greater the mother's ability to continue to breastfeed and the failure of exclusive breastfeeding can be influenced by mothers smoking during pregnancy so that their nipples are cracked. so that they cannot give exclusive breastfeeding in the first month after the baby is born (Mosquera and Barbara, 2019).

The World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) recommend early initiation of breastfeeding within 1 hour of birth. Exclusive breastfeeding for the first 6 months of life and introduction of adequate and safe nutritional complementary (solid) foods at 6 months by continuing to breastfeed for 2 years or more. However, many infants and children do not receive optimal nutrition, where only about 36% of infants aged 0 to 6 months worldwide were exclusively breastfed during the period 2007 to 2014 (Bhandari & Chowdhury, 2016).

With the many benefits of exclusive breastfeeding, it is hoped that the mortality rate for infants and toddlers will be reduced. The Infant Mortality Rate (IMR) is the focus of the 2015-2030 Sustainable Goals Development (SDGs), which is the framework for development and negotiation of countries in the world. SDGs target IMR, which is 12/1000 live births (R. R. Lestari, 2018). (Kim and Seyeon, 2018) Globally, infant mortality rates have declined from an estimated mortality rate of 64.8 per 1000 live births in 1990 to 30.5 deaths per 1,000 live births in 2016. Annual infant mortality has decreased from 8.8 million in 1990 to 4.2 million in 2016.

The infant mortality rate according to WHO (2015) in ASEAN countries (Association of South East Asia Nations) such as Singapore 3 per 1000 live births, Malaysia 5.5 per 1000 live births, Thailand 17 per 1000 live births, Vietnam 18 per 1000 live births, and Indonesia 27 per 1000 live births. This shows that Indonesia is still quite high compared to other ASEAN countries. Based on Indonesian Health Demographic Survey data (SDKI, 2017), The infant mortality rate (IMR) in Indonesia has decreased by 24 per 1000 births. This figure decreased compared to the previous survey conducted in 2012 which was 32 per 1000 births, which tended to decrease, but had not yet met the SDGs target.

Based on Riskesdas data in 2018 (Kementerian Kesehatan RI Badan Penelitian dan Pengembangan, 2018) Regarding the proportion of early breastfeeding initiation (IMD) in children aged 0-23 months, in 2018 for all provinces in Indonesia there was an increase from 2013-2018 reaching 80%. The achievement of exclusive breastfeeding in the South Sulawesi region reached 50% and the proportion of breastfeeding patterns for infants aged 0-6 months by province, 2018 for South Sulawesi reached 46.0%.

Based on the Health Profile of Maros Regency in 2016, the achievement of Exclusive Breastfeeding for Maros Regency reached 67.15% (Andi Nur Utami 2016). This achievement exceeds the national target of 50%. The percentage of exclusive breastfeeding coverage in Maros Regency in 2017 was 71.62% (Andi Nur Utami 2017). This figure has increased compared to 2016 of 67.15%. This is because most mothers work as housewives, so they spend more time caring for their babies or breastfeeding. This achievement has exceeded the national target of 50%. In 2018-2019 the percentage coverage of exclusive breastfeeding has decreased where the percentage of exclusive breastfeeding coverage in 2018, the coverage of babies receiving exclusive breastfeeding in Maros Regency is 66.5% (Maria & Hutomo, 2018). And the coverage of exclusive breastfeeding in 2019 reached 64.97%, but Maros Regency has consistently maintained the percentage of exclusive breastfeeding coverage exceeding the national target that has been set (Andi Nur Utami 2019).

From the Maros Regency Health Profile data in 2019, the total number of Puskesmas in Maros Regency was 14 Puskesmas consisting of the Mandai Health Center with exclusive breastfeeding coverage 519 83.7%,

Moncongloe Community Health Center with exclusive breastfeeding coverage 388 74.5%, Maros Baru Health Center with exclusive breastfeeding coverage 350 59,7%, Puskesmas Lau coverage of exclusive breastfeeding 202 58,7%, Puskesmas Marusu coverage of exclusive breastfeeding 498 77,1%, Puskesmas Turikale coverage of exclusive breastfeeding 381 63,8%, Puskesmas Bontoa coverage of exclusive breastfeeding 121 63,4%, Puskesmas Bantimurung coverage of exclusive breastfeeding 494 52.0%, Puskesmas Simbang exclusive breastfeeding coverage 346 45.8%, Puskesmas Tanralili coverage of exclusive breastfeeding 219 42.9% , Puskesmas Tompobulu coverage of exclusive breastfeeding 149 56.9%, Puskesmas Cenrana coverage of exclusive breastfeeding 119 23, 2%, Puskesmas Camba with exclusive breastfeeding coverage 146 58.6% and Puskesmas Mallawa with exclusive breastfeeding coverage 128 51.0%. So that from the Maros District Health Profile 2019 data, there are two Puskesmas with exclusive breastfeeding achievements from January to December experiencing an increase in exclusive breastfeeding coverage, namely the Mandai Health Center with 519 babies with a percentage of exclusive breastfeeding baby's coverage of 83.7%, followed by the Marusu Community Health Center. with the number of exclusively breastfed babies as many as 498 with the percentage of exclusive breastfeeding achievements of 77.1%. Therefore, researchers are interested in examining the analysis of increasing exclusive breastfeeding in Maros district (case studies of Mandai Health Center and Marusu Health Center) in 2021, in Maros Regency (Andi Nur Utami 2019).

Methods

The research approach used in this research is a case study approach with a qualitative research type. The case study approach is an approach used to investigate and understand an event or problem that occurs by collecting various kinds of information which is then processed to obtain a solution. This research was conducted in the working area of the Mandai Health Center, namely in Teningngangkae Village, Bugis Hamlet and in the working area of the Marusu Health Center, namely in Abbulosibatang Village, Pampangan Hamlet in Maros Regency, South Sulawesi Province. The data in this study were obtained by means of in-depth interviews with research informants consisting of mothers who have babies as key informants, health workers as supporting informants and husbands/parents as additional informants. Research informants were selected by purposive sampling based on predetermined criteria based on the research objectives. The criteria referred to in this study are mothers who provide exclusive breastfeeding to infants and mothers who do not provide exclusive breastfeeding to infants. Data collection in this study consisted of primary data and secondary data. The data of this study were collected using an interview guide (In-Depth Interview) conducted by the researcher on research informants. health and husband/mother's parents who became informants in the study.

Results and Discussion

Location of Mandai Public Health Center, Maros Regency

Mandai is a sub-district in Maros district with its capital in Bontoa Village. Astronomically. The position of Mandai sub-district is located between 119 30 east longitude to 5 00 latitude and has an area height of 5-56 m above sea level (DPL). Tenringangkae Village with an area of 6.43 Km² is located in the Mandai District, Maros Regency. Tenringangkae Village is the work area of the Mandai Health Center. Tenringangkae Village has the status as a definitive village and is also classified as a self-sufficient village. The informants in this study were informants who had met the research criteria, namely key informants consisting of 5 mothers who gave exclusive breastfeeding and 5 mothers who did not give exclusive breastfeeding, and supporting

informants consisting of from 1 Health Officer (midwife) and 1 additional informant, namely the husband or parents of the baby's mother.

Location of the Marusu Health Center Work Area, Maros Regency

Marusu Health Center is located in Temmappadaue Village, Marusu District, Maros Regency, about 10 kilometers from the district capital and right in the sub-district capital. Abbulosibatang Village with an area of 4.28 Km² is located in the Marusu District, Maros Regency. Abbulosibatang Village is the working area of Marusu Health Center. Abbulosibatang Village has the status as a definitive village and is also classified as a self-sufficient village. The informants in this study were informants who had met the research criteria, namely key informants consisting of 5 mothers who gave exclusive breastfeeding and 5 mothers who did not give exclusive breastfeeding, and supporting informants consisting of 1 Health Officer (midwife) and 1 additional informant, namely the husband or parents of the baby's mother.

Mandai Health Center working area

The results of the In-depth Interview (in-depth interview) in the working area of the Mandai Health Center.

Driving Factor

The driving factors for increasing exclusive breastfeeding are based on several combinations of theories and concepts, the drivers for increasing exclusive breastfeeding consist of:

Knowledge

Perception is a process of receiving a stimulus by an individual through the senses or also called a sensory process. The perception of exclusive breastfeeding in the working area of the Mandai Health Center is quite good, the mother is able to explain well about exclusive breastfeeding.

Based on the results of interviews with research informants related to the perception of exclusive breastfeeding to mothers, all mothers who gave exclusive breastfeeding to their babies were able to provide explanations about exclusive breastfeeding. The following is an excerpt from the interview:

"... Breast milk is given after giving birth until the age of 2 years and there is no other mixture, just breast milk is given, breast milk does not need to be bought enough to consume nutritious food. Breast milk is good for children's intelligence, children do not get sick easily, and contain nutrients for babies if consumed. The information was conveyed by the midwife to consume legumes such as peanuts and consume vegetables such as chayote, cucumber, carrots and eat meat, fish, and katuk leaf vegetables if any..." (NM, 26 years old)

"... Breast milk that is directly given to children for 6 months without other mixtures, so you must be diligent in eating good foods so that milk production is more abundant and breast milk is more practical. Breast milk is also good for children, children do not get sick easily, educate children, children are healthier, good for child growth and development, and breast milk is better than formula milk. Foods that can be consumed such as spinach, eating fruits such as papaya, it's also normal if the papaya fruit is not yet yellow, I cook it as a vegetable, mother, and diligently drink water, that's my habit, mother ..." (MN, 23 years old)

On average, maternal informants know that exclusive breastfeeding is breast milk that is given directly to babies from 0-6 months of age, without a mixture of other foods. Exclusive breastfeeding makes it easier

for mothers to do their activities and mothers know the many benefits of breastfeeding for their babies, such as for the growth and development of babies and for educating babies. The foods that can be consumed by mothers during breastfeeding to facilitate breast milk are green vegetables and consuming mineral water.

Trust

The values that exist in the family make mothers follow them even though a lot of information has been obtained from health workers. A mother's diet is basically a cultural concept related to food, which is heavily influenced by socio-cultural elements prevailing in that community group, such as social values, social norms and cultural norms related to food, what foods are considered good and bad.

Based on the results of interviews with informants of mothers who gave exclusive breastfeeding and informants of mothers who did not give exclusive breastfeeding, the researchers found that there were no prohibitions or taboos on food during breastfeeding. Here's an interview excerpt:

"...There is no mother, the prohibition only prohibits the baby from sleeping when entering the evening prayer so that the baby must be awakened..." (NM, 26 Years)

"...I consume all the food provided as for the prohibition that is prohibited from consuming food when it is still hot, the rest there is no mother..." (MM, 20 years old)

All mothers who give exclusive breastfeeding do not have any prohibitions or taboos on exclusive breastfeeding as long as the mother is breastfeeding, so that the mother consumes all the food provided by the family, the mother is only reminded not to put her baby to sleep at the time of entry before the evening prayer.

Income

Family income is the total income of all household members used to meet joint and individual needs in the household.

Based on the results of interviews with informants, researchers found that all mothers who gave exclusive breastfeeding to their babies had erratic incomes and did not have additional income every month. Here's an interview excerpt:

"...Uncertain deck is usually Rp. 500,000 per week, what else does my husband work as a construction worker, so the wages depend on how smoothly it is..." (ZW, 25 years old)

"...My husband's salary is around Rp. 2,000,000 because he works in a CV but usually his salary is deducted from the CV so usually less than Rp. 2,000,000 that my husband received during this pandemic, it's really hard..." (MN, 23 years old)

The main income of a mother's family who provides exclusive breastfeeding starts from Rp. 5,000,000 - Rp. 2,000,000 and have no other additional income. The average occupation of husbands and mothers who provide exclusive breastfeeding varies from a construction worker, workers in a CV who have uncertain incomes and there are also mothers of babies who are the sole head of the family.

Family Support

Motivation is an impulse that can lead to certain behaviors that are directed to the achievement of a certain goal to achieve the goal. The behavior or actions shown by someone in achieving certain goals really depends on the motives they have, so that if the mother is supported in exclusive breastfeeding, the mother will be more enthusiastic and will not experience stress.

Based on the results of interviews with informants, researchers found that mothers who gave exclusive breastfeeding were encouraged by their husbands and families. Here's an interview excerpt:

"...As long as my child is breastfeeding her baby, I forbid her to help out in the kitchen, instead directing her to focus on breastfeeding her baby, after all, there is a younger sibling who helps in the kitchen..." (NO, 30 years old)

"...When I go to the market, I always buy vegetables, like vegetable katuk which I usually buy and then I cook when I get home for my children to eat, like that, dek..." (JM, 31 years old)

The form of support provided by the husband and mother from the family is to provide a sense of comfort for the mother. Such as providing foods that can help the mother's milk production. During the breastfeeding process the mother always consumes green vegetables and fruits, the baby's mother is not allowed to do a lot of activities so that she can focus on the process of exclusive breastfeeding for her baby.

Health care support

Information support is that breastfeeding mothers receive from others in the form of advice, suggestions, and information that can be used to overcome their problems in exclusively breastfeeding their babies. Breastfeeding mothers reveal how important information is in preparing to breastfeed and maintaining exclusive breastfeeding

Based on the results of interviews with informants, researchers found that informants of mothers who gave exclusive breastfeeding received information about exclusive breastfeeding at health care facilities for pregnant women provided by the Puskesmas. Here's an interview excerpt:

"...Yes, she was told that when she took the class for pregnant women, the midwife said to give breast milk to her child later when after giving birth her breast milk was not smooth, she could pull the nipple and then squeeze her breast so that the milk came out, I got this information in the KMS book given by the midwife. ..." (ZW, 25 Years)

"...I also read on the internet, mothers, and during pregnancy control, the midwife conveys information about exclusive breastfeeding, and when participating in Posyandu activities after giving birth it is always conveyed to give breast milk to the baby ..." (RL, 25 years old)

Mothers who give exclusive breastfeeding to their babies get information when they attend classes for pregnant women, Posyandu, KMS books, and during pregnancy control and when midwives make home visits and in addition, mothers read information about exclusive breastfeeding through the internet. Mothers who give exclusive breastfeeding understand the education delivered by midwives such as consuming nutritious food after giving birth, how to deal with breast milk that is not smooth and how to breastfeed a baby properly and correctly.

This is in line with the information obtained by researchers from regular informants of Health Officers. Here's an excerpt from the interview:

"... From the pregnant women class, we also carry out activities in the community, there are household development activities and PHBS, those are all sources of information that we provide, then we also usually do counseling at the Posyandu, make home visits on Sundays. Tuesday, when giving immunizations for children's IDL, we usually include there how to give good breastfeeding for children, and this has become one of the programs for the Mandai Health Center..." (Mrs. WA, 38 years)

Midwives provide education about exclusive breastfeeding during counseling at the Posyandu, household development and at the time of immunization. Exclusive breastfeeding is a work program at the Mandai Health Center.

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Availability of Human Resources (Health Officers)

Management of efforts to develop and empower health human resources, which include: planning, procurement, utilization, as well as coaching and monitoring the quality of health human resources to support the implementation of health development in order to realize the highest degree of public health.

Based on the results of interviews with informants of mothers who gave exclusive breastfeeding, the health services provided by health workers were very helpful for mothers in terms of obtaining information about exclusive breastfeeding. Here's an interview excerpt:

"...It's been very helpful so I don't hesitate to ask about pregnancy or any information I need..."
(ZW, 25 years old)

"...It's good, this is the midwife in my village every month, she definitely comes home to visit, ask questions about pregnancy and is taught how to take care of breasts..." (RL, 25 years old)

The resources and services provided by the Mandai Health Center are very helpful for pregnant women in obtaining information about pregnancy and exclusive breastfeeding. The friendly attitude of the midwife to the patient made the mother feel comfortable and not awkward to ask the midwife what she wanted to know.

Inhibiting Factor

The inhibiting factors for increasing exclusive breastfeeding are based on several combinations of theories and concepts, the inhibiting factors for increasing exclusive breastfeeding consist of:

Mother's health condition

The low readiness of primiparous mothers in breastfeeding causes problems during the breastfeeding process. Based on the results of research by (Alam & Syahrir, 2016), Complaints and difficulties that often arise in primiparous mothers when breastfeeding start from breast milk not coming out smoothly, sore nipples until the baby is fussy because he can't breastfeed properly. Likewise according to (Khadijah et al., 2020), The impact of lack of readiness to increase breastfeeding is sore nipples, sore nipples, swollen breasts and mastitis.

Based on the results of interviews with informants of mothers who did not give exclusive breastfeeding, that the reason mothers did not give breast milk was because the mother's milk production was not enough after giving birth and the mother's nipples were cracked. Here's an interview excerpt:

"... my breast milk is not smooth, early after giving birth to my child, my nipples are blistered so it hurts when my child is breastfeeding..." (WD , 25 Years)

"...At the beginning of doing IMD on my baby, my nipples felt sore, because my son doesn't know how to suck so he had to be forced and it made me sick, so I stopped breastfeeding my baby..." (HN, 27 Years)

Mothers who do not give exclusive breastfeeding have problems with the amount of milk production after giving birth, the condition of the mother's nipples being chafed so that the mother stops the baby from breastfeeding temporarily.

Formula Milk

Formula milk products are promoted through advertisements in the media and promotions in shops. Formula milk producers are also actively promoting everywhere. many mothers who are active in commercial activities such as working in an office or factory, running a personal business as an additional income that takes up a lot of time outside the home, are interested in using formula milk because it is considered more profitable. The rise of milk advertisements causes many mothers to think that formula milk is not just food, but also a medicine for children.

Based on the results of interviews with all informants of mothers who did not give exclusive breastfeeding, it was found that mothers gave infant formula milk because formula milk was as good as breast milk. Here's an interview excerpt:

"So, I didn't give breast milk because the child didn't want to suck, I forced the child to do it, it's just that the child didn't want to suck and my milk was difficult to come out, so my husband bought formula milk and gave it to our child..." (MM, 20 Years)

"...My baby at that time couldn't suck the deck, I was forced to, but he couldn't, so my husband directed me to give him formula because formula milk is the same as breast milk..." (ND , 24 Years)

Lack of knowledge of mothers and husbands, makes mothers and husbands interpret that the content of breast milk and formula is equally good and there is no difference, plus the attitude of mothers who can't handle the problem of breast milk that can't come out.

Health Facility

Communication media has an important role in supporting the smooth communication process experienced by each individual. Communication media gradually follow the development of modern technology. Likewise with the communication process that occurs in human life. Health information is an important thing that is sought by humans, both about information on treatment, healthy lifestyles, and about symptoms of disease.

Based on the results of interviews with all maternal informants who did not give exclusive breastfeeding, maternal informants gave various answers regarding information on exclusive breastfeeding. Here's an interview excerpt:

"...I also didn't take the class for pregnant women, I was never told by the midwife, I just checked and just finished..." (WD, 25 Years)

"...I don't know mom either, because I rarely go to pregnant women's classes because I had cravings during pregnancy so I couldn't sit for long..." (SI, 26 Years)

This is not in line with the information found by researchers from ordinary health worker informants. Here's an excerpt from the interview:

"...From the pregnant women class, we also carry out activities in the community, there are household development activities and PHBS that are all sources of information that we provide, then we also usually do counseling at the Posyandu, make home visits for example Tuesday on when giving immunizations for children's IDL, we usually include there how to give good breastfeeding for children, and this has become one of the programs for the Mandai Health Center..."

Midwives always provide education about exclusive breastfeeding in counseling activities at the Posyandu, household development activities, and activities on Tuesdays when immunizations are given. In addition, midwives always take the time to discuss exclusive breastfeeding for mothers who attend these activities, and exclusive breastfeeding is a work program of the Mandai Health Center.

Marusu Health center

Results of In-depth Interview Marusu Health Center

Driving Factor

According to (Rishel & Ramaita, 2021), Knowledge is the result of human sensing, or the result of someone knowing about objects through the senses of the eyes, nose, ears, and so on. Thus, knowledge is various kinds of things that are obtained by a person through the five senses.

Knowledge

Perception is one of the important psychological aspects for humans in responding to the presence of various aspects and symptoms around them. Perception contains a very broad understanding, concerning internal and external. Various experts have given various definitions of perception, although in principle they contain the same meaning.

Based on the results of interviews with research informants related to the perception of exclusive breastfeeding to mothers, all mothers who gave exclusive breastfeeding to their babies were able to provide explanations about exclusive breastfeeding. Here's an interview excerpt:

"... Exclusive breastfeeding is given to children until the age of 6 months, only breast milk is given, no mixture with other foods and breast milk is easier, we only need to consume nutritious food so that breast milk remains smooth. Good for children's intelligence, children do not get sick easily, and contain nutrients for babies if consumed. And the midwife said to eat legumes such as peanuts and eat vegetables such as chayote, cucumber, carrots and eat meat, fish, and katuk leaf vegetables if any..." (HR, 28 Years)

"...It was conveyed at the time after giving birth to the midwife, the midwife said she was given breast milk for up to 6 months, later after 6 months other foods could be added and breast milk was more practical. Good for children, children do not get sick easily, educate children, children are healthier, good for child growth and development, and breast milk is better than formula milk. You only need to eat spinach, fruits such as papaya and usually the papaya fruit is not yet yellow, I cook it as a vegetable, mother, and diligently drink water, as is my habit, mother..." (DW, 27 Years)

Mothers who give exclusive breastfeeding know that exclusive breastfeeding is breast milk that is given directly to babies from the age of 0-6 months, without other food mixtures and according to mothers breastfeeding babies do not make it difficult for mothers to do their activities. In addition, the benefits of breastfeeding such as being able to educate the baby, both for the growth and development of the baby and the food consumed by the mother while breastfeeding, such as vegetables and diligently consuming mineral water.

Trust

The values that exist in the family make mothers follow them even though a lot of information has been obtained from health workers. A mother's diet is basically a cultural concept related to food, which is heavily influenced by socio-cultural elements prevailing in that community group, such as social values, social norms and cultural norms related to food, what foods are considered good and bad.

Based on the results of interviews with research informants, it was found that all mother informants who gave exclusive breastfeeding and all mother informants who did not give exclusive breastfeeding to their babies did not have any restrictions or taboos on mothers during breastfeeding. Here's an interview excerpt:

"...No deck, for all prohibitions to be consumed..." (DW, 27 Years)

"...There is no taboo deck, whatever is there is consumed..." (ND, 24 Years)

Mothers who give exclusive breastfeeding and mothers who do not give exclusive breastfeeding have no prohibitions or taboos during breastfeeding, so that mothers can consume all the food provided by the family.

Family Income

Family income is the total income of all household members used to meet joint and individual needs in the household. Family income is remuneration for work or services or rewards obtained due to donations given in production activities.

Based on the results of interviews with informants, the researchers found that all mothers who gave exclusive breastfeeding had an average family income of around Rp. 1.000.000 – Rp. 2,000,000 and have no additional income. Here's an interview excerpt:

"...My husband is a fisherman, so Rp. 2,000,000 deck, if the fish sells smoothly..." (HR, 28 Years)

"... Uncertain deck, usually if it runs smoothly it can reach Rp. 1,000,000 decks a month of incoming net entrants..." (RY , 31 Years)

The main income of a mother's family who provides exclusive breastfeeding starts from Rp. 1.000.000 - Rp. 2,000,000 and have no additional income. The husband's occupation of the mother who gives exclusive breastfeeding is fisherman.

Family Support

Motivation is an impulse that can lead to certain behaviors that are directed to the achievement of a certain goal to achieve the goal. The behavior or actions shown by someone in achieving certain goals really depends on the motives they have, so that if the mother is supported in exclusive breastfeeding, the mother will be more enthusiastic and will not experience stress.

Based on the results of interviews with informants, researchers found that all mothers who gave exclusive breastfeeding were encouraged by their husbands and parents, which was indicated by always meeting the needs of mothers and babies and making mothers feel comfortable in the breastfeeding process. Here's an interview excerpt:

"...As much as possible, her needs are met by the deck, so that my wife doesn't get dizzy and fulfills her and the baby's daily needs and prepares foods such as vegetables that are good for mothers to eat while breastfeeding..." (RT, 30 years old)

"...During my child gave birth I was the one who cooked in the kitchen, I did ask my child to just focus on taking care of the child so that later I would be the one to cook and take care of other work..." (WZ, 40 Years)

The form of support provided by the husband and mother's parents is to provide a sense of comfort for the mother. Such as providing foods that can help breast milk production. In addition, during the breastfeeding process the mother always consumes green vegetables and fruits, the mother is asked to focus on the process of exclusive breastfeeding for her baby, and her husband and parents keep the baby's mother's emotions stable.

Health Service Support

Information support is support that breastfeeding mothers receive from others in the form of advice, suggestions, and information that can be used to overcome their problems in exclusively breastfeeding their babies. Breastfeeding mothers expressed the importance of information in preparing to breastfeed and maintaining exclusive breastfeeding for young mothers with their first experience of having a baby.

Based on the results of interviews with informants, researchers found that informants of mothers who gave exclusive breastfeeding received information about exclusive breastfeeding in the class of pregnant women. Here's an interview excerpt:

"...Yes, it was conveyed by the midwife in the pregnant women class, usually at the Posyandu cadre's house and the midwife directs her to breastfeed her child immediately after giving birth and is given stimulation until the baby can suck..." (YL, 28 Years)

"...It was delivered at the cadre's house, what I remember was the midwife said to try to give her child's breast milk and don't be lazy to give stimulation..." (DW, 27 Years)

Mothers who give exclusive breastfeeding to their babies get information when they attend classes for pregnant women, and when they are at home by one of the Posyandu cadres. Midwives provide education about exclusive breastfeeding and provide direction for mothers to always provide nipple-sucking stimulation by their babies so that the mother's milk comes out and the baby can get exclusive breastfeeding.

Where the statement of research informants mothers who give exclusive breastfeeding is in line with the results of interviews with health worker informants. Here's an interview excerpt:

"...In the class of pregnant women, conducting home visits to visit postpartum mothers who have just given birth, to see the condition of the mother and her child, and this is done before and after the mother gives birth for a period of 40 days and I provide education on exclusive breastfeeding and other education. what mom needs..." (B. NT, 38 Years)

Midwives provide education about exclusive breastfeeding and other information needed by mothers, while in class for pregnant women, and visits to postpartum mothers both before and after the mother gives birth within a period of 40 days.

Availability of Human Resources (Health Officers)

Management of efforts to develop and empower health human resources, which include: efforts to plan, procure, utilize, as well as develop and monitor the quality of health human resources to support the implementation of health development in order to realize the highest degree of public health.

Based on the results of interviews with informants of mothers who gave exclusive breastfeeding, mothers stated that the health services provided by health workers were very helpful during pregnancy and after giving birth. Here's an interview excerpt:

"...It's very easy for residents because there is already a Pustu in the village so it's not far from getting health services..." (RY, 31 Years)

"...The midwife also always visits when someone is sick or pregnant, the midwife is very considerate of the mother..." (YL, 28 Years)

The resources and services provided by the Marusu Community Health Center have greatly helped pregnant women in obtaining information about pregnancy and exclusive breastfeeding. The location of the place of delivery which is not far from home makes it easier for mothers to get health services provided by the village midwife.

Inhibiting Factor

The inhibiting factors for increasing exclusive breastfeeding based on several combinations of theories and concepts, the drivers for increasing exclusive breastfeeding consist of:

Mother's Health Condition

The low readiness of primiparous mothers in breastfeeding causes problems during the breastfeeding process. Based on the results of research by (M. Lestari, 2019) Complaints and difficulties that often arise in primiparous mothers when breastfeeding start from breast milk not coming out smoothly, sore nipples until the baby is fussy because he can't breastfeed properly. Likewise according to (Afriyani & Nuryanti, 2018), The impact of lack of readiness to increase breastfeeding is sore nipples, sore nipples, and swollen breasts.

Based on the results of interviews with all informants of mothers who do not give exclusive breastfeeding, mothers have problems such as breast milk that is not smooth at the beginning of the baby's birth and the mother's nipples are cracked. Here's an interview excerpt:

"...My nipples hurt because my baby had to force them to suck and I couldn't stand the pain..."
(TR, 20 Years)

"...my breast milk is not smooth, deck, after giving birth I was forced to continue sucking so that my baby is good at breastfeeding, only the child continues to cry..." (FT, 23 Years)

Mothers who do not give exclusive breastfeeding experience problems with exclusive breastfeeding because the amount of milk production is less after giving birth and the condition of the mother's nipples is blistered which causes the mother to feel sore when teaching her child to breastfeed.

Formula Milk

Formula milk products are promoted through advertisements in the media and promotions in shops. Formula milk producers are also actively promoting everywhere. many mothers who are active in commercial activities such as working in an office or factory, running a personal business as an additional income that takes up a lot of time outside the home, are interested in using formula milk because it is considered more profitable. The rise of milk advertisements causes many mothers to think that formula milk is not just food, but also a medicine for children.

Based on the results of interviews with informants of mothers who do not give exclusive breastfeeding, mothers give formula milk to their children because formula milk is considered as good as breast milk and the condition of babies who are fussy due to thirst and family support. Here's an interview excerpt:

"...I've tried to be breastfed but the child still doesn't want to, so instead of the child being hungry and crying, I asked my husband to buy formula milk because formula milk is as good as breast milk because my first child gave formula milk too..." (RN, 26 Years)

"...My husband also directed me, to give formula milk without being forced if the baby can't be given exclusive breastfeeding..." (FT, 23 Years)

The condition of the baby who does not want to breastfeed and does not get the mother's nipple makes the baby fussy and cry, thus making the parents of the baby panic and give formula milk to the baby so that the baby becomes calm and parents who believe that the content of formula milk is as good as breast milk

apart from that Mother's experience with the first child who was given additional formula milk made the mother sure to give formula milk for her baby.

Health Facility

Communication media has an important role in supporting the smooth communication process experienced by each individual. Communication media are gradually following the development of modern technology. Likewise with the communication process that occurs in human life. Health information is also an important thing sought by humans, both about information on treatment, healthy lifestyles, and about symptoms of disease.

Based on the results of interviews with several informants of mothers who did not give exclusive breastfeeding, it was found that the informants rarely attended and never even attended classes for pregnant women and did not get information about exclusive breastfeeding from health workers. Here's an interview excerpt:

"...I've only been there once if I remember correctly, and never heard of breastfeeding..." (RN, 26 Years)

"...No, I never took maternity classes while I was pregnant..." (FT, 23 Years)

On average, the informants of mothers of infants who did not give exclusive breastfeeding had never attended classes for pregnant women, while informants who attended classes for pregnant women only visited once during their pregnancy.

Where the statement of research informants mothers who do not give exclusive breastfeeding is not in line with the results of interviews with health worker informants. Here's an interview excerpt:

"...In the class of pregnant women, conducting home visits to visit postpartum mothers who have just given birth, to see the condition of the mother and her child, and this is done before and after the mother gives birth for a period of 40 days and I provide education on exclusive breastfeeding and other education. what mom needs..." (B. NT, 38 Years)

Midwives always provide education about exclusive breastfeeding and provide other information needed by the baby's mother in activities in the class for pregnant women and at postpartum home visits which are carried out before and after the mother gives birth for 40 days.

Work area of Mandai Health Center

Driving Factor

Knowledge

Based on the results of interviews with all informants of mothers who breastfeed with educational qualifications in SMA, SMP and SD, they answered that giving exclusive breastfeeding to their babies starts from the time the baby is born without giving other additional foods and breastfeeding is considered easier for mothers than giving formula milk to babies. In addition, breastfeeding mothers know the benefits of breastfeeding for their babies, such as increasing the body's immune system, helping the baby's brain intelligence, preventing mothers from getting sick and mothers also knowing foods that can facilitate breast milk production.

Where the statement of the research results is in line with research conducted by (Angraini et al., 2020) showed that there was no relationship between education level and mother's behavior in exclusive breastfeeding.

Trust

From the results of the research conducted to all informants of mothers who gave exclusive breastfeeding and all informants of mothers who did not give exclusive breastfeeding, it was found that there were no prohibitions or taboos that trusted families on exclusive breastfeeding.

Where the statement of research results is in line with research conducted by (Birth, 2020) that the highest frequency of myths of respondents is in the belief category, which is 18 respondents (60.0%), the number of myths that are categorized as not breastfeeding is 14 respondents (77.8%) of which breastfeeding is 7 respondents (58.3%), the number of myths is not believe that there are 7 respondents (58.3%) who are not breastfeeding, 5 respondents (41.7%). The statistical test results obtained a P value = 0.003 then H_0 is rejected and it can be concluded that there is a relationship between myths and the inability of exclusive breastfeeding.

Family Income

It was found from the results of the research that all informants of mothers who gave exclusive breastfeeding to their babies, had uncertain monthly family incomes and husbands worked as construction workers and private employees, the family income of mothers who gave exclusive breastfeeding ranged from Rp. 5,000,000- Rp. 2,000,000 . All informants of mothers who breastfeed their babies do not have additional income. The profession of mothers who provide exclusive breastfeeding is housewives.

Where the statement of research results is in line with research conducted by (Lumenta and Adam 2017) that there is a significant relationship between economic level and exclusive breastfeeding.

Family Support

It was found from the results of the research that all mother informants who gave exclusive breastfeeding to their babies received family support, both from their husbands and mothers' parents. The form of support provided by the husband and mother's parents by making the mother feel comfortable in the breastfeeding process and preparing all the needs of the mother and baby and always treating the mother well so that the baby's mother is not easily stressed which can affect the mother's milk production.

Where the statement of research results is in line with research conducted by Sitti Harlianti 2019 which shows that there is a relationship between family support and exclusive breastfeeding at the Biak City Health Center with a p value of 0.006 (<0.05). Therefore, families are expected to provide support to mothers in exclusive breastfeeding.

Health Service Quality

It was found from the results of the research that all informants of mothers who gave exclusive breastfeeding to their babies received health information from health workers regarding breastfeeding starting from how to care for the mother's breasts, the correct way to breastfeed babies, foods that mothers can consume during pregnancy and after delivery, the benefits of breastfeeding for baby and mother as well as other related information needed by the mother. This information was obtained when

the mother was in the pregnant women class, pregnancy control at the Puskesmas and when the midwife made home visits.

From the results of the research conducted, it was found that the statement of the informant mothers who gave exclusive breastfeeding was in line with the results of interviews conducted with additional informants of health workers working in the Mandai Health Center who were responsible for the Maternal and Child Health (KIA) program, that health workers provided exclusive breastfeeding education to class activities for pregnant women, PHBS activities, Posyandu, and home visits on Tuesday at the time of giving immunizations for IDL children.

Where the statement of research results is in line with research conducted by (Salamah & Noflidaputri, 2021) that the results of the study indicate that there is an influence of the role of health workers and Baper Asiek on the behavior of mothers in exclusive breastfeeding with p value of the role of health workers = 0.022 and p value of Baper Asiek = 0.000. Therefore, the role of health workers and Baper Asiek is very necessary to improve the performance achievement of exclusive breastfeeding.

Inhibiting Factor

Mother's Health Condition

It was found from the results of the study, informants of mothers who did not give exclusive breastfeeding to their babies because the mother's milk was not smooth, and the condition of the mother's nipples that were blistered after doing IMD on the baby so that the mother felt pain and stopped the baby to breastfeed at the beginning of the baby's birth. Early Breastfeeding Initiation (IMD) is an opportunity for babies born in the last 24 months to be able to breastfeed naturally by placing the baby in the mother's stomach for one hour after birth. This activity aims to increase the affection between mother and baby, keep the baby's temperature warm, stimulate uterine muscle contractions so as to reduce the risk of bleeding after delivery and increase the mother's opportunity to establish and continue breastfeeding during infancy (6 months-2 years).

Where the statement of research results is in line with research conducted by (Pratiwi & Apiianti, 2020) that most of the breastfeeding techniques used by the respondents were wrong (67%) and most had sore nipples (57%). After being analyzed using the Chi-Square test, the results of the calculation χ^2 count (8.213) > χ^2 tables (3.841) with $\alpha = 0.05$ then H_1 is accepted, namely there is a relationship between breastfeeding technique and the incidence of sore nipples in primiparous postpartum mothers in Kangenan Village. Pamekasan District, Pamekasan Regency.

Formula Milk

It was found from the results of the study, informants of mothers who do not give exclusive breastfeeding to their babies because they work outside the home and only get 3 months of leave from the side where they work, making it difficult for mothers to give exclusive breastfeeding to their babies 0-6 months, and other mother informants who working as a housewife giving formula milk to babies because babies are not able to suck the mother's nipples, mother's milk production is less, husband's support to give formula milk and husband and wife's lack of understanding about the difference between breast milk and formula milk.

Where the statement of research results is in line with research conducted by (Indriani Nasution et al., 2016) in the working area of the Bungus Health Center stated that non-exclusive breastfeeding was more for mothers who did not work (78.7%), compared to mothers who worked (71.4%). Work is generally a

time-consuming activity so that there are fewer opportunities to get information so that their level of knowledge is also reduced. Limited time also causes breastfeeding to be reduced.

Health Facility

Based on the results of the study, it was found that some of the informants of mothers who did not give exclusive breastfeeding had never attended classes for pregnant women provided by the Puskesmas. The mother also stated that she only received antenatal care services when she was at the Puskesmas. Informants of mothers who did not breastfeed their babies did not attend classes for pregnant women because the mothers had cravings that prevented them from sitting for too long and the mothers of the babies said that they had never heard of exclusive breastfeeding education for their babies during their pregnancy.

From the results of research conducted on informants of mothers who did not give exclusive breastfeeding, it was found that statements that were not in line with the results of research conducted on supporting informants, namely health workers, where midwives always provided education on exclusive breastfeeding for babies or other information needed by mothers during pregnancy control and midwives always provide exclusive breastfeeding education during Posyandu activities, PHBS activities, and on Tuesday activities when giving IDL immunization and exclusive breastfeeding are one of the programs for the Mandai Health Center.

Where the statement of research results is in line with research conducted by Rida Pratiwi 2017 that there is a relationship between class participation of pregnant women with knowledge in exclusive breastfeeding. Respondents in this study indicate that mothers who have high knowledge of exclusive breastfeeding are more commonly found in respondents who take classes for pregnant women, while the percentage of mothers with low knowledge of categories is more found in mothers who do not take classes for pregnant women.

Marusu Health Center working area

Supporting Factor

Knowledge

It was found that the results of research conducted on all informants of mothers who gave exclusive breastfeeding to their babies with junior and elementary education qualifications in the working area of the Marusu Health Center found that mothers understood exclusive breastfeeding, namely by giving breast milk to their babies from the age of 0-6 months without providing additional food. other. According to the mother, exclusive breastfeeding makes it easier for mothers because they don't have to spend a lot of money each month, and food that can be consumed by mothers while breastfeeding is easy to find. Supplementary feeding to infants can be given when the baby is 7-12 months old. Mothers who give exclusive breastfeeding have previously known the benefits of breastfeeding for their babies, namely it can help children's intelligence, as an immune system, and is good for baby's growth and development. In addition, mothers who give exclusive breastfeeding know about foods that can facilitate milk production, such as consuming vegetables (spinach, chayote, carrots, katuk leaves), fruits (apples, oranges, mangoes), and can consume meat and be diligent. consume mineral water.

Where the statement is in line with research conducted by (Arisdiani and Liviana 2016) ie there is no significant relationship between mother's knowledge, education and practice of exclusive breastfeeding

among mothers. Knowledge is directly proportional to education. Higher education makes a person have better knowledge as well. Knowledge of breastfeeding statistically in this study did not have a significant effect on exclusive breastfeeding.

Trust

Based on the results of research conducted in the working area of the Marusu Health Center, it was found that the informants of mothers who gave exclusive breastfeeding and informants of mothers who did not give exclusive breastfeeding did not have any prohibitions or taboos in the family related to exclusive breastfeeding for babies.

Where the statement is in line with research (Batubara, Yustina and Januariana, 2016) that the relationship of trust with exclusive breastfeeding shows that respondents who have good trust are 50.7%. Respondents' trust in exclusive breastfeeding is categorized as good which can be seen from several question indicators, including it is known that 100% of respondents said yes if breastfeeding is the best gift from God to be given to babies.

Family Income

Based on the results of the study, it was found that the informant mothers who gave exclusive breastfeeding had incomes ranging from Rp. 1.000.000 – Rp. 2,000,000 per month. The husbands of the informants who give exclusive breastfeeding are fishermen and the informants who give exclusive breastfeeding do not have additional income that can help the family finances every month.

Where the statement is in line with the research conducted (Mirawati and Asthiningsih, 2021) that there is a significant relationship between economic level and mother's motivation in exclusive breastfeeding for infants aged 0-6 months.

Family Support

Based on the results of research conducted in the working area of the Marusu Public Health Center, it was found that informants who gave breast milk to their babies received support from their husbands and parents. The forms of support provided by husbands and parents are by preparing nutritious food for the mother to be consumed every day, maintaining the mother's emotions which can affect the mother's mentality, and asking the baby's mother to focus on breastfeeding.

Where the statement is in line with research conducted by (Lindawati, 2019) namely the results of the analysis of the relationship between family support and exclusive breastfeeding using the chi square test, obtained p value: 0.005 (p value <0.05), which means that there is a statistically significant relationship between family support and exclusive breastfeeding.

Health Service Support

Based on the results of research conducted in the working area of the Marusu Health Center, it was found. that the informants of mothers who gave Exclusive Breastfeeding received information on exclusive breastfeeding from the supporting informants of the Marusu Health Center health workers. The midwives provided education on exclusive breastfeeding when they were in the class for pregnant women and during visits to postpartum mothers both before and after the mother gave birth. So in this case the statement of the mother informant is in line with the statement of the health worker informant.

Where the statement of the research results is in line with research conducted by (Syamiyah & Helda, 2018), found that what had an impact on the success of exclusive breastfeeding was counseling health workers about breastfeeding and helping support the success of exclusive breastfeeding, especially in the first few days of breastfeeding mothers and continuing until they left the health facility because service facilities regulate the provision of formula milk or intake other than breast milk.

Inhibiting Factor

Mother's Health Condition

Based on the results of research conducted in the working area of the Marusu Health Center, it was found that the reason for the mother informant not giving exclusive breastfeeding to her baby was because at the time of IMD the baby had difficulty sucking the mother's nipples as a result, the mother's nipples were blistered and felt sore at the beginning of the baby's birth and the mother's milk did not fluent. Early Breastfeeding Initiation (IMD) is an opportunity for babies born in the last 24 months to be able to breastfeed naturally by placing the baby in the mother's stomach for one hour after birth. This activity aims to increase the affection between mother and baby, keep the baby's temperature warm, stimulate uterine muscle contractions so as to reduce the risk of bleeding after delivery and increase the mother's opportunity to establish and continue breastfeeding during infancy (6 months-2 years).

Where the statement of the research results is in line with the research (Solo & Novita, 2020) shows that there is a relationship between breast condition and exclusive breastfeeding (CI95%=16.50) which means that the condition of the mother's breasts has a 16.5-fold effect on exclusive breastfeeding. There is a relationship between the baby's health condition and exclusive breastfeeding (CI95%=15.45) which means that the baby's health has an effect of 15.45 times on exclusive breastfeeding.

Formula Milk

Based on the results of research conducted on informants of mothers who did not give exclusive breastfeeding to their babies in the working area of the Marusu Health Center, it was found that the reason mothers gave formula milk was because babies who could not suckle the mother's nipples, babies who cried and fussed so that the parents of the babies panicked so the mother decided to give formula milk to her baby as well as the experience of the mother in the first child who was given formula milk.

Where the statement of research results is in line with research conducted by (Mardjun et al., 2019) namely there is a relationship between anxiety and the smooth discharge of breast milk in post partum mothers while being treated at the Mother and Child Kasih Ibu Hospital in Manado.

Health Facility

Based on the results of the study, the informants of mothers who did not give exclusive breastfeeding were found that almost all of the informants did not attend classes for pregnant women and stated that they did not receive education about exclusive breastfeeding during their pregnancy. As for the other mother informants, they only attended the pregnant women class once and had never heard of the delivery of exclusive breastfeeding.

From the results of research conducted on informants of mothers who did not give exclusive breastfeeding, it was found that statements that were not in line with the information obtained from informants who supported health workers where, midwives always provided education on exclusive breastfeeding when

they were in class for pregnant women and during visits. postpartum mothers both before and after the mother gave birth.

Where the statement of the research results is in line with the research conducted by (Pratiwi, Rejeki and Juniarto, 2021) shows that there is a relationship between class participation of pregnant women with knowledge in exclusive breastfeeding. Respondents in this study indicate that mothers who have high knowledge of exclusive breastfeeding are more commonly found in respondents who take classes for pregnant women, while the percentage of mothers with low knowledge of categories is more found in mothers who do not take classes for pregnant women.

Conclusion

Factors that support mothers in exclusive breastfeeding in the work area of the Mandai Health Center are knowledge, family support and support for health services; (1) Mother's knowledge has proven to be one of the driving factors in exclusive breastfeeding for her baby. Mothers who have a broad understanding of exclusive breastfeeding, the benefits of exclusive breastfeeding and foods that can support milk production tend to choose to give exclusive breastfeeding; (2) Husband and family support plays an important role in supporting mothers to give exclusive breastfeeding to their babies. By meeting the needs of the mother and baby as well as maintaining the mother's emotions that can affect the mother's mentality, the mother focuses on breastfeeding her baby; (3) Support for health services by making it easier for mothers to get information related to exclusive breastfeeding for their babies, starting from the procedures for caring for the breasts, the correct way to breastfeed babies, foods that can accelerate milk production, and the benefits of exclusive breastfeeding for babies and mothers. Factors that inhibit mothers in exclusive breastfeeding in the work area of the Mandai Health Center are the readiness of breastfeeding mothers and advertisements for formula milk; (1) Low readiness of breastfeeding mothers in breastfeeding causes problems during the breastfeeding process. Starting from complaints from breast milk that doesn't come out smoothly, sore nipples to babies who are fussy because they can't breastfeed properly; (2) Formula milk advertisements that make mothers interested and think formula milk is as good as breast milk, the attitude of mothers who can't handle their breastfeeding problems tends to give formula milk.

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