

The Factor's Affecting Breastfeeding Exclusive At Regional Public Health Centre Elekma Sub Province Jayawijaya

Irene Marion Sapta Douw¹, Yermia Msen², A. L. Rantetampang³ and Anwar Mallongi⁴

¹ Postgraduate Master Program of Public Health, Faculty of Public Health, Cenderawasih University, Jayapura

^{2,3}Lecturer of Postgraduate Program, Faculty of Public Health, Cenderawasih University, Jayapura

⁴ Environmental Health Department, Faculty of Public Health, Hasanuddin University, Makassar

Abstract - Background: Breastfeed is best food for the baby for the health of baby growth and baby in an optimal fashion because containing protektif element, vitamin and nutrient which both for baby. But the giving of exclusive breastfeed not yet maximal including regional public health centre Elekma Sub-Province Jayawijaya. This research to know The Factor's Affecting Breastfeeding Exclusive At Regional Public Health Centre Elekma Sub Province Jayawijaya.

Method research: Analytic observational with approach cross sectional study in October 2017 with amount of sampel counted 60 total people of population. Data approach used questionnaire and analysed by chi square.

Result of research : the factor's affecting to breastfeeding exclusive at regional public health centre Elekma Sub Province Jayawijaya is attitude (p-value 0,010; RP = 2,140; CI95% (1,235 - 3,707), health officer support (p-value 0,010; RP = 2,171; CI95% (1,224 - 3,854), husband support (p-value 0,001; RP = 2,806; CI95% (1,483-5,310), cultural social (p-value 0,008; RP = 2,403; CI95% (1,217 - 4,745) and parity (p-value 0,011; RP = 22,159; CI95% (1,445 - 3,224). Meanwhile factor not correlation to breastfeed exclusive at regional public health centre Elekma Sub Province Jayawijaya is age (p-value 0,732; RP = 0,800; CI95% (0,357- 1,795), education (p-value 0,562; RP = 0,789; CI95% (0,449 - 1,389), knowledge (p-value 0,065; RP = 1,692; CI95% (1,026 - 2,791).

Keyword: Breasfeed Exclusive, Baby, Characteristic of Mother.

I. INTRODUCTION

Mother Breast Milk (ASI) is the best food for babies. Breast milk is needed for infant health and infant development optimally. Babies who get Exclusive Breast Milk will get all the advantages of breastfeeding and met their nutritional needs to the maximum, so the baby will be healthier, more resistant to infection, not susceptible to allergies and less often sick. Optimal growth can be seen from the addition of body weight, height or head circumference, while the optimal development can be seen from the improvement of motor skills, psychomotor and language (Sulistyoningsih, 2011). World Health Organization (WHO), reported 45% of infant and youngborn deaths in developing countries due to malnutrition and interactive effects on the disease, which

can actually be prevented by exclusive breastfeeding, supplementary feeding and immunization (WHO, 2016).

Exclusively breast-fed infants had significantly lower morbidity and mortality rates than formula feeding. Exclusive breastfeeding in Indonesia from the National Basic Health Research (Riskesmas) data of 2013 as a whole at 0-6 months (45.4%), 2-3 months (38.3%), and 4-5 months (31, 0%) of the data shows that exclusive breastfed milk is 0-6 months higher in rural areas than urban areas of 5,760 children (Ministry of Health, 2014). Low education and lack of mother knowledge about breastfeeding benefits and lack of family support are the biggest factors that cause young mothers to be affected and switch to bottle or formula milk. In addition, the incessant promotion of formula milk and the habit of providing food / drink early in some communities, the trigger of the success of breastfeeding and exclusive breastfeeding. With an increasingly higher level of education helps mothers to analyze the benefits and benefits of Exclusive Breast Milk (Wenas, 2012).

Family support, especially husbands can determine the success or failure of breastfeeding, because the support of the husband creates a sense of comfort to the mother, so that will affect the production of breast milk and improve the spirit and comfort in breastfeeding. In addition, local beliefs affect failure in exclusive breastfeeding (Yulianah et al, 2013). The socio-cultural conditions of Indonesia have an impact on exclusive breastfeeding, where data from the Indonesian Demographic Health Survey (2012) of infants aged less than 6 months have been given formula milk (82.6%), honey (11.7%), 3.7%), water (11.9%), porridge (2.2%), bananas (3.7%), rice (1.5%), and the rest (3.7%) were given sugar water , coconut water, coffee and sweet tea.

Socio-cultural conditions in Jayawijaya District play a significant role in determining the potential for failure in exclusive breastfeeding. The situation of the people who are transmigration areas mix with the social culture of the origin of the local tribe which has a strong

traditional set of rooted beliefs such as the belief that the young coconut in the newborn baby has a good nutrient for the digestion and remove toxins in the baby's stomach while still in the womb. In addition, the provision of bananas in newborns is considered to make the baby sleep soundly because of fullness.

Based on data obtained from the Profile of the Provincial Health Office of Papua, exclusive breastfeeding coverage of 2014 (48%) and 2015 (53.9%). Profile of Health Office of Jayawijay Regency shows that the coverage of exclusive breastfeeding in 2015 is 45,8% and year 2016 is 46,7%. Elekma Community Health Center is one of Puskesmas in Jayawijaya Regency with exclusive breastfeeding achievement in 2015 reach 41,6% from target 80% . This shows that exclusive breastfeeding has not reached the target set. Based on the above problem, the authors are interested to conduct research with the title "Factors - Factors Affecting Exclusive Breast Milking in the Work Area Elekma Puskesmas Jayawijaya".

II. MATERIALS AND METHODS

A. Types of Research

This research is an observational analytic research. Observational analytic research is a research that aims to find the relationship between variables by conducting an analysis of the data that has been collected. This study uses Cross Sectional approach (cut latitude) that is by measuring independent variable and dependent variable only once at the same time (Notoatmodjo, 2012).

B. Time and Location Research

This research was conducted at Elekma Community Health Center in October 2017.

C. Population and sample

1. Population

The population in this study were all breastfeeding mothers who had 7 to 24 month old babies as many as 60 people.

2. Sample

The sample is part of the generalization of the population under study (Sugiyono, 2013). The sampling technique uses a saturated sampling technique. Thus large as many as 60 people. and sampling techniques using puprosive sampling, ie

a. Inclusion criteria

- 1) Mothers with children over 6 months of age
- 2) Willing to be a respondent.

b. Exclusion criteria

- 1) a sick mother that affects exclusive breastfeeding
- 2) Infants with congenital or defective disorders (cleft palate and ceiling)

D. Data Analysis

1. Univariate analysis

Univariate analysis aims to see the description of the frequency distribution with a single percentage for each research variable related to the research objectives and presented in the form of frequency distribution table.

2. Bivariate analysis

Bivariate analysis aims to see the dependent variable relationship to independent variables. Given the design of this study is a cross sectional study, then the relationship analysis is done by using cross sectional calculations performed by using cross tabulation between variables. Knowledge of the Ratio of Prevalence (RP), it is possible to predict the relationship of the observed facts to compliance. The measure of association strength used is the Prevalence Ratio (RP) because of the observed variables (exclusive breastfeeding).

III. RESULTS AND DISCUSSION

Univariate Analysis

The results of the research based on the characteristics of the respondents include age, mother education, mother's knowledge, mother attitude, health officer support, mother husband support and social culture of mother can be seen in Table 1.

No	Variables	(n)	(%)
1	Age		
	Young (< 22 year)	10	16,7
	Old (\geq 22 year)	50	83,3
2	Education		
	Low	24	40
	High	36	60
3	Knowledge		
	Less	27	45
	Good	33	55
4	Attitude		
	less	26	43,3
	good	34	56,7
5	Health staff support		
	Less	28	46,7
	Good	32	53,3
6	Husband support		
	Less	29	48,3
	Good	31	51,7
7	Sociocultur		
	Less	34	56,7
	Good	26	43,3
8	Parity		
	high	9	15
	low	51	85
9	Eksklusive ASI		
	Non Eksklusive ASI	29	48,3
	Eksklusive ASI	31	51,7
Number		88	100

Based on table 1, shows that most respondents in adult (> 22 years) as many as 50 people (83.3%), higher education as many as 36 people (60%), good knowledge as many as 33 people (55%), (56,7%), good health care support 32 people (53,3%), good husband support 31 people (51,7%), social culture less 34 people (56,7%), low parity as many

as 51 people (85%) and exclusive Asi as many as 31 people (51.7%).

1. Bivariate Analysis

a. Influence of mother's age on Exclusive Breast Milking

Table 2. Influence of mother age to Exclusive Breastfeeding at Puskesmas Elekma Jayawijaya Regency Year 2017

No	Age	ASI eksklusive giving				n	%
		Non exclusive ASI		exclusive ASI			
		n	%	n	%		
1	Young (< 22 year)	4	40	6	60	10	100
2	Old (≥ 22 year)	25	50	25	50	50	100
Total		29	48,3	31	51,7	60	100
<i>p-value</i> = 0,732; <i>RP</i> = 0,800; <i>CI</i> 95% (0,357– 1,795)							

Table 2 shows that out of 10 young mothers (<22 years) there were 4 (40%) non exclusive breastfeeding and 6 (60%) with exclusive breastfeeding. Whereas from 50 adult mothers (> 22 years) there are 25 people (50%) non exclusive breast feeding and 25 people (50%) with exclusive breastfeeding. = 0,05) obtained p-value 0,732 or α The result of chi square statistic test at significance value 95% (> α (0,05). This means that there is no effect of mother's age on Exclusive Breastfeeding at Elekma Health Center of Jayawijaya Regency. The result value of *RP* = 0.800; *CI*95% (0.357- 1.795) is less than 1, so age is not a significant factor in exclusive breastfeeding.

Influence of Mother's Education on Exclusive Breastfeeding

Table 3. Influence of Mother's Education on Exclusive Breastfeeding at Puskesmas Elekma Jayawijaya Regency Year 2017

No	Education	ASI eksklusive giving				n	%
		Non exclusive ASI		exclusive ASI			
		n	%	n	%		
1	Low	10	41,7	14	58,3	24	100
2	High	19	52,8	17	47,2	36	100
Total		29	48,3	31	51,7	60	100
<i>p-value</i> = 0,562; <i>RP</i> = 0,789; <i>CI</i> 95% (0,449 – 1,389)							

Table 3. shows that from 24 low educated mothers there were 10 (41.7%) non exclusive breastfeeding and 14 people (58.3%) with exclusive breastfeeding. While from 36 high educated mothers there were 19 people (52.8%) non exclusive breastfeeding and 17 people (47.2%) with exclusive breastfeeding. = 0,05) obtained p-value 0,562 or α The result of chi square statistic test at significance value 95% (> α (0,05). This means that there is no effect of education on Exclusive Breastfeeding at Elekma Health Center of Jayawijaya Regency. The result value *RP* = 0.789; *CI*95% (0.449 - 1,389) with a lower value less than 1, so education is not a significant factor in exclusive breastfeeding.

The Influence of Mother's Knowledge of Exclusive Breastfeeding

Table 4. Influence of Mother Knowledge of Exclusive Breastfeeding at Puskesmas Elekma Jayawijaya Regency Year 2017

No	Knowledge	ASI eksklusive giving				n	%
		Non exclusive ASI		exclusive ASI			
		n	%	n	%		
1	Less	9	33,3	18	66,7	27	100
2	Good	20	60,6	13	39,4	33	100
Total		29	48,3	31	51,7	60	100
<i>p-value</i> = 0,065; <i>RP</i> = 1,692; <i>CI</i> 95% (1,026 – 2,791)							

Table 4 shows that of 27 mothers with less knowledge there were 9 (33.3%) non exclusive breastfeeding and 18 (66.7%) with exclusive breastfeeding. Out of 33 well-informed mothers, there were 20 (60.6%) non-exclusive breastfed and 13 people (39.4%) with exclusive breastfeeding. = 0,05) obtained p-value 0,065 or $p < \alpha$ The result of chi square statistic test at significance value 95% ($> \alpha$ (0,05). This means that there is no effect of knowledge on Exclusive Breastfeeding at Elekma Health Center of Jayawijaya Regency. The result value of RP = 1.692; CI95% (1,026 - 2,791) interpreted that non knowledgeable mothers less likely to be exclusively non-breastfed were 1.692 times higher than well-informed mothers.

Influence of mother's attitude toward Exclusive Breast Milking

Table 5. Influence of Mother's Attitude on Exclusive Breastfeeding at Puskesmas Elekma Jayawijaya Regency Year 2017

No	Attitude	eksklusive ASI giving				n	%
		Non exclusive ASI		Exclusive ASI			
		n	%	N	%		
1	Less	18	69,2	8	30,8	26	100
2	Good	11	32,4	23	67,6	34	100
Total		29	48,3	31	51,7	60	100

p-value = 0,010; RP = 2,140; CI95% (1,235 – 3,707)

Table 5 shows that out of 26 mothers who were underweight there were 18 (69.2%) non exclusive breastfeeding and 8 people (30.8%) with exclusive breastfeeding. Whereas from 34 good mothers there were 11 people (32,4%) non exclusive breast feeding and 23 people (67,6%) with exclusive breast feeding. = 0,05) obtained p-value 0,010 or $p < \alpha$ The result of chi square statistic test at significance value 95% ($< \alpha$ (0,05). This means that there is influence of mother's attitude toward Exclusive Breastfeeding at Puskesmas Elekma Jayawijaya Regency. The result value of RP = 2,140; CI95% (1,235 - 3,707) interpreted that mothers with non exclusive breast feeding attitudes 2,140 times higher than mothers with good attitudes.

Influence of health officer support to exclusive breastfeeding

Table 6. Effect of Health Officer's Support on Exclusive Breastfeeding at Puskesmas Elekma Jayawijaya Regency Year 2017

No	Health staff support	Eksklusive ASI giving				n	%
		Non exclusive ASI		exclusive ASI			
		n	%	n	%		
1	Less	19	67,9	9	32,1	28	100
2	Good	10	31,3	22	68,8	32	100
Total		29	48,3	31	51,7	60	100

p-value = 0,010; RP = 2,171; CI95% (1,224 – 3,854)

Table 6 shows that of 28 mothers who received support from health workers, there were 19 (67.9%) non exclusive breastfeeding and 9 people (32.1%) with exclusive breastfeeding. Whereas from 32 mothers who received good health support there were 10 people (31.3%) non exclusive breast feeding and 22 people (68.8%) with exclusive breastfeeding. = 0,05) obtained p-value 0,010 or $p < \alpha$ The result of chi square statistic test at significance value 95% ($< \alpha$ (0,05). This means that there is influence of health officer support to Exclusive Breastfeeding at Puskesmas Elekma Jayawijaya Regency. The result value of RP = 2,171; CI95% (1,224 - 3,854) interpreted that mothers who received support from health workers were less likely to have exclusive breastfeeding 2.171 times higher than mothers with good support from health workers.

The Influence of Mother Husband's Support to Exclusive Breast Milking

Table 7. Influence of Mother Husband's Support to Exclusive Breastfeeding at Puskesmas Elekma Jayawijaya Regency Year 2017

No	Husband support	Eksklusive ASI giving				n	%
		Non exclusive ASI		Exclusive ASI			
		n	%	n	%		
1	Less	21	72,4	8	27,6	29	100
2	Good	8	25,8	23	74,2	31	100
Total		29	48,3	31	51,7	60	100

p-value = 0,001; RP = 2,806; CI95% (1,483–5,310)

Table 7 shows that out of 29 mothers who received husbands support there were 21 (72.4%) non exclusive breastfeeding and 8 people (27.6%) with exclusive breastfeeding. Whereas from 31 mothers who have good husband support there are 8 people (25.8%) non exclusive breast feeding and 23 people (74.2%) with exclusive breastfeeding. = 0,05) obtained p-value 0,001 or $p < \alpha$ The result of chi square statistic test at significance value 95% ($< \alpha$ (0,05). This means that there is influence of mother husbands support to exclusive breastfeeding at Puskesmas Elekma Jayawijaya Regency. The result value of RP = 2,806; CI95% (1,483-5,310) interpreted that mothers lacking husband support of non exclusive breastfeeding were 2,806 times higher than mothers with good family support.

The influence of mother's social culture on Exclusive Breastfeeding

Table 8. Influence of Mother Social Culture toward Exclusive Breastfeeding at Puskesmas Elekma Jayawijaya Regency Year 2017

No	Sociocultur	Eksklusive ASI giving				n	%
		Non exclusive ASI		exclusive ASI			
		n	%	n	%		
1	Less	22	64,7	12	35,3	34	100
2	Good	7	26,9	19	73,1	26	100
Total		29	48,3	31	51,7	60	100

p-value = 0,008; RP = 2,403; CI95% (1,217 – 4,745)

Table 8 shows that out of 34 mothers with less socio-cultural, there were 22 (64.7%) non exclusive breastfeeding and 12 people (35.3%) with exclusive breastfeeding. Whereas from 26 mothers who with good social culture there are 7 people (26.9%) non exclusive breast feeding and 19 people (73.1%) with exclusive breastfeeding. ($> \alpha = 0,05$) obtained p-value 0,008 or $p < \alpha$ The result of chi square statistic test at significance value 95% ($< \alpha$ (0,05). This means that there is a socio-cultural influence of mother on Exclusive Breastfeeding at Elekma Community Health Center of Jayawijaya Regency. The result value of RP = 2,403; CI95% (1,217 - 4,745) interpreted that mothers with socio-cultural less non-exclusive chance 2,403 times higher than mothers with good social culture.

Influence of Mother Parity on Exclusive Breastfeeding

Table 9. Effect of Mother Parity on Exclusive Breastfeeding at Puskesmas Elekma Jayawijaya Regency Year 2017

No	Parity	Eksklusive ASI giving				n	%
		Non exclusive ASI		Exclusive ASI			
		n	%	n	%		
1	High	8	88,9	1	11,1	9	100
2	Low	21	41,2	30	58,8	51	100
Total		29	48,3	31	51,7	60	100

p-value = 0,011; RP = 2,159; CI95% (1,445 – 3,224)

Table 9 shows that of 9 mothers with high parity there were 8 (88.9%) non exclusive breastfed and 1 person (11.1%) with exclusive breastfeeding. Of 51 mothers with low parity there were 21 (41.2%) non exclusive breastfeeding and 30 people (58.8%) with exclusive breastfeeding. = 0,05) obtained p-value 0,011 or $p < \alpha$ The result of chi square statistic test at significance value 95% ($< \alpha$ (0,05). This means that there is an effect of mother's parity on Exclusive Breastfeeding at

Elekma Health Center of Jayawijaya Regency. The result value of $RP = 2,159$; $CI95\%$ (1,445 - 3,224) interpreted that the mother with high parity of non exclusive chance was 2,159 times higher than the mother with low parity.

Multivariate Analysis

Multivariate analysis was used to find out which factors influenced the performance, bivariate analysis was needed and continued on multivariate test. Bivariate modeling using logistic regression test begins with bivariate modeling where each independent variable is tested to dependent variable gradually with p value $<0,25$ so that variables included in multivariate test are knowledge, attitude, support of health officer, husband support, social culture and parity. From the results of multivariate test can be seen in table 10.

Table 10. Analysis of Multiple Logistic Regression Variables

No	Variabel	B	p-value	OR	95% C. I. for Exp (B)	
					Lower	Upper
1	Attitude	3,119	0,004	22,616	2,695	189,752
2	Husband support	3,461	0,001	31,849	3,833	264,656
	Constant	10,000	0,000	0,000		

Table 10 above, then the attitude and support of the husband is the dominant factor affecting the exclusive breastfeeding in Elekma Health Center Jayawijaya regency.

IV. Discussion

1. Influence of mother's age on exclusive breastfeeding

Period age between 20-35 years is a good age period to give birth. Psychologically, the mother is less than 22 years old, the woman is still in a period of growth from biological factors are ready but psychologically immature. Similarly, if the mother gave birth at age 35 years of health problems often arise with complications. Breastfeeding babies need good maternal health conditions (Hartanto, 2006). The results showed that mothers breastfed more exclusively in adult age (83.3%) than younger mothers (16.7%). Based on that age, 60% non-exclusive breastfeeding mothers, while mothers aged 50% non exclusive breastfeeding. The result of chi square statistic test obtained p -value 0,732 which stated there is no influence of mother age to Exclusive Breast Feeding at Elekma Community Health Center Jayawijaya Regency.

The results of this study are in line with Kristina's (2011) study, giving no effect on maternal age on exclusive breastfeeding in infants 0-6 months, due to the age of mothers studied, the sample age data is almost as large at age <22 and ≥ 22 years, where the percentage that is not and give exclusive breastfeeding is not much different. Similar results were also found in a study conducted by Madjid (2012) which had no relationship between maternal age and breastfeeding for three days after birth, because the age studied was not very different in that it provided and did not give exclusive breastfeeding to the type of cross-sectional study. Increased age of a person will experience changes in physical and psychological aspects (mental).

This change occurs because of psychological or mental aspects, the level of thinking a person becomes more mature and mature (Mubarak, 2011). However, in an action such as exclusive breastfeeding, there is no age relationship since Elekma Community Health Center is an affordable area with information and access to affordable health services. In addition, mothers of younger age are more unemployed, thus having more leisure time in caring for their babies especially in exclusive breastfeeding. The same is true of older mothers who are largely unemployed, so the trend of age is not significant for exclusive breastfeeding.

2. Influence Maternal education on exclusive breastfeeding

The results obtained that there is no effect of education on Exclusive breastfeeding at Puskesmas Elekma Jayawijaya Regency. 40% low-educated mothers and 60% higher education, where 41,7% non exclusive breastfeeding mothers and well-educated mothers were 52.8% non exclusive breastfeeding. This indicates the same opportunities between high and low educated mothers. Education will provide an opportunity for a person to open the way of thinking in meeting new ideas or values. Educated mothers typically benefit psychologically and physiologically from breastfeeding because they are more motivated, have better facilities and more positions that allow them to breastfeed as compared to uneducated mothers. However, there is no significant relationship between higher education and breastfeeding within three days after birth (Madjid, 2012). Research Trisnawati (2008) showed the results examined, between the mother's education with exclusive breastfeeding there is no significant relationship. Mothers with little or no education have awareness of exclusive breastfeeding. This is reinforced by Sartono and Utaminigrum (2012) research,

that maternal formal education has no effect on maternal actions to exclusively breastfeed babies, which is the highest percentage of poorly educated women compared to well-educated mothers. Meanwhile, according to Yulianah et al (2013), the level of education affects mother's belief and knowledge about exclusive breastfeeding.

According to Sulistyoningsih (2011), the higher a person's education the more easily absorbed information obtained, but the exposure of more information leads to increased knowledge of mothers, so that mothers with low education have good knowledge with the information obtained outside of formal education. Based on this opinion that there is no educational relationship to exclusive breastfeeding, where the mother's attitude is stronger underlying exclusive breastfeeding.

3. The Influence of Mother Knowledge on Inclusive ASI

The result of this research is that there is no effect of knowledge on Exclusive Breast Feeding at Elekma Health Center of Jayawijaya Regency, where the mother who is knowledgeable is less 33,3% non exclusive breastfed and mother with good knowledge 60,6% non ASI exclusively. This suggests that a good percentage of maternal knowledge is slightly less exclusive to breastfed mothers than in mothers with insufficient knowledge, but less than 1.692 times less likely maternal knowledge excludes exclusive breastfeeding than well-informed mothers. The results of research are in line with Rombot (2012) study, that good maternal knowledge is related to formula feeding because the mother who knows the benefits of breastfeeding will prevent using formula before the baby is 0-6 months old. Mother's lack of knowledge about exclusive breastfeeding is the mother knows what is meant by exclusive breastfeeding benefit, mother assumes that the best baby food in baby 0-6 months is breast milk compared to formula milk and do not know formula milk and breast milk. While the knowledge of good mothers know that breastfeeding is better than formula milk.

Research conducted by Ibrahim (2010) in the province of Istimewah Aceh province, a mother with good knowledge has twice the opportunity to give exclusive breastfeeding to her baby compared with mother with less knowledge. According to Triana (2012) there are two important factors that influence the decision of parents in exclusive breastfeeding in children such as knowledge, so that attitude is more important role after knowing the benefits of exclusive breastfeeding. This is consistent with this study, where knowledge has a significant but insignificant relationship to exclusive breastfeeding, due to a stronger attitude toward exclusive breastfeeding. This is agreed according to Notoatmodjo (2011), that knowledge

is a very important domain for the formation of a person's behavior (over behavior). Behavior realized by knowledge will be more lasting than behavior that is not realized by knowledge, so knowledge is an important factor to make changes in health behavior, by itself knowledge can be measured or observed or through what media is known about the object. Low knowledge also has an impact on the practice of preluc- tional delivery. In general, foods and beverages given to infants aged 0-6 are formula, water, and honey. Formula milk can be given on the grounds that it is the only thing that can be given to the baby and is close to breast milk nutrition. White water is judged to be given because, according to mother's experience, when the baby cries and is given white water, the baby is immediately silent. While honey is believed to cause infants are not susceptible to disease.

In addition, breastfeeding is not until the age of 6 months due to a little milk and caused also because the mother works to help husband gardening. Some respondents gave formula milk as prelactal done on the grounds because breast milk has not come out and baby still difficulty suckling so baby will cry if left alone. A lack of confidence and knowledge of the ability to produce milk to satisfy the baby encourages the mother to provide additional milk through the bottle. Prelapital giving like formula milk is one of the causes of mother not giving exclusive breastfeeding to her baby. Preliminary giving can not substitute for the benefits of breastfeeding alone. Nutritional content of non-breast milk does not fit the baby's needs and is difficult to absorb by the baby's digestion. In addition, non-breast milk contains no antibodies and may cause allergies (Yulianah et al, 2013).

4. Influence Mother's Attitude with Formula Feeding

The result of this research shows that there is influence of mother attitude toward Exclusive Breast Feeding at Elekma Community Health Center of Jayawijaya Regency, where mother who is less 69,2% non exclusive breastfed and mother with good attitude 32,4% exclusive breastfeeding, where mother having attitude less chance non exclusive breastfeeding 2.140 times higher than mothers who have a good attitude towards exclusive breastfeeding. The results of the research in line with Suroto (2012), that the attitude of affecting mothers in exclusive breastfeeding disebabkan mother responded that formula milk can be given to infants aged 0-6 months as additional nutrients for infants. Attitudes are the feelings, thoughts, and tendencies of a person who is more or less permanent about certain aspects of his environment. Attitude is an evaluative bias toward a stimulus or object that affects how a person deals with the object. This means the attitude of showing approval or disapproval, likes or dislikes someone for something (Mubarak, 2011).

Respondents who have less attitude because they assume that the formula contains the same nutrients as breastmilk, formula milk is easy and practical and makes the baby full quickly. According to Proverawati and Wati (2011), the nutrients contained in breast milk are carbohydrates, proteins, fats, minerals, water and vitamins. Carbohydrate substances in breast milk are lactose-shaped in amounts that vary each day according to the baby's growing needs. The products of lactose are galactose and glucosamine. Galactose is a vital nutrient for the growth of brain tissue and is also a nutritional requirement of the spinal cord, which is for the formation of myelin (the membrane of nerve cells). Lactose increases the absorption of calcium phosphorus and magnesium which are essential for bone growth, especially during infancy for tooth development and bone development.

Formula milk is a liquid containing substances that do not contain antibodies, white blood cells, bacterial killer substances, enzymes, hormones and growth factors (Roesli, 2004). Formula milk is commercial milk sold on the market or in stores made from cow's milk or soy made specifically for infants and the composition is adjusted to close to milk composition (Albab, 2013). A good mother's attitude towards exclusive breastfeeding establishes an attitude and behavior toward infant health through exclusive breastfeeding. If the mother's attitude is good to exclusive breastfeeding, it will strengthen the family's attitude in giving exclusive breastfeeding to her baby.

5. Influence of support of health workers with formula feeding

The result of this research shows that there is influence of health officer support to Exclusive Breastfeeding in Elekma Community Health Center of Jayawijaya Regency, where mother mother who get support of health officer less 67,9% non ASI exclusively and mother who get support of health officer either 31,3% non ASI exclusively , where mothers who received support from health workers were less likely to have exclusive breastfeeding 2.171 times higher than mothers with good health care support for exclusive breastfeeding. Health Officer is every individual who works or devotes in the field of health, sufficient knowledge and skills and has ever been educated in health (Ministry of Health RI, 2011). Act Number 23 of 1992 concerning the Health of the Health Personnel means any person who devotes himself / herself to the health sector, possesses knowledge and / or skills through education in the field of health which requires authority in running health services (Medica, 2013).

According to Afifah (2007), the government has promoted exclusive breastfeeding through advertisements in print and electronic media, but lack of extension in

puskesmas and posyandu causes promotion of exclusive breastfeeding is less than optimal. Promotion through the mass media is not enough to provide understanding about a government program because the people of Indonesia are very diverse levels of education and capture power. Counseling should not only focus on mothers, but also for husbands, as mothers usually discuss in advance with their husbands in the care of their babies. Respondents who received good health support 42.6% gave exclusive breastfeeding, but found respondents who chose formula and other additional fluids (57.4%). This may be due to health care workers being able to inform formula-feeding, if the mother experiences obstacles in breastfeeding such as nipple abnormalities or congenital abnormalities in infants. In addition, respondents who said they had less health support and gave their babies an exclusive breastfeeding because of the experience or benefits of breastfeeding to their children.

6. Influence of mother's support to exclusive breastfeeding

The result of this research shows that there is influence of mother husband support to exclusive breastfeeding at Elekma Community Health Center Jayawijaya Regency, where the mother who get less husband support is less 72,4% non ASI exclusively and mother who have good husband support 25,8% non ASI exclusive, where mothers who had the support of husbands with less exclusive breastfeeding opportunities were 2.806 times higher than mothers with good husbands support for exclusive breastfeeding. The role of the husband as a supporter in breastfeeding, especially when the husband has a positive thinking about the problems associated with breastfeeding and think that the husband plays a role in this problem. Husband and parent support affects practice. Breastfeeding, which will subsequently affect breastfeeding success rates and weaning age (Roesli, 2006).

Many reasons are expressed by the mother about the support of her husband, including the father's attitude to matters relating to breastfeeding, socioeconomic factors, and exposed to various mediums and interpersonal communication media. The husband also plays a role in providing emotional support to the mother during childbirth, participating in the decision-making process of infant feeding, engaging in child care, in domestic work, in the family economy, and contributing to maintaining the harmony of domestic relationships. While the mother with the support of her husband is less, because it is affected by the local culture and worried about the baby's nutritional state. Some husbands assume that by providing supplements to infants can meet the nutritional needs of infants and these nutrients are not only obtained from breast milk alone, Husband's lack of support will affect the

mother in giving exclusive breastfeeding to her baby, as the husband supports in caring for the child. However, it is very risky for husbands with low knowledge of the benefits of exclusive breastfeeding and trusting local cultures in nutrition in infants aged 0-6 months, especially in the first week after childbirth in local cultures that provide young coconut and honey in newborns. If this condition occurs at the beginning of the first week of birth can affect the mother in providing additional food next.

The role of husbands in breastfeeding can be influenced by knowledge and attitudes of husbands on matters relating to breastfeeding, socioeconomic factors, and exposed to various means of mass media and interpersonal communication. The husband also plays a role in providing emotional support to the mother during childbirth, participating in the decision-making process of infant feeding, engaging in child care, in domestic work, in the family economy, and contributing to maintaining the harmony of domestic relationships. The influence of husbands mainly lies in breastfeeding decisions, early breastfeeding initiation, as well as the duration and exclusiveness of breastfeeding and risk factors for bottle feeding. The role of husband here is measured by the support of the husband during pregnancy, the support at birth and the first breastfeeding, postnatal support, the involvement of the husband in the care of the child, and the positive attitude toward married life. Although the frequency distribution of husband responsibilities in child care is only a small part (Evareny et al., 2012).

Support a good husband always encourage his wife to give the baby exclusively breastfed. In addition, the husband supports his wife to meet his needs including family nutritional needs. But less support is given by the husband, because it allows mothers to provide formula milk to their babies and meet all the needs of mothers and babies and does not increase the nutritional needs are good for the baby.

7. The socio-cultural influence of mothers on exclusive breastfeeding

The result of this research shows that there is social mother culture influence to Exclusive Breast Feeding at Elekma Community Health Center of Jayawijaya Regency, where the mother with social culture is 64,4% non exclusive breastfed and mother with social culture good 26,9% non exclusive ASI. Social culture is all things created by Man with his thoughts and conscience for or in the life of society. Man makes something based on his mind and mind that is destined in social life (Ahira, 2012). Local negative beliefs or social cultures that mothers believe (60.3%) in providing nutrition to infants, such as honey, young coconut and banana after birth. In addition, the method of giving young coconut water using spoons and

honey using cotton cleanliness is not guaranteed. This affects the mother (79,6%) does not give exclusive breastfeeding and 20.6% of mothers who believe in local culture still give exclusive breastfeeding, mothers with socially exclusive non-breastfed social mothers in infants aged 0-6 months by 3,766 times compared mother with good social culture (do not trust negative social culture).

The results of this study in accordance with research conducted Yulianah (2013), a lot of trust that is not fundamental to the meaning of breastfeeding that makes mothers do not exclusive breastfeeding for 6 months. Generally the reason the mother does not give Exclusive Breast milk includes the unfounded fear that the resulting milk is insufficient or has poor quality, delayed start of breast-feeding and colostrum discharge, wrong breastfeeding techniques, and false belief that babies are thirsty and need fluids additional. Mother's belief in socio-culture is supported by local cultural knowledge in the form of feeding for infants. Trust or confidence affects attitudes toward certain behaviors, subjective norms and behavioral controls.

The local culture of the newborn is based on the recognition of a mother who believes in local culture such as honey and thick coconut milk, and removes colostrum on the first day, so the baby is given breast milk for 2-3 days the next day in the newborn. This is done, because according to the understanding of the mother and husband for the baby's digestion smoothly and remove the impurities in the stomach after the birth process is complete. Having explored more deeply about mother's beliefs, that mothers believe in local culture is based on breastfeeding alone is not enough, so it is necessary to be given additional food. Also assume the additional food is very beneficial to the baby. In addition there is a belief that the young coconut in newborns have a good nutrient for digestion and remove toxins in the baby's stomach while still in the womb. In addition, the provision of bananas in newborns is considered to make the baby sleep soundly because of fullness. Health impacts on infants with social culture tesebut can affect the health of infants such as indigestion, because the baby's digestive system is still sensitive and can cause allergies. This is reinforced by the theory put forward by Yulianah et al (2013), Prelapal giving can not replace the benefits gained from breastfeeding alone. Nutritional content of non-breast milk does not fit the baby's needs and is difficult to absorb by the baby's digestion. In addition, non-breast milk contains no antibodies and may cause allergies (Yulianah et al, 2013).

8. Effect of mother's parity on exclusive breastfeeding

The result of this research shows that there is influence of mother's parity to Exclusive Breastfeeding at Elekma

Health Center of Jayawijaya Regency, where mother with high parity is less 88,9% non exclusive breastfeeding and mother with low parity 41,2% non exclusive breastfeeding. The results of this study are not much different from those of Fika and Syafiq (2009) which states that most exclusive breastfeeding informants have a higher average parity (3 children) than non-exclusive breastfeeding informants (2 children). Differences in the number of children will affect the mother's experience in breastfeeding. Parity is the number of pregnancies that end in a live birth with a gestational age > 28 weeks. Although the baby weighs 1000 grams and can live with the advancement of science and technology then the weight of the baby <1000 grams is still classified into parity. Primapara is the first woman to give birth to a child in a state of life both mature and premature. Multipara is a woman who has given birth to 3 children. grandemulti, which is a woman who has been pregnant to 4 or more and with gestational age > 28 weeks.

Suradi (2007) in Handayani, et al (2009), that one of the factors which affects breastfeeding include the characteristics of the mother ie mother's breastfeeding experience. Differences in the number of children will affect the mother's experience in breastfeeding. A mother who has successfully breast-fed at the previous birth will be easier and sure will be able to breastfeed at the next birth. A young mother with her first child will find it difficult to breastfeed (Solihah, et al. 2010). This is possible because mothers who have more than one parity follow the pattern of breastfeeding children before and have been accustomed to provide food and drink to the child before. This can be seen from many mothers who provide food and drink additives such as water, honey, and bananas. So the mother does not feel afraid or worried about giving food and other drinks because it sure will not have a negative impact on the baby.

9. The dominant factor of exclusive breastfeeding

Multivariate test results obtained that the attitude and support of the husband is a dominant factor that affects exclusive breastfeeding, where attitude is the highest dominant factor. The results of this study are in line with research Yulianah (2013), that the attitude and support of the husband is one of the dominant factors of exclusive breastfeeding.

This shows that the support of the husband, so that the mother tried maximally in giving exclusive breastfeeding. However, the higher-dominant attitude, which when the husband's support is lacking, but a good mother's attitude to the benefits of exclusive breastfeeding will influence the mother's behavior to act positively in exclusive breastfeeding. This is evident from the results of multivariate tests, where attitude is the highest factor on exclusive breastfeeding.

V. Conclusion

Based on the results of the discussion can be summarized as follows:

1. There is no significant effect of mother's age on Exclusive Breastfeeding at Elekma Health Center of Jayawijaya Regency (p-value 0,732; RP = 0,800; CI95% (0,357-1,795)
2. There is no significant effect of maternal education on Exclusive Breastfeeding at Elekma Health Center of Jayawijaya Regency (p-value 0,562; RP = 0,789; CI95% (0,449 - 1,389).
3. There is no significant effect of meaningful mother knowledge on Exclusive Breastfeeding at Elekma Health Center of Jayawijaya Regency (p-value 0.065; RP = 1.692; CI95% (1.026 - 2,791).
4. There is a significant effect of mother's attitude toward Exclusive Breastfeeding at Elekma Health Center of Jayawijaya Regency (p-value 0.010; RP = 2,140; CI95% (1,235 - 3,707).
5. There is a significant effect of health officer support on Exclusive Breastfeeding at Elekma Health Center of Jayawijaya Regency. Result of value (p-value 0,010; RP = 2,171; CI95% (1,224 - 3,854).
6. There is a significant effect of maternal support on Exclusive Breastfeeding at Elekma Health Center of Jayawijaya Regency (p-value 0.001; RP = 2,806; CI95% (1,483-5,310).
7. There is a significant influence on the social culture of the mother on Exclusive Breastfeeding at Elekma Health Center of Jayawijaya Regency (p-value 0,008; RP = 2,403; CI95% (1,217 - 4,745).
8. There is a significant effect of mother's parity on Exclusive Breastfeeding at Elekma Health Center of Jayawijaya Regency (p-value 0.011; RP = 22,159; CI95% (1,445 - 3,224).
9. Husband's attitude and support are the dominant factors that influence exclusive breastfeeding in Elekma Community Health Center of Jayawijaya Regency.

REFERENCES

- [1] Adiningsih. N.U. 2004. *Menyusui, Cermin Kesetaraan Gender. Penggagas Forum Studi Pemberdayaan Keluarga*. Jakarta.
- [2] Afifah, 2011. *Faktor - Faktor Yang Mempengaruhi Keputusan Orang Tua Memberikan Susu Formula Pada Anak Umur 0-2 Tahun (Di Wilayah Bekasi)*. Jurusan Administrasi Bisnis, Universitas President. www.upres.co.id. diakses 10 Juli 2017.

- [3] Ahira, 2012. *Sosial Budaya*. (Online) (<http://www.aneahira.com> diakses 10 April 2017).
- [4] Alfonso, Victor FJ. 2013. *Income, Educational Attainment Affect Breastfeeding*. Joomla. Viewed Juny 29th 2014. <http://www.fnri.dost.gov.ph>
- [5] Anggorowati dan Nuzulia, 2012. *Hubungan antara Dukungan Keluarga terhadap pemberian ASI eksklusif pada Bayi di Desa Bebengan Kecamatan Boja Kabupaten Kendal*. (Online) (<http://www.stikeskendal.co.id> diakses 20 Juli 2017).
- [6] Bahiyatun, 2009. *Buku Ajar Asuhan Kebidanan Nifas Normal*. EGC, Jakarta.
- [7] Evareny L, Hakim M, Padmawati R.S, 2012. *Peran Ayah Dalam Praktik Menyusui*. *Berita Kedokteran Masyarakat*, Vol. 26, No. 4, Desember 2010. (Online) (<http://www.fkmugm.co.id> diakses 20 Juli 2017).
- [8] Fikawati S dan Syafiq, 2010. *Kajian Implementasi Dan Kebijakan Air Susu Ibu Eksklusif Dan Inisiasi Menyusu Dini Di Indonesia*. Pusat Kajian Gizi dan Kesehatan, Fakultas Kesehatan Masyarakat, Universitas Indonesia, Depok 16424, Indonesia. (Online) (<http://www.google.co.id> diakses 14 Juli 2017).
- [9] Handayani dan Suryani, 2012. *Kamus Lengkap Bahasa Indonesia Praktis*. Giri Utama, Surabaya.
- [10] Hartanto, 2006. *Praktik Menyusui ASI Eksklusif*. Graha Ilmu, Yogyakarta.
- [11] Hidayat, 2007. *Pengantar Ilmu Kesehatan Anak Untuk Pendidikan Kebidanan*. Salemba Medika, Jakarta.
- [12] Ibrahim. 2010. *Hubungan Antara Pengetahuan, Sikap Ibu Terhadap pemberian ASI eksklusif Di Wilayah Kerja Kabupaten Pidil Daerah Istimewa Aceh*. (online) (<http://www.stikesbudiyah.co.id> diakses 28 Juli 2017).
- [13] _____Kemenkes RI, 2010. *ASI Eksklusif Masih Rendah*. www.kemenkes_ri.go.id diakses pada tanggal 10 Juli 2017.
- [14] _____Kemenkes RI, 2011. *Buku Panduan kader Posyandu Menuju Keluarga Sadar Gizi*. Jakarta.
- [15] Kristina, 2011. *Hubungan Pengetahuan Dan Sikap Ibu Nifas Tentang Pemberian Kolostrum Pada Bayi Baru Lahir Di Puskesmas Ulu Kecamatan Siau Timur Kabupaten Kepulauan Sitaro*. (online) (<http://www.unsrat.co.id> diakses 28 Juli 2017).
- [16] Kurniawati Dwi, 2014. *Faktor Determinan Yang Mempengaruhi Kegagalan Pemberian Asi Eksklusif Pada Bayi Umur 6-12 Bulan Di Kelurahan Mulyorejo Wilayah Kerja Puskesmas Mulyorejo Surabaya*. Fakultas Kesehatan Masyarakat Universitas Airlangga Surabaya.
- [17] Lebulan S, 2012. *Pengaruh Karakteristik (Pendidikan, Pekerjaan), Pengetahuan Dan Sikap Ibu Menyusui Terhadap Pemberian Asi Eksklusif Di Kabupaten Tuban*. (online) (<http://www.unair.co.id> diakses 28 Juli 2017).
- [18] Madjid, 2012. *Studi Tingkat Pengetahuan Ibu Menyusui Tentang Asi Eksklusif Di Puskesmas Cilacap Utara*. (online) (<http://www.unand.co.id> diakses 28 Juli 2017).
- [19] Mamonto T, 2015. *Faktor-Faktor Yang Berhubungan Dengan Pemberian Asi Eksklusif Pada Bayi di Wilayah Kerja Puskesmas Kotobangon Kecamatan Kotamobagu Timur Kota Kotamobagu*. Program Studi Ilmu Kesehatan Masyarakat Program Pascasarjana Universitas Sam Ratulangi.
- [20] Medica. 2013. *Petugas Kesehatan*. www.medicahelath.co.id diunduh 10 April 2015.
- [21] Muslihatun WN, Mufdilah dan Stiyawati N, 2009. *DokumentasiKebidanan*. Fitramaya, Yogyakarta.
- [22] Notoatmodjo S, 2010. *Metode Penelitian Kesehatan*. Rineka Cipta, Jakarta.
- [23] -----, 2011. *Ilmu Kesehatan Masyarakat, Perilaku Ilmu dan Seni*. Edisi Revisi 3, Rineka Cipta, Jakarta.
- [24] Proverawati dan Rahmawati, 2012. *Kapita Selektasi ASI dan Menyusui*. Nuha Medika, Jakarta.
- [25] _____Profil Dinkes Papua, 2013.
- [26] _____Profil Dinkes Kabupaten Jayawijaya, 2013.
- [27] Roesli, U. 2006. *Menyusui Dini*. Cetakan I. Pustaka Bunda, Jakarta.
- [28] Saifudin, 2010. *Ilmu Kebidanan*. YBP-SP, Jakarta.
- [29] Santoso dan Ranti, 2009. *Kesehatan dan Gizi*. Rineka Cipta, Jakarta.
- [30] Sartono dan Utaminingrum. 2012. *Hubungan Pengetahuan Ibu, Pendidikan Ibu dan Dukungan Suami dengan Praktek Pemberian Asi Eksklusif di Kelurahan Muktiharjo Kidul Kecamatan Telogosari Kota Semarang*. (Online) (<http://www.undip.co.id> diakses 20 Juli 2017).
- [31] Sibagariang, 2010. *Kesehatan Reproduksi Wanita*, TIM, Jakarta.
- [32] Sugiyono, 2009. *Metode Penelitian Administrasi*, Alfabeta, Jakarta.
- [33] Sulistyoningih, 2011. *Gizi Untuk Kesehatan Ibu dan Anak*. Graha Ilmu, Yogyakarta.
- [34] Susmaneli, 2012. *Faktor-Faktor yang Berhubungan terhadap pemberian ASI eksklusif di Wilayah Kerja Puskesmas Rambah Hilir I Kabupaten Rokan Hulu Tahun 2012*. *Jurnal Kesehatan Komunitas*, Vol. 2, No. 2, Mei 2013 Page 67
- [35] Soetjiningih. 2012. *Perawatan Anak sakit*. EGC, Jakarta.
- [36] Trisnawati, 2008. *Hubungan antara Dukungan Keluarga terhadap pemberian ASI eksklusif pada Bayi di Desa Bebengan Kecamatan Boja Kabupaten Kendal*. (online) (<http://www.undip.co.id> diakses 28 Juli 2017).
- [37] Wenas, Nancy Malonda, Alexander B, Nova H. Kapantow, 2010. *Hubungan Antara Pengetahuan Dan Sikap Ibu Menyusui Dengan Pemberian Air Susu Ibu Eksklusif Di Wilayah Kerja Puskesmas Tomposo Kecamatan Tomposo*. *MAKARA, KESEHATAN*, VOL. 14, NO. 1, JUNI 2010:

17-24. (Online) (<http://www.google.co.id>. diakses 14 Juli 2017).

- [38] Yanti dan Sundawati, 2011. *Asuhan Kebidanan Masa Nifas Belajar Menjadi Bidan Profesional*. Refika Aditama, Jakarta.
- [39] Yulianah N, Bahar B dan Salam A, 2013. *Hubungan Antara Pengetahuan, Sikap Dan Kepercayaan Ibu Terhadap pemberian ASI eksklusif Di Wilayah Kerja Puskesmas Bonto Cani Kabupaten Bone*. (Online) (<http://www.fkunhas.co.id> diakses 20 Juli 2017).