

The Factor's Affecting of Breast Feeding Exclusive at Public Health Centre Pasar Sentral Regional Mimika Regency

Mariana Sombodatu¹, A.L.Rantetampang², Bernard Sandjaja³, Anwar Mallongi⁴

Abstract-Introduction: *Efficacy of exclusive breast feeding in Indonesian, Papuan and specially in Sub-Province Mimika still lower and not have been is not to gotten the target 80% caused from mother characteristic and also other eksternal factor.*

Target of Research: *to knowing the factor's affecting of breast feeding exclusive at Public Health Centre Pasar Sentral regional Mimika Regency.*

Method Research: *Analytic of observasional with cross sectional study design. Research executed on 16 April until 18 May 2018 in Public health centre Pasar Sentral with population is mother and amount of sampel counted 121 people totally sampling. Data approach used questionnaire and analysed by chi square test and logistic binary regrestion.*

Result of research : *The factor's affecting of breast feeding exclusive at Public Health Centre Pasar Sentral Regional Mimika Regency is studies (p-value 0,001; RP: 1,951; CI95% (1,343- 2,833), Job description (p-value 0,000; RP = 2,571; CI95% (1,702- 3,884), knowledge (p-value 0,000; RP: 2,532; CI95% (1,764 - 3,635), mother attitude (p-value 0,000; RP = 3,146; CI95% (2,260 - 4,378) and social cultural (p-value 0,000; RP= 2,617; CI95% (1,784 - 3,840). There is not affecting of breast feeding exclusive at Public Health Centre Pasar Sentral Regional Mimika Regency is mother age (p-value 0,131; RP = 1,404; CI95% (0,959- 2,056), health employee support (p-value 0,848; RP 0,723; CI95% (0,229 - 2,281), husband support (p-value 0,751; RP = 1,224; CI95% (0,687- 2,183), parity (p-value 0,437; RP = 0,774; CI95% (0,453 - 1,321) and social economic (p-value 0,358; RP = 1,290; CI95% (0,808 - 2,059). Dominant factor which affecting of breast feeding exclusive at Public Health Centre Pasar Sentral regional Mimika Regency is job description, knowledge, social cultural and attitude mother, where attitude have done the dominant factor of breast feeding.*

Keyword: *Breast Feeding Exclusive, Public Health Centre, Mimika Regency*

I. INTRODUCTION

Breast milk is essential for infant health and optimal infant growth (Nurjannah, 2013). Exclusive exclusions are breastfeeding pure breastfeeding, which is purely infant only breastfed for 6 months without any additional food or liquid, such as formula, grapefruit, honey, tea water, water and without feeding other extras, such as bananas, milk porridge, biscuits, porridge or team rice. After the baby is 6 months old, then the baby is given complementary feeding with breast milk is still given until the age of 2 years or more (Mulyani, 2013). 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 food and immunization (WHO, 2016). Exclusively breast-fed infants had significantly lower rates of morbidity and mortality compared with formula milk. Exclusive breastfeeding in Indonesia from the National Basic Health Research (Riskesdas) data of 2013 overall at 0-6 months (45.4 %), 2-3 months (38.3%), and 4-5 months (31.0%) of the data indicated that exclusive breastfeeding in 0-6 months was higher in rural areas than in urban areas of 5,760 children (Ministry of Health, 2014).

Family support, especially husbands can determine the success or failure of breastfeeding, because the support 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 the failure in exclusive breastfeeding (Yulianah, 2013). Indonesia's socio-cultural conditions have an impact on exclusive breastfeeding, which from the Indonesia Health Demographic Survey 2012 data of infants aged less than 6 months have been given formula milk (82,6%), honey (11,7%), sugar water (3,7%), water (11,9%), porridge (2,2%), banana (3,7%), rice 1.5%), and the rest (3.7%) were given sugar water, coconut water, coffee and sweet tea. The socio-cultural conditions in the Mimik regency have a strong 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.

Profile of Papua Province Health Office, exclusive breastfeeding coverage of 2014 (48%) and 2015 (53.9%). The profile of the Mimik Regency Health Office shows that the coverage of exclusive breastfeeding in 2015 is 45.8% and 2016 is 46.7%. Central Market Health Center is one of the health centers in Mimika Regency with exclusive breastfeeding in 2017 reaching 63% of the target

80%. This shows that exclusive breastfeeding achievement has not reached from the target set. Based on the above problem, the purpose of research to conduct research with the title "Factors - Factors Affecting Exclusive Breastfeeding in the Work Area of Central Health Center of Mimika Regency".

II. MATERIALS AND METHOD

This research is an observational analytic research using Cross Sectional approach (cross sectional) that is by doing independent variable measurement and dependent variable only one time at the same time (Notoatmodjo, 2012). This research was conducted at Central Market Puskesmas on 16 April until 18 May 2018. Populasi dalam this study were all breastfeeding mothers who have 7 to 12 month old baby as much 121 people. Large sample using saturation sampling technique counted 121 people. Data dipeorleh using questioner and analyzed by using chi square test and logistic binary regression.

2.1 Univariate Analysis

Table 1. Distribution of age, education, occupation, knowledge, attitude, support of health workers, husband support, socio-cultural, parity, socio-economic and exclusive breast feeding Mimika Regency

No	Variables	Number (n)	Percentage (%)
1	Age		
	young (< 22 year)	43	35,5
	adult (≥ 22 year)	78	64,5
2	Education		
	Low	42	34,7
	High	79	65,3
3	Occupation		
	Work	49	40,5
	Not work	72	59,5
4	Knowledge		
	Less	37	30,6
	Good	84	69,4
5	Attitude		
	Less	30	24,8
	Good	91	75,2
6	Support of health staff		
	Not support	6	5
	Support	115	95
7	Husband support		
	Not support	11	9,1
	Support	110	90,9
8	Socioculture		
	Less	42	34,7
	Good	79	65,3

9	Parity		
	Less	27	22,3
	Good	94	77,7
10	Socioeconomic		
	Less	84	69,4
	Good	37	30,6
11	Eksklusive ASI		
	Non Eksklusive ASI	55	45,5
	Eksklusive ASI	66	54,5
	Number	121	100

Based on Table 1, it shows that 121 respondents of the most mature mothers (> 22 years) were 78 people (64.5%), 79 (65.3%). Most of the mothers had good knowledge of 84 people (69.4%), good attitude 91 people (75.2%), health support good 115 people (95%). The husband support is mostly in good category as many as 110 people (90.9%). Social culture that is not followed by mother and included in good category as many as 79 people (65.3%). Most mothers have children between 1-4 children or a low parity of 94 people (77.7%). The social economy is calculated from household expenditure mostly in the high category of 84 people (69.4%). Exclusive breastfeeding of 66 people (54.5%).

2.2 Bivariate Analysis

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

Table 2. Influence of maternal age on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency Year 2018

No	Age	Giving Exclusive ASI				n	%
		Non Exclusive ASI		Exlusive ASI			
		n	%	n	%		
1	Young (< 22 year)	24	55,8	19	44,2	43	100
2	Adult (≥ 22 year)	31	39,7	47	60,3	78	100
Total		55	45,5	66	54,5	121	100

p-value = 0,131; RP = 1,404; CI95% (0,959– 2,056)

Table 2 shows that of 43 young mothers (<22 years) there were 24 (55.8%) non-exclusive breastfeeding and 19 (44.2%) with exclusive breastfeeding. Whereas from 78 adult mothers (> 22 years) there were 31 (39.7%) non exclusive breastfeeding and 47 people (60.3%) with exclusive breastfeeding. = 0,05) obtained p-value 0,131 or pα. The result of chi square statistic test at significance value 95% (> α (0,05)). This means that there is no

significant influence between maternal age on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency. The result value $RP = 1.404$; $CI95\%$ (0.959-2.056) with the lower <1 , so age is not a significant factor in exclusive breastfeeding.

b. Influence of Mother's Education on Exclusive Breastfeeding

Table 3. Influence of mother's education on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency Year 2018

No	Education	Giving Exclusive ASI				n	%
		Non Exclusive ASI		Exclusive ASI			
		n	%	n	%		
1	Low	28	66,7	14	33,3	42	100
2	High	27	34,2	52	65,8	79	100
Total		55	45,5	66	54,5	121	100

p-value = 0,001; *RP* = 1,951; *CI95%* (1,343– 2,833)

Table 3 shows that of 42 low-educated mothers, there were 28 (66.7%) non-exclusive breastfeeding and 14 (33.3%) with exclusive breastfeeding. Whereas from 79 high educated mothers there were 27 people (34,2%) non exclusive breast feeding and 52 people (65,8%) with exclusive breastfeeding. = 0,05) obtained *p-value* 0,001 or ρ The result of chi square statistic test at significance value 95% ($<\alpha$ (0,05). This means that there is a significant effect of education on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency. The result value of 1,951; $CI95\%$ (1,343- 2,833) interpreted that low-educated mothers tend not to exclusively breastfeed higher 1,951 times compared with high-educated mothers.

c. Influence of Mother's Work on Exclusive Breastfeeding

Table 4. Influence of mother's work on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency Year 2018

No	Occupation	Giving Exclusive ASI				n	%
		Non Exclusive ASI		Exclusive ASI			
		n	%	n	%		
1	Work	35	71,4	14	28,6	49	100
2	Not work	20	27,8	52	72,2	72	100
Total		55	45,5	66	54,5	121	100

p-value = 0,000; *RP* = 2,571; *CI95%* (1,702– 3,884)

Table 4 shows that out of 49 working mothers there were 35 people (71.4%) non exclusive breastfeeding and 14 people (28.6%) with exclusive breastfeeding. Of the 72 unemployed mothers, there were 20 (27.8%) non exclusive breastfeeding and 52 people (72.2%) with exclusive breastfeeding. = 0,05) obtained *p-value* 0,000 or ρ The result of chi square statistic test at significance value 95% ($<\alpha$ (0,05). This means that there is a significant effect of work on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency. The result value of $RP = 2,571$; $CI95\%$ (1,702- 3,884) interpreted that working mothers were less likely to exclusively breastfeed 2,571 times higher than non-working mothers.

d. The Influence of Mother's Knowledge of Exclusive Breastfeeding

Table 5. Influence of Mother Knowledge on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency Year 2018

No	Knowledge	Giving Exclusive ASI				n	%
		Non Exclusive ASI		Exclusive ASI			
		N	%	n	%		
1	Less	29	78,4	8	21,6	37	100
2	Good	26	31	58	69	84	100
Total		55	45,5	66	54,5	121	100

p-value = 0,000; *RP* = 2,532; *CI95%* (1,764 – 3,635)

Table 5 shows that out of 37 mothers with less knowledge there were 29 (78.4%) non-exclusive breastfeeding and 8 people (21.6%) with exclusive breastfeeding. Whereas of 84 well-informed mothers there were 26 (31%) non exclusive breastfeeding and 58 people (69%) with exclusive breastfeeding. = 0,05) obtained *p-value* 0,000 or ρ The result of chi square statistic test at significance value 95% ($<\alpha$ (0,05). This means that there is a significant influence of knowledge on Exclusive Breast Feeding at Central Market Puskesmas Mimika Regency. The result value of $RP = 2,532$; $CI95\%$ (1,764 - 3,635) interpreted that non-exclusive breastfeeding mothers were 2,532 times higher than well-informed mothers.

e. Influence of mother's attitude toward Exclusive Breast Milking

Table 6. Influence of Mother's Attitude on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency Year 2018

No	Attitude	Giving Exclusive ASI				n	%
		Non Exclusive ASI		Exclusive ASI			

		n	%	n	%		
1	Less	28	93,3	2	6,7	30	100
2	Good	27	29,7	64	70,3	91	100
Total		55	45,5	66	54,5	121	100

p-value = 0,000; RP = 3,146; CI95% (2,260– 4,378)

Table 6 shows that out of 30 mothers who lacked were 28 non-breastfed (93.3%) exclusive breastfeeding and 2 (6.7%) with exclusive breastfeeding. Whereas from 91 good mothers there were 27 people (29,7%) non exclusive breast feeding and 64 people (70,3%) with exclusive breast feeding. = 0,05) obtained p-value 0,000 or $p < \alpha$ (0,05). This means that there is a significant influence of mother's attitude toward Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency. The result value RP = 3.146; CI95% (2,260 - 4,378) interpreted that mothers who have non-exclusive ASI excitement attitude 3,146 times higher than mothers who have good attitude.

f. Influence of health officer support to exclusive breastfeeding

Table 7. Effect of Health Officer Support on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency Year 2018

No	Support of health staff	Giving Exclusive ASI				n	%
		Non Exclusive ASI		Exclusive ASI			
		n	%	n	%		
1	Not support	2	33,3	4	66,7	6	100
2	Support	53	46,1	62	53,9	115	100
Total		55	45,5	66	54,5	121	100

p-value = 0,848; RP = 0,723; CI95% (0,229 – 2,281)

Table 7 shows that out of 6 mothers who were not supported by health workers there were 2 (33.3%) non exclusive breastfeeding and 4 (66.7%) with exclusive breastfeeding. Of 115 mothers who received support from health workers, there were 53 non-breastfeeding (46.1%) and 62 people (53.9%) with exclusive breastfeeding. = 0,05) obtained p-value 0,848 or $p > \alpha$ (0,05). This means that there is no influence of health officers' support for exclusive breastfeeding at the Central Market Health Center of Mimika Regency. RP value of 0.723; CI95% (0.229 - 2,281) is less than 1, so it is not meaningful.

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

Table 8. Influence of Mother Husband Support to

Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency Year 2018

No	Husband support	Giving Exclusive ASI				n	%
		Non Exclusive ASI		Exclusive ASI			
		n	%	n	%		
1	Not support	6	54,5	5	45,5	11	100
2	Support	49	44,5	61	55,5	110	100
Total		55	45,5	66	54,5	121	100

p-value = 0,751; RP = 1,224; CI95% (0,687–2,183)

Table 8 shows that out of 11 mothers who did not have husband support there were 6 (54.5%) non exclusive breastfeeding and 5 people (45.5%) with exclusive breastfeeding. Whereas of 110 mothers who received husband support there were 49 people (44.5%) non exclusive breastfeeding and 61 people (55.5%) with exclusive breastfeeding. = 0,05) obtained p-value 0,751 or $p > \alpha$ (0,05). This means that there is no significant effect of maternal husbands' support on exclusive breastfeeding in Puskesmas Central Market of Mimika Regency. The result value RP = 1.224; CI95% (0.687-2.183) interpreted that mothers who had the support of husbands with non exclusive breastfeeding 1,224 times, but not significant because there are other variable factors stronger influence husband support to exclusive breastfeeding.

h. The influence of mother's social culture on Exclusive Breastfeeding

Table 9. Mother Social and Cultural Influence on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency Year 2018

No	Socioculture	Giving Exclusive ASI				n	%
		Non Exclusive ASI		Exclusive ASI			
		n	%	N	%		
1	Less	32	76,2	10	23,8	42	100
2	Good	23	29,1	56	70,9	79	100
Total		55	45,5	66	54,5	121	100

p-value = 0,000; RP = 2,617; CI95% (1,784– 3,840)

Table 9, of 42 mothers with socio-cultural lack of 32 (76.2%) non exclusive breastfeeding and 10 people (23.8%) with exclusive breastfeeding. Whereas from 79 mothers with good social culture there are 23 people (29,1%) non exclusive breast feeding and 56 people (70,9%) with exclusive breastfeeding. = 0,05) obtained p-

value 0,000 or $p < \alpha$. The result of chi square statistic test at significance value 95% ($< \alpha (0,05)$). This means that there is a significant socio-cultural influence on exclusive breastfeeding at the Central Market Health Center of Mimika Regency. RP value = 2,617; CI95% (1,784 - 3,840) interpreted that mothers with socio-cultural less non-exclusive chance 2,617 times higher than mothers with good social culture.

i. Influence of Mother Parity on Exclusive Breastfeeding

Table 10. Influence of Mother Parity on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency Year 2018

No	Paritay	Giving Exclusive ASI				n	%
		Non Exclusive ASI		Exclusive ASI			
		n	%	n	%		
1	High	10	37	17	63	27	100
2	Low	45	47,9	49	52,1	94	100
Total		55	45,5	66	54,5	121	100

p-value = 0,437; RP = 0,774; CI95% (0,453– 1,321)

Table 10 shows that of 27 mothers with high parity there were 10 (37%) non exclusive breastfeeding and 17 people (63%) with exclusive breastfeeding. Whereas from 94 mothers with low parity there were 45 people (47,9%) non exclusive breast feeding and 49 people (52,1%) with exclusive breast feeding. = 0,05) obtained p-value 0,437 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 mother's parity on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency. The result value RP = 0.774; CI95% (0.453 - 1.321) is less than 1, so it is not meaningful.

j. Socio-Economic Influence on Exclusive Breastfeeding

Table 11. Socio-Economic Influence on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency Year 2018

No	Socioeconomi	Giving Exclusive ASI				n	%
		Non Exclusive ASI		Exclusive ASI			
		n	%	n	%		
1	High	41	48,8	43	51,2	84	100
2	Low	14	37,8	23	62,2	37	100
Total		55	45,5	66	54,5	121	100

p-value = 0,358; RP = 1,290; CI95% (0,808 – 2,059)

Table 11 shows that of 84 high socioeconomic mothers, there were 41 (48.8%) non-exclusive breastfeeding and 43 people (51.2%) with exclusive breastfeeding. Whereas from 37 mothers with low socioeconomic there were 14 people (37,8%) non exclusive breast feeding and 23 people (62,2%) with exclusive breast feeding. = 0,05) obtained p-value 0,358 or $p < \alpha$. The result of chi square statistic test at significance value 95% ($> \alpha (0,05)$). This means that there is no significant socioeconomic influence of mother on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency. The result value RP = 1.290; CI95% (0,808 - 2,059) with lower value less than 1, so it is not meaningful.

2.3. Multivariate Analysis

Multivariate analysis was used to find out which factors influenced exclusive breastfeeding, bivariate analysis was necessary 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 age, education, occupation, knowledge, attitude and socio-culture use forward LR method. From the results of multivariate test can be seen in Table 12.

Table 12. Analysis of Multiple Logistic Regression Variables

No	Variabel	B	P-value	OR	95% C. I. for Exp (B)	
					Lower	Upper
1	Age	0,360	0,54	1,433	0,44	4,654
2	Education	0,968	9	2,632	1	8,850
3	Occupation	1,755	0,11	5,781	0,78	19,231
4	Knowledge	1,445	8	4,243	3	14,901
5	Attitude	3,573	0,00	35,62	1,73	224,28
6	Sociocultur	2,292	4	5	8	5
	e		0,02	9,894	1,20	33,116
			4		8	
			0,00		5,65	
			0		9	
			0,00		2,95	
			0		6	
	Constant	17,13		0,000		
		4	0,000			

Table 12 above, age ($p = 0,549$) and education ($p = 0.118$) has no significant value or < 0.05 , hence work, knowledge, attitude and socio-culture and are re-examined together using the LR forward method with results can be seen in Table 13.

Table 13. Analysis of Multiple Logistic Regression Variables

No	Variabel	B	p-value	OR	95% C. I. for Exp (B)	
					Lower	Upper
1	Occupation	1,950	0,00	7,031	2,19	22,544
2	Knowledge	1,382	1	3,982	3	12,951
3	Attitude	3,563	0,02	35,27	1,22	210,64
4	Socioculture	2,273	2	7	5	6
			0,00	9,732	5,90	31,782
			0		8	
			0,00		2,98	
			0		0	
Constant		15,49		0,000		
		9	0,000			

Table 13 above, then work, knowledge, attitude and socio-culture have dominant influence, where attitudes have stronger dominant factors towards exclusive breastfeeding in Central Market Puskesmas Mimika Regency.

III. DISCUSSION

3.1. Influence of mother to exclusive breastfeeding

According Hidayat (2014), milk production in mothers aged 19-22 years generally produce enough milk compared to older mothers. Breastmilk Production Mothers aged over 35 years affect breastfeeding expenditure and thus are at risk of exclusive breastfeeding (Hidayat, 2014). The results of the research at the Central Market Puskesmas were mostly breastfeeding mothers aged over 22 years (64.5%). Exclusive breastfeeding more at age more than 22 years (60.3%) was higher than mothers aged less than 22 years (44.2%). The results of chi square statistical test obtained p-value 0.131 which stated no influence of mother age on Exclusive breast feeding at Puskesmas Central Market of Regency of Mimika.

3.2. Influence Maternal education on exclusive breastfeeding

The results obtained that there is an influence of education on Exclusive breastfeeding at Puskesmas Central Market of Mimika Regency. Most breastfeeding mothers at Central Sentra Puskesmas are highly educated (65.3%) and 35.7% are poorly educated. A low-educated mother of 66.7% did not give exclusive breastfeeding to her baby than a highly educated mother did not give exclusive breastfeeding of 34.2%. Maternal education in the working area of Central Health Centers of breastfeeding is influenced by all aspects of human life whether thoughts, feelings or attitudes Semakintinggi higher level of education basic skills possessed by someone, especially breastfeeding. The level of education can underlie the

attitude of the mother in absorbing and changing the information system about breast milk.

3.3. Influence of Mother's Work on Exclusive Breastfeeding

The result of this research shows that there is influence of work on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency, where most of mothers do not work (59,5%). Mothers who do not work as much as 72.2% give exclusive breastfeeding compared to working mothers (28.6%). The results of this study found working mothers can provide Exclusive Breast Milk. This can be done by the mother by breastfeeding stored in a bottle or a special bag stored in the refrigerator, so that the baby guarded by her baby-sitter at work can provide exclusive breastfeeding to her baby by heating the frozen milk and given to her baby. While some working mothers do not provide exclusive breastfeeding due to lack of knowledge of the mother about breastfeeding and the mother's lack of support in exclusive breastfeeding to her baby. Working mothers who do not give exclusive breastfeeding to their babies are found for several reasons, among others: the sense of laziness of the thousands, due to high workload demands, little time, inadequate infrastructure and the demands of the family's economic needs. While unemployed mothers do not give exclusive breastfeeding because the mother worked to help the husband gardening. Some respondents gave the formula milk as prelaktal dilakukandengan reasons because milk is not fluent. So the mothers chose not to give exclusive breastfeeding to their babies, most gave breastmilk only 1-2 months and subsequent breastfeeding mixed or replaced with formula milk.

3.4. Influence of Mother Knowledge on Exclusive Breastfeeding

The result of this research shows that there is influence of knowledge on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency, most of mothers have good knowledge (69,4%). Well-informed mother 69% exclusively breastfed, while mothers with less than 21.6% of infants gave exclusive breastfeeding. Maternal knowledge in Central Market Puskesmas Mimika Regency is less about exclusive breast feeding because mothers do not know the benefits of exclusive breastfeeding, mothers assume that formula feeding is better than breast milk in infants aged 0-6 months and do not know the benefits of exclusive breastfeeding compared to formula milk. While the knowledge of good mothers know that breastfeeding is better than formula milk. The knowledge of breastfeeding mothers at Central Market Puskemsas has little impact on breastfeeding practices that cause mothers to provide formula milk. Formula milk may be given on the grounds that only that can be given to infants and is near breast milk nutrition. 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.

3.5. Influence of Mother's Attitude with Exclusive Breastfeeding

The result of this research shows that there is influence of mother attitude toward Exclusive Breast Feeding at Puskesmas Central Market of Mimika Regency. Most mothers have a favorable attitude in exclusive breastfeeding (75.2%) and as many as 70.3% of mothers exclusively breastfed, while mothers with less knowledge of 93.3% are not exclusively breastfed. Good mother's attitude to exclusive breastfeeding establishing 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.

3.6. Influence of support of health workers with exclusive breastfeeding

The result showed that there was no influence of health officer support to Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency, where the mother who got health support was 53,9% while health officer did not support 66,7% mother exclusively breastfed her baby. The lack of influence of health officer support to exclusive gifting due to extension in exclusive breastfeeding has been running well through information media such as television and other information media such as magazines and other media in Central Central Community Health Center, so that mothers who do not get support from health workers directly does not give effect to the mother in giving exclusive breastfeeding but the response and attitude of mother in giving exclusive breastfeeding.

3.7. Influence of mother's support to exclusive breastfeeding

The result of the research showed that there was no influence of maternal support to exclusive breastfeeding at Puskesmas Mimika central market, where mother who did not get husband support less 45,5% gave exclusive breastfeeding and mother who got husband support 55,5% gave exclusive breastfeeding. Many reasons are expressed by the mother about the support of her husband, including the husband's attitude to matters relating to breastfeeding, socioeconomic factors, and terpapardengan various means of media communication and interpersonal. The husband also plays a role in providing emotional support to the mother during the labor process, participating in the decision-making process of feeding, engaging in the care of the child, in the household work, in the family economy,

and contributing to maintaining the harmony of household relationships. While the mother with the support of her husband less, because it is affected by the local culture and worried about the baby's nutritional state. Some husbands assume that by providing supplementary food to babies can meet the nutritional needs of infants and these nutrients are not only obtained from breast milk alone. Our role in breastfeeding is to help the mother in doing homework, information and emotional support so that the mother can take care of her baby well in giving exclusive breastfeeding. But it all depends on the mother's actions in giving exclusive breastfeeding, where work, knowledge and attitudes have a strong influence on mothers in exclusive breastfeeding. In addition, although the husband's support is good, but surrendering all his wife's decisions in breastfeeding.

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

The result of the research shows that there is a socio-cultural influence of mothers on exclusive breastfeeding in Puskesmas Mimika central market, where mothers with socio-culture less 76,2% non exclusive breastfed and mothers with social culture either 26.1% non exclusive breastfeeding. Social culture is all things created by Man with his thoughts and conscience for or in the life of society. Mother's belief in socio-culture is supported by local cultural knowledge in the form of feeding for infants. Beliefs or beliefs have an effect on attitudes toward specific 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 impurities in the stomach after the birth process is complete. After digging deeper into the beliefs of mothers, that mothers believe in local culture is based that breastfeeding alone is not enough, so it is necessary to be given additional food lain. Selain it assumes 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.

3.9 The socio-economic impact of mothers on exclusive breastfeeding

The result showed that there was no socioeconomic influence calculated from the mother's expenditure on Exclusive Breastfeeding at Puskesmas Mimika Central Market, where mother with high social economics 51,2% gave exclusive breastfeeding and low socioeconomic 62,2% exclusive. High socioeconomic demands cause mothers with low socioeconomic ability to save expenses

by exclusive breastfeeding, but not all mothers can provide exclusive breastfeeding, due to the high socioeconomic demands, so that mothers help husbands in the garden and leave their children at home guarded by his family and given formula, water and tea. Mothers with low socioeconomic effects also on nutritional intake that affects maternal nutrition that affect the expenditure of breast milk, which is the result of attitude questions, mothers who do not membeirkan exclusive breastfeeding, because it considers non-current milk expenditure. High socioeconomic mothers in Central Market Puskesmas are more commonly found in working mothers, resulting in high socio-economic impact on mothers in formula feeding.

3.10. The dominant factor of exclusive breastfeeding

Multivariate test results obtained that work, knowledge, attitude and socio-culture have dominant influence, where attitude has a stronger dominant factor to exclusive breastfeeding in Central Market Puskesmas Mimika Regency. This suggests that education, occupation and knowledge affect the mother's attitude, so that the attitude of the mother affects the mother's behavior to act positively in giving exclusive breastfeeding. This is evident from the results of multivariate tests, where attitude is the highest factor on exclusive breastfeeding.

IV. 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 Puskesmas Central Market of Mimika Regency (p-value 0,131; RP = 1,404; CI95% (0,959- 2,056).
2. There is an effect of education on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency (p-value 0,001; RP: 1,951; CI95% (1,343- 2,833).
3. Occupational effects on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency (p-value 0,000; RP = 2,571; CI95% (1,702- 3,884).
4. There is an effect of knowledge on Exclusive Breastfeeding at the Central Market Puskesmas of Mimika Regency (p-value 0,000; RP: 2,532; CI95% (1,764 - 3,635).
5. There is influence of mother's attitude toward Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency (p-value 0,000; RP = 3,146; CI95% (2,260 - 4,378).
6. No effect of health officer support to exclusive breastfeeding in Puskesmas Central Market of Mimika Regency (p-value 0,848; RP 0,723; CI95% (0,229 - 2,281).
7. There is no significant influence of maternal support to exclusive breastfeeding in Puskesmas Central

Market of Mimika Regency (p-value 0,751; RP = 1,224; CI95% (0,687-2,183).

8. There is a socio-cultural influence on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency (p-value 0,000; RP = 2,617; CI95% (1,784 - 3,840).
9. No maternal parity effect on Exclusive Breastfeeding at Puskesmas Central Market of Mimika Regency (p-value 0,437; RP = 0,774; CI95% (0,453 - 1,321)
10. No significant maternal social economic impact on Exclusive Breastfeeding in Puskesmas Central Market of Mimika Regency (p-value 0,358; RP = 1,290; CI95% (0,808 - 2,059).
11. The dominant factors affecting exclusive breastfeeding are work, knowledge, attitude and socio-culture, where attitude has more dominant factor to exclusive breastfeeding in Central Market Puskesmas of Mimika Regency.

REFERENCES

- [1]. 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 Maret 2018.
- [2]. Ahira, 2012. *Sosial Budaya*. (Online) (<http://www.aneahira.com> diakses 10 April 2017).
- [3]. Alfonso, Victor FJ. 2013. *Income, Educational Attainment Affect Breastfeeding*. Joomla. Viewed Juny 29th 2014. <http://www.fnri.dost.gov.ph>
- [4]. 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 Maret 2018).
- [5]. Bahiyatun, 2009. *Buku Ajar Asuhan Kebidanan Nifas Normal*. EGC, Jakarta.
- [6]. 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 Maret 2018).
- [7]. 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 Maret 2018).
- [8]. Handayani dan Suryani, 2012. *Kamus Lengkap Bahasa Indonesia Praktis*. Giri Utama, Surabaya.
- [9]. Hidayat MSM, (2014). *Faktor-Faktor Yang Berhubungan Dengan Pemberian Asi Eksklusif Pada Ibu Yang Melahirkan Di Luar Rumah Bersalin Puskesmas Kecamatan Pesanggrahan Jakarta Selatan*. Skripsi Fakultas Kedokteran Dan Ilmu Kesehatan Universitas Islam Negeri Syarif Hidayatullah Jakarta.
- [10]. Hartanto, 2006. *Praktik Menyusui ASI Eksklusif*. Graha Ilmu, Yogyakarta.

- [11]. Ibrahim. 2010. *Hubungan Antara Pengetahuan, Sikap Ibu Terhadap pemberian ASI eksklusif Di Wilayah Kerja Kabupaten Pidi Daerah Istimewa Aceh.* (online) (<http://www.stikesbudiyah.co.id>. diakses 28 Maret 2018).
- [12]. Kemenkes RI, 2010. *ASI Eksklusif Masih Rendah.* www.kemendes.go.id. diakses pada tanggal 10 Maret 2018.
- [13]. Kemenkes RI, 2013. *Buku Panduan kader Posyandu Menuju Keluarga Sadar Gizi.* Jakarta.
- [14]. 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 Maret 2018).
- [15]. 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.
- [16]. Leburn 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 Maret 2018).
- [17]. Madjid, 2012. *Studi Tingkat Pengetahuan Ibu Menyusui Tentang Asi Eksklusif Di Puskesmas Cilacap Utara.* (online) (<http://www.unand.co.id>. diakses 28 Maret 2018).
- [18]. 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.
- [19]. Medica. 2013. *Petugas Kesehatan.* www.medicahelath.co.id. diunduh 10 April 2018.
- [20]. Mulyani, Nina, S., (2013). *ASI dan Panduan Ibu Menyusui.* Yogyakarta: NuhaMedika
- [21]. Muslihatun WN, Mufdilah dan Stiyawati N, 2009. *Dokumentasi Kebidanan.* Fitramaya, Yogyakarta.
- [22]. Notoatmodjo S, 2010. *Metode Penelitian Kesehatan.* Rineka Cipta, Jakarta.-----, 2011. *Ilmu Kesehatan Masyarakat, Perilaku Ilmu dan Seni.* Edisi Revisi 3, Rineka Cipta, Jakarta.
- [23]. Proverawati dan Rahmawati, 2012. *Kapita Selekta ASI dan Menyusui.* Nuha Medika, Jakarta.
- [24]. Profil Dinkes Papua, 2017.
- [25]. Profil Dinkes Kabupaten Mimika, 2017.
- [26]. Roesli, U. 2006. *Menyusui Dini.* Cetakan I. Pustaka Bunda, Jakarta.
- [27]. Saifudin, 2010. *Ilmu Kebidanan.* YBP-SP, Jakarta.
- [28]. Santoso dan Ranti, 2009. *Kesehatan dan Gizi.* Rineka Cipta, Jakarta.
- [29]. 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 Maret 2018).
- [30]. Sibagariang, 2010. *Kesehatan Reproduksi Wanita,* TIM, Jakarta.
- [31]. Sugiyono, 2009. *Metode Penelitian Administrasi,* Alfabeta, Jakarta.
- [32]. Sulistyoningih, 2011. *Gizi Untuk Kesehatan Ibu dan Anak.* Graha Ilmu, Yogyakarta.
- [33]. Susmaneli, 2013. *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
- [34]. Soetjningsih. 2012. *Perawatan Anak sakit.* EGC, Jakarta.
- [35]. 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 Maret 2018).
- [36]. 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 Tompaso Kecamatan Tompaso.* Makara, Kesehatan, VOL. 14, NO. 1, JUNI 2010: 17-24. (Online) (<http://www.google.co.id>. diakses 14 Maret 2018).
- [37]. WHO, 2016. *Breast Feeding Exclusive.* <http://www.who.com>. diakses 12 maret 2018.
- [38]. Widuri, H. (2013). *Cara Mengelola ASI Eksklusif Bagi Ibu Bekerja.* Yogyakarta: Pustaka Baru
- [39]. Yanti dan Sundawati, 2011. *Asuhan Kebidanan Masa Nifas Belajar Menjadi Bidan Profesional.* Refika Aditama, Jakarta.
- [40]. 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 Maret 2018).