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Factor's Affecting Giving Breast Feed at Public Health Centre Arso III Keerom Sub Province

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Abstract

Background: Breast feed is best food for baby age 0-6 months. Breast feed very required for the health of baby growing and develoipment baby to optimal. But the giving breast feed exclusif to baby age 0 - 6 months still lower and not goald national, even in Provinsi Papua, specially Sub-Province Keerom ofis including public helath centre Arso III. Goalds : To knowing Factor's affecting Giving Breast Feed At Public Health Centre Arso Iii Sub Province Keerom. Research Method: This type is analytic descriptive with cross sectional study. Research conducted in August 2017 in Public health centre Arso III Sub-Province Keerom. Population is the overall of mother owning age baby 6 - 24 months. Data approach used questioner and analysed use chi square test. Result of research : There is no corelation old age to giving of Breast feed exclusive in Public health centre Arso III Sub-Province Keerom ((*p-value* 0,639; RP = 0,801; CI95% (0,428– 1,499). There is no education corelation to giving breast feed exclusive in Public health centre Arso III Sub-Province Keerom (*p-valuep-value* 0,585; RP = 1,190; CI95% (0,763 – 1,857). There is knowledge corelation to giving of Breast feed exclusive in Public health centre Arso III Sub-Province Keerom (*p-value* 0,004; RP = 1,861; CI95% (1,255 – 2,759). There is attitude corelation to giving of Breast feed exclusive in Public health centre Arso III Sub-Province Keerom (*p-value* 0,039; RP = 1,681; CI95% (1,1072 – 2,637). There is health officer support corelation to giving of Breast feed exclusive in Public health centre Arso III Sub-Province Keerom *p-value* 0,001; RP = 2,281; CI95% (1,418 – 3,669). There is family support corelation to giving of Breast feed exclusive in Public health centre Arso III Sub-Province Keerom (*p-value* 0,000; RP = 4,076; CI95% (2,216– 7,497). There is cultur social corelation to giving of Breast feed exclusive in Public health centre Arso III Sub-Province Keerom (*p-value* 0,000; RP = 3,766; CI95% (1,968 – 7,210).

Keyword: Breast Feeding exclusive; baby; attitude.

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1. Introduction

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 weight, height or head circumference, while the optimal development can be seen from the improvement of motor skills, psychomotor and language [1].

Exclusively breast-fed infants had significantly lower rates of morbidity and mortality than those given 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 [2,3]. There are many benefits to mothers and babies when mothers give breast milk exclusively for the first 6 months. However, some mothers do not exclusively breastfeed with a variety of reasons, such as breast milk is considered inadequate, mothers working outside the home, assume that formula milk is better and more practical than breast milk and the mother's body worries become fat [1]. Susmaneli's research [4] reveals that maternal knowledge, health care support and family support are associated with exclusive breastfeeding, whereas age and occupation are not associated with exclusive breastfeeding. Furthermore, Mamonto's research [5] revealed that attitude is the dominant variable of exclusive breastfeeding. discloses the results of research in Kecamatan Tembarak that maternal status factors, maternal knowledge level and maternal compliance with culture have no correlation with failure of exclusive breastfeeding, whereas for nutritional counseling exposure variables show significant association with failure of exclusive breastfeeding. 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 formula. In addition, the incessant promotion of formula milk and the habit of providing food / drinking early on in some communities, became the trigger of less successful breastfeeding and exclusive breastfeeding. With an increasingly higher level of education helps mothers to analyze the benefits and benefits of Exclusive Breast Milk [6]. 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 [7]. Indonesian socio-cultural conditions have an impact on exclusive breastfeeding, which from the data of Indonesia Health Demography Survey (2012) 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. Based on data obtained from the Profile of the Provincial Health Office of Papua, exclusive breastfeeding coverage of 2014 (48%) and 2015 (53.9%). The profile of the District Health Office of Keerommen shows that the coverage of exclusive breastfeeding in 2014 is 45.8% and 2015 is 46.7%. Arso III Public Health Center is one of the Puskesmas in Kerom District with exclusive breastfeeding in 2015 reaching 41.6% of the target of 80% set. 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 Influencing Exclusive Breastfeeding In infants 0-6 months in Puskesmas Arso III Keerom regency".

2. Research Methods

This research is a causal associative research using quantitative approach. Causal associative research is a study that aims to determine the effect between two or more variables [8]. This research explains the influence and influence relationship of the variables to be studied. Using a quantitative approach because the data will be used to analyze the relationship between variables expressed by numbers or numerical scales (Sastroasmoro, 2010). This study was conducted at Puskesmas Arso III in August 2017. The population of this study were all breastfeeding mothers with 7 to 24 month old babies as many as 88 people. Samples are some of the generalizations of the population studied [8]. The sampling technique uses a saturated sampling technique. Thus large as many as 88 people. Data were obtained using a questionnaire and analyzed using chi square and logistic regression.

3. Research Result

3.1 Univariate Analysis

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

Table 1: Distribution of Frequency According to age, education, knowledge, attitude, support of health officer, family support and social culture at Puskesmas Arso III Keerom Regency 2017

No	Variable	Frekuensi (n)	Presentase (%)
1	**Age**		
	Young (< 22 year)	18	20,5
	Adult (≥ 22 year)	70	79,5
2	**Education**		
	Low	37	42
	High	51	58
3	**Knowledge**		
	Less	37	42
	Good	51	58
4	**Attitude**		
	Less	38	43,2
	Good	50	56,8
5	**Health staff support**		
	Less	38	43,2
	Good	50	56,8
6	**Family support**		
	Less	41	46,6
	Good	47	53,4
7	**Socio culture**		
	Less	46	52,3
	Good	42	47,7
8	**Eksklusif ASI**		
	Non ASI Eksklusif	41	46,6
	ASI Eksklusif	47	53,4
Number		88	100

Based on Table 2, it shows that the respondents are mostly adults (> 22 years old) as many as 70 people

(79.5%), higher education as many as 51 people (58%), good knowledge 51 people (58%), good attitude 50 (56,8%), good health support 50 people (56,8%), good family support 47 people (53,4%), social culture less 46 people (52,3%) and exclusive Asi with 47 people (53.4%).

3.2 Bivariate Analysis

a. Influence of Age Against Exclusive Breast Milking

Table 2: Influence of Age on Exclusive Breastfeeding at Puskesmas Arso III Keerom Regency 2017

No	Age	ASI Eksklusif Giving				n	%
		Non ASI Eksklusif		ASI Eksklusif			
		n	%	n	%		
1	Young (< 22 year)	7	38,9	11	61,1	18	100
2	Adult (≥ 22 year)	34	48,6	36	51,4	70	100
Total		41	46,6	47	53,4	88	100
p-value = 0,639; RP = 0,801; CI95% (0,428– 1,499)							

Table 3 shows that of 18 young mothers (<22 years) there were 7 (38.9%) non exclusive breastfeeding and 11 people (61.1%) with exclusive breastfeeding. While the number of 70 adult mothers (> 22 years) there were 34 people (48.6%) non exclusive breast feeding and 36 people (51.4%) with exclusive breastfeeding. = 0,05) obtained p-value 0,497 or pαThe result of chi square statistic test at significance value 95% (> α (0,05). This means that there is no age effect on exclusive breastfeeding at Arso III Community Health Center in Keerom District. The result value RP = 0.801; CI95% (0.428- 1.499) is less than 1, so age is not a significant factor in exclusive breastfeeding.

b. The Influence of Education Against Exclusive Breast Milking

Table 3: Effect of Education on Exclusive Breastfeeding at Puskesmas Arso III Keerom Regency 2017

No	Education	ASI Eksklusif Giving				n	%
		Non ASI Eksklusif		ASI Eksklusif			
		n	%	N	%		
1	Low	19	51,4	18	48,6	37	100
2	High	22	43,1	29	56,9	51	100
Total		41	46,6	47	53,4	88	100
p-value = 0,585; RP = 1,190; CI95% (0,763 – 1,857)							

Table 4 shows that of 37 low-educated mothers there were 19 (51.4%) non-exclusive breastfeeding and 18 (48.6%) with exclusive breastfeeding. While the number of 51 highly educated mothers were 22 (43.1%) non exclusive breastfeeding and 29 (56.9%) with exclusive breastfeeding. = 0,05) obtained p-value 0,585 or pαThe 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 Arso III Community Health Center of Keerom Regency. The value of RP = 1.190; CI95% (0.763 - 1.857) with a lower value less than 1, so education is not a significant factor in exclusive breastfeeding.

c. The Influence of Knowledge on Exclusive Breastfeeding

Table 4: Effect of Knowledge on Exclusive Breastfeeding at Puskesmas Arso III Keerom Regency 2017

No	Knowledge	ASI Eksklusif Giving				n	%
		Non ASI Eksklusif		ASI Eksklusif			
		n	%	n	%		
1	Less	10	27	27	73	37	100
2	Good	31	60,8	20	39,2	51	100
Total		41	46,6	47	53,4	88	100
p-value = 0,004; RP = 1,861; CI95% (1,2225 – 2,759)							

Table 5 shows that out of 37 mothers with less knowledge there were 10 (27%) non exclusive breastfeeding and 27 people (73%) with exclusive breastfeeding. Whereas the number of 51 well-informed mothers were 31 (60.8%) non exclusive breastfeeding and 20 people (39.2%) with exclusive breastfeeding. = 0,05) obtained p-value 0,004 or pαThe result of chi square statistic test at significance value 95% (<α (0,05). This means that there is an influence of knowledge on Exclusive Breastfeeding at Puskesmas Arso III Keerom Regency. The result value of RP = 1.861; CI95% (1,2225 - 2,759) interpreted that the non-exclusive breast-feeding mothers were 1.861 times higher than well-informed mothers.

d. Influence of Attitude on Exclusive Breastfeeding

Table 6 shows that out of 38 mothers with less than 23 (60.5%) non-exclusive breastfeeding and 15 people (39.5%) with exclusive breastfeeding. While the number of 50 well-behaved mothers were 18 (36%) non-exclusive breastfed and 32 (64%) with exclusive breastfeeding. = 0,05) obtained p-value 0,039 or pαThe result of chi square statistic test at significance value 95% (<α (0,05). This means that there is influence attitude toward Exclusive Breast Milking at Puskesmas Arso III Keerom Regency. The result value of RP = 1.681; CI95% (1,1072 - 2,637), interpreted that mothers who had less exclusive breastfeeding positions were 1,681 times higher than mothers who had good attitudes.

Table 5: Influence of Attitude on Exclusive Breastfeeding at Puskesmas Arso III Keerom Regency 2017

No	Attiude	ASI Eksklusif Giving				n	%
		Non ASI Eksklusif		ASI Eksklusif			
		n	%	n	%		
1	less	23	60,5	15	39,5	38	100
2	good	18	36	32	64	50	100
Total		41	46,6	47	53,4	88	100
p-value = 0,039; RP = 1,681; CI95% (1,1072– 2,637)							

e. Influence of health officer support to Exclusive breastfeeding

Table 6: Effect of Health Officer Support on Exclusive Breastfeeding at Puskesmas Arso III Keerom Regency 2017

No	Lth staff support h	ASI Eksklusif Giving				n	%
		Non ASI Eksklusif		ASI Eksklusif			
		n	%	n	%		
1	Less	26	68,4	12	31,6	38	100
2	Good	15	30	35	70	50	100
Total		41	46,6	47	53,4	88	100
p-value = 0,001; RP = 2,281; CI95% (1,418– 3,669)							

Table 7 shows that out of 38 mothers who received support from health workers, 26 children (68.4%) were exclusively non-breastfed and 12 (31.6%) with exclusive breastfeeding. Whereas from 50 mothers who have good health support, there are 15 (30%) non exclusive breastfeeding and 35 people (70%) with exclusive breastfeeding. = 0,05) obtained p-value 0,001 or pαThe result of chi square statistic test at significance value 95% (<α (0,05). This means that there is an influence of health officer support to exclusive breastfeeding at Arso III Community Health Center of Keerom Regency. The result value of RP = 2,281; CI95% (1,418 - 3,669) interpreted that mothers who received support from health workers were less likely to have exclusive breastfeeding 2,281 times higher than mothers with good support from health workers.

f. Influence of Family Support Against Exclusive Breast Milking

Table 8 shows that out of 41 mothers who received less family support there were 32 (78%) non exclusive breastfeeding and 9 (22%) with exclusive breastfeeding. Whereas from 47 mothers who received good family

support there were 9 (19.1%) non exclusive breastfeeding and 38 people (80%) with exclusive breastfeeding. = 0,05) obtained p-value 0.000 or pαThe result of chi square statistic test at significance value 95% (<α (0,05). This means that there is an effect of family support on exclusive breastfeeding at the Arso III Community Health Center in Keerom District. RP value = 4,076; CI95% (2,216-7,497), interpreted that mothers lacking family support had an exclusive non-breast milk opportunity 4,076 times higher than mothers with good family support.

Table 7: Influence of Family Support on Exclusive Breastfeeding at Puskesmas Arso III Keerom Regency 2017

No	Family support	ASI Eksklusif Giving				n	%
		Non ASI Eksklusif		ASI Eksklusif			
		n	%	n	%		
1	Less	32	78	9	22	41	100
2	Good	9	19,1	38	80	47	100
Total		41	46,6	47	53,4	88	100
p-value = 0,000; RP = 4,076; CI95% (2,216–7,497)							

h. Social and Cultural Influence On Exclusive Breastmilking

Table 8: Social and Cultural Influence on Exclusive Breastfeeding at Arso III Community Health Center of Keerom Regency Year 2017

No	Socio culture	ASI Eksklusif Giving				n	%
		Non ASI Eksklusif		ASI Eksklusif			
		n	%	n	%		
1	Less	33	71,7	13	28,3	46	100
2	Good	8	19	34	81	42	100
Total		41	46,6	47	53,4	88	100
p-value = 0,000; RP = 3,766; CI95% (1,968– 7,210)							

Table 9 shows that of 46 mothers with less socio-cultural (33,7%) non exclusive breast feeding and 13 people (28,3%) with exclusive breast feeding. While the number of 42 mothers who with good social culture there are 8 people (19%) non exclusive breast feeding and 34 people (81%) with exclusive breastfeeding. = 0,05) obtained p-value 0.000 or pαThe result of chi square statistic test at significance value 95% (<α (0,05). This means that there is a socio-cultural influence on exclusive breastfeeding at the Arso III Community Health Center in Keerom District. The result value of RP = 3,766; CI95% (1,968 - 7,210) which is interpreted that mothers with socio-cultural less non-exclusive opportunity 3,766 times higher than mothers with good social culture.

3.3 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, family and social support culture. From the results of multivariate test can be seen in Table 9.

Table 9: Results of Multivariate analysis

No	Variabel	B	*p-value*	OR	95% C. I. for Exp (B)	
					Lower	Upper
	Sikap	3,615	0,004	37,140	3,179	433,935
	Dukungan keluarga	2,979	0,012	19,665	1,922	201,193
	Sosial budaya	2,169	0,075	8,748	0,805	95,108
	Constant	-13,144	0,000	0,000		

Table 11 above, then the attitude and support of the family is the dominant factor affecting exclusive breastfeeding.

4. Discussion

4.1 Influence of mother to 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 [9]. The results showed that mothers breastfed more exclusively in adult age (79.5%) than younger mothers (20.5%). Based on this age, young mothers who were 38.9% non exclusive breastfed, while mothers aged 48.6% non exclusive breastfeeding. The result of chi square statistic test obtained p-value 0,497 which stated there is no influence of age to Exclusive Breast Feeding at Puskesmas Arso III Keerom Regency. The result value RP = 10,801; CI95% (0.428- 1.499) with a lower value less than 1, so age is not a significant factor in exclusive breastfeeding.

The results of this study are in line with [10] 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 as <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 gave and did not

give exclusive breastfeeding to the type of croscopic 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. However, in an action such as exclusive breastfeeding, there is no age relationship since Arso III Puskesmas is a reasonably affordable area with information and access to affordable health services. In addition, Mother with young age more do not work, so have more spare time in taking care of the baby 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.

4.2 Influence of mother's education to exclusive breastfeeding

The results obtained that there is no effect of education on Exclusive breastfeeding at Puskesmas Arso III Keerom regency. Low-educated mothers were 42% and 58% higher education, whereas the educated mothers were 51.4% non exclusive breastfed and mothers with high education 43.1% 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 [11].

Research Trisnawati [12] 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 Utaminingrum [13] research, that maternal formal education has no effect on maternal actions to exclusively breastfeed infants, which is the highest percentage of poorly educated mothers in comparison to well-educated mothers. Meanwhile, the level of education affects mother's belief and knowledge about exclusive breastfeeding [14].

According to Sulistyoningsih [1], the higher education seseorrang the more easily absorbed information obtained, but the exposure of more information led 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.

4.3 Effect of knowledge on exclusive breastfeeding

The result showed that there was an influence of knowledge on Exclusive Breast Feeding at Puskesmas Arso III of Keerom Regency, where the less knowledgeable mother was 27% non exclusive breastfed and mother with good knowledge 39,2% non ASI exclusively. This suggests that the percentage of good mothers is slightly higher in exclusive breastfeeding compared to mothers with insufficient knowledge, of which less than 1,861 times less knowledgeable mothers are not exclusively breastfed than well-informed mothers. Research conducted by Ibrahim [15] 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.

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 in line with this study, where knowledge has a significant but insignificant relationship to exclusive breastfeeding, due to a stronger attitude toward exclusive breastfeeding.

4.4 Influence attitude with formula feeding

The result of this research shows that there is influence of attitude toward exclusive Breast Feeding at Puskesmas Arso III of Keerom Regency, where mother who is less 60,5% non exclusive breast feeding and good mother 64% exclusive breastfeeding, where mother with non exclusive breast feeding attitude 1,681 times higher than mothers who have a good attitude towards exclusive breastfeeding. The results of the research in line [16], that the attitude of affecting mothers in exclusive breastfeeding disbebakkan 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 [17]. 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 Rahmawati [18], the nutrients contained in breast milk are carbohydrates, proteins, fats, minerals, water and vitamins. Carbohydrate substances in breast milk in the form of lactose that the amount will vary every day according to the needs of growing baby. The products of lactose are galactose and glucosamine. Galactos 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 in the dental metabolism and bone development process. Formula is a liquid containing substances that do not contain antibodies, white blood cells, bacterial killer substances, enzymes, hormones and growth factors [19]. Formula milk is commercial milk sold in the market or in stores made from cow's milk or soybeans made specifically for infants and the composition is adjusted close to the composition of breast milk (Albab, 2013).

4.5 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 at Arso III Public Health Center of Keerom Regency, where mother mother who get support from health officer is less 68,4% non ASI exclusively and mother who get support of health officer good 70% non ASI exclusive, ie mothers who received support from non-exclusive breastfeeding health workers 2,281 times higher than mothers with good health care support for exclusive breastfeeding. Health Officer is any individual who works or serves in the field of health, sufficient knowledge and skills and has ever been educated in the field of health (Ministry of Health RI, 2011) .UU Number 23 of 1992 on Health is meant health personnel is everyone who devote themselves in the field health, knowledge and or skill through education in the health sector which requires authority in running health services.

According to Afifah [20], 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 can be due to health workers can inform formula feeding, if the mother experienced 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. Support of health workers is to provide advice to mothers and families in the form of information about the benefits of exclusive breastfeeding, the right time to give exclusive breastfeeding, and the impact of not giving exclusive breastfeeding to infants [19]. Thus, health workers influence the selection of infant formula due to the early success of exclusive breastfeeding started from health workers who help mothers from the onset of labor and provide advice on exclusive breastfeeding.

4.6 Influence of family support to exclusive breastfeeding

The result of this research shows that there is influence of family support to Exclusive Breast Feeding at Puskesmas Arso III Keerom Regency, where the mother who get less family support is less 78% non exclusive breastfeeding and mother who get good family support 19.1% non ASI exclusive, where mother had the support of less exclusive non-breast feeding families 4,076 times higher than mothers with good family 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 [19].

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 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 relations. 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 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. Peransuami on 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 the husband here, measured by the support of the husband during pregnancy, support during birth and breastfeeding the first time, support during postnatal, husband involvement in child care, and a positive attitude to married life. Although the frequency distribution of husband responsibilities in child care is only a small part [21].

4.7 The influence of social culture on exclusive breastfeeding

The result showed that there was a socio-cultural influence on Exclusive Breastfeeding at Puskesmas Arso III Keerom Regency, where mothers with socio-culture less 71.7% non exclusive breastfeeding and mothers with social culture both 81% non exclusive breastfeeding. Social culture is all things created by manumur with thought and conscience for or in the life of society. Manumur makes something based on the mind and mind that is destined in social life [22]. 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 way of giving young coconut water using spoons and honey using cotton that cleanliness is not guaranteed. This affects the mother (79.6%) does not give exclusive breastfeeding and 20.6% of mothers who believe in the local culture still give exclusive breastfeeding, social mother of non-exclusive breastfeeding mothers in infants aged 0-6 months by 3,766 times compared to mothers with social culture good (do not trust negative social culture).

The results of this study in accordance with research conducted Yulianah [7], a lot of trust that is not fundamental to the meaning of breastfeeding that makes mothers 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.

4.8 The dominant factor of exclusive breastfeeding

Multivariate test results showed that family attitudes and support were the dominant factors affecting exclusive breastfeeding, where attitudes were the dominant factor highest. The results of this study were in line with Yulianah's [7] study, that family attitudes and support were one of the dominant factors of exclusive breastfeeding. This indicates that there is family support, so that mothers try maximally in giving exclusive breastfeeding. In addition, if family support is lacking, a good mother's attitude to the benefits of exclusive breastfeeding will influence the mother's behavior to be positive in giving exclusive breastfeeding. This is evident from the results of multivariate tests, where attitude is the highest factor on exclusive breastfeeding.

5. Conclusion

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

1. There is no effect of age on Exclusive Breastfeeding at Puskesmas Arso III Keerom Regency (p-value 0,639; RP = 0,801; CI95% (0,428- 1,499)

2. There is no effect of education on Exclusive Breastfeeding at Puskesmas Arso III Keerom Regency (p-value 0,585; RP = 1,190; CI95% (0,763 - 1,857).

3. There is influence of knowledge on Exclusive Breast Feeding at Puskesmas Arso III of Keerom Regency (p-value 0,004; RP = 1,861; CI95% (1,255 - 2,759).

4. There is influence of attitude toward Exclusive Breast Feeding at Puskesmas Arso III of Keerom Regency (p-value 0,039; RP = 1,681; CI95% (1,1072 - 2,637).

5. There is influence of health officer support to exclusive breastfeeding at Puskesmas Arso III Keerom Regency. Value results (p-value 0.001, RP = 2.281; CI95% (1.418 - 3.669).

6. There is an effect of family support on Exclusive Breastfeeding at Puskesmas Arso III Keerom District (p-value 0,000; RP = 4,076; CI95% (2,216-7,497).

7. There is a socio-cultural influence on Exclusive Breastfeeding at Puskesmas Arso III Keerom District (p-value 0,000; RP = 3,766; CI95% (1,968 - 7,210).

References

[1] Sulistyoningsih, 2011. Gizi Untuk Kesehatan Ibu dan Anak**.** Graha Ilmu, Yogyakarta.

[2] Kemenkes RI, 2011. Buku Panduan kader Posyandu Menuju Keluarga Sadar Gizi. Jakarta.

[3] Profil Dinkes Kabupaten Keerom, 2013.

[4] 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

[5] Mamonto T, 2015. Faktor-Faktor Yang Berhubungan Dengan Pemberian AsiEksklusif Pada Bayi di Wilayah Kerja PuskesmasKotobangon Kecamatan Kotamobagu Timur KotaKotamobagu. Program Studi Ilmu Kesehatan Masyarakat Program Pascasarjana Universitas Sam Ratulangi.

[6] Wenas, Nancy Malonda, Alexander B, Nova H. Kapantow, 2010. Hubungan Antara Pengetahuan Dan Sikap Ibu MenyusuiDengan 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 Juli 2015).

[7] 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 2015.

[8] Sugiyono, 2009. Metode Penelitian Administrasi,Alfabeta, Jakarta.

[9] Hartanto, 2006. Praktik Menyusui ASI Eksklusif. Graha Ilmu, Yogyakarta.

[10] 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 2015).

[11] Madjid, 2012. Studi Tingkat Pengetahuan Ibu Menyusui Tentang Asi Eksklusif Di Puskesmas Cilacap Utara. (online) (http:///www.unand.co.id. diakses 28 Juli 2015).

[12] 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 2015).

[13] 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 2015.

[14] Yanti dan Sundawati, 2011. Asuhan Kebidanan Masa Nifas Belajar MenjadiBidan Profesional. Refika Aditama, Jakarta.

[15] Ibrahim. 2010. Hubungan Antara Pengetahuan, Sikap Ibu Terhadap pemberian ASI eksklusif Di Wilayah Kerja Kabupaten Pidi Daerah Istimewa Aceh. (online) (http:///www.stikesubudiyah.co.id. diakses 28 Juli 2015).

[16] Sibagariang, 2010. Kesehatan Reproduksi Wanita, TIM, Jakarta.

[17] Hidayat, 2007. Pengantar Ilmu Kesehatan Anak Untuk Pendidikan Kebidanan. Salemba Medika, Jakarta.

[18] Proverawati dan Rahmawati, 2012. Kapita Selekta ASI danMenyusui. Nuha Medika, Jakarta.

[19] Roesli, U. 2006. Menyusui Dini. Cetakan I. Pustaka Bunda, Jakarta.

[20] 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 2015.

[21] 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 2015.

[22] Ahira, 2012. Sosial Budaya. (Online) (http://www.aneahira.com diakses 10 April 2014.