The Effect Of Mother’s Behavior And Caring Behavior Of Health Assistance On Exclusive Breastfeeding In Bakunase Health Center, Kupang City

Elisabeth Herwanti, Rafael Paun, Yustinus Rindu
Department of Nursing, Health Polytechnic of Kupang
Email: elisabeth_herwanti@yahoo.com

Abstract

Background and Aims: His research is a quantitative research using a case-control study design that aims to determine the effect of maternal behavior (knowledge, beliefs, intentions) and behavior of health workers on exclusive breastfeeding at the Bakunase Public Health Center in Kupang City. Methods: The population in this study was mothers of 6–12 months in the Bakunase Community Health Center in Kupang City, amounting to 568 people with a sample of 124 people, consisting of 62 mothers with non-exclusive breastfeeding and 62 mothers with exclusive breastfeeding, with simple random sampling. Results: The results of the univariable analysis showed that the knowledge of mothers who gave non-exclusive breastfeeding was not in the good category, while the exclusive breastfeeding was mostly (77.4%) in the good category. The results of the statistical analysis of logistic regression with entering method showed that there was no effect between maternal beliefs and exclusive breastfeeding (p = 0.248). The results also showed that mothers who gave exclusive breastfeeding had good intentions of 49 people (79%) greater than those who gave non-exclusive breastfeeding i.e., 32 people (51.6%). The results of the statistical analysis of logistic regression with entering method found that there was an influence between the intention of the mother to give exclusive breastfeeding with exclusive breastfeeding (p = 0.001) with a value of OR 0.283. The results of research on caring behavior of health workers, mothers who gave exclusive breastfeeding argued that the caring behavior of health workers in the good category was 49 people (79%) greater than those who gave non-exclusive breastfeeding i.e., 36 people (58%). Conclusion: there is an influence of maternal behavior knowledge and intention while beliefs have no influence on the influence of maternal behavior (knowledge, intention) and caring behavior of health workers on exclusive breastfeeding.

Keywords: Mother’s milk, Exclusive, Caring, Behavior
INTRODUCTION

Breast milk (ASI) is a baby food with a gold standard. Providing exclusive breastfeeding to newborns up to the age of six months is sufficient to meet the nutritional needs of the baby. This statement is confirmed by Government Regulation No. 33 of 2012 concerning Exclusive Breastfeeding, Chapter 1 Article 2 states that exclusive breastfeeding aims to ensure the fulfillment of the baby's right to get exclusive breastfeeding from birth to the age of six by observing the growth and development (Depkes, 2007).

The National Target of Exclusive ASI to achieve the 2015 MDGs is 80%. Based on the results of the Riskesdas of East Nusa Tenggara Province in 2013 there were 74.4% of infants getting exclusive breastfeeding and 25.6% of infants not getting exclusive breastfeeding, still far from the National target. Health Profile of the Province of East Nusa Tenggara in 2014, the number of babies given exclusive breastfeeding in East Nusa Tenggara Province was 70.1% (Health Office Prop. NTT, 2013).

The Indonesian Lactation Center noted that around 13% of infants under the age of two months were given formula milk and 15% had been given additional food. Actually babies will never starve by consuming only breast milk, without any additional food. Only after babies aged 6 months and above are introduced with additional food, because the digestive conditions are ripe (Sentralaktasi, 2011).

Actors that influence exclusive breastfeeding according to (Prasetyono, 2012) are divided into internal and external factors. Internal factors include: knowledge, maternal and infant health conditions, perceptions and age. External factors that influence exclusive breastfeeding include education, support from health workers, support from the closest people, formula milk formula, culture and employment status.

RESEARCH METHODS

The type of research used is quantitative with a case control study design to determine the factors that influence exclusive breastfeeding. The population in this study were all mothers who had babies over the age of 6 months.
who carried out exclusive breastfeeding and did not carry out exclusive breastfeeding with a population of 568 mothers (31.9%). The sample size uses the following formula:

\[ n = \frac{Z_{1-\alpha/2} \sqrt{2P_2^*(1-P_2^*)} + Z_1 - \beta \sqrt{P_1^*(1-P_1^*)} + P_2^*(1-P_2^*)}{(P_1^* - P_2^*)^2} \]

The results of the calculation of the formula \( n = 61 \) thus the sample size of this study was case 61 and control 61, so that the total / large sample became 122 mothers. The sampling technique in this study was using Simple Random Sampling techniques.

The instrument of data collection uses a questionnaire with a Likert scale. The technical data analysis performed is univariable analysis used with the aim to get a picture of the data about the frequency distribution value and the percentage of each variable. Bivariable analysis was used to determine whether there was any influence and magnitude of influence between each dependent variable (Exclusive breastfeeding) and the independent variables were maternal behavior (knowledge, beliefs, intentions) and caring behavior of health workers. Then do the statistical analysis using multiple logistic tests using the enter method. Statistical results are seen in the value of \( p \), if the value of \( p <0.05 \), there is a significant effect between the dependent variable and independent variables and if the value of \( p>0.05 \) there is no significant effect, it also calculates Odds Ratio (OR).
RESEARCH RESULT

1. Effect of Mother’s Knowledge About Exclusive Breastfeeding With Exclusive Breastfeeding.

Table 1.
The Influence of Mother’s Knowledge About Exclusive Breastfeeding on Exclusive Breastfeeding at Bakunase Health Center City of Kupang in 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>Non-Exclusive</th>
<th>Exclusive</th>
<th>P</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 62</td>
<td>n = 62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not good</td>
<td>62 100</td>
<td>14 22,6</td>
<td>0,000</td>
<td>0,383</td>
</tr>
<tr>
<td>good</td>
<td>0 0</td>
<td>48 77,4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1 shows that there is no knowledge of mothers who provide non-exclusive breastfeeding (0%) in the good category, while the exclusive breastfeeding is mostly in the good category as many as 48 people (77.4%). The results of statistical analysis with logistic regression with enter method obtained there is an influence between the knowledge of mothers with exclusive breastfeeding (p = 0.00), but mothers who have less knowledge, do not have risk factors (OR = 0.383) / protective to provide Non-Exclusive breastfeeding.

2. Influence of Mother’s Beliefs on Giving exclusive breastfeeding.

Table 2.
The Influence of Mother’s Belief in Exclusive Breastfeeding At the Kupang City Bakunase Health Center in 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>Non-Exclusive</th>
<th>Exclusive</th>
<th>P</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 62</td>
<td>n = 62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not beliefs</td>
<td>14 22,6</td>
<td>9 14,5</td>
<td>0,251</td>
<td>0,582</td>
</tr>
<tr>
<td>Beliefs</td>
<td>48 77,4</td>
<td>53 85,5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total 62 100 62 100
Table 2 shows that the majority of mothers who gave non-exclusive breastfeeding felt confident that exclusive breastfeeding was 48 people (77.4%) and more mothers who gave exclusive breastfeeding felt confident about exclusive breastfeeding as many as 53 people (85.6%). The results of statistical analysis with logistic regression with enter method obtained no influence between the beliefs of mothers with exclusive breastfeeding (p = 0.251)). Mothers who feel unsure about exclusive breastfeeding have no risk (OR = 0.582) / are protective in giving non-exclusive breastfeeding.

3. Effect of Mother’s Intention with Exclusive Breastfeeding

Table 3

<table>
<thead>
<tr>
<th>Category</th>
<th>Asi Non Eksklusif</th>
<th>Asi Eksklusif</th>
<th>OR</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 62 %</td>
<td>n = 62 %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not good</td>
<td>30 48,4</td>
<td>13 21</td>
<td>0,283</td>
<td>0.002</td>
</tr>
<tr>
<td>Good</td>
<td>32 51,6</td>
<td>49 79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>62 100</td>
<td>62 100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3 shows that mothers who gave exclusive breastfeeding had good intentions of 49 people (79%), greater than those who gave non-exclusive breastfeeding, namely 32 people (51.6%). The results of the statistical analysis with logistic regression with enter method found that there was an influence between the intention of the mother to give exclusive breastfeeding with exclusive breastfeeding (p = 0.002)). Mothers who have poor intentions have no risk (OR = 0.283) / are protective to give non-exclusive breastfeeding.
4. Effects of Caring Health Officers on Exclusive Breastfeeding

Table 4
Effect of Caring Health Officers in Exclusive Breastfeeding at Kupang City Bakunase Health Center 2017

<table>
<thead>
<tr>
<th>Category Caring Officers</th>
<th>Non-Exclusive</th>
<th>Exclusive</th>
<th>P</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 62</td>
<td>N = 62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not good</td>
<td>26</td>
<td>15</td>
<td>0,012</td>
<td>0,388</td>
</tr>
<tr>
<td>Good</td>
<td>36</td>
<td>49</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4. shows that mothers who give exclusive breastfeeding argue that most caring for health workers in the good category is 49 people (79%), greater than those who give non-exclusive breastfeeding, which is 36 people (58%). The results of the statistical analysis of logistic regression with the enter method obtained there was an influence between caring behavior of health workers with exclusive breastfeeding (p = 0.012)). Mothers who argue that officers with poor caring behavior have no risk (OR = 0.388) / are protective to give non-exclusive breastfeeding.

DISCUSSION

1. The Effect of Knowledge with Exclusive Breastfeeding

The results of the study obtained data that there was no knowledge of mothers who gave non-exclusive breastfeeding (0%) in the good category, while the exclusive breastfeeding was mostly in the good category as many as 48 people (77.4%). The results showed that there were still many mothers who did not understand the exclusive method of breastfeeding, namely only giving ASI for 6 months, not understanding the benefits of breast milk for their babies. The results of this study are in line with the opinion of Mubarak, et al (2007) which states that knowledge is the result of remembering things including recalling events that have been experienced either intentionally or unintentionally and this occurs after people make contact or observation of a particular object. Information and experience obtained by
someone related to exclusive breastfeeding can affect the behavior of the person in giving exclusive breastfeeding.

The results of the statistical analysis of logistic regression with enter method found that there was a significant effect between the knowledge of mothers with exclusive breastfeeding (p = 0.000). The results of the study support the study of Asmijati (2001) in his research, namely mothers who have good knowledge have a chance of 6.7941 times greater for exclusive breastfeeding. Yuliandrin (2009) also obtained similar results in his research. Mothers who have good knowledge have a risk of 5.47 times greater for exclusive breastfeeding from mothers who have low knowledge (Pertiwi, 2012). The mother’s incomprehension of colostrum is breast milk which comes out on the first to fifth or seventh day. Colostrum is a clear yellowish liquid containing high levels of egg white or protein as well as higher levels of anti-infectious or immune-resistant substances than mature breast milk, which is more than three days old. The habit of removing colostrum is because there is an assumption that colostrum is stale milk and then replaces it with formula milk or other foods (Prasetyono, 2012).

2. **Influence of Confidence in Giving Exclusive Breastfeeding**

The results showed that most mothers who gave non-exclusive breastfeeding were convinced about exclusive breastfeeding, which was 48 people (77.4%) and mothers who gave exclusive breastfeeding who believed about exclusive breastfeeding as many as 53 people (85.6%). The results of this study illustrate that more mothers who give exclusive breastfeeding are confident in giving exclusive breastfeeding. The beliefs or beliefs of mothers in giving exclusive breastfeeding are generally obtained from information from health workers and the mass media. The results of this study are in line with the opinion of Ba and Pavlou (2002) which defines trust as an assessment of one’s relationship with others who will carry out certain transactions in accordance with expectations in an environment that is full of uncertainty. This belief
according to (Moorman, 1993) is the willingness of someone to rely on other people where we have confidence in him. When someone takes a decision, he will prefer decisions based on choices from people who are more trustworthy than those who are less trusted.

The results of the statistical analysis of logistic regression with the enter method were obtained that there was no effect between maternal beliefs and exclusive breastfeeding \((p = 0.248))\). The results of this study are supported by research data that some mothers who believe in exclusive ASI have understood the benefits of exclusive breastfeeding for infants and mothers, but do not apply what they believe by not giving exclusive breastfeeding. This supports the opinion of Moorman, 1993) which states when someone takes a decision, he will prefer decisions based on choices from people who are more reliable than those who are less trusted. Some of the women in the Bakunase sub-district live near their parents and other closest families who have greater influence in making decisions on exclusive breastfeeding. In addition to this because of work factors and the social busyness of the mother which inhibits exclusive ASI.

According to (Fishbien 1967 in Paun, R. 2016) behavior results from one’s intentions, attitudes, beliefs and motivations. The belief of mothers to provide exclusive breastfeeding needs to be accompanied by good motivation as well, so that the provision of motivation from health workers is very necessary.

3. Influence of Intention With the Provision of Exclusive Breastfeeding

The results showed that mothers who gave exclusive breastfeeding had good intentions of 49 people (79%) greater than those who gave non-exclusive breastfeeding ie 32 people (51.6%). Lawrence Green (1980) in Notoadmojo (2013) states that human behavior from the level of health, a person or society is influenced by two main factors, namely behavioral factors (behavior causes) and non-behavioral factors (non-behavior causes). Furthermore, the behavior itself is determined or formed from 3 factors, namely 1). Predisposing factors
(predisposing factors), which are manifested in knowledge, attitudes, beliefs, values, etc., 2). Enabling factors, which are manifested in facilities or facilities and 3). The driving factors (renforcing factors) are manifested in the attitudes and behavior of health workers or other officers, which are a reference group of community behavior. Based on the theory, the results of this study illustrate the behavior of mothers who provide exclusive breastfeeding derived from their knowledge and beliefs about exclusive breastfeeding, health facilities in health centers and posyandu as well as attitudes and behavior of health workers and other officers who shape maternal intentions so that the behavior displayed by mothers Exclusive ASI to the baby.

The results of statistical analysis of logistic regression with enter method found that there was an influence between the intention of mothers to give exclusive breastfeeding with exclusive breastfeeding (p = 0.001)) with a value of OR 0.283 which means mothers who have poor intentions have no risk (OR = 0, 283) / protective to provide non-exclusive breastfeeding. Research related to the mother’s intention to give exclusive breastfeeding was carried out by Arifa Y (2016) who obtained the results of factors that influenced intention was trust and motivation. The results of this study illustrate that the mother’s intention to give exclusive breastfeeding is based on the mother’s understanding, beliefs, beliefs about the benefits of breast milk for her baby because of its high nutritional content, contains immunity, makes the baby’s body weight normal and brings a loving relationship between mother and baby, with thus it can provide an incentive for exclusive breastfeeding for their babies.

4. Effect of Caring Behavior of Health Officers on Exclusive Breastfeeding

The results showed that mothers who gave exclusive breastfeeding argued that the caring behavior of health workers in the good category was 49 people (79%) greater than those who gave non-exclusive breastfeeding ie 36 people (58%). Caring according to Rubenfeld (1999) in Silvia, W (2012) is to provide care with emotional support to clients,
families and relatives verbally and non-verbally. Whereas according to Jean Watson (1985) Caring is a moral commitment to protect, maintain and enhance human dignity. Caring is a universal phenomenon related to the way a person thinks, feels and behaves when dealing with other people. The results of this study illustrate that mothers who give exclusive breastfeeding state that health workers are good at providing services that include an explanation of understanding, benefits of exclusive breastfeeding, asking about problems faced by mothers in exclusive breastfeeding and giving motivation to mothers.

The results of the study also found that the group of women who did not give exclusive breastfeeding partially stated that the role of health workers was felt to be poor. The results of this study indicate that the implementation of RI Regulation No. 33 of 2012 which states that breastfeeding is a human right for infants that must be fulfilled to achieve optimal utilization of exclusive breastfeeding, health personnel and providers of health care facilities must provide exclusive breastfeeding information and education to mothers and or family members of the baby concerned. The results of this study are in line with Pinem’s research (2010) which stated that as many as 60% of respondents said that they had never received information about exclusive breastfeeding from health workers. This condition can be avoided if health workers care more about nursing mothers.

The results of statistical analysis of logistic regression with enter method found that there was a relationship between caring behavior of health workers with exclusive breastfeeding (p = 0.000). The results of this study support the results of the Nafisa (2005) study which found that the role of health workers influences exclusive breastfeeding and Pinem’s research (2010) which states that health worker factors are very influential on exclusive breastfeeding. The results of this study are also in line with the Ida study (2012) where mothers who received support from health workers had an opportunity to 5,627 exclusively breastfeed compared to mothers who received less support.
from health workers. The success of nursing mothers requires the role of health care workers, especially perinatal care until the breastfeeding process. Knowledge, attitudes and actions of health workers such as nurses and midwives are determinants of staff readiness in managing breastfeeding mothers with lactation (lactation management) so that the implementation of exclusive breastfeeding increases (Soetjiningsih, 1997) in Septian et al (2015). The same result was also carried out by Yenti (2016) that health workers were very instrumental in giving exclusive breastfeeding. The results of the statistical test also obtained OR = 0.388, which means that the mothers who argued that the caring behavior of poor health workers were not risky / protective to give non-exclusive breastfeeding.

**CONCLUSION**

There is an influence of maternal behavior (knowledge and intentions) of health workers on exclusive breastfeeding. From factors of knowledge and intention to exclusive breastfeeding. There is an influence of caring behavior of health workers on exclusive breastfeeding.

**RECOMENDATION**

**For Bakunase Health Center**

Efforts need to be made to increase the role of health workers to pay more attention caring behavior in service to increase exclusive breastfeeding coverage.

**For the Government**

The results of this study for the government can be used in making policies as an effort to increase the coverage of exclusive breastfeeding with more optimal services.

**For the community**

The results of this study for the community, especially mothers, can provide this information about the importance of optimizing exclusive breastfeeding by understanding more about exclusive breastfeeding.

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