

## Research Article

## Factors Influencing the Behavior of Housewives in Providing Exclusive Breastfeeding to Babies 0-6 Months in the Work Area of Batua Makassar Health Center

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**Abstract:** Exclusive breastfeeding is very important in reducing infant mortality. In the content of breast milk there is colostrum that is rich in antibodies because it contains a lot of protein for the baby's immune system. This study aims to determine the factors that influence the behavior of housewives in providing exclusive breastfeeding. This study uses qualitative research methods using a case study approach. In this study, information will be explored by researchers through in-depth interviews about how factors influence exclusive breastfeeding by housewives in aspects of knowledge, attitudes, beliefs, health services and family support. The research informants were selected purposively by determining the sample based on certain criteria and finding out who was suitable with the criteria. The informants used were adjusted to the criteria set by the researchers, so that all criteria could be represented by the informants and the number of informants in this study were 14 informants. Data collection was carried out through observation, in-depth interviews and document review, the results of data collection were then made in the form of narratives and classified according to the research aspects and formed in the matrix then interpreted. Data analysis was carried out in three stages namely; reduction, data exposure and conclusion drawing. The results showed that housewives who provided exclusive breastfeeding were influenced by factors namely knowledge, attitudes, beliefs, health services and family support. While housewives who do not provide exclusive breastfeeding are also influenced by factors of trust, health care and family support. The trust factor, health service and family support can be important factors influencing the behavior of housewives in providing exclusive breastfeeding.

**Keywords:** exclusive breastfeeding, trust, health services, family support.

### INTRODUCTION

Breast milk is the main food for babies, which is needed by babies. There is no other food that can rival the nutritional content. Exclusive breastfeeding is very important in reducing infant mortality. In the content of breast milk there is colostrum that is rich in antibodies because it contains a lot of protein for the baby's immune system. In addition, the antibodies contained in breast milk are the best of all time, by which babies who get exclusive breastfeeding are stronger and healthier than those who do not get exclusive breastfeeding ((Prasetyono, 2012). Proper exclusive breastfeeding will be able to meet the needs of babies up to six month, after six months and above the baby needs additional food needed for growth and

development until the baby is two years old (Maryunani, 2012).

Exclusive breastfeeding provided a major contribution to the health of infants. Research in Bangladesh shows that the lack of exclusive breastfeeding in infants results in health problems for infants. The possibility of the baby becoming diarrhea 27.37%, suffering from fever as much as 13.24% and Ispa as much as 8.94% and the baby also suffering from malnutrition (Khan and Islam, 2017). Besides causing pain from the results of research in Nigeria showing that the practice of giving suboptimal breastfeeding remains a significant contributor to the mortality and

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disability of diarrhea in children under five years (Ogbo *et al.*, 2019).

The many benefits of exclusive breastfeeding are beginning to be felt by the world community, based on trend data showing that the prevalence of exclusive breastfeeding in infants under six months in developing countries increased from 33% in 1995 to 39% in 2010. Prevalence is increasing in almost all regions in developing countries, with the greatest increase seen in western and central Africa (Cai, *et al.*, 2012).

Coverage of exclusive breastfeeding for all regions of Indonesia according to Indonesia Health Profile data for 2017 averaged 61, 33%. For South Sulawesi Province exclusive breastfeeding of 75.45% (Ministry of Health, 2018).

Many benefits are obtained by the mother and baby during exclusive breastfeeding, but there are still mothers who do not realize the importance of exclusive breastfeeding for their babies. Likewise, in the Batua Health Center exclusive breastfeeding has not been carried out as a whole by breastfeeding mothers, this is reflected in the coverage of the exclusive breastfeeding Batua Health Center Makassar City in 2018 around 43.69% of the total number of babies (Batua Health Center, 2018).

Various factors found to be the cause of the low coverage of exclusive breastfeeding include the factors of disease and maternal treatment, inadequate breastfeeding and maternal occupation (Olang, *et al.*, 2012). Family support factors also play a role in providing exclusive breastfeeding where mothers feel capable and confident in breastfeeding when they feel the family supports through verbal encouragement and active involvement in breastfeeding activities (Mannion *et al.*, 2013).

Mother's education and knowledge also influences exclusive breastfeeding. Wherein research in Southern Ethiopia mentioned that mothers who have good education and knowledge have a statistically significant relationship with exclusive breastfeeding in the study area (Lenja, *et al.*, 2016).

Exclusive breastfeeding is one thing that can prevent babies from various diseases. This is because breast milk has a high nutritional value and is in accordance with the needs of the baby. However, even though there are many benefits in giving exclusive breastfeeding to infants there are still many mothers who do not give exclusive breastfeeding mainly due to maternal employment reasons. In a study in Northeast Thailand it was mentioned that employment is one of the obstacles in providing exclusive breastfeeding (Thepha, Marais *et al.* 2018)

In reality, housewives are still unable to provide exclusive breastfeeding to their babies. This is caused by various factors including; knowledge, attitudes, beliefs about exclusive breastfeeding, health services received by mothers during pregnancy and childbirth and support from those closest to them all influence the behavior of housewives in providing exclusive breastfeeding to their babies.

## **METHODOLOGY**

### **Types of Research**

In this study using qualitative research methods using a case study approach. In this study information will be explored through in-depth interviews about how the factors that influence exclusive breastfeeding by housewives in aspects of knowledge, attitudes, beliefs, health services and family support. Location this research was conducted in the working area of the Batua City Health Center in Makassar City.

### **Research Informants**

This study uses a sample or informant selected purposively by determining the sample based on certain criteria and finding out who fits the criteria (Sangadji & Sopiah, 2010). The number of informants in this study were 14 housewives. The initial step in determining informants begins with observing at the Integrated Service Posts (Posyandu) and reviewing documents on the recording of the Exclusive ASI Registration book. We then coordinate with the posyandu cadre and the Batua Health Center nutrition officer about the informants we plan to adjust to the criteria set by the researchers. The informants in our study were divided into two, namely informants who had given exclusive breastfeeding and informants who failed to give exclusive breastfeeding to their babies.

### **Data Collection**

Data collection in this research was carried out through observation, namely by visiting the research location. The visit was conducted at the Batua Health Center, a posyandu located in the Batua Health Center area and direct observation at the main informant's house. Data collection is also carried out with in-depth interviews conducted to explore and gather information that is related to the problem under study. In-depth interviews were conducted with informants to collect data related to the behavior of housewives in exclusive breastfeeding. Data collection was also carried out through document studies carried out through data closely related to informants. These data were obtained from the Batua Health Center (Puskesmas) and Integrated Service Posts (Posyandu).

### **Data Analysis**

Data collection and data analysis in practice are not easily separated. Both of these activities go hand in hand, meaning that the data analysis is done together with data collection (Miles & Huberman, 1992;

Gunawan, 2015) explained that one form of qualitative research data analysis is the continuity of data reduction activities, data exposure and conclusion drawing. The

data analysis activities include data reduction, data display, and conclusion drawing/verification.

**RESULTS**

**Characteristics of Informants**

**Table 1.Characteristics of Informants**

Informant Code	Age (Years)	Last education	Number of Babies	Occupation	Description
Tk	28	High school	2	Housewife	Exclusive breastfeeding
Vs	24	High school	2	Housewife	Exclusive breastfeeding
Ad	19	High school	1	Housewife	Exclusive breastfeeding
Ss	33	Elementary school	3	Housewife	Exclusive breastfeeding
Ft	24	High school	3	Housewife	Exclusive breastfeeding
Rm	24	Elementary school	2	Housewife	Exclusive breastfeeding
Hm	27	High school	3	Housewife	Exclusive breastfeeding
Ibu Fr	22	High school	1	Housewife	Non-exclusive breastfeeding
Nd	17	Middle school	2	Housewife	Non-exclusive breastfeeding
Rh	22	Elementary school	1	Housewife	Non-exclusive breastfeeding
Sr	33	High school	3	Housewife	Non-exclusive breastfeeding
St	20	High school	2	Housewife	Non-exclusive breastfeeding
Nr	28	High school	3	Housewife	Non-exclusive breastfeeding
Mh	30	High school	2	Housewife	Non-exclusive breastfeeding

Table 1 shows the number of informant’s as many as fourteen housewives consisting of seven housewives who give exclusive breastfeeding and seven housewives who do not give exclusive breastfeeding. The most trusted informant education was elementary

school and the highest was high school. While the age of the informants varied between 17 years and 33 years. All of the informants were housewives and residing within the Batua Health Center area.

**FACTORS AFFECTING THE BEHAVIOR OF HOUSEWIVES IN BREASTFEEDING**

**Table2. Factors Affecting Housewife Behavior Provide exclusive breastfeeding**

No	Informant Code	Age (Years)	Factors Affecting Housewife Behavior in Exclusive Breastfeeding	Description
1.	Tk	28	Knowledge Attitude Trust Health services Family support	Exclusive breastfeeding
2.	Vs	24	Knowledge Attitude Trust Health services Family support	Exclusive breastfeeding
3.	Ad	19	Knowledge Attitude Trust Health services Family support	Exclusive breastfeeding
4.	Ss	33	Knowledge Attitude Trust Health services Family support	Exclusive breastfeeding
5.	Ft	24	Knowledge Attitude Trust Health services Family support	Exclusive breastfeeding
6.	Rm	24	Knowledge Attitude Trust Health services Family support	Exclusive breastfeeding
7,	Hm	27	Knowledge Attitude Trust Health services Family support	Exclusive breastfeeding

In Table 2 the results of in-depth interviews with informants who give exclusive breastfeeding that all informants have good knowledge about exclusive breastfeeding and understand about the benefits of exclusive breastfeeding. Likewise, the attitude of all informants showed a positive attitude towards exclusive breastfeeding. From the results of in-depth interviews with informants for the aspect of maternal trust in exclusive breastfeeding is also high where all mothers believe in exclusive breastfeeding because the benefits of exclusive breastfeeding in their babies and for the tradition of maternal trust still revolve around the mother's assumption to always clean the breasts after

traveling and abstain from eating and drinking randomly during breastfeeding. The health service aspect based on the results of in-depth interviews showed that all maternal informants who provided exclusive breastfeeding for pregnancy and childbirth examinations were carried out in health facilities both at the Health Center (Puskesmas) and in the hospital. And all housewives who give exclusive breastfeeding based on in-depth interviews they get family support for exclusive breastfeeding. While the factors that influence the behavior of housewives who do not provide exclusive breastfeeding can be seen in the following table.

**Table3. Factors Affecting Housewife Behavior Provide Non-exclusive breastfeeding**

No	Informant Code	Age (Years)	Factors That Influence Housewife Behavior in Non-Exclusive Breastfeeding	Description
1.	Fr	28	Health services	Non-exclusive breastfeeding
2.	Nd	24	Trust	Non-exclusive breastfeeding
3.	Rh	19	Family support	Non-exclusive breastfeeding
4.	Sr	33	Health services	Non-exclusive breastfeeding
5.	St	24	Health services	Non-exclusive breastfeeding
6.	Nr	24	Trust	Non-exclusive breastfeeding
7,	Mh	27	Trust	Non-exclusive breastfeeding

The results of in-depth interviews with housewives who do not give exclusive breastfeeding based on table 3 on the aspects of trust based on the results of in-depth interviews with informants found 3 informants who are not sure that exclusive breastfeeding satisfies their babies and for the tradition of trust in all informants there is a similarity in terms of trust always cleaning the breasts after traveling because the informant felt there was something that always followed from outside besides the taboo of eating and drinking just as well as being a tradition of trust. In the aspect of health services based on in-depth interviews, it was shown that all informants were diligent in examining pregnancy and childbirth at health facilities but there were 3 informants because they received treatment and care so they could not give exclusive breastfeeding to their babies, the reason informants did not provide exclusive breastfeeding was because the baby informant was born so that premature milk needs formula to increase weight, the mother gave birth to a cesarean and the mother suffered from a stroke that requires treatment. In the aspect of family support from the results of in-depth interviews it was found that an informant did not give exclusive breastfeeding because during the postpartum condition that was still weak caused the informant's parents to take the initiative to directly give formula milk to their babies so that the baby would no longer want to consume exclusive breastfeeding after being discharged from the hospital.

While the results of in-depth interviews with housewives who do not provide exclusive breastfeeding on aspects of knowledge and attitudes we do not show in the table above because this knowledge and attitude factors are not a direct cause for mothers not to give exclusive breastfeeding to their babies. This is based on the results of in-depth interviews that we found that in general informants know the meaning and benefits of exclusive breastfeeding. Likewise, in the aspect of attitude where all informants are positive about exclusive breastfeeding, but because of the condition so they cannot give exclusive ASI.

**DISCUSSION**

The knowledge factor of housewives who give exclusive breastfeeding is very good, where housewives who give exclusive breastfeeding are not just knowing about exclusive breastfeeding but have understood and applied exclusive breastfeeding to their babies. This is in line with research conducted by Tiyas (2017) which states that there is a positive relationship between knowledge and exclusive breastfeeding to infants. Housewives who give exclusive breastfeeding also support exclusive breastfeeding because of the perceived benefits. Whereas the trust of mothers in exclusive breastfeeding is very great because they already feel the benefits directly for their babies, for the tradition of belief in mothers giving exclusive breastfeeding revolves around abstinence from eating and drinking carelessly while breastfeeding and

encouraging breast cleansing after traveling. This tradition of trust does not prevent a mother from giving exclusive breastfeeding to her baby.

Health services obtained by housewives during their pregnancy and childbirth also contribute greatly to mothers in providing exclusive breastfeeding because according to informants they always get health education in these health facilities. The factor of family support plays an important role for housewives in giving exclusive breastfeeding to their children. This is in line with the results of research that says mothers feel more capable and confident about breastfeeding when they feel their partners support through verbal encouragement and active involvement in exclusive breastfeeding activities in the baby (Mannion *et al.*, 2013). All these factors work together in shaping the behavior of the mother to provide exclusive breastfeeding to the baby.

Whereas for housewives who do not give exclusive breastfeeding, for aspects of knowledge where mothers know about exclusive breastfeeding but do not give exclusive breastfeeding this is because they are limited to knowing the meaning of exclusive breastfeeding but have not been able to apply it to their babies. Notoatmodjo (2011) explains that a person's knowledge of objects has different levels namely; know, understand, application, analysis, synthesis and evaluation. For housewives who do not give exclusive breastfeeding, their level of knowledge is only limited to knowing about exclusive breastfeeding but has not been able to apply it in the form of exclusive breastfeeding to their babies.

The attitude of housewives in providing exclusive breastfeeding is limited to accepting that exclusive breastfeeding is good for baby's health but they have not responded in the form of exclusive breastfeeding. This is because their attitude is still at the stage of accepting as conveyed by Notoatmodjo (2011) that attitude is a closed reaction of a person to a stimulus or object and the level of attitude includes; receive, respond, respect and be responsible.

The housewife's trust factor also causes mothers not to give exclusive breastfeeding because they feel that the milk is lacking and does not make their children full so that housewives give formula milk. This study is in line with research conducted in rural South India where the most common reason for non-exclusive breastfeeding in infants is the mother's feeling that she does not have enough milk to feed their babies (Nishimura *et al.*, 2018). While the tradition of trust in breastfeeding is the same as other housewives because of the similarity of ethnic groups, the Makassar Bugis tribe.

Health services obtained by informants are one of the reasons they do not provide exclusive breastfeeding, this is due to the condition of mothers

and babies undergoing care and treatment so they cannot provide exclusive breastfeeding this is in line with research in Iran which says that the most frequent reason quoted by the mother to stop giving exclusive breastfeeding to her baby is because of a doctor's recommendation (Olang, Heidarzadeh *et al.* 2012).

Another factor that causes mothers not to give exclusive breastfeeding is due to the factor of family support, this happens because of the lack of awareness from the closest people about the benefits and importance of exclusive breastfeeding for babies. In line with research conducted in Ngemplak Kudus which states that the influence of parents who are mothers of resource persons can be the cause of non-exclusive breastfeeding in infants. (Sholichah, 2011).

## CONCLUSION

Factors that influence the behavior of housewives in providing exclusive breastfeeding are factors of knowledge, attitudes, beliefs, health services and family support. While the factors of trust, health services and family supports are also factors that influence the behavior of informants not providing exclusive breastfeeding. In this case the factors of trust, health services and family support are factors that play an important role in influencing the behavior of housewives in providing exclusive breastfeeding. Suggestions in this study are expected to the Batua Health Center to screen pregnant women early with an antenatal care examination so as to minimize the occurrence of complications in childbirth that can potentially lead to non-exclusive breastfeeding. Counseling about exclusive breastfeeding needs to be improved and involve close relatives in providing education about exclusive breastfeeding.

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