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Sustainability of Exclusive Breastfeeding of Postpartum Mothers in Sanglah RSUP Denpasar Period 2019

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Abstract: ***The breastfeeding period is the most important period in the life of every individual that can determine the growth and development of the individual. Exclusive breastfeeding is breastfeeding (Mother's Milk) without additional food/drinks for newborns until they are 6 months old. This research can be used as a reference to determine the success of exclusive breastfeeding and can participate in supporting the program to create a quality generation. This research is a retrospective descriptive study using primary and secondary data sources. The study was carried out at Sanglah Hospital Denpasar from October 2020 to June 2021. The sample of the study was all patients who gave birth at Sanglah Hospital Denpasar who were recorded in the IRD Midwifery Birth Register book at Sanglah Hospital Denpasar in the period 1 January 2019 to 31 December 2019 with medical record data. complete. During the period of one year from January 1, 2019 to December 31, 2019, there were 864 cases, both vaginal and abdominal, at Sanglah Hospital Denpasar, which was obtained from the IRD Midwifery and Obstetrics Gynecology Registry book data at Sanglah Hospital Denpasar. Of the total 864 samples, 578 samples were successfully contacted to participate in this study. From the 578 samples, 295 postpartum mothers successfully gave exclusive breastfeeding (51.04%). Meanwhile, postpartum mothers who failed to give exclusive breastfeeding were 283 people (48.96%). Most of the postpartum mothers at Sanglah Hospital, Denpasar aged 20-35 years, as many as 459 (79.42%) and of a total of 283 postpartum mothers who failed to give exclusive breastfeeding the most experienced failure before the baby's age reached the first month, which was 106 people (37.6%). The failure of exclusive breastfeeding is related to various reasons. Of the total 283 postpartum mothers who failed to give exclusive breastfeeding, the most reason was because they were busy working, namely 99 people.***

Keyword: Exclusive breastfeeding, characteristic, postpartum mother

1. Introduction

The breastfeeding period is the most important period in the life of every individual that can determine the growth and development of the individual. Exclusive breastfeeding is breastfeeding (Mother's Milk) without additional food/ drinks for newborns until they are 6 months old. Although breastfeeding can be continued until the baby is 2 years old, after the baby is 6 months old, breast milk alone can no longer meet the baby's nutritional needs, so complementary foods or fluids are needed that are given at the same time as breastfeeding. Victora et al found that the highest prevalence of breastfeeding up to 12 months was sub-Saharan African, South Asian, in several South American countries. In high-income countries, the prevalence of breastfeeding is found to be less than 20%, where the UK (<1%), USA (27%), while Norway (35%) and Sweden (16%).[1]

A meta-analysis study in Iran reported the prevalence of exclusive breastfeeding in various countries in the world. In this study, the prevalence of exclusive breastfeeding in developing countries such as India was reported at 34%, in Turkey by 38.9%, in Tanzania by 20.7%, in Syria by 12.9%, and in Egypt by 9.7%. While in developed countries, the United States shows the prevalence of exclusive breastfeeding at 16.8%, Spain at 31.4%, Canada at 13.8% and Italy at 5.5%.[2] In Indonesia, based on the 2019 Indonesian Health Profile data, the coverage of exclusive breastfeeding was 67.74%, where the highest area was West Nusa Tenggara Province (86.26%) and the lowest was West Papua Province (41.12%).[3]

Factors that influence exclusive breastfeeding include maternal characteristics (knowledge, education, occupation, age, parity and ethnicity), baby characteristics (birth weight and baby's health condition), environment (beliefs, family support, place of residence and socioeconomic status). and health services (pregnancy check-ups, lactation counselling, place of delivery, birth attendants and policies). All of these factors have their own contribution in creating the expected behavior in exclusive breastfeeding.[4],[5] In addition, the mother's psychological condition is also very influential in breast milk production. Psychological conditions such as fatigue, discomfort, and pain are psychological conditions that are often found after childbirth which can then have an impact on breastfeeding by mothers for their babies.

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) have initiated various policies from countries in the world to increase exclusive breastfeeding. WHO and UNICEF encourage countries to make breastfeeding programs part of official government programs, train competent health workers to provide counseling on breastfeeding, monitor breastfeeding programs, and make policies related to the formula milk industry and breast milk substitutes.

WHO recommends that children should only be given breast milk for at least 6 months. Exclusive breastfeeding is given in the first few months of life because breast milk contains

many nutrients that children need at that age. In Indonesia, the government has long prioritized exclusive breastfeeding programs, for example through the National Movement for Increasing Breastfeeding (PPASI) in 1990. In 2012, the government issued a Government Regulation on the Provision of Exclusive Breastfeeding (PP Number 33 of 2012) which stipulates the task and the responsibility of the government and local governments in the development of the ASI program. [5]

Breast milk is the best first step for individuals. Breast milk contains antibodies that function to increase the baby's immune system, provide protection against allergies, and protect the baby from infection. In developing countries where purchasing power is still a dominant problem, breast milk offers the best supply of nutrients that are cheap and easily accessible. Breast milk also contributes to forming a psychological bond between mother and baby, and serves as a natural contraceptive for the mother. The relationship between lactation and fertility is an important public health issue. In developing countries, breastfeeding provides protection against pregnancy and it is important to achieve a 2-year birth interval that promotes good maternal and infant health. Birth intervals of 2 years or more increase infant survival and reduce maternal morbidity.[6] Therefore, it is expected that exclusive breastfeeding can be one of the main options for contraception methods. It is hoped that this research can be a reference to determine the success of exclusive breastfeeding so that it can be used as feedback for a better family planning program and can participate in supporting government programs to create a quality generation.

2. Literature Survey

Breast milk (ASI) is a fluid produced by the mammary glands which is a complex physiological process and is tightly regulated by systemic hormones and other local factors. [7] According to WHO, exclusive breastfeeding is defined as no other food or drink, not even water, except breast milk (including expressed breast milk or from breastfeeding mothers) that is given during the first 6 months of life, but allows the baby to receive drops and syrups (vitamins, minerals and drugs). -medicine) [8] The definition of exclusive breastfeeding according to Government Regulation of the Republic of Indonesia No. 33 of 2012 is breast milk given to babies from birth for 6 (six) months, without adding and/or replacing with other foods or drinks.

Each breast / mammary gland consists of 15-25 lobes arranged radially and separated from each other by fatty tissue. Each lobe consists of several lobules where each lobule consists of a number of alveoli. Each alveolus is equipped with a small duct which joins with other smaller ducts to form a single larger duct for each lobe called the lactiferous duct. Each lactiferous duct empties into the nipple. Alveolar secretory epithelium synthesizes various constituents of milk.[9]

The normal breast consists of 2 main structures (ducts and lobules), 2 types of epithelial cells (luminal and myoepithelial), and 2 types of stroma (interlobular and intralobular). Six to ten mouths of the lactiferous ducts open to the surface of the nipple skin. The topmost part is lined with keratinized squamous cells, while the ducts and lobules just below are lined with double-layered epithelium (luminal and myoepithelial). The lactiferous ducts branch into the lobular units of the ductus terminalis, and this ductus terminalis then branch into clusters of small grape-like acini to form lobules. There are 3 types of lobules, types 1, 2, and 3 which are formed at different stages of female development. There is a progressive increase in the number and size of the lobules at the end of pregnancy. The breast consists almost entirely of lobules separated by a small amount of stroma. The breasts mature and have secretory functions when pregnancy occurs. [10]

Global breastfeeding coverage is lower than expected. In 2013-2018, only 43% of newborns received early initiation of breastfeeding (IMD) within one hour of birth. Only 41% of infants under the age of six months are exclusively breastfed. While 70% of infants are breastfed for one year, at the age of two, the coverage of breastfeeding decreases to 45%. The collective target for this global figure by 2030 is 70% for early initiation of breastfeeding (IMD), 70% for exclusive breastfeeding, 80% for breastfeeding until one year of age, and 60% until two years of age. [11]

Nationally, the coverage of infants receiving exclusive breastfeeding in 2019 was 67.74%. This figure has exceeded the 2019 Strategic Plan target of 50%. The highest percentage of coverage of exclusive breastfeeding is in West Nusa Tenggara Province (86.26%), while the lowest percentage is in West Papua Province (41.12%). There are four provinces that have not reached the 2019 Strategic Plan target, namely Gorontalo, Maluku, Papua, and West Papua. Referring to the Strategic Plan target of the Ministry of Health in 2019, the coverage of breastfeeding is 50%, the coverage of exclusive breastfeeding in the province of Bali of 71.71% has reached the target. The district with the highest achievement of exclusive breastfeeding was Bangli Regency at 88.8%, while the lowest was Denpasar City at 60.0%. In 2019, the coverage of exclusive breastfeeding in Denpasar was 60%, which has increased compared to 2018 (47.91%).

Amenorrhea means the absence of menstruation.[12] Meanwhile, according to the Big Indonesian Dictionary, lactation means the release of milk from the mammary glands. The Lactational Amenorrhea Method (MAL) is a contraceptive that relies on exclusive breastfeeding, meaning that it is only given breast milk without any additional food and drink.[13] Meanwhile, according to the Bellagio Consensus 1988 in Italy, the Lactational Amenorrhea Method (MAL) is the use of breastfeeding as a method of contraception by postpartum women who are still amenorrhea and do not provide other complementary foods to their babies until the age of 6 months.[14]

MAL is a family planning method that uses the basic principle of the natural effect of breastfeeding on fertility. Because breastfeeding delays the return of female fertility in the first months after giving birth. When compared with women who breastfeed only occasionally or do not breastfeed at all, women who breastfeed intensively are less

likely to return to normal ovulation before their first postpartum period. At the Bellagio Consensus 1988 in Italy, researchers suggested that women who breastfed exclusively or almost exclusively and still remained amenorrhea in the first 6 months postpartum had up to 98% protection against pregnancy. [14], [15]

3. Methods

This research is a retrospective descriptive study using primary and secondary data sources. The study was carried out at Sanglah Hospital Denpasar from October 2020 to June 2021. The research sample was all patients who underwent labor at Sanglah Hospital Denpasar who were recorded in the IRD Midwifery Birth Registry book at Sanglah Hospital Denpasar in the period January 1, 2019 to December 31, 2019 with recorded data. This research data was obtained from the labor register of IRD Obstetrics and Gynecology patients at Sanglah Hospital Denpasar for the period January 2019 to December 2019, interviews with patients by telephone, medical records of patients who underwent labor at Sanglah Hospital Denpasar in the period January 2019 to December 2019.

The names and medical record numbers of the research samples were recorded from the Midwifery IRD birth register book for the period January 1, 2019 to December 31, 2019. After that, secondary data was collected from research samples through medical records at the Medical Record Installation of Sanglah Hospital Denpasar. Then conducted interviews with patients by telephone for further data collection. The collected data is then tabulated, analyzed, and presented in the form of tables and narratives.

4. Results

During the period of one year from January 1, 2019 to December 31, 2019, there were a total of 864 cases of vaginal and per abdominal deliveries at Sanglah Hospital Denpasar, which were obtained from data from the IRD Obstetrics and Gynaecology Register of Obstetrics and Gynaecology at Sanglah Hospital Denpasar. All delivery cases were then included as the sample of this study. Furthermore, secondary data collection of research samples was carried out through medical records at the Medical Record Installation at Sanglah Hospital Denpasar. Then conducted interviews with patients by telephone for further data collection. Of the total 864 samples, 578 samples were successfully contacted to participate in this study. Meanwhile, as many as 286 samples could not be contacted, or the sample's medical records could not be found due to technical data storage factors (patient medical records could not be accessed because they had been moved to a storage warehouse outside Sanglah Hospital Denpasar).

From the 578 samples, 295 postpartum mothers successfully gave exclusive breastfeeding (51.04%). Meanwhile, postpartum mothers who failed to give exclusive breastfeeding were 283 people (48.96%). From these results, it can be seen that the percentage of postpartum mothers from January 1, 2019 to December 31, 2019 who successfully gave exclusive breastfeeding was higher than the percentage of global breastfeeding coverage (41%), but lower than the percentage of national breastfeeding coverage in 2019 which was equal to 67.74%, Bali province's regional ASI coverage in 2019 was 71.71%, and with district/city ASI coverage in Bali province in 2019 it was 60.0%. This low coverage rate can be attributed to research conducted in a hospital setting. Considering that RSUP Sanglah Denpasar is a tertiary referral hospital, in this study at RSUP Sanglah Denpasar, this low coverage rate can also be related to the number of infant complications and maternal complications that cause delays in exclusive breastfeeding, resulting in the failure of exclusive breastfeeding.

Most of the postpartum mothers at Sanglah Hospital, Denpasar, aged 20-35 years, as many as 459 (79.42%) of the total 578 samples. This is the ideal age group for pregnancy and birth, this group has the lowest risk of complications for both mother and child. The birth rate > 35 years old is still quite high (> 10%) as many as 81 people (14.01%) and the birth rate < 20 years old as many as 38 (6.57%) people. In the last three decades, pregnancy at an older maternal age is a common phenomenon in developed countries. For example, in Finland in 1997, 8.3% of primigravida women were over 35 years of age. In 2007, this had increased to 10.4%. The situation is the same with Sweden, in 2007, 10% of primigravida were 35 years of age or older. In 2007, 19.2% of all women giving birth in Finland were over 35 years old, while the figure in 1997 was 16.7%. According to the Statista Research Department in the United States in 2019, there were 44.35% of mothers giving birth at the age of 30-39 years and 3.43% of mothers giving birth at the age of 40-49 years. Meanwhile, mothers who gave birth under the age of 20 years were 4.63%.[16] According to WHO, it is estimated that 12 million adolescents aged 15-19 years and 777,000 adolescents under 15 years of age give birth each year in developing countries.[17]

From the marital status, most of the samples were married, namely 485 (83.91%) of the 578 samples. And those who are not married are 93 people (16.09%). Of the 93 unmarried samples, 71 people came from NTT (76.34%), 17 people from Bali (18.28%), and 5 people from Java (5.38%). Research conducted by Dafiq on the NTT community says that there is a *Belis* tradition (dowry) which is a form of dowry given by men to women as a relatively expensive form of marriage dowry. The psychological dynamics related to *Belis* culture include, among others, the couple cannot carry out the marriage because the *belis* has not been paid, the increasing violence by the husband by the husband against the wife, when the wife flees to her family, the husband and family insist on returning because the *belis* has been paid in full. Meanwhile, the findings in 2006 included 19 cases of husbands who went abroad looking for money to pay off their debts.[18]

Marital status affects psychologically. The existence of partner / family support increases the success of exclusive breastfeeding. This is in line with several previous studies.[4],[5] Mothers who get support from their husbands tend to be motivated to breastfeed, meaning that the greater the husband's support, the higher the motivation of mothers to give exclusive breastfeeding.[19]

Most of the postpartum mothers who succeeded in exclusive breastfeeding were multiparous, while those who did not succeed in exclusive breastfeeding were primiparas. This is in line with several studies conducted both domestically and with research conducted abroad. Research conducted by Hackman in Pennsylvania, USA, found that multiparous mothers had a higher success rate of exclusive breastfeeding than primiparous mothers. Multiparous mothers had higher motivation to breastfeed, started early postpartum breastfeeding initiation, gave more frequent breastfeeding in the first 24 hours and had fewer reasons to stop breastfeeding before the first 6 months.[20] In Indonesia, research on the relationship between parity and the success of exclusive breastfeeding has also been carried out. It was stated that multiparous mothers gave more exclusive breastfeeding than primiparous mothers. This may be because primiparous mothers lack breastfeeding experience [21],[22], lack knowledge about exclusive breastfeeding and assume that breastfeeding will make breasts saggy.[22]

The education level of postpartum mothers in this study was mostly at the middle level, as many as 327 people (56.57%). The second highest education level is the basic education level, as many as 235 people (40.66%). And only 16 people have a higher education level (2.77%). Various studies both at home and abroad have found that the level of education determines the success of exclusive breastfeeding. Mothers with low education are 8,000 times more likely to give complementary foods to infants aged 0-6 months compared to mothers with higher education.[23] The higher the level of education, the higher the success rate of exclusive breastfeeding.[24],[25],[26]

Judging from the type of work, in this study most of them were housewives or did not work, as many as 334 people (57.79%). Followed by jobs in the private sector as many as 215 people (37.19%), farmers/laborers as many as 16 people (2.77%) and civil servants as many as 13 people (2.25%). Most of the postpartum mothers who succeeded in exclusive breastfeeding were not working (housewives), while the postpartum mothers who did not succeed in exclusive breastfeeding were mostly working mothers.

For mothers who are actively working, efforts to provide exclusive breastfeeding often experience obstacles because the period of maternity and maternity leave is short, which means that before the exclusive breastfeeding period ends, they have to return to work. For working mothers, breastfeeding does not actually need to be stopped, if possible, the baby can be brought to work or the mother can go home and give breast milk to her baby. However, this is sometimes difficult to implement because not all workplaces provide babysitting facilities or lactation corners, where mothers give breast milk to their babies. Another alternative that mothers can do is by pumping breast milk. The mother can pump breast milk before going to work, then the milk can be stored and can be given to the baby when the baby is thirsty or hungry. However, most mothers choose not to pump breast milk, the reason being that using a breast pump is uncomfortable and even causes pain, the mother also becomes dependent on a breast pump so that when the mother does not bring a breast pump, the mother cannot pump breast milk. This causes many mothers to choose formula milk rather than pumping breast milk. [27]

Many mothers stop breastfeeding early after returning to work. Lack of support in the workplace such as the distance between work and home is far enough so that it does not allow mothers to go home to breastfeed, there is no place for breastfeeding / lactation corners, busyness at work and workloads cause the failure of exclusive breastfeeding. [28]

The role of superiors or workplace institutions makes a major contribution to breastfeeding mothers and has been regulated in the Government Regulation concerning the Provision of Exclusive Breastfeeding (PP Number 33 of 2012) Article 34 and Article 35. Article 34 states that the workplace administrator in this case is the superior, must provide opportunities for working mothers to exclusively breastfeed their babies or express breast milk during working hours at work. Article 35 states that workplace administrators are required to make internal regulations that support the success of the Exclusive Breastfeeding program (PP Number 33 of 2012), as well as in the Minister of Health Regulation Number 15 of 2013 concerning procedures for providing special facilities for breastfeeding and/or expressing breast milk. With the support of a good workplace, a working mother can still breastfeed her baby. Ideally, every workplace that involves women provides a special room for breastfeeding and storing breast milk.[29],[30] Examples of supervisor support in the workplace are written policies on breastfeeding support during work, allowing mothers to express breast milk during working hours, providing reductions in breastfeeding. workload during breastfeeding, providing 3 months of maternity leave with the initial time taken for maternity leave determined by the employee, providing flexible work time options during breastfeeding.[30]

The highest income group of postpartum mothers in this study was the medium group, as many as 295 people (51.04%). The low-income group is 182 people (31.49%), the high-income group is 91 people (15.74%), and the very high-income group is 10 people (1.73%). Several studies have stated that the level of family income does not have a significant relationship with the pattern of exclusive breastfeeding.[31],[32],[33] Meanwhile, Purnamawati's research (2001) proves that the dominant factor influencing breastfeeding is socio-economic factors such as family income. [34]

Based on the majority of the ethnic origin of postpartum mothers who came to Sanglah Hospital, Denpasar, the ethnicity of the mother's origin was grouped into Bali, NTT, Java, and others. The Balinese ethnic group occupies the highest proportion of 307 people (53.11%). NTT as many as 141 people (24.39%), Java as many as 96 people (16.61%), and from other ethnic groups as many as 34 people (5.89%).

Table 1: Characteristics of postpartum mothers at Sanglah Hospital Denpasar for the period January 1, 2019 – December 31, 2019

Characteristic	*Success N (%)*	*Not success N (%)*
Age (year)		
< 20	19 (6,44)	19 (6,71)
20 – 35	231 (78,31)	228 (80,57)
> 35	45 (15,25)	36 (12,72)
Marital status		
Married	268 (90,85)	217 (76,68)
Not-married	27 (9,15)	66 (23,32)
Parity		
Primipara	113 (38,31)	142 (50,18)
Multipara	176 (59,66)	136 (48,05)
Grande multipara	6 (2,03)	5 (1,77)
Education		
Low	127 (43,05)	108 (38,16)
Middle	161 (54,58)	166 (58,66)
High	7 (2,37)	9 (3,18)
Occupation		
IRT /not work	203 (68,81)	131 (46,29)
Private	71 (24,07)	144 (50,89)
Civil servant	6 (2,03)	7 (2,47)
Farmer/labour	15 (5,08)	1 (0,35)
Income		
Very high	6 (2,03)	4 (1,41)
High	39 (13,22)	52 (18,37)
Middle	159 (53,90)	136 (48,06)
Low	91 (30,85)	91 (32,16)
Ethnic		
Bali	193 (65,42)	114 (40,28)
NTT	39 (13,22)	102 (36,04)
Java	42 (14,24)	54 (19,08)
Others	21 (7,12)	13 (4,60)

Of the total 283 postpartum mothers who failed to give exclusive breastfeeding, the most experienced failure before the baby's age reached the first month, as many as 106 people (37.6%). Followed in a row in the second month as many as 54 people (19.08%), in the fourth month as many as 50 people (17.66%), the fifth month as many as 29 people (10.25%), the third month namely as many as 26 people (9.19%). While the lowest was in the first month, which was 18 people (6.36%). These results are different from studies that have been conducted elsewhere. Susilaningsih found that exclusive breastfeeding coverage decreased with increasing age group and this research was in line with a survey conducted in 2002 by the Nutrition & Health Surveillance System (NSS) in collaboration with Balitbangkes and Helen Keller International who wrote that the coverage of exclusive breastfeeding was 4-5 months in Indonesia. rural areas between 4%-25%. Meanwhile, at the age of 5-6 months, it decreased to only 1%-13%.[35]

The failure of exclusive breastfeeding is related to various reasons. Of the total 283 postpartum mothers who failed to give exclusive breastfeeding, the most reason was because they were busy working, namely 99 people, because of infant complications including Fetal Death in the Womb (KJDR) as many as 77 people. Lack of milk production / fear of less milk production as many as 40 people. There are habits in the family or environment that provide additional food/drink other than breast milk before the baby reaches 6 months of age as many as 33 people. Disease / maternal complications as many as 30 people, and others as many as 4 people. Others in this study were 1 mother who did not give breast milk on the grounds that they were not ready, 2 mothers did not breastfeed for fear of changing the shape of the breast so that it was no longer attractive, and 1 mother was unable to breastfeed because the mother was serving a period of detention in the correctional institution.

Table 2: Factors causing postpartum mothers at Sanglah Hospital Denpasar to fail to provide exclusive breastfeeding for the period 01 January 2019 – 31 December 2019

Factors Which Cause Post-Material Mothers Do Not Provide Exclusive Breast Milk	*Number (N)*	*Frequency (%)*
Busy working	99	34,98
Lack of breast milk / fear of not having enough milk	40	14,14
Habits in the family	33	11,66
Maternal illness/complications	30	10,60
Infant disease/complications	77	27,21
Others	4	1,41
Total	283	100

Biologically the incidence of lack of milk production in mothers is only about 2-5%.[36] Other factors that affect breast milk production are breastfeeding intervals exceeding 3-4 hours, not breastfeeding at night, metabolic diseases (diabetes, hypertension, thyroid disorders, PCOS), a history of surgery on the breast (breast reduction, fibroma, piercing). Hormonal contraception, drugs (pseudoephedrine, antidopamine), giving pacifiers to babies. How to breastfeed is not right, the position of the baby's mouth that is not attached perfectly will cause the baby to have difficulty breastfeeding and incomplete emptying of breast milk. If not corrected, this cycle will cause the baby to be lazy to breastfeed, reduce the mother's motivation to breastfeed and reduce the mother's milk production.

UNICEF Indonesia states that of the 5 million children born each year in Indonesia, more than half of them do not get optimal breastfeeding in the first years of life.[37] Mothers in Indonesia still rarely practice exclusive breastfeeding. The reason that usually happens to mothers in Indonesia is the cultural influence associated with exclusive breastfeeding. Traditions and culture in the family include giving honey to babies, giving bananas and porridge to babies and feeding babies as soon as possible. This certainly does not support the success of exclusive breastfeeding.[38], [39] The Nutrion & Health Surveillance System (NSS) in 2010 reported that the highest level of complementary feeding in rural areas was given to infants aged 4-5 months (4%- 25%) and at the age of 5-6 months the proportion decreases to only 1%-13%. This happens because mothers with good knowledge do not always produce good behavior. When the mother already has good knowledge but there is a custom in the community to give food before the baby is exactly 6 months old, assuming breast milk alone is not enough.[36] Giving prelacteal food from an early age is a family and community habit for generations while waiting for breast milk to come out, mothers assume that by giving food from an early age the baby is not fussy, does not get hungry and the baby grows faster.[40]

In this study, maternal complications are complications or diseases experienced by postpartum mothers that prevent

mothers from exclusive breastfeeding, such as heart defects and mothers who are treated in intensive care so that exclusive breastfeeding is not possible. Infant complications such as illness or congenital abnormalities of the baby so that the baby cannot breastfeed because the baby is being treated in an intensive care unit or fasting, including fetal death in the womb and infants who die at the age of less than 6 months.

The trust that exists in the family makes the mother follow it even though a lot of information has been obtained from health workers. As research conducted by Widodo (2006), it is known that the belief that develops in the community about breastfeeding babies can make the shape of the breasts change and interfere with the beauty of the mother's body, which is one of the causes of mothers not wanting to breastfeed their babies. The negative behavior that often occurs in mothers is less confident when the baby cries because they do not have the motivation and strong desire to give breast milk. Don't want to bother with pumping breast milk. Not a few mothers still throw away colostrum because it is considered dirty so it needs to be thrown away.[40]

5. Conclusion

The success of exclusive breastfeeding at Sanglah Hospital Denpasar was 51.04%. Most of the failures in exclusive breastfeeding occurred before reaching the first month as many as 106 people (37.6%). Of the many postpartum mothers, most are in the age range of 20-35 years, married, multiparous, have lower secondary education, most are not working (housewives), come from the middle-income group, and come from the Balinese tribe. The most common cause of failure to give exclusive breastfeeding is because mothers are busy working as many as 99 people (34.98%).

6. Future Scope

Based on this research, it is known that exclusive breastfeeding is still experiencing various problems with various underlying reasons. It is important for researchers to conduct more in-depth research on the basic underlying reasons. The results of this study can be used as a reference in educating pregnant or breastfeeding mothers to always give exclusive breastfeeding to their children and overcome problems that may occur in breastfeeding mothers during exclusive breastfeeding

References

[1] Victora, C.G., Bahl, R., Barros, A.J.D., França, G.V.A., Horton, S., Krasevec, J., Murch, S., Sankar, M.J., et al. 2016. Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. The Lancet. 387(10017):475–490. DOI: 10.1016/S0140-6736(15)01024-7.

[2] Behzadifar, M., Saki, M., Behzadifar, M., Mardani, M., Yari, F., Ebrahimzadeh, F., Mehr, H.M., Bastami, S.A., et al. 2019. Prevalence of exclusive breastfeeding practice in the first six months of life and its determinants in Iran: a systematic review and meta-analysis. BMC Pediatrics. 19(1). DOI: 10.1186/S12887-019-1776-0.

[3] Infodatin, Pusat Data dan Informasi Kementrian Kesehatan RI. 2014. Situasi dan Analisis ASI Eksklusif. Jakarta.

[4] Djami, M.E.U., Noormartany, N. & Hilmanto, D. 2013. Frekuensi Pemeriksaan Kehamilan, Konseling Laktasi, dan Pemberian Air Susu Ibu Eksklusif. Kesmas: Jurnal Kesehatan Masyarakat Nasional (National Public Health Journal). 7(12):557–561. DOI: 10.21109/KESMAS.V7I12.330.

[5] Amir, A., Nursalim, N. & Widyansyah, A. 2018. Faktor-Faktor Yang Mempengaruhi Pemberian Asi Pada Bayi Neonatal Di Rsia Pertiwi Makassar. Media Gizi Pangan. 25(1):47–54. DOI: 10.32382/MGP.V25I1.59.

[6] Speroff, L. & Darney, P.D. 2011. A clinical guide for contraception. 450.

[7] Truchet S., Honvo-Houeto E. 2017. Physiology of milk secretion. Best practice & research. Clinical endocrinology & metabolism. 31(4):367–384. DOI: 10.1016/J.BEEM.2017.10.008.

[8] World Health Organization. 2002. The World Health Organiztaion's Infant Feeding Recommendation. Diunduh dari : https://www.who.int › infantfeeding_recommendation

[9] Cunningham. F.G., Leveno. K.J., Bloom. S.L., Dashe. J.S., Hoffman. B.L., Casey. B.M., Spong. C.Y. 2018. The Puerperium. In: Williams Obstetric. Edisi ke 25. Philadelphia. McGraw-Hill Education.

[10] Pillay, J., Davis, T.J. 2020. Physiology, Lactation. Statpearls. Bookshelf ID: NBK499981PMID: 29763156

[11] World Health Organization. 2002. The World Health Organiztaion's Infant Feeding Recommendation. Diunduhdari : https://www.who.int › infantfeeding_recommendation

[12] Taylor, H.S., Pal, L. & Seli, E. 2020. Speroff's Clinical Gynecologyc Endocrinology and Infertility. 9th ed. Philadelphia. Lippincott William And Wilkins.

[13] Affandi. B.. 2012. Buku Panduan Praktis Pelayanan Kontrasepsi. Jakarta: PT Bina Pustaka Sarwono Prawirohardjo.

[14] Amir, A., Nursalim, N. & Widyansyah, A. 2018. Faktor-Faktor Yang Mempengaruhi Pemberian Asi Pada Bayi Neonatal Di Rsia Pertiwi Makassar. Media Gizi Pangan. 25(1):47–54. DOI: 10.32382/MGP.V25I1.59.

[15] Berens. P., Labbok. M. 2015. ABM Clinical Protocol #13: Contraception During Breastfeeding, Revised 2015. Breastfeeding medicine : the official journal of the Academy of Breastfeeding Medicine. 10(1):3–12. DOI: 10.1089/BFM.2015.9999.

[16] Statista Research Department. 2021. Birth shares, by age of mother US 2011 to 2019. Diunduh dari: www.statista.com/statistics/785920/distribution-of-births-by-age-of-mother-us/

[17] World Health Organization. 2020. Adolescent Pregnancy. Diunduh dari: www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy

[18] Dafiq. N. 2018. Dinamika Psikologis Pada Masyarakat Manggarai Terkait Budaya Belis. Jurnal Wawasan Kesehatan. Vol 3(2): 98-104.

[19] Timiyatun, E. & Oktavianto, E. 2018. Dukungan Suami dalam Pemberian ASI Berhubungan Erat dengan Motivasi Menyusui Eksklusif pada Ibu. Health Sciences and Pharmacy Journal. 2(2):75. DOI: 10.32504/HSPJ.V2I2.32.
[20] Hackman, N.M., Schaefer, E.W., Beiler, J.S., Rose, C.M. & Paul, I.M. 2015. Breastfeeding Outcome Comparison by Parity. Breastfeeding Medicine. 10(3):156. DOI: 10.1089/BFM.2014.0119.
[21] Mabud, N.Hi., Mandang, J. & Mamuaya, T. 2014. Hubungan Pengetahuan, Pendidikan, Paritas dengan Pemberian ASI eksklusif di Puskesmas Bahu Kecamatan Malalayang Kota Manado. JIDAN (Jurnal Ilmiah Bidan). 2(2):51–56. DOI: 10.47718/JIB.V2I2.316.
[22] Ervina. A., Ismalita. W. 2018. Hubungan Paritas dengan ASI Eksklusif pada Bayi Usia 7-12 Bulan. Jurnal Obstretika Scientia. Vol 6 (1): 170 – 178.
[23] Afriyani, R., Halisa, S. & Rolina, H. 2016. Faktor-Faktor yang Berhubungan dengan Pemberian MP-ASI pada Bayi Usia 0-6 Bulan di BPM Nurtila Palembang. Jurnal Kesehatan. 7(2):260–265. DOI: 10.26630/JK.V7I2.198.
[24] Agho, K.E., Ogeleka, P., Ogbo, F.A., Ezeh, O.K., Eastwood, J. & Page, A. 2016. Trends and Predictors of Prelacteal Feeding Practices in Nigeria (2003–2013). Nutrients 2016, Vol. 8, Page 462. 8(8):462. DOI: 10.3390/NU8080462.
[25] Hamze. L., Mao. J., Reifsnider. E. 2019. Knowledge and attitudes towards breastfeeding practices: A cross-sectional survey of postnatal mothers in China. Midwifery. 74:68–75. DOI: 10.1016/J.MIDW.2019.03.009.
[26] Laksono, A.D., Wulandari, R.D., Ibad, M. & Kusrini, I. 2021. The effects of mother's education on achieving exclusive breastfeeding in Indonesia. BMC Public Health 2021 21:1. 21(1):1–6. DOI: 10.1186/S12889-020-10018-7.
[27] Timporok, A.G.A., Wowor, P.M. & Rompas, S. 2018. Hubungan Status Pekerjaan Ibu Dengan Pemberian ASI Eksklusif Di Wilayah Kerja Puskesma Kawangkoan Jurnal Keperawatan. Vol. 6(1) Available: https://ejournal.unsrat.ac.id/index.php/jkp/article/view/19474 [2021, August 17]
[28] Chen. J.W., Xin. T., Gaoshan. J., Li. Q., Zou. K., Tan. S., et al. 2019. The association between work related factors and breastfeeding practices among Chinese working mothers: a mixed-method approach. International breastfeeding journal. 14(1). DOI: 10.1186/S13006-019-0223-Z.
[29] Pusat Data dan Informasi - Kementerian Kesehatan Republik Indonesia. 2020. Available: https://pusdatin.kemkes.go.id/folder/view/01/structure-publikasi-pusdatin-info-datin.html [2021, August 17].
[30] Ambarwati. W.N., Mutias. A.R. 2020. Dampak Lingkungan Kerja Terhadap Perilaku Ibu Menyusui Yang Bekerja Sebagai Tenaga Kesehatan Di Pelayanan Kesehatan. PROFESI (Profesional Islam): Media Publikasi Penelitian 2020. Vol 17(2): 1-10.
[31] Soeparminto, P. 2003. Hubungan Antara Pola Pemebrian ASI Dengan Faktor Sosial, Ekonomi, Demografi dan Perawatan Kesehatan. Badan Litbang Puslitbang Yankes. XII(3). Available: http://repository.litbang.kemkes.go.id/1206/1/1055-722-1-PB.pdf [2021, August 17].
[32] IDA. 2012. Faktor-Faktor yang Berhubungan dengan Pemberian Asi Eksklusif 6 Bulan di Wilayah Kerja Puskesmas Kemiri Muka Kota Depok Tahun 2011 Tesis. FKM-Universitas Indonesia.
[33] Wulansari. S., Pramono. M.S. 2014. Hubungan kondisi sosial ekonomi keluarga dengan pemberian ASI eksklusif di wilayah kerja Puskesmas Tanah Kali Kedinding Surabaya. Buletin Penelitian Sistem Kesehatan. Vol 17(1): 9–15.
[34] Sarbini. D., Hidayati. L. 2008. Hubungan antara tingkat pendapatan keluarga dan penddikan ibu dengan pemberian ASI eksklusif di kecamatan Jebres Kotamadya Surakarta. Jurnal Kesehatan. Vol I (2): 115 – 122.
[35] Susilaningsih. T.I. 2013. Gambaran Pemberian ASI Eksklusif Bayi 0-6 Bulan Di Wilayah Puskesmas Samigaluh II Tahun 2013. Jurnal Kesehatan Reproduksi. Vol 4(2): 81-89.
[36] Hurek. R.K.K., Esem. O. 2020. Determinan Pemberian Makan Pada Bayi Berusia Kurang Dari Enam Bulan. Arsip Kesehatan Masyarakat. Vol 5 (2): 1 – 8.
[37] UNICEF Indonesia. 2016. Available: https://www.unicef.org/indonesia/id [2021, August 17].
[38] Yusrina, A., Devy, S.R. 2016. Faktor yang Mempengaruhi Niat Ibu Memberikan Asi Eksklusif di Kelurahan Magersari, Sidoarjo. Jurnal Promosi dan Pendidikan Kesehatan Indonesia, [e-journal] 4 (1): pp. 11–21.
[39] Setyaningsih, F.T.E. & Farapti, F. 2018. Hubungan Kepercayaan dan Tradisi Keluarga pada Ibu Menyusui dengan Pemberian ASI Eksklusif di Kelurahan Sidotopo, Semampir, Jawa Timur. Jurnal Biometrika dan Kependudukan. 7(2):160–167. DOI: 10.20473/JBK.V7I2.2018.160-167.
[40] Rhokliana. R., Aisyah. S., Chandradewi. C. 2011. Hubungan Sosial Budaya Dengan Pemberian ASI Pada Bayi Di Wilayah Kerja Puskesmas Keruak Kabupaten Lombok Timur. Jurnal Kesehatan Prima. Vol 2(5): 765-777.