



Analysis of Factors Influencing Maternal Intentions in Exclusive Breastfeeding of Infants in the Perinatology

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ABSTRACT

Introduction: Breast milk is the main source of nutrition in infants 0-6 months. The behavior of the mother in exclusively breastfeeding is influenced by the intentions possessed by the mother, especially in babies in perinatology. **Objective:** The purpose of this study was to determine the factors that influence the mother's intention in exclusive breastfeeding of infants treated in perinatology. **Methods:** The method used is cross-sectional with a non-probability sampling technique with total sampling within 1 month of as many as 54 responders. Data analysis using Chi-Square Test and multiple logistic regression. **Results:** The results showed a significant relationship between maternal knowledge ($p = 0.000$) and husband support ($p = 0.001$). Meanwhile, family support ($p = 0.114$) and nurse support ($p = 0.924$) were not related to the mother's intention to provide exclusive breastfeeding. The results of multiple logistic regression tests found that the dominant factor that influenced the mother's intention to exclusively breastfeed was husband support ($OR=9,754$). **Conclusion:** Husband support is the most dominant factor in influencing the mother's intention to exclusively breastfeed the baby treated in perinatology. Husband support consists of instrumental, informational, judgmental, and emotional support. In this study, the husband was able to provide emotional and instrumental support, for other support still needs to be improved. It is recommended that efforts be made to increase the role of husbands in motivating mothers to provide exclusive breastfeeding, health workers are required to provide health education about the importance of husband's support in providing exclusive breastfeeding.

ARTICLE INFO

Article History:

Received: September 12th, 2023

Revised: March 4th, 2024

Accepted: April 16th, 2024

First Available Online:

June 20th, 2024

Published: June 20th, 2024

Keywords:

Breast milk, Intention, Perinatology

1. INTRODUCTION

Infant Mortality Rate (IMR) is an indicator determining the degree of health in children. IMR can be used as a reference for the government to improve the degree of health in Indonesia, especially in areas with high IMR. According to the World Health Organization (WHO) (2016) Indonesia is still at 27 per 1000 live births and is included in the high category. According to the health profile of Central Java, the number of IMR in 2019 was 8.2 per 1,000 live births and IMR in Bayumas Regency was 7.41 per 1000 live births (Dinas Kesehatan Provinsi Jawa Tengah, 2020).

The high IMR is caused by several factors, according to Sukoco & Wigunantiningsih (2020) low birth weight babies are the leading cause of death in infants, followed by asphyxia, sepsis, congenital abnormalities, and other causes. This condition requires the baby to be given care in the Neonatal Intensive Care Unit (NICU) room (Djude & Hodijah, 2022). Babies born with special disorders are placed separately, in the perinatology room with special care and nutritional fulfillment (Nasifah & Setyawati, 2017). Breast milk is the main source of nutrition in infants 0-6 months or more (Damayanti, et al. 2020).

The many benefits obtained from breast milk are not directly proportional to the amount of giving. The coverage of exclusive breastfeeding in Indonesia in 2019 was 67.74% which has passed the strategic plan standard of 50%. Central Java Province, is at 69.46% and has passed the Strategic Plan standard (Kementerian Kesehatan RI, 2020). In breastfeeding some things affect it, in general, namely maternal education, family support such as husbands, parents, and in-laws are needed so that mothers succeed in breastfeeding exclusively (Wiwiek. et al. 2021). But it's different from Yusrina & Devy (2017), several factors influence the mother's intention to breastfeed in general, including behavioral beliefs, normative beliefs, and the desire to imitate. Intention is a desire that comes from the individual's heart and becomes an impulse to do something (Yusrina & Devy, 2017). Meanwhile, based on the results of an interview with one of the mothers of babies being treated at Perinatology, the reason the baby's mother was not giving breast milk was due to several factors, including a small amount of breast milk being produced, the distance between mother and baby, and the baby's condition being so poor that it needed to be treated in the perinatology room. Babies who are treated in hospital, especially in the perinatology room, experience problems at birth, experiencing different conditions with special factors in exclusive breastfeeding. Therefore, it is necessary to find out what factors influence it.

2. METHODS

Research Design

The research design used was cross-sectional with descriptive analytics which aimed to determine what factors influenced the mother's intention in exclusive breastfeeding of infants in the perinatology room.

Population and Sample

The population in this study was mothers with babies who were treated in the perinatology room. The estimation of the research sample is determined by following the number of factors studied, in the study there are four factors analyzed. According to Hair et al. (2010) in Pratita, et

al. (2018) for factor analysis, the number of samples is at least 50, and it is more acceptable if the number of samples is 10 times the number of variables. Sampling using the total sampling technique with the number of samples obtained was 54 respondents, where the sample had met the inclusion criteria (mothers who had babies treated in the perinatology room during December 2021–January 2022 and were willing to be respondents) and exclusion criteria (mothers suffering from serious diseases that require mothers not to breastfeed such as HIV, active TB; mothers receiving drug therapy that requires not breastfeeding; and mothers with COVID-19 positives who are not allowed to breastfeed).

Instrument

The research instrument used in this study was a questionnaire taken from several sources. Data collection consists of 6 parts, namely characteristics, intentions (Naja et al., 2022), knowledge (Suwandi, Suhermi, & Meilani, 2018), husband support (Lailatussu'da, 2017), family support (Lailatussu'da, 2017), and nurse support (Lailatussu'da, 2017). The questionnaire of husband support, family support, and nurse support was tested for validity and reliability on 30 respondents with the same criteria at Ciamis Hospital.

Spousal support and family support questionnaires were adopted from Lailatussu'da (2017) of which there are 25 valid questions. The husband support questionnaire had an alpha value of 0.878, family support 0.822. The Knowledge questionnaire was adopted from Suwandi et al. (2018) of which there are 12 valid questions. The breastfeeding intention questionnaire (IFI Scale) was taken from Nommsen-Rivers, Cohen, Chantry, & Dewey (2010) with 5 valid questions. For the validity test of the nurse support questionnaire, 10 questions were valid. The reliability test of the nurse support questionnaire with the Cronbach alpha test of $0.738 \geq 0.6$ can be said to be reliable.

Research Procedure

The data in this study was taken in the perinatology room of RSUD Prof. Dr. Margono Soekarjo in December 2021–January 2022. Researchers took data by meeting respondents directly at the hospital or contacting respondents by requesting respondents' contact information from nurses in the perinatology room.

Data Analysis

Data analysis carried out in this study is univariate analysis to see the characteristics of each variable studied by presenting data with frequency distribution. Bivariate analysis is performed to see the relationship between independent and dependent variables. In this study, the statistical test used was the chi-square test, with a meaning limit (α) = 0.05 and a 95% confidence interval. Multivariate analysis aims to see the most dominant independent variable using multiple logistic regression tests because the variables are categorical scale and more than one.

Ethical Clearance

This research has received ethical approval from RSUD Prof. Dr. Margono Soekarjo with the number 420 / 15257.

3. RESULT

An overview of respondents' characteristics can be seen in Tables 1 and 2 below.

Table 1. Characteristics of Respondents by Age

Median	Minimum-Maksimum
32 years old	20-45 years old

The respondents were mothers with an age range of 20 to 45 years. Based on 1, it is known that the median age of respondents is 32 years.

Table 2. Respondent Characteristics Based on Employment Status, Education Level, Income, Parity Status, Breastfeeding Experience, Breastfeeding, and Neonatus Disorders (n=54)

Category	Frequency	Percentage (%)
Employment status		
Work	16	29,6
Does not work	38	70,4
Education level		
Elementary	12	22,2
Junior high school	13	24,1
Senior high school	21	38,9
University	8	14,8
Income		
< Regional minimum wage (1.970.000,00)	27	50
≥ Regional minimum wage (1.970.000,00)	27	50
Parity Status		
Primipara	15	27,8
Multipara	39	72,2
Breastfeeding Experience		
Exclusive breastfeeding	36	66,6
Not exclusive breastfeeding	3	5,6
Never breastfed	15	27,9
Breastfeeding		
Yes	53	98,1
No	1	1,9
Neonatus Disorder		
Asfiksia	3	5,6
RDS	5	9,3
Congenital Disorders	3	5,6
Other	43	79,6

Table 2 shows that the majority of respondents who participated were non-working mothers, namely 38 people (70.4%), high school graduates 21 people (38.9%), multipara 39 people (72.2%), had exclusively breastfed 36 people (66.6%), almost all babies treated were breastfeeding which was 53 people (98.1%), and neonates disorders were mostly low birth weight and hyper bilirubin 43 babies (79.6%).

Based on table 3 it can be seen that the results of the Chi-Square test conducted get results on the family support variable with a p-value of $0.314 > 0.05$ which means there is no relationship between family support and the intention of exclusive breastfeeding. Likewise, the nurse support variable with a p-value of $0.924 > 0.05$ so that it can be stated that there is no relationship between

nurse support and the intention of exclusive breastfeeding. While the variable Knowledge and support husband has a p-value of < 0.05 , it can be concluded that the two variables have a significant relationship with the mother's intention to provide exclusive breastfeeding.

Table 3. Relationship of Maternal Knowledge, Husband Support, Family Support, and Nurse Support with the Intention of Exclusive Breastfeeding

Variable	Intention				<i>p-value</i>
	Strong		Weak		
	n	%	n	%	
Knowledge					
Good	25	86.2	4	13.8	0.000
Sufficient	4	25	12	75	
Less	4	44.4	5	55.6	
Husband Support					
Good	13	100	0	0	0,001
Sufficient	18	54,5	15	45,5	
Less	2	25	6	75	
Family Support					
Good	9	81,8	2	18,2	0,314
Sufficient	24	55,8	19	44,4	
Less	0	0	0	0	
Nurse Support					
Good	13	61,9	8	38,1	0,924
Sufficient	20	60,6	13	39,4	
Less	0	0	0	0	

In multivariate analysis, researchers used multiple logistic regression tests to determine the magnitude of the relationship between each independent variable and maternal intention in exclusive breastfeeding, so that it can be known which variable is most dominant related to maternal intention in exclusive breastfeeding. Variables that can be included in multivariate analysis are variables with bivariate p-value < 0.25 , namely knowledge ($0.000 < 0.25$) and husband support ($0.001 < 0.25$). This multivariate analysis uses an enter model with a significance value of > 0.05 following are the results of the multivariate analysis in Table 4.

Table 4. Multivariate Analysis Results

Variable	B	Std. Error	Exp(B)	wald	Sig	95%CI (Min-Max)
Knowledge	1.286	0.474	3.619	7.351	0.007	1.428-9.171
Husband support	2.278	0.808	9.754	7.953	0.005	2.003-47.494
Constant	-7.242	2.025		12.784	0.000	

The results of the analysis on the knowledge variable have an OR (odd ratio) value of 3.619 which shows that mothers who have more knowledge tend to have 3.619 times higher intentions than mothers with less knowledge. In the variable husband support has an OR value of 9.754 which means that if a mother gets husband support, she will tend to have an exclusive breastfeeding intention 9.754 times higher than mothers who do not have husband support.

4. DISCUSSION

Respondents in this study were mothers with babies treated in the perinatology room in the age range of 20 to 45 years with a median of 32 years. The majority of mothers in the study respondents belonged to adulthood. Adulthood is the age when a person is ready to live a different life like being a mother. Age can be the background for how a person behaves because every age group is different in behavior. Mature mothers have more understanding than those who are not yet mature (Yusrina & Devy, 2017). The results of this study, the age of 20-45 years is an age that is still productive and able to provide breast milk, so that it can affect the mother's intention to breastfeed, especially to babies in the perinatology room. The results of the study are in line with the research of (Untari, 2017), the age >20 years is the ideal age for a woman's body in preparing for childbirth, so at that age, it is very supportive of exclusive breastfeeding. Age also affects the intention of breastfeeding because the older a mother will also have more experience so that in behaving will lead to a better direction (Untari, 2017).

The characteristics of respondents based on employment status showed that the majority of respondents in this study were housewives or did not work as much as 70.4%. Working mothers are mothers who have time and are bound by work outside the home and must carry out their role as housewives (Untari, 2017). Based on the results of the study Timporok, et al. (2018) explain the working conditions of the mother affect exclusive breastfeeding of the baby. This is because working mothers do not have as much time as non-working mothers. But in the present time when working mothers intend to give milk to babies can be done by pumping and storing it to be given to babies at different times (Timporok, et al. 2018). Based on research from Karuniawati, et al. (2020), it was found that 70% of mothers with normal babies prefer to breastfeed and these mothers are housewives who have more free time.

The education level of the majority of respondents graduated from high school and below, and only 14.8% of respondents graduated from college. The level of education is the formal education taken by the mother. Based on the results of this study (Untari, 2017), Exclusive breastfeeding has nothing to do with the education pursued by the mother. Because the education taken is not directly proportional to the knowledge possessed by exclusive breastfeeding. Based on research Soenardi (2016) in Pitaloka, et al. (2018) explained that the level of participation and emancipation of women in the field of work decreases the level of maternal desire in terms of breastfeeding.

Based on research by Ika S, Amalia NA, & Wahyu T (2023) Mothers with income below the regional minimum wage will continue to breastfeed for the reason that they can reduce expenses by not providing formula milk. While mothers with income above the regional minimum wage also want to provide breast milk, because the intention to provide exclusive breastfeeding is based on sufficient maternal knowledge and knowing the benefits of exclusive breastfeeding for babies and mothers.

The parity status in this study was majority multipara, that is, having more than 1 child. Parity has a very large influence on breastfeeding, so it also affects the mother's intention to provide exclusive breastfeeding. Parity can affect the knowledge and experience of the mother, with a lot of experience it will be easy for the mother to receive knowledge (Mabud et al. 2015). According to Untari (2017) Primiparous mothers are more likely to experience difficulties in

breastfeeding because they are not experienced in breastfeeding, so mothers have the potential to have difficulty in determining whether to exclusively breastfeed or not.

Regarding the breastfeeding experience of the respondents of this study as many as 66.6% had given exclusive breastfeeding, 5.6% had not exclusively breastfed and had never breastfed as much as 27.9% due to the parity status of primiparous mothers. The experience of breastfeeding is an experience that a mother has breastfeeding, and mothers with multiparity can affect the mother's intention to breastfeed the next child (Hastuti, Machfudz, & Febriani, 2015). According to Yenti et al. (2018) If you have many children, you will have a good breastfeeding experience. Based on research Hastuti, et al. (2015) There is a relationship between the experience of breastfeeding and exclusive breastfeeding with normal babies. Based on the results of current breastfeeding studies in infants treated in the perinatology room, almost all are breastfed alone, which is 98.1%, so it has the potential to get exclusive breastfeeding.

Neonatus disorders in respondents with infants treated in the perinatology room had disorders including asphyxia 5.6%, RDS 9.3%, congenital disorders 5.6%, and others 79.6%. Other disorders here are the majority of low birth weight and hyperbilirubin. Fulfillment of nutrition in babies who experience disorders is very necessary, so they need to be given optimal nutrition. Various studies explain the benefits of breast milk is very influential on the growth and development of babies, in babies who experience disorders is very beneficial for nutrition, physiological, and emotional and how to give breast milk depends on the baby's suction and swallowing ability (Brahm & Valdés, 2017).

The knowledge possessed by respondents in this study was mostly good at 53.7%. According to (Sajow, Doda, & Sekeon, 2019), A mother's knowledge is influenced by the mother's education level, in this study the majority of respondents' education graduated from high school so it was produced that most respondents had good knowledge related to exclusive breastfeeding. Knowledge is the result of the process of sensing over observed objects. Knowledge is also the basis of how a person behaves or acts, so the mother's intention in breastfeeding can be influenced by the mother's knowledge (Juliani & Arma, 2018). Mothers with good knowledge and sufficient usually breastfeed more exclusively, and mothers with less knowledge usually do not exclusively breastfeed (Istiqomah, Rokmah, & Susanti, 2016).

The majority of respondents' husbands' support for mothers' intentions in exclusive breastfeeding received sufficient support of 61.1%. A husband has an important role starting during the process of pregnancy, and childbirth to breastfeeding, because the husband is a person who is very close to the wife and his presence is always expected to provide help and support (Istiqomah et al., 2016). According to Ida (2015) in Istiqomah, et al. (2016) explained that the chances of exclusive breastfeeding of mothers with the support of their husbands were 3.7 times greater than those without support. Husband support influences the mother's decision and the mother's behavior in breastfeeding, a husband can provide attention and also help with housework to ease the mother's burden. Thus, the husband can have a positive influence on the mother, and the mother's intention to breastfeed increases (Rempel, Rempel, & Moore, 2017). Mothers who are supported by their husbands have a greater chance of exclusively breastfeeding.

The results of the study for family support respondents in this study as many as 79.6% had sufficient support from the family for the intention of exclusive breastfeeding of infants in the

perinatology room. Family support also plays an important role in the breastfeeding process, especially in exclusive breastfeeding. A mother will need help from others who can provide support and assistance in the breastfeeding process. The role of the family here is seen from how the family prepares baby equipment, and delivers breast milk to be given to the baby who is cared for, so that it can ease the mother's work (Istiqomah et al., 2016).

Nurse support respondents in this study, namely 61.1% had sufficient support from nurses for the intention of breastfeeding infants in the perinatology room. The support of health workers such as nurses who are in direct contact with mothers can influence respondents to have the intention to exclusively breastfeed. The support of nurses has a positive impact on the mother's confidence to exclusively breastfeed her baby (Jatmika, Shaluhiah, & Suryoputro, 2016). Based on research by Jatmika, et al. (2016) Respondents with high health worker support will produce high intentions in providing exclusive breastfeeding to babies.

The intention of breastfeeding mothers with babies in perinatology who had strong intentions was 61.1%, and 38.9% had weak intentions. According to (Putri, Lestari, & Prasida, 2022), The determinant of a person's behavior is how the intention to behave. Intention is a belief or information about the tendency to display a behavior. Research results Dewi & Nurjanah (2022) that intention arises from within to do something without expecting anything in return. The stronger the intention possessed by a mother will increase the chances of exclusive breastfeeding to the baby, and the opposite condition will reduce the mother's chances of breastfeeding, especially for babies in perinatology (Dewi & Nurjanah, 2022).

The results of this study show a relationship between knowledge and the intention of exclusive breastfeeding of infants in the perinatology room with $p\text{-value} = 0.000$ because the majority of respondents in this study have good breast milk knowledge. Following Istiqomah, Rokmah & Susanti (2016) knowledge can affect breastfeeding behavior in breastfeeding mothers. In line with Lawrence Green who states that knowledge will affect the behavior carried out by a person, including mothers with exclusive breastfeeding to babies. This is following Putri et al. (2022), which explains that a mother with good knowledge will encourage exclusive breastfeeding to the baby. The knowledge possessed by the mother will be in line with the wishes because of the understanding of its benefits. Exclusive breastfeeding knowledge is obtained from various sources and experiences. In addition to knowledge, the process of interpersonal interaction provides additional insight for breastfeeding mothers (Ramli, 2020).

The results of this study are contrary to Putri et al. (2022), which explains the absence of a correlation between knowledge and the intention of exclusive breastfeeding. A mother's high knowledge does not rule out the possibility of knowledge about her breast milk is good. Exclusive breastfeeding knowledge is not obtained from formal education alone, but can be obtained from the distribution of information obtained by the mother (Putri et al., 2022).

A meaningful relationship was also obtained from research on the intention of exclusive breastfeeding based on husband support with $p\text{-value} = 0.001$. Following Kusumayanti & Nindya (2018) dan Misdayanti (2018) there is a relationship between the support of the husband and the intention of exclusive breastfeeding. The support of the husband becomes real support for his wife. This husband support can provide benefits or motivation for mothers in providing exclusive breastfeeding, this husband support also affects the mother's attitude in exclusive breastfeeding

(Abidjulu, Hutagaol, & Kundre, 2015). According to Haryono and Setianingsih in Abidjulu, et al. (2015), the support to provide exclusive breastfeeding from the environment such as the husband, or others greatly determines the success of breastfeeding. The support given can be in the form of praise and encouragement for breastfeeding mothers and does not give criticism to mothers regarding body shape or others (Abidjulu et al., 2015).

This result is contrary to Kusumayanti & Nindya (2018) because the study did not show a correlation between the husband's support and the intention of exclusive breastfeeding. The study said that although husband support has a large role in exclusive breastfeeding, for mothers in rural areas, there is no relationship between husband support and breastfeeding.

The results of the study of family support with the intention of exclusive breastfeeding of infants in the perinatology room did not have a relationship with $p\text{-value} = 0.114$. This result corresponds to (Manggiasih, Siwi, Retnaningtyas, & Tarpianie, 2023) which shows no correlation between family support and the intention of breastfeeding, because in this study even though the family is the closest person, the mother still has the desire to exclusively breastfeed. Family involvement in breastfeeding will motivate mothers to exclusively breastfeed. The process of exclusive breastfeeding for babies is influenced by 3 relationships that occur between mother, child, and family, but there are still many families who think that these activities only involve the mother as a breastfeeding giver (Susmaneli, 2013).

This result is contrary to Ramadani (2017), that there is a correlation between family support and the intention of exclusive breastfeeding. The family is the closest person after the mother's husband, so it can affect the intention of breastfeeding the baby. The encouragement of exclusive breastfeeding to mothers is obtained from the success of exclusive breastfeeding to the mother's parents (Yusrina & Devy, 2017). Nuzrina, et al. (2016) said family support is very important in making decisions about breastfeeding, the support that can be given can vary in the form of advice, buying books related to breastfeeding, and attending seminars related to breastfeeding. So, the knowledge possessed can help mothers in determining decisions about breastfeeding.

The intention to exclusively breastfeed infants in the perinatology room in terms of nurse support in this study had no relationship with $p\text{-value} = 0.924$. This result is supported by Theodorah & Mc'Deline (2021) research that not nurses main provide support but also partners, friends, and family are key in supporting first-time mothers when encountering breastfeeding challenges. However, if the support of this nurse is further improved, the chances of mothers having the intention of exclusively breastfeeding babies in the perinatology room will increase (Susmaneli, 2013).

This result is contrary to Nuzrina, et al. (2016) which states that there is a correlation between the support of health workers and the mother's intention to provide exclusive breastfeeding. Nurse support from those provided in this study includes educating mothers about the importance of exclusive breastfeeding, practicing how to breastfeed properly, and providing time for counseling related to exclusive breastfeeding for infants in the perinatology room. The support of health workers gives high-intention encouragement to mothers who will exclusively breastfeed their babies (Jatmika, et al. 2016).

The results of the multivariate analysis showed that husband support became the most dominant factor influencing the intention of exclusive breastfeeding in infants in perinatology

because it had an OR value greater than other variables, namely 9.754. These results are in line with the study by Gusrinawati & Hardisman (2020), who said that the husband's support is a dominant factor in exclusive breastfeeding. The husband has an important role in the process of exclusive breastfeeding, especially in babies who are cared for in the perinatology room. In this study, the husband was able to provide emotional support and instrumental, for other support still needs to be improved. Instrumental support is a form of husband support such as providing material things such as providing money, goods, and services, while emotional support is husband support by providing a safe, quiet, and peaceful place. However, if all forms of husband support are fulfilled, it will certainly increase the mother's desire to have the intention of providing exclusive breastfeeding (Kusumayanti & Nindya, 2018).

Although the results of this study show that husband support is the most influential factor in the intention of exclusive breastfeeding of infants in the perinatology space, some studies have found something different. Although not carried out on mothers with babies treated in the perinatology room, the results of research by Yusrina & Devy (2017) showed that behavioral beliefs and the desire to imitate were the most influential factors in the intention to breastfeed pregnant women. In other studies it is known that the intention to breastfeed by working mothers is influenced by attitudes, subjective norms, and perceptions of behavioral control (Dewi & Nurjanah, 2022). These factors were not looked back at in this study, so they are limitations that can be planned for future studies to involve other factors that have not been studied in population groups of breastfeeding mothers with infants treated in the perinatology room.

5. CONCLUSION

The conclusion of this study is that there are two factors that the mother's intention in exclusive breastfeeding of infants is treated in perinatology, including maternal knowledge and husband support. Among these two factors, husband support is the factor that most influences the mother's intention to exclusively breastfeed the baby treated in perinatology. Based on the results of this study, in providing nursing care to improve the achievement of exclusive breastfeeding, it can be recommended not only to provide education about exclusive breastfeeding knowledge but also education related to the role of family support, especially husbands. Then also, health education is provided not only for mothers but also husbands and the whole family. Therefore, further research, can also be found about the effectiveness of the provision of education on the achievement of exclusive breastfeeding for mothers with babies in the perinatology room.

6. CONFLICT OF INTEREST

The authors state no conflict of interest.

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