Papua Medicine and Health Science (PMHS)
Volume 1, Nomor 2, 2024
https://jurnal.fk-unipa.com/index.php/PMHS

The Relationship Between Family Support for Breastfeeding Companions and Maternal Behavior in Providing Exclusive Breastfeeding

Annisa Nurhayati Hidayat[1],Wiwi Wiarsih[2], Etty Nurkhayati[3]

[1,2,3] Undergraduate and Professional Midwifery Education Program, Universitas Faletehan, Indonesia

ARTICLE INFO

Article history

Received: 02 October 2024
Revised: 11 December 2024
Accepted: 31 December 2024

Keywords:

Husband's Support, Biological Mother, Mother-in-Law, Exclusive Breastfeeding

ABSTRACT/ ABSTRAK

ABSTRACT. *The achievement of exclusive breastfeeding in Indonesia has not yet reached 80%. In 2013, the exclusive breastfeeding rate was 42%, while in 2015, it was 41%. By 2018, the target had still not been met, with an achievement rate of only 37.3%. One contributing factor is the lack of support from husbands and families. This study aims to determine the relationship between family support for breastfeeding companions and maternal behavior in providing exclusive breastfeeding at Independent Midwife Practice (IMP) Hj. Apipah Rangkasbitung in 2023. This research employs a descriptive-analytic design with a cross-sectional method. The sample consists of 40 mothers with infants aged 6–24 months, selected using a total sampling technique. Data collection was conducted from November to January at IMP Hj. Apipah using a questionnaire. The results show that 55% of mothers received support from their husbands, 55% from their biological mothers, 52.5% from their mothers-in-law, and 70% of mothers provided exclusive breastfeeding. The Chi-Square statistical test indicates a significant relationship between support from husbands, biological mothers, and mothers-in-law in providing exclusive breastfeeding (P-value = 0.000). It is recommended that IMP Hj. Apipah provide Exclusive Breastfeeding Communication, Information, and Education to mothers and families, organize father-focused breastfeeding classes, and establish a family-based breastfeeding support system.*

Kata kunci:

Dukungan Suami, Ibu Kandung, Ibu Mertua, ASI Eksklusif

ABSTRAK. Pencapaian ASI Eksklusif di Indonesia belum mencapai 80%, tahun 2013 pencapaian ASI eksklusif sebesar 42%. Persentase bayi yang mendapat ASI eksklusif pada tahun 2015 sebesar 41%. Tahun 2018 pencapaian ASI eksklusif di Indonesia belum mencapai target yaitu sebesar 37,3%. Penyebabnya yaitu kurangnya dukungan dari suami dan keluarga. Tujuan penelitian ini untuk mengetahui apakah ada hubungan keluarga pendamping ASI terhadap prilaku ibu dalam pemberian ASI Eksklusif Di PMB Hj. Apipah Rangkasbitung tahun 2023. Metode Penelitian ini menggunakan desain penelitian deskriptif analitik dengan metode cross sectional. Sampel dalam penelitian ini ibu yang mempunyai bayi usia 6-24 bulan berjumlah 40 orang. Teknik pengambilan sampel dengan total sampling. Waktu dan tempat pengumpulan data dilakukan dari bulan November Sampai dengan Januari di PMB Hj. Apipah dengan menggunakan kuesioner. Hasil penelitian ini adalah ibu yang mendapatkan dukungan suami sebanyak 55%, dukungan ibu kandung (55%), dukungan ibu mertua (52,5%) dan ibu yang memberikan ASI eksklusif sebanyak (70%). Uji statistik Chi Square menunjukkan terdapat hubungan yang signifikan antara (suami, ibu kandung, dan ibu mertua) dalam pemberian ASI eksklusif (Pvalue 0.000). Diharapkan PMB Hj. Apipah dapat memberikan KIE ASI Eksklusif kepada ibu dan keluarga, mengadakan kelas ayah ASI, serta membentuk keluarga pendamping ASI.

Corresponding Author:
Annisa Nurhayati Hidayat
Undergraduate and Professional Midwifery Education Program, Universitas Faletehan, Indonesia
Email: annisa.fannisa13@gmail.com

INTRODUCTION

Breast milk is a natural source of nutrition for infants, providing the most suitable nutrients for optimal growth and development up to six months of age. The nutritional content of breast milk enhances the infant's immune system, allowing for healthy growth and development. Exclusive breastfeeding refers to feeding infants breast milk from birth up to six months without supplementing or replacing it with other food or drinks, except for medicine, vitamins, and minerals. Breast milk contains colostrum, which is rich in antibodies due to its high protein content, supporting immunity and effectively eliminating harmful bacteria. As a result, exclusive breastfeeding can reduce infant mortality rates (Amalia et al., 2021).

According to data released by the World Health Organization (WHO) in 2015, only about 44% of newborns worldwide received breast milk within the first hour of birth, and the number of infants under six months exclusively breastfed remained low. The coverage of exclusive breastfeeding was 25% in Central Africa, 32% in Latin America and the Caribbean, 30% in East Asia, 47% in South Asia, and 46% in developing countries. Overall, less than 40% of children under six months of age were exclusively breastfed. This figure falls short of WHO's 2025 target, which aims to increase the rate of exclusive breastfeeding to 50% (WHO, 2014).

Indonesia has set a target to improve nutrition as part of its health development efforts to combat stunting during the 2020–2024 period. One of its primary strategies is to promote exclusive breastfeeding, aiming to achieve a 60% coverage rate (Kemenkes RI, 2021). However, the exclusive breastfeeding rate in Indonesia has not yet reached 80%. According to the 2018 Basic Health Research report, the exclusive breastfeeding rate in Indonesia was only 37.3% (Riskesdas, 2018). The percentage of infants under six months receiving exclusive breastfeeding was 41%, while 55% continued breastfeeding until the age of two years (Pusdatin, 2015).

According to WHO data from 2020, an average of 44% of infants aged 0–6 months worldwide received exclusive breastfeeding during the 2015–2020 period, which remains below WHO's global target of 50% (WHO, 2020). In Indonesia, the national coverage of exclusive breastfeeding was 66.1%, surpassing the 2021 strategic plan target of 40%. However, the coverage in 2021 showed a decline compared to 2019, which recorded a rate of 67.74% (Kemenkes RI, 2021).

According to the Banten Provincial Health Office, in 2019, the percentage of exclusive breastfeeding for infants aged 0–6 months in Banten Province was 56.1% in 2018, showing a slight increase compared to 50.8% in 2017. The highest exclusive breastfeeding rate in 2018 was in Serang Regency, reaching 114%, followed by Tangerang Regency at 64.5% and Pandeglang Regency at 62.1%. The regions with the lowest exclusive breastfeeding rates were Cilegon City at 35.2%, Serang City at 37.5%, and Lebak Regency at 52.1% (Dinas Kesehatan Provinsi Banten, 2019).

The 2021 Indonesian Health Profile reported that exclusive breastfeeding for infants aged 0–6 months in Lebak Regency in 2020 reached 10,029 infants (70.0%). The coverage of exclusive breastfeeding in the regency has shown a fluctuating trend over the years. The exclusive breastfeeding coverage in Lebak Regency from 2018 to 2020 was 51.9% in 2018, increased to 76.9% in 2019, and then declined to 70% in 2020.

Exclusive breastfeeding is defined as providing breast milk from birth until six months of age without supplementing with other liquids or solid foods, such as formula milk, orange juice, honey, tea, water, bananas, papaya, milk porridge, biscuits, or rice (Haryono & Setyaningsih, 2014). Government Regulation No. 33 of 2012 on exclusive breastfeeding states that exclusive breastfeeding is the practice of feeding infants only breast milk from birth to six months without any additional or substitute food and beverages. Complementary feeding can be introduced after six months to meet the child's energy and nutritional needs (Ikatan Dokter Anak Indonesia, 2018).

Breast milk provides numerous benefits for both mothers and infants. The benefits of breastfeeding include ensuring optimal nutrition for infants and reducing the incidence of illness and mortality among children. Several epidemiological studies have shown that breast milk enhances immunity, protecting infants from various infectious diseases such as acute respiratory infections, otitis media, and diarrhea (Kemenkes RI, 2014).

Breast milk serves as an essential source of nutrition during a child's recovery from illness. It also lowers the risk of acute infections such as diarrhea, pneumonia, otitis media, meningitis, and urinary tract infections. Infants who are not breastfed are more susceptible to infectious diseases. The occurrence of infections in infants and young children often leads to malnutrition and underweight conditions. Exclusive breastfeeding reduces infant morbidity and mortality rates, decreases the risk of chronic diseases, and supports infant development. A decline in infant morbidity rates leads to reduced healthcare costs, thereby improving both family and national economic welfare. Additionally, breastfeeding is closely associated with a child's IQ development (Pusat Data dan Informasi Kemenkes RI, 2018).

The low rate of exclusive breastfeeding is attributed to several factors, including mothers' lack of knowledge about breastfeeding, low motivation, limited exclusive breastfeeding campaigns, insufficient support from healthcare workers, the promotion of formula milk, and a lack of family support for breastfeeding (Nurbaeti & Lestari, 2015). As a result, infants who do not receive exclusive breastfeeding are more susceptible to diarrhea compared to those who are exclusively breastfed. For mothers, breastfeeding offers benefits such as acting as a natural contraceptive, reducing the risk of breast cancer, and strengthening the maternal-infant bond (Yusrina & Devy, 2017). One of the critical factors in successful breastfeeding is family support. Family support encompasses the attitudes, actions, and acceptance of family members, as well as their willingness to provide assistance whenever needed (Friedman, 2014). This support may come from the husband, parents, or mother-in-law, who form the mother's closest environment throughout pregnancy, childbirth, and breastfeeding. When a mother decides to breastfeed, she often seeks advice from her family. If the family supports her decision, breastfeeding challenges can be more effectively addressed due to the strong support system (Nurani, 2013).

According to the study by Oyay et al. (2020), there is a highly significant relationship between maternal support, mother-in-law support, and spousal support in the practice of exclusive breastfeeding. Mothers who receive support from family members, particularly their husbands or partners, biological mothers, and mothers-in-law, tend to have greater confidence in breastfeeding. Family members should support and assist mothers in providing exclusive breastfeeding so that they feel capable of nursing their infants. A biological mother, for instance, naturally cares deeply for her daughter who has just given birth to her grandchild. Consequently, the mother's own experience in childbirth and childcare is often passed down to her daughter, including breastfeeding practices and infant care. Additionally, cultural norms often dictate that a new mother receives visits and assistance from her own mother.

Therefore, mothers who receive support from their biological mothers are more likely to provide exclusive breastfeeding.

One of the efforts to promote exclusive breastfeeding is by offering motivation and support to mothers during their breastfeeding journey. While support can come from both healthcare professionals and family members, the most influential factor is family support, particularly from the husband. Support from husbands and families can enhance a mother's confidence, comfort, and success in breastfeeding. Husbands are considered the most capable individuals in encouraging mothers to maximize exclusive breastfeeding. Support from husbands or other family members plays a crucial role in determining the success of breastfeeding (Haryono & Setyaningsih, 2014). To address this issue, healthcare professionals, especially midwives, play an essential role in reassuring mothers that they are capable of breastfeeding. Additionally, they should encourage husbands and families to support mothers by reinforcing the importance of breast milk as the best source of nutrition for infants and continuously providing positive reinforcement to ensure successful breastfeeding (Marmi, 2017).

The Indonesian government has implemented policies regarding exclusive breastfeeding, as stated in Government Regulation No. 33 of 2012. This policy consists of 10 chapters, 43 articles, and 55 clauses, with the primary objective of supporting and widely promoting exclusive breastfeeding across Indonesia. To assess the effectiveness of this policy, proper implementation must be ensured, as it significantly influences exclusive breastfeeding practices (PP No 33 Tahun 2012).

Based on the study by Mawaddah et al. (2018), maternal knowledge, attitudes, and support from husbands, biological mothers, and mothers-in-law greatly impact exclusive breastfeeding practices. A mother's knowledge affects her ability to exclusively breastfeed, the duration of exclusive breastfeeding, and the avoidance of complementary feeding due to awareness of its health consequences for the infant. A mother's attitude significantly influences her behavior in supporting exclusive breastfeeding. Moreover, spousal support is a crucial determinant, as a higher level of support from the husband increases the likelihood of the mother choosing exclusive breastfeeding for her baby.

A preliminary study conducted on October 15, 2023, at IMP Hj. Apipah Rangkasbitung involved interviews with 10 mothers who had infants aged 6–24 months. The findings revealed that 8 mothers did not practice exclusive breastfeeding, while only 2 mothers did. Several factors contributed to this, including a lack of maternal knowledge about breastfeeding, insufficient spousal support, and inadequate family support (Primary Data, 2023). Based on these findings, the researcher is interested in conducting a study on the relationship between family support and maternal behavior in exclusive breastfeeding at IMP Hj. Apipah in 2023.

RESEARCH METHOD

This study employs a quantitative research approach to examine the relationship between family support and mothers' behavior in providing exclusive breastfeeding at the Independent Midwife Practice (IMP) Hj. Apipah in 2023. The research design used is descriptive analytic with a cross-sectional method. A cross-sectional study examines the relationship between risk factors (independent variables) and effects (dependent variables) by

observing or measuring variables at a single point in time. The study population consists of all mothers with infants aged 6–24 months based on data from IMP Hj. Apipah between January and April 2023, totaling 40 individuals. The sample is selected from the entire population that meets the research criteria to ensure accurate representation. Therefore, the sample in this study includes all mothers with infants aged 6–24 months at IMP Hj. Apipah, totaling 40 participants. The data analysis consists of univariate and bivariate analysis. Univariate analysis describes the frequency distribution and percentage of research variables, including exclusive breastfeeding and support from husbands, biological mothers, and mothers-in-law. Meanwhile, bivariate analysis examines the relationship between family support and exclusive breastfeeding practices. The significance of the relationship is determined based on a p-value < 0.05. Additionally, the Relative Risk (RR) is calculated to evaluate the likelihood of mothers providing exclusive breastfeeding based on the support they receive. The data analysis technique is conducted using the Chi-Square test, with the assistance of IBM SPSS version 25.

RESULTS

The study was conducted at the Independent Midwife Practice (IMP) Hj. Apipah, an Independent Midwife Practice in Rangkasbitung. IMP Hj. Apipah is located at Kp. Malangnengah RT 001 RW 004, Cijoro Pasir Village, Rangkasbitung District. IMP Hj. Apipah is equipped with one delivery room, one examination room, one maternal and child health room, one waiting and registration area, and two bathrooms. The healthcare personnel at IMP Hj. Apipah include one doctor, two midwives, one administrative staff member, and one assistant staff member.

Univariate Analysis Results

Table 1. Frequency Distribution of Exclusive Breastfeeding

Exclusive Breastfeeding	Frequency	Percentage (%)
Exclusive Breastfeeding	28	70%
Non-Exclusive Breastfeeding	12	30%
Total	**40**	**100%**

Source: Processed Primary Data, 2024

Table 1 shows that 28 respondents (70%) provided exclusive breastfeeding to their babies, while 12 respondents (30%) did not

Table 2. Frequency Distribution of Husband's Support

Husband's Support	Frequency	Percentage (%)
Received Support	22	55%
Did Not Receive Support	18	45%
Total	**40**	**100%**

Source: Processed Primary Data, 2024

Table 2 presents the characteristics of respondents based on husband's support. It can be concluded that 18 mothers (45%) did not receive support from their husbands.

Table 3. Frequency Distribution of Maternal Support

Maternal Support	Frequency	Percentage (%)
Received Support	22	55%
Did Not Receive Support	18	45%
Total	40	100%

Source: Processed Primary Data, 2024

Table 3 presents the characteristics of respondents based on maternal support. It can be concluded that 18 mothers (45%) did not receive support from their own mothers.

Table 4. Frequency Distribution of Mother-in-Law Support

Mother-in-Law Support	Frequency	Percentage (%)
Received Support	21	52.5%
Did Not Receive Support	19	47.5%
Total	**40**	**100%**

Source: Processed Primary Data, 2024

Table 4 presents the characteristics of respondents based on mother-in-law support. It can be concluded that 19 mothers (47.5%) did not receive support from their mother-in-law in providing exclusive breastfeeding.

Table 5. Frequency Distribution of Mothers' Behavior in Providing Exclusive Breastfeeding

Exclusive Breastfeeding	Frequency	Percentage (%)
Yes	28	70%
No	12	30%
Total	**40**	**100%**

Source: Processed Primary Data, 2024

Table 5 presents the characteristics of respondents based on mothers' behavior in providing exclusive breastfeeding. It can be concluded that 12 mothers (30%) did not provide exclusive breastfeeding to their children.

Bivariate Analysis Results

Table 6. Relationship Between Husband's Support and Exclusive Breastfeeding

Husband's Support	Exclusive Breastfeeding				Total		P value	Relative Risk
	Yes		No					
	F	%	F	%	F	%		
Received Support	22	100	0	0	22	100		
Did Not Receive Support	6	33	12	67	18	100	**0.000**	**0.214**
Total	**28**	**70**	**12**	**30**	**40**	**100**		

Source: Processed Primary Data, 2024

Based on the table above, 6 mothers (33%) who did not receive support from their husbands still provided exclusive breastfeeding. However, 12 mothers (67%) who did not provide exclusive breastfeeding also did not receive support from their husbands.

The Chi-Square test results indicate that the relationship between husband's support and exclusive breastfeeding at IMP Hj. Apipah is statistically significant, with a p-value of 0.000. Since $p = 0.000 < 0.05$, it can be concluded that there is a significant relationship between husband's support and exclusive breastfeeding.

Additionally, the Relative Risk (RR) value is 0.214, meaning that mothers who receive support from their husbands are 0.214 times more likely to provide exclusive breastfeeding to their babies.

Table 7. Relationship Between Maternal Support and Exclusive Breastfeeding

Maternal Support	Exclusive Breastfeeding				Total		P value	Relative Risk
	Yes		No					
	F	%	F	%	F	%		
Received Support	22	100	0	0	22	100		
Did Not Receive Support	6	33	12	67	18	100	**0.000**	**0.214**
Total	**28**	**70**	**12**	**30**	**40**	**100**		

Source: Processed Primary Data, 2024

Table 7 indicates that 6 mothers (33%) provided exclusive breastfeeding despite not receiving support from their biological mothers. However, the majority of mothers who did not provide exclusive breastfeeding, 12 mothers (67%), also did not receive support from their biological mothers.

The Chi-Square test results show that the relationship between maternal support and exclusive breastfeeding at IMP Hj. Apipah is statistically significant, with a p-value of 0.000. Since $p = 0.000 < 0.05$, it can be concluded that there is a significant relationship between maternal support and exclusive breastfeeding.

Furthermore, the Relative Risk (RR) value is 0.214, meaning that mothers who receive support from their biological mothers are 0.214 times more likely to provide exclusive breastfeeding to their babies.

Table 8. Relationship Between Mother-in-Law Support and Exclusive Breastfeeding

Mother-in-Law Support	Exclusive Breastfeeding				Total		P value	Relative Risk
	Yes		No					
	F	%	F	%	F	%		
Received Support	21	100	0	0	21	100		
Did Not Receive Support	7	37	12	63	19	100	**0.000**	**0.214**
Total	**28**	**70**	**12**	**30**	**40**	**100**		

Source: Processed Primary Data, 2024

Table 8 indicates that 7 mothers (37%) provided exclusive breastfeeding despite not receiving support from their mothers-in-law. Meanwhile, the majority of mothers who did not provide exclusive breastfeeding, 12 mothers (63%), also did not receive support from their mothers-in-law.

The Chi-Square test results show that the relationship between mother-in-law support and exclusive breastfeeding at Independent Midwife Practice (IMP) Hj. Apipah is statistically significant, with a p-value of 0.000. Since $p = 0.000 < 0.05$, it can be concluded that there is a significant relationship between mother-in-law support and exclusive breastfeeding.

Furthermore, the Relative Risk (RR) value is 0.250, meaning that mothers who receive support from their mothers-in-law are 0.250 times more likely to provide exclusive breastfeeding to their babies.

DISCUSSION

Exclusive Breastfeeding

Based on the study results, 28 respondents (70%) exclusively breastfed their babies, while 12 respondents (30%) did not. This indicates that the majority of mothers at Independent Midwife Practice (IMP) Hj. Apipah provide exclusive breastfeeding to their infants.

A study by Trisnawati et al. (2023) found that among 42 respondents, the majority—32 mothers (76.2%)—provided exclusive breastfeeding, while 10 mothers (23.8%) did not. Similarly, research conducted by Wulandari & Handayani (2014) at Danurejan I Public Health Center, Yogyakarta, reported that 41 respondents (74.5%) practiced exclusive breastfeeding, whereas 14 respondents (25.5%) did not.

However, findings from Haliza (2023) in Padurunga Village, Bangkalan, Madura, highlight cultural practices that are inconsistent with exclusive breastfeeding recommendations. The study revealed that some mothers introduced complementary foods or drinks—such as bananas, honey, porridge, or water—to infants before reaching six months of age. This practice is rooted in the belief that such supplementation improves infant health. Many mothers assume that crying indicates hunger and believe that breast milk alone is insufficient to satisfy their babies.

The study results show that 22 respondents (55%) received support from their husbands, whereas 18 respondents (45%) did not. This finding suggests that mothers who receive support from their husbands are more likely to practice exclusive breastfeeding.

In this study, mothers who received strong support from their husbands were more likely to exclusively breastfeed their babies. Husbands play a crucial role in providing assistance and emotional support to breastfeeding mothers. Their involvement can significantly impact the mother's psychological well-being, which in turn enhances the let-down reflex and promotes smooth breast milk production. When breast milk production is optimal, the chances of successful exclusive breastfeeding increase.

Maternal Support in Exclusive Breastfeeding

Based on the study results, 22 respondents (55%) received support from their mothers, while 18 respondents (45%) did not. This finding indicates that mothers who receive support from their own mothers are more likely to practice exclusive breastfeeding.

A biological mother is one of the closest figures to a new mother, aside from her husband. Support from close family members serves as a strong motivation for a mother to breastfeed exclusively. A mother's instinct, upon seeing her daughter struggle with caring for a newborn, is to assist and ensure the best possible care for both her daughter and grandchild, including in exclusive breastfeeding.

According to Rahmayanti et al. (2018), forms of maternal support include assisting with daily activities, ensuring a nutritionally balanced diet, providing breastfeeding guidance, and sharing personal breastfeeding experiences. However, in some cases, a biological mother may also become a barrier to exclusive breastfeeding. Nurlinawati et al. (2016) found that some grandmothers introduce complementary foods before the baby reaches six months, based on their past child-rearing experiences.

Mothers who receive support from their own mothers are more likely to breastfeed exclusively. A supportive mother reminds the nursing mother to maintain a nutritious diet to ensure a smooth milk supply. She also assists in childcare and provides help when difficulties arise. Strong maternal support can significantly enhance exclusive breastfeeding practices. The greater the support provided by a mother, the higher the likelihood of successful exclusive breastfeeding.

Mother-in-Law's Support in Exclusive Breastfeeding

Based on the study results, 21 respondents (52.5%) received support from their mothers-in-law, while 19 respondents (47.5%) did not. This finding indicates that mothers who receive support from their mothers-in-law are more likely to practice exclusive breastfeeding. In this study, all mothers who received strong support from their mothers-in-law exclusively breastfed their babies. Positive support from a mother-in-law can enhance exclusive breastfeeding practices among nursing mothers. A supportive mother-in-law who actively participates in infant care can encourage and motivate the mother to exclusively breastfeed her baby. Additionally, when a mother-in-law supports the exclusive breastfeeding process for six months by refraining from introducing other foods or liquids, the likelihood of successful exclusive breastfeeding increases.

These findings align with a previous study by Trisnawati and Widyastutik (2018), which emphasized the importance of lactation management and family support in improving exclusive breastfeeding success rates. Their study revealed that mothers who lacked support from their mothers-in-law had a higher tendency (93.4%) to experience failure in exclusive breastfeeding compared to those who received support (56.3%). The chi-square test results showed a p-value = 0.000, which is smaller than $\alpha = 0.05$, indicating a significant relationship between mother-in-law support and exclusive breastfeeding success.

Maternal Behavior in Exclusive Breastfeeding

Based on the study results, 28 respondents (70%) provided exclusive breastfeeding, while 12 respondents (30%) did not.

Most mothers in this study exclusively breastfed their babies. Mothers with good psychological conditions are more likely to practice exclusive breastfeeding. Those with strong confidence and self-belief tend to avoid giving formula milk to their babies. Additionally, a supportive family and social environment significantly ease the process of exclusive breastfeeding for six months.

These findings align with the study by Sasi & Qomaruddin (2022), which identified two key themes: limitations in breastfeeding and strategies to overcome them. The majority of mothers experienced challenges such as insufficient milk production and anatomical factors, which were influenced by various aspects. Internal factors, such as mood changes and maternal mental health, along with external factors, such as an unsupportive environment, played a role in determining the smooth production of breast milk. To overcome these barriers, mothers implemented several strategies, including maintaining their health, meeting nutritional needs, and ensuring psychological stability. Therefore, support from both family and healthcare professionals is crucial to enhancing the success of exclusive breastfeeding.

The Relationship Between Family Support (Husband, Biological Mother, and Mother-in-Law) and Exclusive Breastfeeding

The Chi-Square test results on the relationship between husband, biological mother, and mother-in-law support in exclusive breastfeeding at IMP Hj. Apipah showed a

significance value (p-value) of 0.000. The statistical test confirmed that p-value = 0.000 is smaller than 0.05 (0.000 < 0.05), indicating a significant relationship between family support and exclusive breastfeeding.

This study found that support from the husband, biological mother, and mother-in-law significantly influences a mother's behavior in exclusive breastfeeding. The encouragement and assistance provided by family members play a crucial role in motivating mothers to breastfeed exclusively. Emotional, instrumental, informational, and appraisal support from family members can significantly enhance a mother's ability to practice exclusive breastfeeding. Therefore, strong support from the husband, biological mother, and mother-in-law increases the likelihood of successful exclusive breastfeeding for six months.

In addition to family support, midwives and healthcare professionals play a vital role in promoting exclusive breastfeeding. Midwives can provide informational support, such as counseling and education about exclusive breastfeeding for both mothers and families, as well as teaching proper breastfeeding techniques. They can also reinforce awareness by displaying posters about exclusive breastfeeding in antenatal examination rooms and patient waiting areas (Rohemah, 2020).

Healthcare providers should also promote public awareness regarding the importance of exclusive breastfeeding and encourage fathers' involvement by organizing Father's Breastfeeding Classes (Andreinie & Riyana, 2019). The Ayah ASI Indonesia initiative focuses on disseminating breastfeeding-related health information while actively engaging fathers in supporting breastfeeding mothers. Furthermore, family-centered maternity care can be implemented through postnatal education and interventions for both mothers and family members, ensuring optimal breastfeeding support (Asmuji & Indriyani, 2014).

CONCLUSION

The exclusive breastfeeding rate at PMB Hj. Apipah Rangkasbitung reached 70% (28 respondents), while 30% (12 respondents) did not practice exclusive breastfeeding. Family support played a crucial role, with 55% (22 respondents) receiving support from their husbands, 55% (22 respondents) from their biological mothers, and 52.5% (21 respondents) from their mothers-in-law. Statistical analysis showed a significant relationship between family support and exclusive breastfeeding (p = 0.000 < 0.05). Future research is encouraged to explore the role of family support further and consider different research methods to gain deeper insights into exclusive breastfeeding practices.

REFERENCES

Amalia, A. E., Daracantika, A., Fikriyah, D., Nurmarastri, D., Fitria, H., Hakeem, N., Khampa, N., Sajid, N., Kanza, R., Harianja, R., Meilinda, Z., & Besral. (2021). Pengetahuan, Sikap, Dan Perilaku Ibu Terhadap Asi Eksklusif Di Kabupaten Bogor. *Jurnal Pengabdian Kesehatan Masyarakat (Pengmaskesmas)*, *1*(1), 1–8.

Andreinie, R., & Riyana, S. (2019). Hubungan Breastfeeding Father Dengan Pemberian Asi Eksklusif. *Cendekia Medika*, *4*(2), 139–146.

Asmuji, & Indriyani, D. (2014). Model Edukasi Postnatal Melalui Pendekatan Fcmc. *Jurnal Keperawatan*, *5*(2), 128–141.

Dinas Kesehatan Provinsi Banten. (2019). *Profil Dinas Kesehatan Provinsi Banten Tahun 2018*. Dinkes.

Friedman, M. M., Bowden, V. R., Jones, E., Service), S. (Online, & -, T. D. S. (Firm) T. A.-T. T. (2003). *Family Nursing : Research, Theory & Practice* (5th Ed Nv). Prentice Hall Upper Saddle River, N.J. Https://Doi.Org/Lk - Https://Worldcat.Org/Title/184842893

Haliza, N. (2023). Hubungan Sosial Budaya Dan Dukungan Keluarga Dengan Pemberian Asi Eksklusif. *Jmswh Journal Of Midwifery Science And Women's Health*, *4*(1), 34–39. Https://Doi.Org/10.36082/Jmswh.V4i1.11 02

Haryono, R., & Setyaningsih, S. (2014). *Manfaat Asi Eksklusif Untuk Buah Hati Anda*. Gosyen Publishing.

Ikatan Dokter Anak Indonesia (IDAI). (2018). *Pemberian Makanan Pendamping Air Susu Ibu (Mpasi)*. Ikatan Dokter Anak Indonesia.

Kemenkes RI. (2014). *Situasi & Analisis Asi Eksklusif*. Kemenkes Ri.

Kemenkes RI. (2016). *Pedoman Umum Program Indonesia Sehat Dengan Pendekatan Keluarga*. Kementerian Kesehatan Republik Indonesia.

Kemenkes RI. (2021). *Profil Kesehatan Indonesia 2020*.

Marmi. (2017). *Asuhan Kebidanan Pada Masa Nifas "Puerperium Care."* Pustaka Pelajar.

Nurani, A. (2013). *7 Jurus Sukses Menyusui*. Pt. Elex Media Komputindo.

Nurbaeti, I., & Lestari, K. B. (2015). Efektivitas Comprehensive Breastfeeding Education Terhadap Keberhasilan Pemberian Air Susu Ibu Postpartum. *Jurnal Keperawatan Padjadjaran*, *1*(2). Https://Doi.Org/10.24198/Jkp.V1i2.56

Nurlinawati, Sahar, J., & Permatasari, H. (2016). Dukungan Keluarga Terhadap Pemberian Asi Eksklusif. *Jambi Medical Journal*, *4*(1).

Oyay, A. F., Sartono, A., & Handarsari, E. (2020). Dukungan Ibu Kandung, Mertua Dan Suami Dengan Praktek Asi Eksklusif (0-6 Bulan) Di Kampung Sereh Wilayah Puskesmas Sentani Papua. *Jurnal Gizi*, *9*(1), 159. Https://Doi.Org/10.26714/Jg.9.1.2020.159-166.

Peraturan Pemerintah Republik Indonesia Nomor 33 Tahun 2012: Pemberian Air Susu Ibu Eksklusif, (2012).

Pusdatin. (2015). *Pusat Data Dan Informasi Kementerian Kesehatan Republik Indonesia*. Kemenkes RI.

Rohemah, E. (2020). Dukungan Bidan Terhadap Pemberian Asi Eksklusif Di Puskesmas Jamblang Kabupaten Cirebon Tahun 2020. *Syntax Literate: Jurnal Ilmiah Indonesia*, *5*(7), 274. Https://Doi.Org/10.36418/Syntax- Literate.V5i7.1459.

Sasi, D. K., Devy, S. R., & Qomaruddin, M. B. (2022). Perilaku ibu dalam mengatasi hambatan pemberian ASI. *Jurnal Keperawatan, 20*(3), 13-22.

Trisnawati, E., & Widyastutik, O. (2018). kegagalan asi eksklusif: manajemen laktasi dan dukungan keluarga. In *Jurnal Formil (Forum Ilmiah) Kesmas Respati* (Vol. 3, No. 2, p. 89).

Trisnawati, R., Hamid, Si. A., & Afrika, E. (2023). Hubungan Pekerjaan Ibu, Inisiasi Menyusu Dini (Imd) Dan Dukungan Keluarga Dengan Pemberian Asi Eksklusif Di Wilayah Kerja Puskesmas Punti Kayu Palembang Tahun 2022. *Jurnal Ilmiah Universitas Batanghari Jambi*, *23*(2).

World Health Organization (Who). (2014). *Global Nutrition Targets 2025: Breastfeeding Policy Brief*. World Health Organization.

World Health Organization (Who). (2020). *Infant And Young Child Feeding*. News.

World Health Organization (Who). (2023). *Breastfeeding*. Health Topic.

Yusrina, A., & Devy, S. (2017). Faktor Yang Mempengaruhi Niat Ibu Memberikan Asi Eksklusif Di Kelurahan Magersari, Sidoarjo. *Jurnal Promkes*, *4*, 11. Https://Doi.Org/10.20473/Jpk.V4.I1.2016. 11-21.