



## Social Support for Exclusive Breastfeeding Behavior in the Bulili Community Health Center Working Area, South Palu District

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### Abstract

Exclusive breastfeeding is known as the thing that can have the biggest influence on a child's survival, growth and development. Based on the preliminary study, it was found that in the Bulili Community Health Center working area there are still mothers who have not given exclusive breastfeeding to their babies. This research aims to find out "Social Support for Exclusive Breastfeeding Behavior in the working area of Bulili Community Health Center, South Palu District. A qualitative study with a phenomenological study approach, which is a study that seeks the "essence" of the meaning of a phenomenon experienced by several individuals. The informants in this qualitative research were 21 people, 10 breastfeeding mothers, 10 families with 7 husbands and 3 closest relatives and 1 person was a health worker. Data collection through source triangulation and technical triangulation, namely in-depth interviews, and documentation using interview guidelines Result of the study exclusive breastfeeding behavior in the Bulili Health Center area, South Palu District, is still low due to lack of social support from families and adequate access to information. Informants have limited understanding about exclusive breastfeeding, so the implementation and handling of problems related to exclusive breastfeeding is still weak. Social support is still very necessary in terms of providing exclusive breastfeeding and the support of health workers as birth attendants has the most obvious influence on the success of implementing exclusive breastfeeding. Exclusive breastfeeding is influenced by various interrelated factors. The good social support that mothers receive has an important role in influencing the success and continuation of the practice of exclusive breastfeeding.

**Keywords:** Baby, Exclusive Breastfeeding, Mother, Social Support

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### 1. Introduction

According to the United Nations Children's Fund (UNICEF) in 2019, 2.4 million children died in the first 30 days of life, and as many as 6,700 babies were born every day, with around a third of all neonatal deaths occurring within the first day after birth, and almost three quarters occurred in the first month. The higher number of infant deaths during the neonatal period needs to be reviewed due to the presence of neonatal problems such as diarrhea and pneumonia. Exclusive breastfeeding is very important for babies aged 0-6 months because all the nutritional content is contained in breast milk [1]. UNICEF recommends that to reduce the death rate, every child should be given exclusive breast milk for the first 6 months and complementary breast milk (MP-ASI) given after 6 months. Breastfeeding continues until the child is 2 years old. Most infant deaths can be caused by a lack of exclusive breastfeeding and the low nutritional status of pregnant women [2]. Based on the

2017 Indonesian Demographic and Health Survey (SDKI), the Neonatal Mortality Rate (AKN) is the number of babies who died in the first 28 days after birth and reached 15 out of every 1,000 babies born alive. The Infant Mortality Rate (IMR) is the number of babies who die. Before reaching the age of 1 year, and reaches 24 out of every 1,000 babies born alive, and the Infant Mortality Rate (AKABA) from the number of children under 5 years of age who die, and reaches 32 out of every 1,000 live births. This condition has not yet reached the expected target in 2024. AKN is expected to fall to 10 out of every 1,000 live births, IMR to 16 out of every 1,000 live births, and AKBA can reach 18.8 out of every 1,000 live births in 2030 [3]. The Indonesian Ministry of Health (2019) shows that pneumonia and diarrhea are still the main causes of death in children aged 29 days to 11 months in Indonesia. There were 979 deaths due to pneumonia and 746 deaths due to diarrhea. Exclusive breastfeeding, immunization, and good parenting are very important preventive measures to reduce the risk of death in children.

Exclusive breastfeeding can protect babies from infection and disease, while immunization can help prevent infections that can cause pneumonia, diarrhea, malaria, and tetanus. It is important to increase public awareness about the importance of prevention and appropriate health care, good parenting patterns are also important to maintain children's health, such as providing nutritious food and ensuring a clean and safe environment [4]. At the Palu City regional level, the policy regarding exclusive breastfeeding is contained in Palu City Regional Regulation Number 2 of 2019 concerning the Implementation of Reproductive Health. Article 13 of this regulation explains that every baby has the right to receive exclusive breast milk for 6 months, except for babies whose mothers have medical indications. Article 11 also emphasizes the role of regional governments in efforts to increase exclusive breastfeeding coverage. One thing that can be done is health promotion efforts regarding the importance of exclusive breastfeeding through increasing access to and quality of information, education, and counseling. This can provide benefits for regional development, such as preventing pregnancy 6 months after birth and improving the health of mothers, babies and children. The Palu City Government, through the Health Service, runs an exclusive breastfeeding program by employing breastfeeding counselors and training health workers in lactation management [5]. Deaths of babies under five years old (toddlers) in Central Sulawesi amounted to 385 cases. Of that number, 297 cases (77.14%) died in the age range of 0-28 days (neonatal). A total of 66 cases (17.14%) died between the ages of 29 days-11 months (post-neonatal) and 22 cases (5.71%) died between the ages of 12-59 months (under-five children). Efforts to reduce the number and rate of Neonatal Mortality (AKN) to 10 per 1000 live births in 2030 are expected to be realized soon. Conditions in the last 5 years in Central Sulawesi show that deaths in the 0-28 day age range have decreased, although not significantly, where from a total of 336 cases of neonatal deaths in 2020, it fell to 297 cases of neonatal deaths in 2021, although the position of the death rate is still the same. At level 6/1000 KH. Neonatal deaths are still the largest group, namely around 77% or 297 cases out of a total of 385 cases of under-five deaths. This shows that deaths that occur at the age of 0-28 days are still very likely to be influenced by the mother's condition during pregnancy, childbirth, care of the newborn and exclusive breastfeeding [6].

The trend of increasing coverage of exclusively breastfed babies in Central Sulawesi Province has increased on average since 2017 but is not significant from year to year. The target for Central Sulawesi's ASI achievement is 60%. On average, the percentage of coverage of babies aged less than 6 months receiving exclusive breastfeeding in Central Sulawesi Province from 2017 to 2021 experienced a trend of increase that was not too significant from year to year, in 2017 it was 56.6%, and in 2018 amounted to 57.7%, but in 2019 it decreased to 54.7%, in 2020 it increased to 61.9% and in 2021 it decreased to 53.5%. The National Medium Term Development Plan (RPJMN) target in Indonesia for babies aged less than 6 months who receive exclusive breast milk is 80%. To achieve the target, there is still a need for strengthening activities, including conducting breastfeeding counseling and collaborating with health cadres, PKK, and NGOs in providing education about exclusive breastfeeding to the community, especially pregnant and breastfeeding

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mothers, optimizing the role of the family in increasing exclusive breastfeeding. [6]. Based on data from the Palu City Health Service regarding the percentage of exclusive breastfeeding from 13 Community Health Centers in Palu City, there are still several community health centers with low numbers of exclusive breastfeeding which are still below the target of 45%, namely Pantoloan Community Health Center with 44.19% coverage of exclusive breastfeeding, Singgani Community Health Center 31.78%, and Bulili Community Health Center 22.90%. Exclusive breastfeeding coverage at the Bulili Community Health Center was the lowest coverage in Palu City from 2016 to 2019, namely 49.5%, in 2016 it decreased to 38.3% in 2017, in 2018 decreased to 36.25%, and 2019 to 37.7%, and in 2020 it rose to 45.7% but experienced a decline again in 2021, namely 22.90%. This achievement is still half of the national target, namely 60% [7]. Exclusive breastfeeding coverage at the Bulili Community Health Center is the lowest in the city of Palu, namely 22.90%. This data was obtained from the Bulili Community Health Center in 2021 for two sub-districts, namely Petobo and South Birobuli. As a result, the coverage of exclusive breastfeeding in Petobo is 23.63%, with a percentage of 19 male babies receiving breast milk out of 90 male babies and 24 female babies receiving breast milk out of 92 female babies, with a total of only 43 babies. Who received exclusive breast milk out of a total of 182 babies. On the other hand, the coverage of exclusive breastfeeding in South Birobuli reached 22.27%, with a percentage of 22 male babies receiving breast milk out of 100 male babies, and 25 female babies receiving breast milk out of 111 female babies. Overall data shows that the coverage of exclusive breastfeeding is only 22.90% with a total of 41 male babies and 49 female babies who are given breast milk 149 male babies and 154 female babies who are not exclusively breastfed. The number of babies in the two sub-districts who were stunted was 23 babies, and babies who were malnourished, namely 11 babies. Of course, this condition is still an important problem in terms of low levels of exclusive breastfeeding [8]. Based on the results of a preliminary study at the Bulili Health Center for nutrition officers in the work area, Health Center Information was obtained that there are still some mothers, families, and communities who do not fully understand the importance of giving exclusive breast milk to babies. According to nutrition officers, it is not uncommon for mothers who already know the importance of breastfeeding but are still reluctant to breastfeed due to support factors from parents, especially in-laws, regarding giving MP-ASI not on time, and also not getting full support from their husbands regarding breastfeeding and sometimes also supported to provide formula milk. Currently, there is only 1 breastfeeding counselor at the Bulili Community Health Center who has gone through lactation management training but maternal participation in utilizing this service is somewhat lacking and there are several things that influence exclusive breastfeeding due to the lack of breast milk production in breastfeeding mothers, breast milk not yet coming in, mothers being busy. Leaving their children to carry out their activities by replacing breast milk with formula milk, sugar water, and tea and also being influenced by family support from husbands, parents, and in-laws who still consider breastfeeding that is not done exclusively as normal. Apart from that, there were two breastfeeding mothers who provided information about the breastfeeding challenges they

faced, namely that their parents and in-laws suggested giving MP-ASI early, giving formula milk and tea. The influence of in-laws in this case is very difficult for mothers to resist because they have to watch their words and accept their advice.

## **2. Materials and Methods**

### **2.1. Type of research**

This type of research is qualitative research with a phenomenological study approach, which is a study that looks for the "essence" of the meaning of a phenomenon experienced by several individuals, everything that arises from experience, the way we experience something, and the meaning that can be taken from our experience [9].

### **2.2. Population and Sample**

The research was carried out from 02 May to 30 May 2023 by conducting interviews with as many as 21 people, 10 breastfeeding mothers, 10 families with 7 husbands and 3 closest relatives and 1 person is a health worker. Data collection through source triangulation and technical triangulation, namely in-depth interviews, and documentation using interview guides.

### **2.3. Data Collection**

The data collection process for this research was carried out after obtaining approval from the Ethics Commission of the Faculty of Public Health, Hasanuddin University. To maintain confidentiality and participant consent, the interview process was carried out after participants received an initial explanation regarding the purpose of the research gave permission to have their voices recorded during the interview, and agreed to the informed consent given by the researcher. After that, the interview began with open questions contained in the semi-structured interview guide. The interview question items are about the relationship between social supports in providing exclusive breastfeeding, the parties involved, the coordination and participation carried out and the mutual agreements formed. Not all participant names used in the research are their real names. Qualitative descriptive analysis techniques with phenomenological presentation are used to collect, describe, describe, and analyze various conditions related to exclusive breastfeeding behavior, including knowledge, attitudes, maternal practices related to breastfeeding, provision of information, social support, and access to health services that can influence exclusive breastfeeding. This can help in seeing the obstacles and challenges that need to be overcome to increase exclusive breastfeeding.

## **3. Results and discussion**

The informants in this qualitative research were 21 people, 10 breastfeeding mothers, 10 families with 7

husbands and 3 closest relatives and 1 person was a health worker.

### **3.1 Informant Characteristics**

The informants in this qualitative research were breastfeeding mothers, families, and health workers with a total of 21 people. 10 breastfeeding mothers, 10 families with 7 husbands and 3 closest relatives and 1 person is a health worker. In detail, the informants can be seen in the following table: (Table 1).

### **3.2 Social Support**

Research shows that social support has an important role in a mother's decision to provide exclusive breastfeeding. Support from the husband, in-laws, and environment plays an important role. The role of health workers is crucial in helping mothers overcome challenges and providing support related to exclusive breastfeeding. Mothers who have good knowledge and experience regarding exclusive breastfeeding tend to be more successful in providing exclusive breastfeeding to their babies. Social support plays a crucial role in encouraging and maintaining the practice of exclusive breastfeeding. When a mother is given social support, the positive impact is far-reaching. She gets easier access to important information about exclusive breastfeeding and baby needs. This support also gives mothers tools to overcome mental challenges, such as stress and anxiety that may arise along the breastfeeding journey. In addition, the emotional aspect is also covered, with the presence of emotional support that can reduce the psychological burden and provide a place to talk about experiences and feelings related to breastfeeding. In this case, support can take the form of physical help with baby care or household tasks, giving the mother more time and energy to focus on breastfeeding. Give mothers recognition and acceptance of their role in providing exclusive breastfeeding with more confidence. Therefore, when mothers feel supported, their motivation is higher, their self-confidence is stronger, and their ability to maintain exclusive breastfeeding practices increases. "My husband rarely pays attention, especially when he has to go to work in the morning. "Usually, my in-laws help with housework and look after the children" (FB, 20 years old. Breastfeeding Mother. Thursday, 4 May 2023). "Only my husband supports me. My in-laws sometimes help by giving porridge or mashed bananas to my child so that the baby gets used to it and doesn't get shocked according to the midwife, babies should only get breast milk my milk doesn't always flow well, so I sometimes give them milk. I actually do not mind giving milk, but when the baby is immediately given porridge... reluctant to say it should not be done. Because he is worried that he will be seen as fighting" (RN, 19 years old. Breastfeeding mother. Wednesday, May 5, 2023). "Only minimal attention from my husband, he is more worried about the children regarding motivation, there is none, we as wives also want to feel cared for, not just the children... attention is rare for me" (HL, 37 years old. Breastfeeding mother. Wednesday, May 5, 2023). "Didn't get any information from the family about breast milk, only at the Integrated Healthcare Center. If breast milk does not flow well, I give formula milk so the baby does not cry. My family doesn't always ask or provide support, if they see me giving

breast milk or just regular milk" (EL, 22 years old. Breastfeeding Mother. Thursday, 11 May 2023). "Rarely communicate with neighbors, only if there is a need no discussion about breast milk, just daily life" (DW, 27 years old. Breastfeeding mother. Monday, 15 May 2023). "Only with my husband can we confide in each other. "If my neighbors don't bother me that much, I'll just say hello" (GL, 19 years old. Breastfeeding mother. Saturday, May 20, 2023). The results of the interview showed that the social support received was from the husband and mother-in-law. A number of mothers also acknowledged the support from their mothers. In fact, several mothers said that their in-laws provided support but contradicted the behavior of exclusive breastfeeding by providing soft foods such as porridge, and mashed bananas. The husband's role is proven to be important in providing support, motivation, and attention to the mother. Although support from husbands and family may vary, including providing understanding, helping with household tasks, or looking after children when the husband is at home, this is considered to have a positive impact by some mothers. The mother's husband and closest family members were also acknowledged as providing alternatives such as tea, sugar water, and formula milk when they faced problems or limitations in breastfeeding. When facing difficulties in breastfeeding, some mothers choose formula milk as an alternative. The surrounding environment, such as neighbors or friends, does not always provide significant support or adequate information regarding exclusive breastfeeding. Although some mothers consider social support useful, there are also mothers who rely on personal knowledge and experience in overcoming problems or are not even very influenced by social support in implementing exclusive breastfeeding practices.

Mothers also stated that they did not have a group of friends who specifically discussed exclusive breastfeeding, so they relied more on other sources of information in their breastfeeding journey. Researchers also conducted in-depth interviews with family informants regarding social support, the results of the interview were as follows. "When I come home from work, I usually help look after the children. If there are holidays, I help more to look after the children" (AS, 33 years old. Husband. Wednesday, May 5, 2023). "The food with lots of vitamins, drink herbal concoctions, for Kaili people there are special concoctions made for breastfeeding mothers" (WP, 38 years old. Wednesday, May 5, 2023). "My wife often wakes up in the middle of the night if the child is fussy, I help put the child to sleep and change diapers. My wife also feels tired from caring for children, even though she rarely complains" (IT, 29 years old. Husband. Thursday, 11 May 2023). "what's more, if your wife is bored at home, she takes her out for a walk, because she is tired of taking care of the children all day. "As for information, you can often get it at the. Integrated Healthcare Center. Go to them Public health center if someone is sick, get treatment" (SM, 27 years old. Monday, 15 May 2023). "I help look after my grandchildren, cook, give milk and food, wash my grandchildren's clothes when they stay overnight" (FN, 46 years old. In-laws. Monday, 15 May 2023). "Our family is not too worried if the mother does not give breast milk... we can give milk or porridge, no problem. In the past, we could only drink tea with sugar, but now it's different" (PE, 56 years old. In-laws. Thursday, 11 May 2023). "Nothing, just get treatment if

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you're sick" (ZR, 50 years old. In-laws. Saturday, May 20, 2023). The results of interviews with family informants showed that the majority of fathers/mothers supported the mother's decision to provide exclusive breastfeeding and felt comfortable with this decision. They also provide sufficient support to mothers during the breastfeeding period, such as helping to care for the baby and taking care of the household. Apart from that, they also try to help mothers maintain their physical and mental health, such as providing entertainment, taking them out for a walk, or eating nutritious food. In terms of maintaining a healthy diet, fathers/mothers remind mothers not to eat too slowly and to consume healthy and nutritious food. Although there are also some foods that are actually good for breastfeeding mothers to consume, they are considered taboo foods for breastfeeding mothers. As for the understanding of social support for mothers who are breastfeeding, it is quite varied, several informants admitted that they did not know or did not understand the concept of social support specifically. When facing obstacles and difficulties in providing exclusive breastfeeding, fathers/mothers try to help mothers in various ways, such as providing emotional support, providing formula milk, or helping with household chores. In supporting the mother's decision to exclusively breastfeed, they provide attention and assistance in daily activities, such as changing diapers, helping care for the child, and maintaining the mother's health. However, there were relatively few concerns or questions they wanted to convey to medical personnel or lactation consultants regarding exclusive breastfeeding for babies, and most informants admitted that they did not have questions or concerns that needed to be conveyed. Researchers also conducted in-depth interviews with health worker informants regarding social support, and obtained the following results. "Yes, we also have a program, called Love Massage. "So for pregnant women, before giving birth, they do a love massage so that their breast milk products are good, there is also information related to exclusive breastfeeding," (MG, 29 years old. Health worker. Friday, 26 May 2023). "There are usually activities at the posyandu, usually we have toddler classes, breastfeeding mother classes. "That's where the mother is, well, there the health workers share information for babies and toddlers, information about breastfeeding is also provided, at the posyandu it is usually held according to the situation, there are also usually confiding or question and answer sessions between health workers and mothers" (MG, 29 years old. Energy Health. Friday, 26 May 2023). "Social support is actually very important, because it includes husbands, parents, in-laws, family. If everyone supports breastfeeding, it is certain that the mother will also breastfeed, unless there are obstacles or other things, she must also consult with health workers directly... what support should be given to breastfeeding mothers, because the role of the family is very important in whether the mother is better choose to give breast milk or formula milk, depending on the support background of the family" (MG, 29 years old. Health worker. Friday, 26 May 2023). The results of interviews with health worker informants showed that health workers provided support regarding exclusive breastfeeding. They implement the Love Massage program, which aims to ensure the good quality of breast milk products by providing massage to pregnant women before giving birth. Apart from that, health workers also provide information regarding exclusive breastfeeding.

In the surrounding environment, there are breastfeeding mother support groups, which are usually held at posyandu. Toddler classes and breastfeeding mother classes are places for mothers to share information and get support. Health workers help mothers to join the group by providing information and sharing or question and answer sessions at the posyandu. Health workers can help mothers build good social support by providing information regarding exclusive breastfeeding, providing an understanding of the benefits of breastfeeding, and providing knowledge to families about how to support mothers in providing exclusive breastfeeding. Health workers play a role in inviting the community to support mothers' decisions to provide exclusive breastfeeding. They provide education and information at community health centers and posyandu about love massage, the benefits of exclusive breastfeeding, nutrition in breast milk, and long-term health benefits for babies and mothers. In addition, health workers provide counseling for mothers who experience difficulties in breastfeeding. To ensure that the social support provided to mothers is in line with recommended exclusive breastfeeding practices, health workers involve mothers in in-depth counseling. By involving mothers, health workers can understand mothers' needs, challenges, and hopes regarding exclusive breastfeeding. This allows health workers to provide social support that is appropriate to the mother's individual situation and condition. Thus, it becomes imperative for mothers to seek and receive appropriate social support during the journey of exclusive breastfeeding. This step can help maintain motivation and enthusiasm, as well as provide the physical and mental support needed to face challenges and achieve success in exclusive breastfeeding. Social support is closely related to exclusive breastfeeding behavior. Support can be obtained from family (parents or partner), friends, society or a group from a certain community. The social support needed for the success of giving exclusive breastfeeding to mothers is the family, environment, or workplace. Family social support is an effort given to other people, both morally and materially, to motivate that person to carry out activities. Support or support from other people or those closest to you plays a big role in the success or failure of breastfeeding. The greater the support you receive to continue breastfeeding, the greater your ability to persist in breastfeeding. [10].

Based on research (Fartaeni et al., 2018) shows that there is a relationship between family social support and exclusive breastfeeding behavior. The family is a very important part of the factors that are needed by a mother in her success in providing exclusive breastfeeding. Support from the family will influence the mother's decision to provide exclusive breastfeeding. The results of the study show that family support is significantly related to exclusive breastfeeding, where mothers who receive support from the family are around 90% more likely to provide exclusive breastfeeding compared to mothers who do not receive support from the family. Social support in this case comes from husbands, in-laws, health cadres, and health workers [11]. Apart from that, (Oyay et al., 2020) in their research

found that support from in-laws was also related to exclusive breastfeeding. [12]. The lack of support given by husbands for exclusive breastfeeding can be caused by the husband's lack of knowledge and involvement in the importance of exclusive breastfeeding. Research (Dwijia et al, 2022) explains the lack of understanding of the responsibility that husbands also have a role in meeting children's needs, one of which is in terms of nutrition or feeding. The type of support provided can be in the form of instrumental, informational, emotional, and appraisal support. The husband's support and praise to the wife can create feelings of calm and peace which will support the smooth production of breast milk itself. The breast milk produced cannot be separated from the physical and mental coordination of the parents. This includes each mother's self-management skills, through physical and psychological self-regulation, breast milk production becomes smoother and of better quality [13]. This research is in line with research (Shi et al., 2021) in China showing that there is a relationship between husband's support and exclusive breastfeeding ( $P < 0.05$ ). [14] Research (Tewabe et al., 2019) in Ethiopia also concluded that there is a significant relationship between husband's support and exclusive breastfeeding, where the husband plays an important role in making decisions about family and household affairs and which influences many aspects of life. Family including infant feeding practices [15]. However, this is not in line with research (Natalia et al., 2021) which shows that there was no significant relationship found between husband's support and exclusive breastfeeding ( $p = 1,000$ ) [16]. Interviews given to husbands and families showed that several husbands and mothers' families, including in-laws, when they had trouble in breastfeeding or lack of breast milk production, faced alternative supports such as tea, sugar water, formula milk and other foods. Information regarding exclusive breastfeeding is inconsistent, both from the family and from the environment. When facing problems, some mothers seek help from their husbands or choose formula milk, while support from the environment is limited. Some mothers rely on themselves in providing exclusive breastfeeding and some are not influenced by social support. The majority of mothers also do not have a group of friends who share information about exclusive breastfeeding. Informants revealed that although they support breastfeeding, the family provides input regarding formula milk, additional foods such as porridge, bananas, tea and sugar water. This has the potential to influence exclusive breastfeeding practices. Even so, the family still pays attention to eating patterns and pays attention by asking about food and monitoring eating patterns. Husbands provide support in the form of entertainment and joint activities when mothers experience stress in breastfeeding, and encourage them to eat nutritious foods. A healthy diet is also maintained by avoiding slow foods and choosing nutritious foods. However, some foods that are good for breastfeeding mothers are considered foods that should be avoided. According to (Shohipatul et al, 2018) who stated that the support of husbands, mothers and in-laws really helps mothers in providing exclusive breastfeeding until the

**Table 1.** Characteristics of Informants

No.	Informant's Initials	Age	Last education	Job-status	Information
1.	M.G	29	D3	Midwife and lactation counselor	Health workers
2.	MR	30	Senior high school	IRT	Breastfeeding mothers
3.	PT	19	Senior high school	IRT	Breastfeeding mothers
4.	WN	27	S1	Honorary	Breastfeeding mothers
5.	FB	28	Senior high school	IRT	Breastfeeding mothers
6.	HL	37	Senior high school	IRT	Breastfeeding mothers
7.	RN	19	Senior high school	IRT	Breastfeeding mothers
8.	LN	30	Senior high school	IRT	Breastfeeding mothers
9.	EL	22	Senior high school	IRT	Breastfeeding mothers
10.	DW	27	Senior high school	IRT	Breastfeeding mothers
11.	GL	19	Senior high school	IRT	Breastfeeding mothers
12.	US	33	S1	Civil servants	Husband
13.	SR	27	Vocational school	OJOL	Husband
14.	WP	38	Senior high school	Laborer	Husband
15.	MI	33	D3	Self-employed	Husband
16.	BC	27	Senior high school	Laborer	Husband
17.	I.T	29	Senior high school	Courier	Husband
18.	K.S	36	Senior high school	Security guard	Husband
19.	ZR	50	Senior high school	Doesn't work	Family
20.	FN	46	Junior high school	Doesn't work	Family
21.	P.E	56	Senior high school	Doesn't work	Family

baby is 6 months old. The husband's forms of support include seeking and reading information about exclusive breastfeeding, encouraging informants to continue providing

exclusive breastfeeding, lending books about exclusive breastfeeding, helping to look after older children, massaging the mother when she is sick, and helping to leave expressed

breast milk when in public places. Family social support related to breastfeeding starting from pregnant women, giving birth and the breastfeeding process includes providing information or discussions about baby food or exclusive breastfeeding during pregnancy and breastfeeding, recommendations for using breast milk substitutes prematurely, recommendations for exclusive breastfeeding only, moral and material support for mothers and direct involvement in providing food or drink other than exclusive breastfeeding [17]. The lack of support given by husbands for exclusive breastfeeding can be caused by the husband's lack of knowledge and involvement in the importance of exclusive breastfeeding. In line with research conducted by (Anggraini et al., 2020), said that Husband's support can influence the mother's emotional condition. Where the smooth reflex of releasing breast milk (let down reflex) is influenced by the mother's emotional state or feelings, so that the husband's support also determines the mother's success in exclusive breastfeeding. This is because support from the husband will provide a comfortable and calm atmosphere for breastfeeding mothers [22]. Research (Padashian et al., 2021) in Iran found that the quality of breastfeeding could be improved by creating good emotional conditions for mothers to experience positive joy or feel more adequate and competent. This situation can be formed one way by giving praise as a form of appreciation to breastfeeding mothers [23]. This research is in line with (Fadjriah RN, 2020), emotional support from the husband can be realized in a situation where the husband can understand that successful breastfeeding is not easy and has complex problems, on the other hand, the mother has to take care of the household and care for the baby. It is not uncommon for mothers to face pressure from their families to prevent exclusive breastfeeding such as giving formula milk, even though they know the importance of exclusive breastfeeding. The husband's busy work can cause a lack of support in terms of providing adequate attention to the mother [24]. Research (Thet et al., 2018) in Myanmar also found that one of the main obstacles to exclusive breastfeeding was the high level of doctrine from parents and in-laws. Where solid food and water are considered important and necessary because it is believed that breast milk is not enough to meet the baby's needs. Water and crushed rice are usually introduced before 6 months of age [18]. This research is not in line with research (Wallenborn et al., 2019) in the United States showing that there is a significant relationship between support from in-laws and exclusive breastfeeding [19]. The amount of pressure from in-laws can thwart exclusive breastfeeding even for mothers who understand the importance of exclusive breastfeeding, because mothers must maintain their image, ethics and obey their in-laws [20]. The results of interviews with health workers showed support for exclusive breastfeeding through the "Love Massage" program before giving birth and breastfeeding mother support groups at posyandu. Health workers provide information, education and counseling to mothers about the benefits of breast milk, nutrition, and support mothers in overcoming breastfeeding obstacles. Support from health workers can be supported by carrying out postpartum breast examinations. This is necessary because breast examination is an effort to ascertain whether there are complications during breastfeeding, so things that are often related to obstruction of the breastfeeding process are factors in the mother's breasts such as the shape of the nipple, sores on the nipple, swelling

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of the breast or breast milk not easily known. Counseling about breastfeeding during further examinations or immunizations, apart from helping mothers in the perinatal and postnatal stages so that mothers can successfully breastfeed exclusively, health workers also provide ongoing support during the mother's postpartum period by going directly to the field so that exclusive breastfeeding can last longer. [21]. Morse & Brown, (2021) also explained that the existence of a Breastfeeding Support (BS) group was identified as one form of group that could enable the exchange of information and experiences as well as facilitate each other for the success of exclusive breastfeeding. With this platform, social support for breastfeeding can also increase [25]. Similarly, in Australia, community social support for the success of exclusive breastfeeding can be seen from the existence of the Australian Breastfeeding Association (ABA) community. This community also plays its role in providing social support and disseminating important information to breastfeeding mothers [26].

#### **4. Conclusion**

The conclusion shows that exclusive breastfeeding is influenced by various interrelated factors. The good social support that mothers receive plays an important role in influencing the success and continuation of the practice of exclusive breastfeeding. Therefore, efforts to increase awareness, knowledge and support in the social environment, organizations and society can have a positive impact in increasing the rate of optimal and sustainable exclusive breastfeeding.

#### **Recommendations**

Maximize communication, information and education regarding exclusive breastfeeding for pregnant and breastfeeding mothers through counseling strategies, outreach and planned use of print or social media so that it can help efforts to increase exclusive breastfeeding. In this way, mothers can plan early exclusive breastfeeding. Involving the family, especially husbands, as an important target in the program to increase exclusive breastfeeding coverage. The husband's involvement in mentoring since pregnancy and exclusive breastfeeding education can be determined to provide support to his wife to successfully provide exclusive breastfeeding.

#### **Ethical approval**

Obtain ethical approval by the Ethics Committee of the Faculty of Public Health, Hasanuddin University with number 3269/UN4.14.1/TP.01.02/2023.

#### **Conflict interest**

The author declare that there is no conflict of interest in this study.

#### **References**

- [1] UNICEF. (2019). *Breastfeeding: A Mother's Gift, for Every Child*, New York.
- [2] UNICEF. (2019). The first month of life is the most vulnerable period.
- [3] Ministry of Health. (2018). DATIN info (Indonesian Ministry of Data and Information Center). Indonesian Ministry of Health. 1-7.
- [4] Indonesian Ministry of Health. (2019). Indonesian Health Profile 2019. In Ministry of Health of the Republic of Indonesia. 42 (4) 122-154.
- [5] Palu City Health Office. (2019). Profile of the Palu City Health Service. 3 25-30.
- [6] Central Sulawesi Health Office. (2019). Central Sulawesi Health Service Profile 2019. Central Sulawesi Health Service. 1-222.
- [7] Palu City Health Office. (2021). Palu City Health Service Website, Central Sulawesi.
- [8] Profile of Bulili Health Center (2021). Second Edition. 11-20.
- [9] J.W. Creswell, C.N. Poth. (2015). *Qualitative Inquiry & Research Design: Choosing Among Five Approaches*, ter. Ahmad Lintang Lazuardi, Cet. I. S. Pratiwi. (2019). The Relationship between Family Support and Exclusive Breastfeeding at the Pakualaman Health Center, Yogyakarta City. Yogyakarta. Aisyiyah Stikes Thesis. 1-9.
- [10] F. Fartaeni, F.D. Pertiwi, I. Avianty. (2018). The Relationship between Knowledge, Attitudes and Husband's Support for Providing Exclusive Breast Milk in Pabuaran Village, Gunung Sindur District. *Hearty*. 6 (1) 5-10.
- [11] A. Sartono, E. Handarsari. (2020). Support for Mothers, Mother-in-Laws and Husbands with Exclusive Breastfeeding Practices (0-6 Months) in Sereh Village, Sentani Papua Community Health Center Area. *Journal of Nutrition*. 9 (1) 159-166.
- [12] D.S.A. Firdaus, I.G.A. Karnasih, D.A. Restanty. (2022). The Relationship of Husband's Support in Exclusive Breastfeeding, Literature Review. *Journal of Health Sciences*. 3 (2) 58-65.
- [13] H. Shi, Y. Yang, X. Yin, J. Li, J. Fang, X. Wang. (2021). Determinants of exclusive breastfeeding for the first six months in China: a cross-sectional study. *International Breastfeeding Journal*. 16 (1) 40.
- [14] T. Tewabe, A. Mandesh, T. Gualu, G. Alem, G. Mekuria, H. Zeleke. (2016). Exclusive breastfeeding practice and associated factors among mothers in Motta town, East Gojjam zone, Amhara Regional State, Ethiopia, 2015: a cross-sectional study. *International breastfeeding journal*. 12 1-7.
- [15] R. Natalia, Y. Rustina, D. Efendi. (2022). Combining breastfeeding education and support to improve breastmilk production, frequency of breastmilk expression, and partial breastfeeding in low-birth-weight infants. *Journal of Neonatal Nursing*. 28 (5) 356-360.
- [16] M. Shohipatul, N. Vishnu Barlianto. (2018). Mother's Knowledge, Social Support, and Health Workers' Support for the Decision to Provide Exclusive Breastfeeding. 2355-3987.
- [17] M.M. Thet, E.E. Khaing, N. Diamond-Smith, M. Sudhinaraset, S. Oo, T. Aung. (2016). Barriers to exclusive breastfeeding in the Ayeyarwaddy Region in Myanmar: Qualitative findings from mothers, grandmothers, and husbands. *Appetite*. 96 62-69.
- [18] J.T. Wallenborn, D.C. Wheeler, J. Lu, R.A. Perera, S.W. Masho. (2019). Importance of familial opinions on breastfeeding practices: differences between father, mother, and mother-in-law. *Breastfeeding Medicine*. 14 (8) 560-567.
- [19] K. Septiani. (2020). The Influence of In-Laws' Support on Providing Exclusive Breast Milk to Babies in the Dewantara Health Center Working Area, North Aceh Regency. *Midwife Journal*. 7 (2) 120-135.
- [20] Y.T. Aprillia, E.S. Mawarni, S. Agustina. (2020). 'Mothers' Knowledge About Complementary Foods for Breast Milk (MP-ASI)', *Sandi Husada Health Scientific Journal*. 9 (2) 865-872.
- [21] Y. Anggraini, R.P. Sari, U. Utami. (2020). Determinant Success in Providing Exclusive Breast Milk to Mothers of Toddlers at Posyandu Angrek Trowangsan Colomadu. *Maternal Scientific Journal*. 4 (10) 57-63.
- [22] F. Padashian, P. Yadollahi, M. Doostfateme, Z. Moshfeghy. (2022). Examining exclusive breastfeeding in Iranian mothers using the five-factor model of personality traits. *Journal of Taibah University Medical Sciences*. 17 (1) 51-56.
- [23] A. Reni. (2013). The factors influencing customer selection Islamic banking. *Social Transformation toward Sustainable Society*. 75.
- [24] H. Morse, A. Brown. (2021). Accessing local support online: Mothers' experiences of local Breastfeeding Support Facebook groups. *Maternal & child nutrition*. 17 (4) e13227.
- [25] N. Hull, R.L. Kam, K.D. Gribble. (2020). Providing breastfeeding support during the COVID-19 pandemic: Concerns of mothers who contacted the Australian Breastfeeding Association. *Breastfeeding Review*. 28 (3) 25-35.