


## Determinants Of Exclusive Breastfeeding In Jambi City

Kartini Apriandini<sup>1</sup>, Asparian<sup>2</sup>, M. Ridwan<sup>3</sup>

<sup>1,2,3</sup>Department of Public Health Sciences, Faculty of Medicine and Health Sciences, Jambi University

Article Info	ABSTRACT
<b>Keywords:</b> breast milk, determinants, exclusive breast milk	Exclusive breast milk (ASI) means that babies are only given breast milk for 6 months without additional liquid food such as formula milk, oranges, honey, tea and water. Coverage of exclusive breastfeeding is still low in Indonesia, namely (68%) and in Aurduri Health Center in Jambi City (39%), while the target achievement was 80%. The aim of this research is to determine the determinants of exclusive breastfeeding in the Aurduri Community Health Center Work Area in Jambi City. This research method is case control. The population in this study was 101 mothers who had babies aged 7-24 months in the Aurduri Health Center Working Area in Jamb City. The sampling technique used is accidental sampling. The number of samples was 54 people. Data analysis was carried out univariate and bivariate using the Chi-square test. The research results found that 50% of mothers gave exclusive breast milk and 50% of mothers who did not give exclusive breast milk. There is a relationship between IMD ( $p=0.002$ ), health worker support ( $p=0.003$ ), family support ( $p=0.014$ ), and mother's employment ( $p=0.049$ ) with exclusive breastfeeding. Conclusion: Exclusive breastfeeding is influenced by IMD, support from health workers, family support and mother's work
This is an open access article under the <a href="https://creativecommons.org/licenses/by-nc/4.0/">CC BY-NC</a> license 	<b>Corresponding Author:</b> Kartini Apriandini Department of Public Health Sciences, Faculty of Medicine and Health Sciences, Jambi University <a href="mailto:fk.m.ridwan@unja.ac.id">fk.m.ridwan@unja.ac.id</a>

### INTRODUCTION

Breast milk is the best food for babies, it is needed for health and supports optimal growth and development of babies.<sup>(1)</sup> Breast milk has been proven to be safe, clean and contains antibodies which are useful for protecting babies from various diseases. At the beginning of life, all the energy and nutrition a baby needs is provided by breast milk.<sup>(2)</sup>

Exclusive breast milk (ASI) is the provision of only breast milk to babies from birth until 6 months of age, without adding or replacing it with other foods or drinks (except medicines, vitamins and minerals).<sup>(3)</sup> Exclusive breastfeeding has a major contribution to a child's growth and development and immune system.<sup>(4)</sup> Babies who are exclusively breastfed will have a stronger immune system compared to babies who are given formula milk.<sup>(5)</sup>

According to the World Health Organization (WHO), exclusive breastfeeding helps babies survive and build the antibodies they need to be protected from various diseases. Increasing the rate of breastfeeding mothers globally has the potential to save the lives of more than 820,000 children under five and can prevent an additional 20,000 cases of breast cancer in women. every year.<sup>(6)</sup> *United Nations Children's Fund*(UNICEF) states that optimal breastfeeding can prevent 1.4 million deaths in children under the age of five every year.<sup>(7)</sup>

According to WHO, only 44% of babies aged 0 to 6 months received exclusive breast milk during the 2015-2019 period in the world.<sup>(8)</sup>This percentage is far from the World Health Assembly Global (WHA) target, namely at least 50% of exclusive breastfeeding worldwide by 2025.<sup>(7)</sup>South Asia has the highest prevalence of exclusive breastfeeding with 60% of babies exclusively breastfed. In contrast, only 26% of babies aged 0–5 months in North America are exclusively breastfed.<sup>(9)</sup>Exclusive breastfeeding coverage in Indonesia has not yet reached the figure targeted by the Ministry of Health (KEMENKES), namely 80%. Indonesia's exclusive breastfeeding coverage in 2022 was recorded at only 67.96%, down from 69.7% in 2021, indicating the need for more intensive support so that this coverage can increase.<sup>(10)</sup>Meanwhile, based on Indonesia's health profile in 2022, statistical data on the coverage of babies receiving exclusive breast milk in Jambi province in 2022 is 27.14%. This figure has not yet reached the program target for 2022, namely 50%. Coverage of babies who have received exclusive breastfeeding from 11 other regencies/cities in Jambi Province, namely West Tanjung Jabung Regency (72.04%). Exclusive breastfeeding coverage in 2021 in the city of Jambi occupied a proportion of 68.2% and in 2022 Exclusive Breastfeeding Coverage decreased by 29.16%.<sup>(11)</sup>Based on the 2021 Jambi City Health Service Annual Report, Jambi City has 20 active health centers. The area with the lowest coverage of exclusive breastfeeding is the working area of the Paal The aim of the research is to determine the determinants of exclusive breastfeeding at the Aurduri Community Health Center, Jambi City.

## METHOD

This research uses a quantitative research design with a case control approach. This research was conducted to determine the determinants of exclusive breastfeeding. The population in this study were mothers who had children aged 7-24 months and sampling used accidental sampling, namely a sampling technique based on chance, that is, anyone who happened to meet the researcher could be used as a sample, if it was deemed that the person they met by chance matched the criteria that had been set. determined by the researcher. with a sample size of 54. Data collection was obtained from the results of the questionnaire. After the data is collected, data processing is carried out consisting of editing, coding, data entry and cleaning. Data analysis was carried out using univariate analysis and bivariate analysis using the Chi Square test.

## RESULTS AND DISCUSSION

### Results

#### Univariate analysis

**Table 1.** Frequency Distribution of Respondent Characteristics (n=54)

Characteristic Data			Total Control Case			
	N	%	%	N	%	
Mother's age						
20 – 35 Years	20	77.8	21	77.8	41	75.9
>35 Years	7	22.2	6	22.2	13	24.1
Education						

Low	7	25.9	8	29.6	15	27.8
Tall	20	74.1	19	70.4	39	72.2
Child Age						
7-12 months	14	51.9	14	51.9	28	51.9
13-18 months	8	29.6	8	29.6	16	29.6
19-24 months	5	18.5	5	18.5	10	18.5
What order do you come in your family						
First	8	29.6	8	29.6	16	29.5
Second	7	25.9	7	25.9	14	25.9
Third	7	25.9	7	25.9	14	25.9
Fourth	3	11.1	3	11.1	6	11.1
Fifth	2	7.4	2	7.4	4	7.4
Gender						
Man	13	48.1	13	48.1	26	48.1
Woman	14	51.9	14	51.9	28	51.9

Source: Processed Data 2024

Based on table 1, it can be seen that the majority of respondents in the case and control groups were dominated by those aged 20-35 years as many as 41 people (75.9%) while there were only 13 respondents aged >35 years (24.1%). Judging from the educational level of respondents in the case and control groups, the majority of respondents had higher education, namely 39 people (72.2%), while the lowest level of education was only 15 people (27.8%). Based on the age of the children in the case and control groups in this study, respondents who had children aged 7-12 months were the most dominant, namely 14 people (51.9%), children aged 13-18 months there were 8 people (29.6%) and respondents with children aged 19-24 months there were 10 people (18.5%). Then, of the 60 respondents in the case and control groups, the majority were first children, namely 16 people (29.5%), 14 people from the second child (25.9%), 14 people from the third child (25.9%), 6 people from the fourth child (11.1%). ), and only 4 fifth children (7.4%). With the majority of children's gender in the case and control groups being the most dominant, namely 28 girls (51.9%) and 26 boys (48.1%).

**Table 2** Frequency Distribution of Exclusive Breastfeeding

Characteristic Data	Frequency	
	N	%
Exclusive breastfeeding		
Exclusive breastfeeding	27	50%
Not exclusive breastfeeding	27	50%
Amount	54	100%

Source: Processed Data 2024

Based on Table 2, exclusive breastfeeding in this study was 27 people (50%) who gave breast milk exclusively at the Aurduri Health Center and 27 people (50%) did not give breast milk exclusively at the Aurduri Community Health Center.

**Table 3** Distribution of Respondents Based on IMD

Early Initiation of Breastfeeding (IMD)	Exclusive breastfeeding				Total	
	Yes		No			
	f	%	f	%	f	%
IIMD	22	81.5	10	37	32	59.3
Not IMD	5	18.5	17	63	22	40.7
Total	27	100	27	100	54	100

Source: Processed Data 2024

Based on Table 3, it shows that respondents who initiated early breastfeeding (IMD) were 32 children (59.3%) consisting of (81.5%) the case group and (37%) control group, while those who did not initiate early breastfeeding (IMD ) totaling 22 children (40.7%) consisting of (18.5%) case group and (63%) control group.

**Table 4** Frequency Distribution of Support from Health Workers

Health Worker Support	Exclusive breastfeeding				Total	
	Yes		No			
	f	%	f	%	f	%
Support	19	70.4	7	25.9	26	48.1
Does not support	8	26.9	20	74.1	28	51.9
Total	27	100	27	100	54	100

Source: Processed Data 2024

Based on Table 4, it shows that respondents who received support from health workers were 26 people (48.1%) consisting of (70.4%) the case group and (25.9%) control group, while those who did not receive support from health workers were 28 people (51.9%) consisting of (26.9%) case group and (74.1%) control group.

**Table 5** Frequency Distribution of Family Support

Family support	Exclusive breastfeeding				Total	
	Yes		No			
	f	%	f	%	f	%
Support	18	66.7	8	29.6	26	48.1
Does not support	9	33.3	19	70.4	28	51.9
Total	27	100	27	100	54	100

Source: Processed Data 2024

Based on Table 5, it shows that respondents who received family support were 26 people (48.1%) consisting of (66.7%) the case group and (29.6%) control group, while those who did not receive support from health workers were 28 people (51.9%) consisting of (33.3%) case group and (70.4%) control group.

**Table 6** Frequency Distribution of Mother's Work

Mother's Job	Exclusive breastfeeding				Total	
	Yes		No		f	%
	f	%	f	%		
Doesn't work	21	77.8	13	48.1	34	63
Work	6	22.2	14	51.9	20	37
Total	27	100	27	100	54	100

Source: Processed Data 2024

Based on Table 6, it shows that 34 respondents (63%) were not working, consisting of (77.8%) of the case group and (48.1%) of the control group, while those who were working were 20 people (37%) consisting of (22.2%) of the case group. and (51.9%) control group.

### Bivariate Analysis

**Table 7** Relationship between Health Professional Support and Exclusive Breastfeeding

Health Worker Support	Exclusive breastfeeding				Total	<i>p-value</i>	OR
	Yes		No				
	f	%	f	%			
Support	19	70.4	7	25.9	26	48.1	6,786
Does not support	8	26.9	20	74.1	28	51.9	0.003 (2,058-
Total	27	100	27	100	54	100	22,372)

Source: Processed Data 2024

The table above shows that of the 54 respondents, mothers who received support from health workers were more likely to occur in the case group (70.4%) than in the control group (25.9%). Meanwhile, mothers who did not receive support from health workers were more common in the control group (74.1%) than in the case group (26.9%). From the results of statistical analysis, the value (*Pvalue*= 0.003) which shows that there is a relationship between support from health workers for exclusive breastfeeding in the Aurduri Health Center Work Area, Jambi City. Based on the calculation of the risk estimation table, the Odds Ratio (OR) value = 6.786 (95% CI; 2.058-22.372), meaning that respondents who received support from health workers had a 6.786 times chance of practicing exclusive breastfeeding compared to mothers who did not receive support from health workers.

**Table 8** Relationship between family support and exclusive breastfeeding

Family support	Exclusive breastfeeding				Total	<i>p-value</i>	OR
	Yes		No				
	f	%	f	%			
Support	18	66.7	8	29.6	26	48.1	4,750 (1,504-15,002)
Does not support	9	33.3	19	70.4	28	51.9	0.014
Total	27	100	27	100	54	100	

Source: Processed Data 2024

The table above shows that of the 54 respondents, mothers who received family support were more likely to occur in the case group (66.7%) than in the control group (29.6%).

Meanwhile, mothers who did not receive family support were more common in the control group (70.4%) than in the case group (33.3%). From the results of statistical analysis, the value ( $Pvalue= 0.014$ ) which shows that there is a relationship between family support for exclusive breastfeeding in the Aurduri Health Center Work Area, Jambi City. Based on the calculation of the risk estimation table, the Odds Ratio (OR) value = 4.750 (95% CI; 11.504-15.002), meaning that respondents who received family support were 4.750 times more likely to practice exclusive breastfeeding compared to mothers who did not receive family support.

**Table 9** Relationship between Mother's Work and Exclusive Breastfeeding

Mother's Job	Exclusive breastfeeding				Total	<i>p-value</i>	OR
	Yes		No				
	f	%	f	%			
Doesn't work	21	77.8	13	48.1	34	63	3,769 (1,158-12,270)
Work	6	22.2	14	51.9	20	37	
Total	27	100	27	100	54	100	

Source: Processed Data 2024

The table above shows that of the 54 respondents, there were more mothers who did not work in the case group (77.8%) than in the control group (48.1%). Meanwhile, there were more mothers who worked in the control group (51.9%) than in the case group (22.2%). From the results of statistical analysis, the value ( $Pvalue= 0.049$ ) which shows that there is a relationship between mother's employment and exclusive breastfeeding in the Aurduri Health Center Work Area, Jambi City. Based on the calculation of the risk estimation table, the Odds Ratio (OR) value = 3.769 (95% CI; 1.158-12.270), meaning that respondents who do not work have a 5.231 times chance of practicing exclusive breastfeeding compared to working mothers.

## Discussion

### Relationship between Early Initiation of Breastfeeding (IMD) and Exclusive Breastfeeding

Based on analysis using the chi-square test, it can be seen that there is a relationship between early initiation of breastfeeding (IMD) and exclusive breastfeeding. Those who implemented IMD were 7,480 times more likely to practice exclusive breastfeeding compared to those who did not implement IMD ( $p-value = 0.002$ , (OR) = 7.480 (95% CI; 2.151-26.009).

The research results are in line with Dinar (2022) that Early initiation of breastfeeding (IMD) can encourage mothers to provide breast milk to babies up to 6 months. Providing breast milk from the start of birth gives the baby the opportunity to get colostrum which is rich in immune substances.<sup>(12)</sup> This research is in line with Fadila's research, there is a relationship between IMD and exclusive breastfeeding at the Tanjungsari Health Center, Sumedang Regency. The success of exclusive breastfeeding is influenced by 2 factors, namely internal and external factors. Internal factors include education, knowledge, age, occupation, physical condition, and parity. Meanwhile, external factors include husband's support, support from health workers and IMD.<sup>(13)</sup> According to Helen (2021), there are many problems that hinder the implementation of IMD, namely a lack of awareness of the importance of IMD, the family's strong belief that mothers need adequate rest after giving birth and breastfeeding is difficult, the public belief that colostrum comes out on the first day.



not good for babies, there is a public belief that does not allow mothers to breastfeed early before their breasts are cleaned.<sup>(14)</sup> This is supported by Rahayu (2020), Early initiation of breastfeeding (IMD) will influence a mother to provide subsequent breastfeeding, including exclusive breastfeeding for up to 6 months and breast milk with additional food for up to 2 years. Apart from that, the mother's adequate food consumption also influences exclusive breastfeeding.<sup>(15)</sup>

The results of this research show that IMD Early initiation of breastfeeding (IMD) will be successful if the mother goes through the birthing process well. Mothers must be physically and mentally prepared so that labor continues smoothly. This process will also be successful if you are confident and supported by all parties. Strong support is needed so that the mother can get through the labor phase well. Apart from support from the family, support from hospitals, doctors and nurses who carry out deliveries is also very much needed.

#### **Relationship between Health Professional Support and Exclusive Breastfeeding.**

Based on analysis using the chi-square test, it can be seen that there is a relationship between support from health workers and exclusive breastfeeding. Those who received support from health workers were 6.786 times more likely to practice exclusive breastfeeding compared to those who did not receive support from health workers (p-value = 0.003, (OR) = 6.786 (95% CI; 2.058-22.372).

The research results are in line with Ghaida (2023) which states that health workers are fully responsible for providing education regarding exclusive breastfeeding and providing support to breastfeeding mothers starting during pregnancy, when breastfeeding for the first time, up to the duration of breastfeeding.<sup>(16)</sup> This research is also in line with research by Mentriana, et al (2023) that there is a relationship between support from health workers and exclusive breastfeeding. The results of this research conclude that health workers have a big impact on exclusive breastfeeding, health workers can provide support during pregnancy, provide education and help with self-preparation.<sup>(17)</sup> According to Gustika (2022), support from health workers plays a very important role in supporting exclusive breastfeeding. The role of midwives in supporting exclusive breastfeeding includes efforts to promote exclusive breastfeeding starting during pregnancy. Another support that midwives can provide is preparing mothers to be able to breastfeed well by providing breast care during pregnancy<sup>(18)</sup> According to Ulkharimah (2023), health workers are a reference for public health behavior so that people have good and correct behavior regarding health views, and should educate mothers about the importance of breast milk. Health workers also provide solutions to problems that mothers may face in the future when breastfeeding.<sup>(19)</sup> This is supported by Fitri (2022), professional health workers are a supporting factor for mothers in providing breast milk because the support of health workers is related to advice to mothers to give exclusive breast milk without giving additional food to their babies determines the mother's continuity in giving breast milk.<sup>(20)</sup> According to Tika et al (2022), Support from health workers will greatly influence the mother's attitude towards exclusive breastfeeding because health information provided by health workers is considered more reliable because it is scientific compared to information obtained from family or friends.<sup>(21)</sup> According to Ulkhairmah (2024), health workers have an important role for mothers in providing breast milk, or even the cause of giving formula milk to babies.<sup>(19)</sup> According to Ema et al (2021), midwives have a very

special role in supporting breastfeeding. The role of midwives can help mothers to breastfeed well and prevent common problems that occur during the breastfeeding process.<sup>(22)</sup> According to Faula et al (2021), a form of support from health workers in providing exclusive breastfeeding is motivation in the form of always telling mothers to breastfeed their babies as often as possible.<sup>(23)</sup> According to Emi et al (2022), forms of support from health workers can take the form of emotional support, appreciation, instruments and information.<sup>(24)</sup> According to Monika (2021), support from health workers can be a supporting factor for breastfeeding mothers. Support from health workers who provide advice to mothers will determine the mother's continuity in breastfeeding.<sup>(25)</sup> According to Toyiba et al (2023), support from health workers plays a very important role in the success of exclusive breastfeeding because with the support given, mothers will know the benefits and impacts of exclusive breastfeeding.<sup>(26)</sup>

The results of this study show that support from health workers greatly influences the success of exclusive breastfeeding. Support from health workers is very important in encouraging the achievement of exclusive breastfeeding. Health workers must convince and explain wisely to mothers about the benefits of breastfeeding. Health workers can provide support starting from the pregnancy period, namely when the mother has her pregnancy checked. What can be done is to provide health education and help with self-preparation. Health education can take the form of information about exclusive breastfeeding

#### **Relationship between family support and exclusive breastfeeding**

Based on analysis using the chi-square test, it can be seen that there is a relationship between family support and exclusive breastfeeding. Those who received family support were 4,750 times more likely to practice exclusive breastfeeding compared to those who did not receive family support ( $p$ -value = 0.014, (OR) = 4.750 (95% CI; 1.504-15.002).

The research results are in line with Sahbainur (2023) that family support has a very big role in encouraging mothers to breastfeed exclusively, because they are the people who are closest and live together, so they will have a big influence, for example in providing emotional and informational support. Researchers also see that the opinions of mothers and mothers-in-law who live with the mother during the breastfeeding process are something that cannot be ignored in making the decision to provide exclusive breastfeeding. Their opinion sometimes trumps their husband's opinion.<sup>(27)</sup> This research is also in line with research by Fuji, et al (2023) that most families strongly support mothers in providing exclusive breastfeeding to babies compared to families who support it due to a lack of family knowledge and information about the benefits of providing exclusive breastfeeding.<sup>(28)</sup> According to Yayuk et al (2020), family support for mothers after giving birth plays an important role in providing breast milk, where the period after giving birth is a period of adaptation for the mother and family. Mothers after giving birth must be able to adapt physically and psychologically to new roles, one of the roles of mothers who have just given birth is to provide good nutrition to the baby. While breastfeeding is also a unique experience for each mother, the possibility of experiencing problems, difficulties and obstacles really requires help or support from the family, especially for inexperienced mothers.<sup>(29)</sup> This is supported by Novita et al (2023), family support is really needed by mothers in caring for babies. The support needed by the mother can be from her husband, parents, in-laws, siblings or other



family members, if the family is not supportive it can affect the mother's attitudes and behavior. If the family provides support to the mother, the mother will be motivated to take action due to belief, then self-confidence, enthusiasm and intention will arise in the mother so that the mother will have a great desire to get something she wants as expected, and vice versa. In an action, a mother who has a desire will be more successful than a mother who does not have a desire.<sup>(30)</sup>

According to research by Ivana et al (2023), emotional support from the family is very important. This is because breastfeeding is an important process and a complicated and challenging process if done inappropriately and without a support system from those closest to you. The mother's unstable feelings, the mother's tired condition after working and taking care of the house will certainly affect the mother's breastfeeding process so that family support is needed in the form of emotional support that can calm the mother by providing motivation, suggestions, advice and encouragement.<sup>(31)</sup> According to Revi (2019), the proportion of exclusive breastfeeding is greater among mothers who have family support compared to mothers who do not have family support. Family support is one type of social support.<sup>(32)</sup> According to Adelia (2021), mothers who receive support from the surrounding environment, namely husbands, parents and other family members, will be in a calm state and have positive thoughts about the baby so that the mother feels happy when she sees the baby, then thinks about the baby with great affection and wants to give it to her. Exclusive breastfeeding for the baby.<sup>(33)</sup> According to Indah (2020), the presence of family support, especially the husband, will have an impact on increasing the mother's self-confidence or motivation in breastfeeding.<sup>(34)</sup> According to Binarni (2024), family support is really needed by a mother to be confident in giving exclusive breast milk to her baby.<sup>(35)</sup> According to Hasan (2024), husband's support is a form of interaction consisting of information, advice or in which there is a relationship of mutual giving and receiving real assistance carried out by the husband towards his wife.<sup>(36)</sup> According to Agus et al (2024), the support of husbands and families has a very big influence. Husbands can strengthen mothers' motivation to maintain their commitment to breast milk, and not be easily tempted by formula milk or other foods.<sup>(37)</sup>

The results of this research show that family support is very important for mothers. Mothers who receive emotional and psychological support from the family will be motivated to provide exclusive breastfeeding to their babies. Considering the importance of family support in the success of exclusive breastfeeding, maximum support from family members to the mother during the exclusive breastfeeding phase is very necessary. Husbands can play an active role in supporting breastfeeding by providing emotional support and other practical assistance. Other family members such as parents and relatives are also expected to help create an environment that supports the breastfeeding process for the mother. They can provide support and encouragement and help mothers find solutions to various breastfeeding problems.

### **Relationship between Mother's Work and Exclusive Breastfeeding**

Based on analysis using tests *chi-square* it can be seen that there is a relationship between mother's work and exclusive breastfeeding. Mothers who do not work are 3.769 times more likely to practice exclusive breastfeeding compared to those who work ( $p$ -value = 0.049, (OR) = 3.769 (95% CI; 1.158-12.270).

The results of this study are in line with Hasna (2020), the tendency for mothers not to provide exclusive breastfeeding because many mothers work, for working mothers, women who give birth, giving exclusive breastfeeding is a dilemma, because the leave period is too short compared to the breastfeeding period, so they will give formula milk. as a substitute for exclusive breast milk.<sup>(15)</sup> This research is also in line with research by Riya, et al (2022) that the period of leave for working mothers will influence exclusive breastfeeding for their babies. Working mothers tend to give formula milk to their babies. With knowledge and support from the work environment, working mothers can provide exclusive breast milk to their babies by pumping breast milk while working and keeping a stock of breast milk during their leave period.<sup>(38)</sup> According to Rolita and Dhesi (2020), exclusive breastfeeding will increase if the mother does not work. This is because mothers who do not work only carry out their function as housewives and spend a lot of time at home without being tied to work outside the home so they can provide breast milk optimally without being limited by time and busyness.<sup>(39)</sup> This is supported by Fransiska et al (2022). Work as one of the obstacles in implementing exclusive breastfeeding found that 21 working mothers did not breastfeed. For mothers who work, they do not give exclusive breast milk because they have less time to care for their babies, compared to mothers who do not work, they have more time to care for and give breast milk to their babies. It was found that 7 working mothers gave breast milk exclusively because the mothers understood the benefits and importance of breast milk for their babies. how to pump or express breast milk and then freeze it to give to the baby when the mother goes to work.<sup>(40)</sup> According to Lili (2023), the tendency for mothers is not to provide exclusive breastfeeding because many mothers work. Apart from that, this tendency also arises because giving exclusive breastfeeding is a dilemma for female workers who have children, because the leave period is too short compared to the breastfeeding time, so they will replace it with formula milk as a substitute for breast milk. Mothers who work outside the home have limited opportunities to breastfeed. the baby directly.<sup>(41)</sup> Research conducted by Endang (2023) shows that there is still a high percentage of mothers who work and do not provide exclusive breastfeeding because mothers' work activities outside the home are an inhibiting factor in providing exclusive breastfeeding to their babies. This happens because the mother's busy schedule at work means the mother is not active in providing exclusive breast milk to her baby because the mother does not have much time to breastfeed her baby.<sup>(14)</sup>

The results of this research show that, Many working mothers do not give exclusive breast milk to their children because they spend a lot of time at work or the place of work is too far from home so it is difficult for mothers to come home frequently to breastfeed their babies, compared to mothers who do not work who can give full breast milk to their children. Even though the mother works and the place of work is far from home, the mother can still give breast milk to her baby. Give breast milk exclusively and as often as possible during the mother's maternity leave. Don't give other food before the baby really needs it. Mothers must learn how to express breast milk as soon as the baby is born. Before going to work, breast milk is expressed and entrusted to the baby's caregiver/family to be given to the baby. Provide sufficient time and a calm atmosphere so that the mother can express breast milk in a relaxed manner. Express as much breast milk as possible and collect it in a clean cup or glass. Even though the amount of breast milk is only small, it is still very useful for babies.

## CONCLUSION

Factors that influence exclusive breastfeeding in the Aurduri Community Health Center Working Area, Jambi City are early initiation of breastfeeding (IMD), support from health workers, family support, and maternal employment.

## REFERENCES

1. Ramadhaniah R, Yulinawati C, Syarifuddin S. Determinants of Exclusive Breastfeeding at the Sakti Health Center, Bakti City, Aceh. *J Health*. 2022;10(2):69–76.
2. Nidaa I, Krianto T. Scoping Review: Socio-Cultural Factors Related to Exclusive Breastfeeding in Indonesia. *J Pekalongan City Research and Development*. 2022;20(1):9–16.
3. Novianita S, Fikawati S, Maris Bakara S. Factors Associated with the Success of Exclusive Breastfeeding in the Working Area of the Cipayung Health Center, Depok City. *Health Research and Development Media*. 2022;32(1):17–28.
4. Irawan J. The Relationship between Early Breastfeeding Initiation (IMD) and Exclusive Breast Milk (ASI) Provision at Wangaya Hospital, Denpasar City. *J Scale Husada J Heal*. 2018;15(1):1–7.
5. Kesuma EG, Putu L, Yuliasuti S. 1. Anisak S, Farida E, Rodiyatun R. Predisposing Factors for Maternal Behavior in Exclusive Breastfeeding. *J Obstetrics*. 2022;12(1):34–46. Health Promotion to Increase Knowledge and Skills of Breastfeeding Mothers in Exclusive Breastfeeding Behavior at H. J Has Hospital Indonesian Community Service Activities. 2023;1(3).
6. Riko Sandra Putra, Bela Purnama Dewi, Ramdani. Factors That Influence the Success of Exclusive Breastfeeding in Working Mothers. *J Health and Development*. 2022;12(24):193–200.
7. Mundari R, Agustina IF. The Effect of Giving Moringa Leaf Extract on Increasing Breast Milk Production in Breastfeeding Mothers. *J Obstetrics Basurek*. 2023;8(1):27–36.
8. Safitri N. Factors Associated with Exclusive Breastfeeding Behavior for Babies at the Paal X Community Health Center, Jambi City. 2022;7(1):1–13.
9. Breastfeeding [Internet]. UNICEF. 2023. Available from: <https://www.unicef.org/>
10. World Breastfeeding Week [Internet]. WHO. 2023. Available from: <https://www.who.int/indonesia/news/events/world-breastfeeding-week/2023>
11. Jambi Provincial Health Office. Jambi Province Health Profile. *J Chem Inf Model*. 2022;192.
12. Dinar Perbawati. The Relationship between Early Breastfeeding Initiation (IMD) and the Provision of Exclusive Breast Milk in the Mumbulsari Community Health Center Area, Jember Regency. *J Ilm Midwifery (Scientific J Midwifery)*. 2022;8(3):154–9.
13. Qurrota A'yun F, Budiarti Y, Astiriyani E. The Relationship between Early Breastfeeding Initiation (IMD) and the Success of Exclusive Breastfeeding for Mothers with Babies Aged 7-12 Months at the Tanjungsari Health Center, Sumedang Regency, 2020. *J Midwifery Inf*. 2021;2(1):114–27.
14. Africa E. The Relationship between Husband's Support, Mother's Knowledge and Work with the Success of Exclusive Breastfeeding (7-12 Months) at the Pegayut Community

- Health Center, Pemulutan District, Bachelor of Midwifery, Faculty of Midwifery and Nursing, Kader University. 2023;246–55.
15. Assriyah H, Indriasari R, Hidayanti H, Thaha AR, Jafar N. Relationship between knowledge, attitudes, age, education, work, psychology and early initiation of breastfeeding with exclusive breastfeeding at the Sudiang Community Health Center. *J Gizi Masy Indonesia J Indonesia Community Nutr.* 2020;9(1):30–8.
  16. Pangestu GK, Rusnita A. The Relationship between Early Breastfeeding Initiation (IMD), Midwife Support, and Family Support for Exclusive Breastfeeding in the Bandar Jaya Central Lampung Health Center Work Area in 2022. *J Midwifery Science.* 2023;13(2):81–8.
  17. Metrianah, Minata F, Amalia R, Pratiwi Rahmadhani S, Rohaya. Relationship between Health Worker Support, Family Support and Mother's Knowledge with Exclusive Breastfeeding. *J Health and Development.* 2023;13(26):63–76.
  18. Anggriani G, Prananingrum R. Relationship between husband's support and health workers Providing Exclusive Breastfeeding to Babies 0-6 Months. *J BIMTAS J Midwifery Umtas.* 2023;7(2):51–9.
  19. Ulkharimah, Rezeki Sri, Aruan Yolivia Lasria SPN. Relationship between family support and midwife support in providing exclusive breast milk in Kampung Tengah Village, Southwest Aceh. *J Health Sciences.* 2024;3:305–10.
  20. Utari F, Aisyah S, Amalia R. Relationship between Health Worker Support, Family Support and Mother's Knowledge with Exclusive Breastfeeding. 2022;22(2):661–7.
  21. Lubis T-, Gurnida DA, Nurihsan AJ, Susiarno H-, Effendi JS, Yuniati T-. The Relationship Between Knowledge, Attitudes, Family Support, the Role of Health Workers, and Breastfeeding Rights on Exclusive Breastfeeding Patterns for Working Mothers in the Industrial Sector Who Have Breastfeeding Facilities. *Indonesian Nutrition.* 2022;45(1):59–66.
  22. Yuliana E, Murdiningsih M, Indriani PLN. The Relationship between Mother's Perception, Husband's Support, and Health Workers' Support on Providing Exclusive Breastfeeding to Breastfeeding Mothers in the Cahya Maju Lempuing Oki Community Health Center Work Area in 2021. *J Ilm Univ Batanghari Jambi.* 2022;22(1):614.
  23. Rahmi F, Qariati NI, Dhewi S. The Relationship between Mother's Knowledge, Husband's Support and Health Officer Support with Exclusive Breastfeeding in the Kasarangan Community Health Center Work Area. *UNISKA ePRINTS [Internet].* 2021;1–9. Available from: [http://eprints.uniska-bjm.ac.id/4225/1/Jurnal Faulia.pdf](http://eprints.uniska-bjm.ac.id/4225/1/Jurnal%20Faulia.pdf)
  24. Sutrisminah E, Hudaya I, Wahyuningsih W. The Relationship between Health Workers' Support for Providing Exclusive Breastfeeding (EBF) to Working Mothers. *J Health.* 2022;13(1):48.
  25. Eksadela M, Syukri M, Fitri A. Support from family and health workers related to exclusive breastfeeding. *J Smart Midwife.* 2021;3(3):119–28.
  26. Noviyanti T, Rahmawati E, Riski M. Relationship between health worker support, maternal employment and family support towards providing exclusive breastfeeding at the Kertapat Community Health Center. *Corresp Analysis.* 2021;13(15018):1–23.

27. Rezeki S, Meilina R, Hikmah N, Kulla PDK. Determinant Factors Associated with Exclusive Breastfeeding in the Glumpang Tiga Community Health Center Working Area. *J Healthc Technol Med.* 2023;9(1):518.
28. Anggorowati, Nuzulia F. Relationship between family support and exclusive breastfeeding for babies aged 6-12 months in Bebengan Village, Bojo District, Kendal Regency. *J Nursing Maternity Faculty of Medicine Diponegoro Univ [Internet].* 2011;Vol 1 No.:1476–83. Available from: <http://jurnal.unimus.ac.id/index.php/JKMat/article/view/927>
29. Fatmawati Y, Winarsih BD. Analysis of the Relationship between Family Support and Providing Exclusive Breast Milk to Working Mothers in the Working Area of the Ngemplak Undaan Kudus Community Health Center. *J Primary Scholar Nursing and Public Health.* 2020;9(3):260.
30. Batubara NS, Siregar RA, Heriansyah R, Lubis TE. Relationship between family support and exclusive breastfeeding in Pintu Padang Julu Village, Siabu Mandailing District, Christmas 2022. *J Health Ilm Indonesia.* 2023;8(1).
31. Ivana DI, Yati DAM, Hasyim DI. The Relationship Between The External Environment and Exclusive Breastfeeding for Infants in The Working Area of The Pringsewu Public Health Center in 2021. *Indonesian scientific J midwifery.* 2023;1(1):8–20.
32. Lindawati R. The Relationship between Knowledge, Education and Family Support and Exclusive Breastfeeding. *Faletehan Heal J.* 2019;6(1):30–6.
33. Supriyanto ALD, Kristianti S, Suwoyo S. Relationship between family support and breastfeeding patterns in babies aged 0–6 months. *J Health Educator.* 2021;10(1):85.
34. Sulistyowati I, Cahyaningsih O, Alfiani N. Family Support in Exclusive Breastfeeding. *J SMART Obstetrics.* 2020;7(1):47.
35. Suhertusi B, Sari FN. Family Support for Exclusive Breastfeeding in the Working Area of Cold Water Community Health Center in Padang City. 2024;8(1):179–83.
36. Azhari H, Delvia S, Tinggi S, Health I, Wira H. MATERNAL KNOWLEDGE AND FAMILY SUPPORT ON EXCLUSIVE BREASTFEEDING. 2024;9(1).
37. 2\* , 3 , 4 , 5. 2024;6(3):1–5.
38. Trisnawati R, Hamid SA, Afrika E. The Relationship between Maternal Employment, Early Breastfeeding Initiation (IMD) and Family Support with Exclusive Breastfeeding in the Working Area of the Punt Kayu Palembang Health Center in 2022. *J Ilm Univ Batanghari Jambi.* 2023;23(2):2067.
39. Efriani R, Astuti DA. The relationship between age and occupation of breastfeeding mothers and exclusive breastfeeding. *J Obstetrics.* 2020;9(2):153.
40. Olya F, Ningsih F, Ovary R. The Relationship between Mother's Employment Status and Exclusive Breastfeeding in the Menteng Community Health Center UPT Work Area in 2022. *J Surya Med.* 2023;9(1):137–45.
41. Nurmaliza L, Lubis RC, Muryani M. Relationship between work, education of postpartum mothers and attitudes towards breastfeeding in the independent practice of midwife Nuryanti. *J Imelda Midwifery Science.* 2023;9(1):44–8.