



Socialization of Factors that Influence Exclusive Breastfeeding Practices and Their Implications for Stunting Prevention in Tasikmalaya City, West Java, Indonesia

Dewi Ratnasari^{1*}, Fahmi Sidiq²

¹*Department of Chinese Language and Cultural Studies, Faculty of Cultural Sciences, Universitas Padjadjaran Sumedang, Bandung 45363, Indonesia*

²*Pharmacy Study Program, Faculty of Health Sciences, Universitas Perjuangan Tasikmalaya*

**Corresponding author email: dewi.ratnasari@unpad.ac.id*

Abstract

Stunting is still a national health problem in Indonesia, and one of the contributing factors is the lack of exclusive breastfeeding practices. This research aims to analyze the factors that influence the practice of exclusive breastfeeding in Tasikmalaya City, West Java. The case-control method was used in this research involving 4 Community Health Centers in Tasikmalaya City. Data was collected from mothers with children aged 6-12 months who were exclusively breastfed and those who were not exclusively breastfed. The research results show that husband's support has a significant influence on the success of exclusive breastfeeding practices. Apart from that, maternal knowledge also influences the perception of breast milk insufficiency. Other factors such as IMD practices and media exposure did not show a significant relationship. Re-socialization efforts are needed regarding the importance of exclusive breastfeeding, increasing mothers' knowledge, as well as actively involving fathers' groups in programs to increase exclusive breastfeeding.

Keywords: Stunting, Exclusive Breastfeeding, Husband's Support, Mother's Knowledge, IMD Practices.

1. Introduction

Stunting, a condition where physical growth and cognitive development are hampered in children, is still a serious problem in Indonesia. One factor that may play an important role in the occurrence of stunting is the lack of exclusive breastfeeding. A literature review covering 20 journals shows that exclusive breastfeeding plays a key role in preventing stunting. Breast milk, as the main food for babies, contains a complete concentration of nutrients (Stewart et al., 2013; Jackson and Black 2017). Apart from that, breast milk also contains bioactive compounds that are able to fight infections in babies, contribute to the maturation of the immune system, promote the development of body organs, and strengthen the colonies of good bacteria in the baby's body.

Therefore, giving breast milk to babies is a very important obligation, in line with government recommendations in Republic of Indonesia Government Regulation Number 33 of 2012. In this regulation it is explained that every mother who gives birth is obliged to give exclusive breast milk to her baby for 6 months, unless there are indications. certain medical conditions or conditions where the mother cannot be or is separated from her baby (Bukusuba et al., 2018; Target, 2012; Marni et al., 2021).

However, despite its importance, coverage of exclusive breastfeeding in Indonesia is still relatively low. Based on the 2021 Ministry of Health report, only around 69.7% of babies in Indonesia receive exclusive breast milk. This problem is crucial to resolve, considering its long-term impact on adult life. Babies who do not receive exclusive breast milk have the potential to experience prolonged growth and development disorders. Apart from that, exclusive breastfeeding is also closely related to the baby's weight in the 6-12 month age range. Babies who receive exclusive breast milk tend to have a normal weight, while those who do not receive it are at risk of obesity problems.

Breast milk (ASI) is a natural nutritional fluid produced by the mammary glands in a woman's breasts after giving birth. Breast milk has a unique composition and is rich in nutrients which are very important for the growth and development of babies. The following are several important components and explanations regarding breast milk:

- 1) Rich Nutrients, breast milk contains all the nutrients a baby needs for the first six months of life. These include proteins, fats, carbohydrates, vitamins, and minerals that are essential for healthy growth and development.

- 2) Antibodies and Immunity, breast milk contains antibodies that help babies fight infections and diseases. It provides important early protection during the early months of a baby's life when his or her immune system is not yet fully developed.
- 3) Easy Digestion, breast milk is easier for babies to digest than artificial milk formula. This helps reduce the risk of digestive disorders and allergies in babies.
- 4) Colonization of Good Bacteria, breast milk contains natural probiotics which help form colonies of good bacteria in the baby's digestive tract. This is important for maintaining digestive health and the baby's immune system.
- 5) Brain Development Support, breast milk contains fats that are necessary for baby's brain development, especially the fatty acid DHA (Docosahexaenoic Acid). This helps the development of the baby's cognitive function and vision.
- 6) Changing Quantity and Quality, breast milk is produced in quantities that suit the baby's needs. In addition, the composition of breast milk can change over time to meet the baby's growing and changing development.
- 7) Benefits for the Mother, apart from providing benefits for the baby, breastfeeding also has a number of benefits for the mother. This includes helping the uterus return to its normal size after giving birth, reducing the risk of breast and ovarian cancer, and assisting mothers in maintaining a healthy weight.
- 8) Emotional Connection, breastfeeding also creates a strong emotional connection between mother and baby. This is a precious moment for closeness and interaction between mother and child.

Exclusive breastfeeding is the practice of giving only breast milk without additional food or other drinks to babies for the first six months of life. It is recommended by the World Health Organization (WHO) and various international health agencies as a best practice for providing optimal protection and nutrition to babies. Exclusive breastfeeding plays an important role in preventing stunting and other diseases and provides a strong foundation for optimal baby health and development (Liliweri 2021; Fregonese et al., 2017; Campos et al., 2020).

It is important to recognize that the low coverage of exclusive breastfeeding can be influenced by a number of factors. Among them are a lack of understanding regarding the benefits of exclusive breastfeeding, social pressure, and also environmental factors that influence the availability of time and place for breastfeeding. Apart from that, support from family, health workers and the community also plays an important role in encouraging the practice of exclusive breastfeeding.

Actions to increase coverage of exclusive breastfeeding need to be carried out comprehensively through health education programs targeting pregnant women and their partners, as well as society in general. Apart from that, real efforts are also needed to strengthen health policies and programs that support the practice of exclusive breastfeeding. Thus, an in-depth understanding of the importance of exclusive breastfeeding to prevent stunting is an important basis for efforts to break the chain of stunting problems in Indonesia (Siswati et al., 2022; Goudet et al., 2019; Hussainyar et al., 2021). With strong collaboration from all relevant parties, it is hoped that the coverage of exclusive breastfeeding will increase significantly, having a major positive impact on the health and development of Indonesian children.

The success of providing exclusive breast milk to babies is very important in efforts to maintain children's health and optimal development. This practice is influenced by a number of factors, which can make a positive or negative contribution to achieving the target of exclusive breastfeeding in a region. In this context, several important factors that influence exclusive breastfeeding need to be considered (Cetthatrikul et al., 2018).

One factor that has a significant influence is husband's support. The husband's involvement in the exclusive breastfeeding process, such as providing emotional and practical support to the mother, can increase the mother's motivation and success in providing exclusive breastfeeding. This support creates a conducive environment for the practice of exclusive breastfeeding.

Apart from husband's support, other factors that influence exclusive breastfeeding are support from the mother or in-laws and the practice of early initiation of breastfeeding. Social support from other family members can provide positive encouragement to the mother to continue the practice of exclusive breastfeeding. Early initiation of breastfeeding, i.e. starting breastfeeding as soon as the baby is born, is also a key step to promote successful exclusive breastfeeding.

Apart from support factors, the mother's attitude also plays an important role in the success of exclusive breastfeeding. This attitude reflects the mother's beliefs, knowledge and understanding of the benefits of exclusive breastfeeding. Positive attitudes tend to support the practice of exclusive breastfeeding, while negative or less supportive attitudes can become obstacles.

However, even though the importance of exclusive breastfeeding has been recognized nationally and internationally, data shows that the coverage of exclusive breastfeeding in several regions in Indonesia, including Tasikmalaya City, is still below the national target. In 2018, exclusive breastfeeding coverage in West Java Province reached 57.97%, a figure which is still below the national average of 65.16%. Information from the Tasikmalaya City Health Service in 2022 shows variations in achieving the exclusive breastfeeding target in the Tasikmalaya City health center area, with several areas still below the coverage target.

Considering the importance of exclusive breastfeeding in maintaining the health of future generations, this research will examine the factors that influence the practice of exclusive breastfeeding in Tasikmalaya City. With a better

understanding of these factors, it is hoped that more effective strategies will emerge to increase the coverage and success of exclusive breastfeeding in this region. Through joint efforts from various parties, we can take more concrete steps to support the practice of exclusive breastfeeding and improve the welfare of children in Tasikmalaya City and throughout Indonesia.

2. Research methods

This research uses a case-control research design. This design allows researchers to compare the characteristics and factors that influence a group of children who receive exclusive breastfeeding (case group) with a group of children who do not receive exclusive breast milk (control group). The variables measured in this study cover various aspects, including respondent characteristics and factors related to the practice of exclusive breastfeeding. The following are details of the variables measured:

- 1) Respondent Characteristics : This includes child characteristics such as age, gender, order of children, as well as mother characteristics such as age, occupation, education, and father's age. These characteristics can provide insight into the profile of families involved in exclusive breastfeeding practices.
- 2) Mother's and Father's Knowledge of Exclusive Breastfeeding : Mother's and father's knowledge of the benefits and importance of Exclusive Breastfeeding is an important factor in the success of this practice. The research will measure their level of knowledge regarding exclusive breastfeeding.
- 3) Support from husband, parents and in-laws : Social support from husband, parents and in-laws can influence a mother's decision to provide exclusive breastfeeding. These factors will be evaluated in the study.
- 4) Media Exposure Regarding Exclusive Breastfeeding : The media has an important role in disseminating information. The research will examine the extent to which mothers are exposed to information about exclusive breastfeeding through mass or social media.

The location of this research was carried out at four health centers in Tasikmalaya City, namely Manonjaya Health Center, Kawalu Health Center, Bungursari Health Center, and Mangkubumi Health Center. This research took place during the period from August to December 2022.

The population in this study consisted of children aged 6-12 months and the mothers of these children who were in Tasikmalaya City. The samples in this study were children aged 6-12 months and the mothers of these children who could be divided into two groups, namely the group who received exclusive breast milk and the group who did not receive exclusive breast milk. Sampling was carried out using the cluster random sampling method.

The number of samples to be taken in this study is not stated in the quote, but an adequate sample size is essential to obtain representative and reliable results. Next, data analysis will be used to evaluate the factors that influence the practice of exclusive breastfeeding and provide valuable insights for efforts to improve children's health in Tasikmalaya City.

3. Research result

3.1. Characteristics of Toddler Respondents

In this section, the research describes the characteristics of toddler respondents, both those who receive exclusive breastfeeding and those who do not, as seen in Table 1 below:

Table 1. Characteristics of Research Respondents

Variable	Exclusive breastfeeding	Not exclusive breastfeeding
Age		
12 - 23 months	1 (3.4%)	1 (1.3%)
Gender		
Man	16 (55.2%)	31 (40.3%)
Woman	13 (44.8%)	46 (59.7%)
What order do you come in your family-		
1	9 (31.0%)	34 (44.2%)
2	14 (48.3%)	27 (35.1%)
3	3 (10.3%)	11 (14.3%)

Based on Table 1, it can be seen that in this study, there were 29 respondents in the group who received exclusive breast milk and 77 respondents in the group who did not receive exclusive breast milk. The age distribution of respondents shows that the majority of toddlers in the Exclusive Breastfeeding group are between 12-23 months old, while in the group who do not receive Exclusive Breastfeeding, most are between 0-5 months and 6-11 months old.

In terms of gender, there were more male toddlers in the Exclusively Breastfed group, whereas in the group that did not receive Exclusive Breastfeeding, most were girls. As for the order of children, the majority of toddlers in both groups were second children.

It should be noted that the number of respondents who did not receive exclusive breastfeeding was greater than the number of respondents who received exclusive breastfeeding in this study. This data provides an initial picture of the distribution of respondent characteristics in the two groups that are the focus of this research.

3.2. Characteristics of Mothers of Toddlers

Characteristics of mothers of toddlers in this study included age, education level, employment status, and delivery process. Details of these characteristics can be seen in Table 2 below:

Table 2. Characteristics of Mothers of Toddlers

Variable	Exclusive breastfeeding	Not exclusive breastfeeding
Age		
18-29 years old	23 (79.3%)	35 (45.5%)
30-49 years old	6 (20.7%)	42 (54.5%)
Education		
Elementary/Middle School	4 (13.8%)	9 (11.7%)
High School/Equivalent	18 (62.1%)	49 (63.6%)
College	7 (24.1%)	19 (24.7%)
Job status		
Work	5 (17.2%)	15 (19.5%)
Doesn't work	24 (82.8%)	62 (80.5%)
Childbirth Process		
Normal	25 (86.2%)	70 (90.9%)
Operation	4 (13.8%)	7 (9.1%)

From Table 2, it can be seen that the majority of mothers of toddlers in this study were aged between 30-49 years, especially in the group who received exclusive breast milk. Most of them have a high school/equivalent level of education, and the majority of both groups are unemployed. The dominant labor process was normal in both groups.

It can also be seen that there is one mother of a toddler who is still a teenager in the group who does not receive exclusive breastfeeding, according to age standards according to WHO. This can be indicated as an inhibiting factor in providing exclusive breastfeeding, because adolescence is often associated with factors such as uncertainty and lack of confidence in providing exclusive breastfeeding.

Some mothers also experience difficulties in providing exclusive breastfeeding, especially due to the perception of a lack of breast milk production. This shows the importance of adequate support and information for mothers in understanding and overcoming problems related to exclusive breastfeeding.

Thus, the characteristics of mothers of toddlers, including age, education, employment status, and delivery process, play an important role in the success of exclusive breastfeeding practices. Older mothers may have better knowledge and understanding in this regard, while social and educational support is also needed to help young mothers implement exclusive breastfeeding practices successfully.

3.3. Family Support for Exclusive Breastfeeding

Family support, which includes support from husband, parents and in-laws, is a very important factor in the practice of exclusive breastfeeding. The results of the analysis related to family support are presented in Table 3. This table also shows the results of the chi-square test to identify the relationship between family support and the practice of exclusive breastfeeding.

Table 3. Chi-Square Test Results for Family Support and Exclusive Breastfeeding

Variable	Husband's Support	Parental Support	In-Law Support
Exclusive breastfeeding			
Yes	25 (86.2%)	43 (55.8%)	17 (22.1%)
No	4 (13.8%)	34 (44.2%)	60 (77.9%)
Chi-Square (p)	0.017	0.202	0.268

The chi-square test results show that there is a significant relationship between husband's support and exclusive breastfeeding ($p=0.017$), with a significance value (p) of less than 0.05. This indicates that husband's support influences the success of exclusive breastfeeding practices.

However, the chi-square test results show that there is no statistically significant relationship between support from parents and in-laws and the practice of exclusive breastfeeding ($p>0.05$). However, it should be noted that there is a tendency that support from parents and in-laws is higher in the group of toddlers who receive exclusive breast milk compared to the group who do not receive exclusive breast milk.

The parameter used to measure the strength of the relationship between husband's support and exclusive breastfeeding is the Odds Ratio (OR), which is 8.542 with a 95% Confidence Interval between 1.085 to 67.244. This indicates that if there is no husband's support, the possibility of a toddler not getting exclusive breastfeeding is 8.542 times higher compared to a toddler who gets husband's support.

These results indicate that the husband's role in providing support and understanding of the practice of exclusive breastfeeding has a significant impact on the success of the practice. Therefore, an approach that involves husbands as active supporters in the practice of exclusive breastfeeding can be an effective strategy for increasing exclusive breastfeeding coverage in the community.

4. Discussion

Husband's support is a very influential factor in the practice of exclusive breastfeeding. The results of this study are consistent with previous research findings which show that active involvement and support from husbands has a positive impact on the success of exclusive breastfeeding.

In previous research conducted by researchers, FGD with one of the informants, namely the father of a baby who was exclusively breastfed, showed that fathers play an important role in providing support to mothers. They accompany their wives during the breastfeeding process, and even help with practical matters such as waking up their breastfeeding wives at night. This support also includes providing vitamins or supplements to increase breast milk production.

This is in line with previous research which confirms that support from a husband or father has a significant impact on exclusive breastfeeding behavior. The emotional and practical support provided by the husband is an important determinant of the success of the practice of exclusive breastfeeding for 6 months.

The husband's presence during breastfeeding sessions also has a positive impact on the mother's emotional condition, creating a conducive and calm environment for providing exclusive breastfeeding. Naturally, when the mother feels happy and calm, breast milk production tends to run smoothly, and success in the practice of exclusive breastfeeding can be achieved.

The results of this study provide concrete evidence about the importance of the husband's role and support in supporting the practice of exclusive breastfeeding. Therefore, it is recommended to increase husbands' awareness of their important role in helping mothers provide exclusive breastfeeding. Efforts to involve husbands in reproductive health education and support for exclusive breastfeeding can be an effective step in increasing exclusive breastfeeding coverage in society.

The results of interviews with respondents showed that information regarding exclusive breastfeeding was obtained from various sources, including health service workers such as midwives and doctors at Posyandu, Community Health Centers, or Hospitals. Apart from that, some respondents also got information through KIA books and social media. However, interestingly, media exposure did not show a significant relationship with the practice of exclusive breastfeeding. This may be because information from the media is only received without being actively implemented.

Husband's support is the most influential factor in the success of the practice of exclusive breastfeeding. Even though mothers have received information about exclusive breastfeeding, without their husband's support, this practice can experience obstacles. The process of breastfeeding is not easy, especially for young mothers who are just experiencing this phase. Challenges such as having to wake up at night to breastfeed the baby can disrupt the mother's rest. This factor can be the cause of failure in the practice of exclusive breastfeeding.

Interestingly, this study did not find a relationship between maternal knowledge and the success of exclusive breastfeeding practices. This shows that other factors, such as husband's support, have a greater influence in determining the success of this practice.

Early Initiation of Breastfeeding (IMD) is also an important factor in the success of exclusive breastfeeding. IMD practices carried out by mothers immediately after giving birth have a greater chance of providing exclusive breastfeeding to their children. However, in this study, there was no identification of IMD practices, making it possible that there were respondents who did not provide exclusive breastfeeding because IMD was not carried out. IMD is a natural process where the baby looks for the mother's own nipple and is left on the mother's chest for at least one hour to breastfeed independently. This experience provides a motivational boost to the mother, making her confident that breast milk will flow in sufficient quantities. This belief is the biggest motivation in realizing the practice of exclusive breastfeeding.

In this study, it was still found that mothers' knowledge levels were relatively low regarding exclusive breastfeeding. Therefore, re-socialization of the importance of giving exclusive breast milk by health workers is still very necessary. Increasing maternal knowledge, especially regarding exclusive breastfeeding, can be the first step to improving the practice of exclusive breastfeeding. However, it is important to remember that increased knowledge is not the only factor influencing the success of this practice.

Apart from knowledge, the mother's perception of the insufficiency of breast milk is also an important factor. Mother's knowledge apparently influences this perception, so it is important to provide comprehensive information about the importance of exclusive breastfeeding, including all aspects related to breast milk production. If mothers have knowledge about how to produce breast milk and how to increase it, then the possibility of failure in exclusive breastfeeding practices can be prevented.

The practice of giving exclusive breast milk to babies and toddlers, especially in the early age group, must remain a common concern. Exclusive breastfeeding has a close relationship with preventing stunting in children. Stunting is a serious problem in Indonesia which is still a national problem that must be resolved. Therefore, increasing effective exclusive breastfeeding practices can contribute significantly to preventing new cases of stunting. It is important to note that programs to increase exclusive breastfeeding should also involve fathers, not just mothers. By involving fathers in this effort, they can play an active role in supporting the realization of increasing the practice of exclusive breastfeeding, so that it can provide greater benefits for the health of children and society as a whole.

5. Conclusion

Based on the data and information that has been presented, we can draw several important conclusions:

Stunting and the Importance of Exclusive Breastfeeding : Stunting is a serious problem in Indonesia, and one of the factors that contributes to stunting is non-exclusive breastfeeding. Exclusive breastfeeding has many benefits for a baby's growth and development, including strengthening the immune system and promoting healthy growth.

- 1) **Low Coverage of Exclusive Breastfeeding**, even though it is important, coverage of exclusive breastfeeding in Indonesia is still relatively low. Only a small number of mothers exclusively breastfeed their babies for the first 6 months, in accordance with government recommendations.
- 2) **Factors that Influence Exclusive Breastfeeding**, factors such as husband's support, support from family, mother's knowledge, and early initiation of breastfeeding (IMD) practices influence the practice of exclusive breastfeeding. Husband's support is proven to be a very important factor in the success of exclusive breastfeeding practices.
- 3) **Husband's Role in Exclusive Breastfeeding**, husbands have a significant role in providing support and understanding to mothers in the practice of exclusive breastfeeding. The emotional and practical support provided by the husband had a positive impact on this practice.
- 4) **Maternal Knowledge and Perception**, maternal knowledge of exclusive breastfeeding is an important factor, but maternal perception of the insufficiency of breast milk also plays a key role in the success of this practice. Education about breast milk production and how to increase it can help mothers be more confident in providing exclusive breastfeeding.
- 5) **The Importance of Socialization and Education**, re-socialization about the importance of exclusive breastfeeding carried out by health workers needs to be increased to increase mothers' knowledge. However, it is important to remember that increasing knowledge alone is not enough, and the husband's support and practical factors must also be taken into account.
- 6) **Fathers' Involvement**, fathers' groups must be more involved in programs to increase exclusive breastfeeding. The father's role in supporting this practice can make a positive contribution in increasing exclusive breastfeeding coverage.

Thus, increasing the practice of exclusive breastfeeding in Indonesia requires a comprehensive approach, which includes increasing mothers' knowledge, husband's support, IMD practices, as well as actively involving fathers' groups in efforts to encourage exclusive breastfeeding practices. This will contribute significantly to preventing stunting and improving the health of Indonesia's young generation.

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