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Factors associated with exclusive breastfeeding among primiparous women in East Lampung, Indonesia

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Abstract

Background: Breast milk is the primary source of energy and essential nutrients for infants. However, based on the data obtained from Pasir Sakti community health center, there has been a decline in the coverage of exclusive breastfeeding (EBF). In 2019, it was 48.6%, in 2020, it was 43.9%, and in 2021, it experienced a further decrease to 39.6%. The low rate of EBF is attributed to several factors, such as socio-cultural conditions, family support, especially from husbands, a lack of understanding and awareness of the importance of EBF among primiparous mothers.
Purpose: To determine the factors associated with exclusive breastfeeding among primiparous women in East Lampung, Indonesia.
Method: Quantitative research using a retrospective approach was conducted on all primiparous mothers with infants aged ≥6 months in the working area of Pasir Sakti community health center, East Lampung, on June 20-29, 2023, involving a total of 95 respondents. The inclusion criteria were mothers with infants aged ≥6 months, who had already introduced complementary foods before the age of <6 months, and were willing to participate as respondents. Exclusion criteria included infants with congenital abnormalities such as cleft lip and palate, mothers with breast abnormalities, breast cancer, mastitis, AIDS (HIV), hepatitis B, and those undergoing hormone therapy. Data analysis techniques included univariate and bivariate analysis.
Results: Based on the acquired knowledge, the p-value obtained is 0.001, while the odds ratio (OR) is 4.3 with a 95% confidence interval interpretation ranging from 2.357 to 8.025, with a difference of 1.684. For the attitude variable, a p-value of 0.001 was obtained with an OR of 10.8 and a 95% confidence interval interpretation ranging from 5.359 to 22.049, with a difference of 5.668. Regarding the cultural variable, the p-value is 0.001 with an OR of 4.9 and a confidence interval between 2.653 and 9.337, with a difference of 2.036. For the healthcare provider's role variable, the p-value is 0.001 with an OR of 3.4. The 95% confidence interval interpretation is between 1.856 and 6.335, with a difference of 1.333. Lastly, for the husband's support variable, the p-value is 0.001 with an OR of 3.9. The 95% confidence interval interpretation is between 2.085 and 7.352, with a difference of 1.607.
Conclusion: The dominant factor related to EBF in primiparous mothers is attitude with p-value = 0.001, and OR = 10.870.

Keywords: Exclusive Breastfeeding; Knowledge; Primiparous Mother.

INTRODUCTION

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) advocate the ideal approach to infant nutrition, emphasizing exclusive breastfeeding from birth until the age of 6 months, with early initiation of breastfeeding immediately after birth. After reaching 6 months, complementary feeding alongside breastfeeding is recommended, continuing until the child reaches 2

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years of age (Ministry of Health of the Republic of Indonesia, 2020). Despite these recommendations, exclusive breastfeeding rates have yet to meet targets, and the premature introduction of complementary foods before 6 months remains prevalent in developing nations like Indonesia. This practice can result in elevated risks of infections such as diarrhea, respiratory illnesses, allergies, and impediments to growth and development in children, potentially persisting into adulthood if not addressed early (Lutter, Grummer-Strawn, & Rogers, 2021). Conversely, initiating complementary feeding too soon poses significant contamination risks, leading to severe gastroenteritis in infants and potentially reducing breast milk production due to decreased breastfeeding frequency (Afriyani, Halisa, & Rolina, 2016; Mishra, & Sheth, 2023). Repeated occurrences of this can contribute to suboptimal growth and development in infants (Lestiarini, & Sulistyorini, 2020; Hörnell, Lagström, Lande, & Thorsdottir, 2013).

The low prevalence of exclusive breastfeeding can be attributed to various factors, encompassing sociocultural and economic aspects, as well as a lack of awareness regarding the significance of exclusive breastfeeding, particularly among first-time mothers (Marwiyah, & Khaerawati, 2020; Balogun, Dagvadorj, Anigo, Ota, & Sasaki, 2015). First-time mothers, or primiparous mothers, are those experiencing motherhood for the first time. When it comes to exclusive breastfeeding, primiparous mothers often encounter challenges stemming from insufficient knowledge about proper breastfeeding techniques, uncertainty in dealing with breastfeeding difficulties, and occasional misunderstandings about the advantages of exclusive breastfeeding. These elements collectively contribute to the limited adoption of exclusive breastfeeding practices, potentially affecting a child's nutritional status. Nonetheless, exclusive breastfeeding is a crucial endeavor aligning with sustainable development goals, aiming to tackle hunger, enhance nutrition, and ensure the well-being of individuals across all age groups, particularly children (Anggryni, Mardiah, Hermayanti, Rakhmawati, Ramdhanie, & Mediani, 2021).

A study in Sri Lanka showed that 23% of infants received complementary feeding before the age of 4 months, and almost all mothers began giving solid foods like rice porridge and biscuits without medical advice. Out of a total of 410 infants, 34% were given complementary feeding before 6 months of age. UNICEF data indicates that only 14% of mothers in Indonesia breastfeed their babies, and this breastfeeding is typically discontinued by the time the baby is 4 months old (Simanjuntak, 2020; Flaherman, Chan, Desai, Agung, Hartati, & Yelda, 2018). Nationally, the coverage of exclusive breastfeeding in 2021 was 56.9%, surpassing the program's target of 40% for the year 2021. The highest percentage of exclusive breastfeeding coverage was in West Nusa Tenggara Province (82.4%), while the lowest was in Maluku Province (13.0%), with Lampung Province at 65%. Ministry of Health data shows that 43.1% of babies received complementary feeding early (Ministry of Health of the Republic of Indonesia, 2020).

In 2021, the extent of exclusive breastfeeding in Lampung Province reached 73.6%, surpassing the anticipated target of 60%. Notably, Bandar Lampung City recorded the highest coverage at 88.87%, while Mesuji Regency reported the lowest at 55.33%. Lampung Timur Regency achieved a coverage rate of 73.63% (Health Office of Lampung Province, 2022). Lampung Timur Regency accommodates 33 community health centers, with Labuhan Maringgai community health center boasting the highest exclusive breastfeeding coverage at 89%, contrasting with Purbolinggo community health center's lowest rate of 17.4%. Pasir Sakti community health center emerged with one of the lowest rates of exclusive breastfeeding coverage, registering at 39.6% (Health Office of East Lampung District, 2022). Data from Pasir Sakti community health center reveals a downward trend in exclusive breastfeeding rates, with percentages declining from 48.6% in 2019 to 43.9% in 2020 and further to 39.6% in 2021. These figures underscore a diminishing trend in exclusive breastfeeding within Pasir Sakti community health center.

Efforts have been undertaken to enhance awareness regarding the significance of exclusive breastfeeding within the jurisdiction of Pasir Sakti Community Health Center through the training of community health workers. Despite these endeavors, the coverage of exclusive breastfeeding remains modest. Various factors influence breastfeeding practices, often leading to an increased reliance on

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complementary feeding. One such factor involves concerns about maintaining femininity coupled with a limited understanding of the advantages of exclusive breastfeeding (Soetjiningsih, 2012). The determinants of breastfeeding are multifaceted, encompassing maternal knowledge regarding breastfeeding (Roesli, 2010). Previous studies have demonstrated a noteworthy correlation between maternal knowledge and the adoption of complementary feeding in Jatirejo Village, Jumapolo Subdistrict (Kodiyah, 2009; Imdad, Yakoob, & Bhutta, 2011). Additionally, research indicates that mothers who do not adhere to exclusive breastfeeding often cite inadequate knowledge and a misconceived attitude towards its importance as contributing factors (Amalia, Subandrate, Arrafi, Prasetyo, Adma, Monanda, & Athiah, 2021).

Primiparous mothers often face breast-related problems such as breast swelling, pain, nipple sores, reduced breast milk production, fatigue, and drowsiness due to breastfeeding. Additionally, some mothers stop breastfeeding too early because they believe that breastfeeding is not easy. This can cause stress and a desire to give up, leading to mothers thinking they need to switch to formula milk to meet their baby's needs. These issues with primiparous mothers result in not all of them being able to provide exclusive breastfeeding effectively (Septiani, Budi, & Karbito, 2017). Based on previous studies, it is known that the factors influencing exclusive breastfeeding by primiparous mothers are varied and include factors such as urban or rural residence, maternal age, education level, and sources of information. On the other hand, another factor influencing exclusive breastfeeding is family support, especially from husbands (Febita, Musthofa, & Handayani, 2021).

Based on the pre-survey results, where 203 breastfeeding mothers were surveyed, the researchers conducted brief interviews with 20 mothers who had infants aged 7-12 months in the Pasir Sakti community health center's working area from February 28 to March 3, 2023. It was found that out of the 20 mothers, 8 were multiparous and 12 were primiparous. Among the multiparous mothers, 6 (75%) practiced exclusive breastfeeding, while among the primiparous mothers, only 2 (16.7%) practiced exclusive breastfeeding. Therefore, the pre-survey results indicated that primiparous mothers were less likely to practice exclusive breastfeeding. Moreover, out of the 12 primiparous mothers, 8 (66.7%) breastfed their babies only until 3-4 months of age because they were unaware that exclusive breastfeeding should continue for 6 months and that complementary feeding should begin at 6 months. This was often influenced by the experiences of their parents or in-laws. Additionally, 2 (18.2%) mothers did not practice exclusive breastfeeding because they couldn't express breast milk when they were working and were afraid that the breast milk would spoil if pumped. One (0.8%) mother expressed concern that her breasts would become saggy and unattractive, and she lacked confidence that her breast milk would be sufficient for her baby, so she supplemented with formula milk.

Based on the data and issues encountered during the pre-survey regarding insufficient knowledge, unfavorable attitudes, existing cultural practices, the less active role of healthcare providers, and inadequate support from husbands in promoting exclusive breastfeeding, the researchers became interested in studying the factors associated with exclusive breastfeeding among primiparous.

RESEARCH METHOD

A retrospective quantitative research study was conducted on primiparous mothers with infants aged six months or older within the operational area of the Pasir Sakti community health center, located in East Lampung. The study took place from June 20 to June 29, 2023, involving a total of 95 participants. Inclusion criteria comprised mothers with infants aged six months or older who had introduced complementary foods before reaching six months of age and were willing to partake as respondents. Exclusion criteria encompassed infants with congenital abnormalities such as cleft lip and palate, mothers with breast anomalies or breast cancer, individuals affected by mastitis, AIDS (HIV), hepatitis B, or those undergoing hormonal treatment.

The research used a questionnaire as its primary instrument, comprising inquiries regarding knowledge, attitudes, culture, the role of healthcare providers, and spousal support. The dependent variable in this study was breastfeeding categorized as follows: "No" = 0 if the mother provided breastfeeding, formula milk, solid foods, etc., to the baby from 0-6 months, and "Yes" = 1 if the mother

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exclusively breastfed the baby from 0-6 months. The independent variables in this study included knowledge, categorized as poor if the score was <50% and good if the score was ≥50%, attitudes categorized as negative if the response score was <50th percentile (T50) and positive if the response score was ≥50th percentile (T50), culture categorized as negative if the respondent's answer score was <50th percentile (T50) and positive if the respondent's answer score was ≥50th percentile (T50), the role of healthcare providers categorized as negative if the respondent's answer score was <50th percentile (T50) and positive if the respondent's answer score was ≥50th percentile (T50), and family support categorized as negative if the score was < the mean or median value and positive if the score was ≥ the mean or median value. Data analysis techniques included univariate and bivariate analysis.

This research has obtained ethical clearance from the Health Research Ethics Committee of Malahayati University with the number: 3414/EC/KEPK-UNMAL/V/2023.

RESEARCH RESULTS

Table 1. Frequency Distribution of Respondents (N=95)

Variables	Case	Control	p-value	OR 95% CI
Age (Years) (Mean±SD)(Range)	(24.079±3.296)(20-35)	(24.033±3.096)(20-35)		
Employment (n/%)				
Housewife	56/58.9	66/69.5		
Farmer	10/10.6	7/7.4		
Employee	25/26.3	20/21.0		
Government Employees	4/4.2	2/2.1		
Education (n/%)				
Elementary School	4/4.2	3/3.2		
Junior High School	44/46.3	41/43.1		
Senior High School	37/38.9	38/40.0		
University	10/10.6	13/13.7		
Knowledge (n/%)				
Poor	59/62.1	26/27.4	0.001	4.349 (2.357-8.025)
Good	36/37.9	69/72.6		
Attitude (n/%)				
Negative	81/85.3	33/34.7	0.001	10.870 (5.359-22.049)
Positive	14/14.7	62/65.3		
Culture (n/%)				
Negative	57/60.0	22/23.2	0.001	4.977 (2.653-9.337)
Positive	38/40.0	73/76.8		
Healthcare Provider's Role (n/%)			0.001	3.429 (1.856-6.335)
Negative	51/53.7	24/25.3		
Positive	44/46.3	71/74.7		
Spousal Support (n/%)				
Negative	50/52.6	21/22.1	0.001	3.915 (2.085-7.352)
Positive	45/47.4	74/77.9		

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Among the 95 respondents, the mean and standard deviation of age of case respondents was (24,079 ± 3,296), while the control group (24,033 ± 3,096) was in the range of 20-35 years. The majority of both groups are housewives with junior high school education. It was observed that the majority of the case group exhibited inadequate knowledge and opted not to practice exclusive breastfeeding, accounting for 59 individuals (62.1%). Conversely, in the control group, respondents with proficient knowledge exclusively breastfed their infants, totaling 69 individuals (72.6%). An analysis of knowledge yielded a p-value of 0.001, suggesting a significant association between knowledge levels and the adoption of exclusive breastfeeding among first-time mothers. The odds ratio (OR) was calculated at 4.3, indicating that respondents with insufficient knowledge are 4.3 times more inclined to abstain from exclusive breastfeeding, with a 95% confidence interval ranging between (2.357-8.025) and a discrepancy of 1.684, highlighting a direct correlation between knowledge and exclusive breastfeeding practices.

In the case group, more respondents had negative attitudes and chose not to provide exclusive breastfeeding, with a total of 81 (85.3%), whereas in the control group, respondents with positive attitudes provided exclusive breastfeeding in the amount of 62 (65.3%). A p-value of 0.001 was obtained, indicating a relationship between attitudes and the provision of exclusive breastfeeding among primiparous mothers. The OR was 10.8, meaning that respondents with negative attitudes are 10.8 times more likely not to provide exclusive breastfeeding, with a 95% confidence interval between (5.359-22.049) and a difference of 5.668, signifying a relationship between attitudes and exclusive breastfeeding.

Furthermore, in the case group, more respondents had negative cultural practices and chose not to provide exclusive breastfeeding, totaling 57 (60.0%), whereas in the control group, respondents with positive cultural practices provided exclusive breastfeeding in the amount of 73 (76.8%). A p-value of 0.001 was obtained, indicating a relationship between culture and the provision of exclusive breastfeeding among primiparous mothers. The OR was 4.9, meaning that respondents with negative cultural practices are 4.9 times more likely not to provide exclusive breastfeeding. The 95% confidence interval was between (2.653-9.337), with a difference of 2.036, signifying a positive relationship between culture and exclusive breastfeeding.

In the case group, more respondents had negative perceptions of the healthcare provider's role and chose not to provide exclusive breastfeeding, totaling 51 (53.7%), whereas in the control group, respondents with positive perceptions of the healthcare provider's role provided exclusive breastfeeding in the amount of 71 (74.7%). A p-value of 0.001 was obtained, indicating a relationship between the healthcare provider's role and the provision of exclusive breastfeeding among primiparous mothers. The OR was 3.4, meaning that respondents with a negative perception of the healthcare provider's role are 3.4 times more likely not to provide exclusive breastfeeding. The 95% confidence interval was between (1.856-6.335), with a difference of 1.333, signifying a positive relationship between the healthcare provider's role and exclusive breastfeeding.

In the case group, more respondents had negative spousal support and chose not to provide exclusive breastfeeding, totaling 50 (52.6%), whereas in the control group, respondents with positive spousal support provided exclusive breastfeeding in the amount of 74 (77.9%). A p-value of 0.001 was obtained, indicating a relationship between spousal support and the provision of exclusive breastfeeding among primiparous mothers. The OR was 3.9, meaning that respondents with negative spousal support are 3.9 times more likely not to provide exclusive breastfeeding. The 95% confidence interval was between (2.085-7.352), with a difference of 1.607, signifying a positive relationship between spousal support and exclusive breastfeeding.

DISCUSSION

Based on the research results, it is known that out of 95 respondents, 50.0% chose not to provide exclusive breastfeeding (EBF), while 50.0% chose to provide it. EBF refers to the provision of only breast milk, including colostrum, without any additional substances, from birth. In other words, giving formula milk, boiled water, sugar water, other fluids like formula milk, orange juice, honey, bananas, milk porridge, biscuits, rice porridge, rice cereal, and

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others to newborns is not allowed because complementary feeding should only begin after 6 months. Breastfeeding can be continued until the child is 2 years old or older (Maritalia, 2014; Victora, Bahl, Barros, França, Horton, Krasevec, & Rollins, 2016). A mother's success in breastfeeding is influenced by various factors, including predisposing, enabling, and reinforcing factors. Predisposing factors include age, education, knowledge, attitudes, and exposure to information. Enabling factors include institutional policies and facility availability. Reinforcing factors include support from the spouse, support from healthcare providers, which is equally important (Abdullah & Ayubi, 2013; Chen, Xin, Gaoshan, Li, Zou, Tan, & Tang, 2019).

Consistent with previous research, in the work area of Pabatu Kota community health care, Tebing Tinggi, the majority did not practice exclusive breastfeeding, with 44 respondents (57.9%) not practicing it, and a minority practiced exclusive breastfeeding, with 32 respondents (42.1%) practicing it (Sinaga, Sitorus, & Sibero, 2020). Another study found that in the work area of Harapan Raya community health center, Pekanbaru, a minority of mothers provided EBF, totaling 47 (49%) (Dewi, Gustiwarni, & Wahyuni, 2019). Supported by research results showing a low percentage of EBF (29%) (Destyana, Angkasa, & Nuzrina, 2018). Based on the research results, it is found that there are 95 respondents who did not provide EBF, influenced by various factors that prevent mothers from providing EBF to their infants. One of the obstacles is maternal employment. Working mothers who rarely breastfeed automatically reduce stimulation for milk production, especially if the mother is fatigued and stressed while working, which can trigger insufficient milk production. On the other hand, 95 respondents were able to provide EBF, thanks to factors such as proper nutrition for the mother to maintain milk production, suitable workplace conditions with designated breastfeeding areas, absence of stress, the ability for the mother to allocate time for pumping breast milk, strong motivation, and support from the surrounding environment.

The research results show that 59 (62.1%) respondents in the case group had poor knowledge, while 36 (37.9%) had good knowledge. In the control group, 26 (27.4%) had poor knowledge, and 69 (72.6%) had good knowledge. Knowledge is acquired through human senses, including sight, hearing, smell, taste, and touch. Most of human knowledge is obtained through sight and hearing (Budiman, 2013). However, having good knowledge alone does not necessarily motivate mothers to practice EBF. It ultimately depends on the individual's response to their circumstances. A mother will make choices based on her thoughts and circumstances. Inability to balance work hours with breast pumping can lead to the cessation of breastfeeding, and prolonged working hours can alter a mother's decision regarding EBF (Hentges, & Pilot, 2021). Higher knowledge can influence a person's attitude, and higher education can lead to broader knowledge and an easier ability to make informed decisions about EBF. Efforts to increase mothers' knowledge through direct education by healthcare providers about the benefits of exclusive breastfeeding are expected to enhance their knowledge and ultimately change their behavior related to exclusive breastfeeding.

The research results show that 81 (85.3%) respondents in the case group had negative attitudes, while 14 (14.7%) had positive attitudes. In the control group, 33 (34.7%) had negative attitudes, and 62 (65.3%) had positive attitudes. Attitudes represent general evaluations made by individuals toward themselves, others, objects, or issues. Attitudes are influenced by various factors, including personal experiences, the influence of significant others, cultural influence, mass media, educational institutions, religious institutions, and emotional factors. Attitudes can change with the acquisition of additional information about a particular object. Attitudes arise from various assessments of behavior and conditions. Attitudes can also change based on experiences and innate factors, as well as persuasion, such as health education. A person's attitudes can change based on multiple experiences or the influence of others who are considered important, such as healthcare providers who are seen as having a better understanding of health.

The research results show that 57 (60.0%) respondents in the case group had negative cultural practices, while 38 (40.0%) had positive cultural practices. In the control group, 22 (23.2%) had negative cultural practices, and 73 (76.8%) had positive cultural practices. The practice of

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breastfeeding is influenced by cultural norms. This means that every act of breastfeeding by a mother to her child is related to the social culture prevailing in society. Behavior is shaped by habits colored by social culture. Everyone is exposed to and influenced by the customs of the environment, either directly or indirectly. Behavior that has been shaped by customs and beliefs about EBF will impact a mother's willingness to provide it to her child. This social culture will affect the success of EBF. Consistent with previous research showing that most respondents had positive cultural practices, with 41 (74.5%) respondents, and only a few had negative cultural practices, with 14 (25.5%) respondents (Hidayati & Rokhanawati, 2013). Diverse social and cultural norms need to be balanced with broad insights. Many customs and beliefs in the community, such as taboos against eating certain foods (e.g., fish, eggs, chicken) and the belief that colostrum is impure, contribute to mothers not providing EBF to their infants. Cultural practices influenced by community customs can impact a mother's decision to provide EBF to her child. Education can help dispel these beliefs and misconceptions.

The research results show that 51 (53.7%) respondents in the case group had negative perceptions of healthcare provider roles, while 44 (46.3%) had positive perceptions. In the control group, 24 (25.3%) had negative perceptions, and 71 (74.7%) had positive perceptions. The role of healthcare providers is a support system for patients, providing assistance in the form of information and emotionally beneficial actions or behaviors that influence the recipient's behavior (Ministry of Health of the Republic of Indonesia, 2014). The healthcare providers' roles referred to here involve unifying their activities in practice and having completed their formal education, recognized and authorized by the government to carry out their tasks and responsibilities professionally. Professional healthcare providers are not only seen in terms of their ability to care for and treat clients but also in their ability to provide comprehensive services, including biological, psychological, social, and spiritual aspects, with enthusiasm, accompanied by sincere and genuine smiles (Listautin, 2019; Carolin & Kholihah, 2019). Most respondents expressed that healthcare providers' roles were mostly active because healthcare professionals influence patient health by trying to impact their behavior. The influence depends on persuasive communication that encompasses attention, understanding, recipient memory, and behavior change. Social support from healthcare providers is evident when they provide healthcare services by explaining, encouraging, sympathizing, and setting an example for healthy behavior.

The research results show that 50 (52.6%) respondents in the case group had negative spousal support, while 45 (47.4%) had positive spousal support. In the control group, 21 (22.1%) had negative spousal support, and 74 (77.9%) had positive spousal support. Breastfeeding is not just a process between the mother and the baby; the father must also be involved. When the baby begins to suck the mother's nipple, two reflexes occur that cause breast milk to flow: the prolactin reflex and the oxytocin let-down reflex. The role of the husband is crucial in these reflexes because they are highly influenced by the mother's emotional state. The level of oxytocin varies among mothers, and 75% of the influence comes from emotional instability, which can inhibit and affect milk production. Therefore, it is clear that the smoothness of breastfeeding requires equality between husband and wife. However, the reality is that there is still very little desire among husbands to play a role in caring for their children, including supporting breastfeeding (Roesli, 2010). This is in line with previous research showing a high rate of husbands not supporting their wives in providing EBF for their infants, with 66 (71.7%) respondents (Agustia, Machmud, & Usman, 2019). The success of EBF is greatly influenced by the support of the husband. A husband who understands the benefits of breastfeeding will always help the mother take care of the baby, including changing diapers, bathing the baby, and giving massages. EBF is not solely the responsibility of the mother; support from the husband, family, the community, and other relevant parties is essential.

Based on the knowledge variable, the statistical test results obtained a p-value of 0.001, which means $p>\alpha$ (0.05). Therefore, it can be concluded that there is a relationship between the mother's knowledge and the provision of EBF with an OR of 4.3. This means that respondents with poor knowledge are 4.3 times more likely to choose not to provide EBF compared to those with good knowledge. Factors influencing the

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provision of EBF are quite complex, and one of them is the mother's knowledge about breastfeeding (Soetjiningsih, 2012). This is consistent with previous research that analyzed the relationship between variables using the chi-square test, showing a knowledge p-value of 0.000 (Sjawie, Rumayar, & Korompis, 2019), and resulting in a p-value of 0.000 regarding the relationship between knowledge and the provision of EBF (Fartaeni, Pertiwi, & Avianty, 2018).

It has been observed that among the 95 respondents, the case group, characterized by poorer knowledge, comprised a higher proportion of individuals who did not engage in EBF, totaling 59 (62.1%), whereas the control group, characterized by better knowledge, practiced EBF, totaling 69 (72.6%). This study indicates that respondents with superior knowledge are more inclined to exhibit positive attitudes and behaviors, particularly regarding EBF provision. However, the researcher suggests that in instances where respondents possess adequate knowledge yet refrain from EBF, other factors may be at play, such as maternal employment, breast abnormalities hindering breastfeeding, or other unexplored variables like the influence of formula milk advertisements promoting its superiority in child development. Furthermore, psychological factors like concerns about breast appearance post-breastfeeding or a lack of support from the spouse can also be influential. Addressing these issues requires concerted efforts from healthcare professionals to foster attitude change and enhance awareness, particularly among breastfeeding mothers, through health promotion services emphasizing the importance of EBF for infant well-being.

Respondents with poor knowledge but who provide EBF may receive support from their spouses and families, which enables them to overcome knowledge-related barriers. Based on the research findings, the researcher suggests efforts to improve the knowledge of pregnant women about EBF, starting during pregnancy. This way, mothers can make informed decisions about breastfeeding their babies in the future.

Regarding the attitude variable, the statistical test results obtained a p-value of 0.001, which means $p<\alpha$ (0.05). Therefore, it can be concluded that there is a relationship between attitude and the provision of exclusive breastfeeding with an OR of 10.8. This means that respondents with negative attitudes are 10.8 times more likely to choose not to provide EBF compared to those with positive attitudes. People tend to take actions based on their perception of whether the action is positive or negative, and these beliefs influence their attitudes and behaviors. Beliefs can be formed through past experiences with the behavior in question and can also be influenced by indirect information about the behavior (Azwar, 2007). Attitude is a fundamental concept in social psychology that addresses individuals' or groups' evaluations, and it is crucial in shaping daily actions (Notoatmodjo, 2012).

This is consistent with previous research that analyzed the relationship between variables using the chi-square test, showing attitude ($p = 0.000$) regarding the provision of exclusive breastfeeding in the work area of Tuminting community health center (Sjawie et al., 2019). The results of this research show that negative attitudes of mothers can be changed, even if they initially have negative attitudes, through information and understanding of the importance of EBF. Once mothers have received information and have a clear understanding, they are more likely to apply it when breastfeeding their infants. Healthcare providers, especially nurses and midwives, can play a crucial role in providing information and convincing mothers not to be influenced by formula milk advertisements (Foss, & Foss, 2017).

Negative attitudes among respondents are often due to a lack of full understanding of the benefits of breastfeeding and colostrum for their babies, leading them to choose formula milk as their baby's food. The negative attitudes can be caused by cultural practices such as discarding colostrum because it is perceived as impure due to its yellowish color, or by giving other drinks or foods to newborns. Such practices are not recommended because they can make babies full, leading to laziness in breastfeeding, as they have already consumed other liquids or foods before breastfeeding.

Based on the cultural variable, the statistical test results obtained a p-value of 0.001, which means $p<\alpha$ (0.05). Therefore, it can be concluded that there is a relationship between culture and the provision of EBF with an odds ratio OR of 4.9. This means that respondents with negative cultural practices are 4.9 times more likely to choose not to provide EBF

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compared to those with positive cultural practices. Culture encompasses everything, including intellectual statements and artistic values that become customs within a society (Faulina & Aliviani, 2021). This is consistent with previous research indicating a significant relationship between socio-cultural factors and the success of EBF with a Fisher exact test result of p=0.004 (Hidayati & Rokhanawati, 2013).

Based on the research findings, it is known that out of 95 respondents, the case group had more respondents with negative cultural practices who chose not to provide EBF, totaling 57 (60.0%). This is often influenced by negative cultural norms. In contrast, in the control group, with positive cultural practices, EBF was provided by 73 (76.8%) respondents. Cultural practices that do not support exclusive breastfeeding include the habit of discarding colostrum because it is perceived as impure due to its yellowish color and the practice of giving additional drinks or food to newborns. Such cultural practices can significantly impact a mother's decision regarding EBF. Education and awareness campaigns can help dispel these misconceptions.

Regarding the healthcare provider's role variable, the statistical test results obtained a p-value of 0.001, which means $p<\alpha$ (0.05). Therefore, it can be concluded that there is a relationship between the role of healthcare providers and the provision of exclusive breastfeeding with an OR of 3.4. This means that respondents with negative perceptions of healthcare provider roles are 3.4 times more likely to choose not to provide EBF compared to those with positive perceptions. Healthcare providers are responsible for providing exclusive breastfeeding information to individuals, families, and communities. Healthcare providers include medical professionals and paramedics such as nurses, midwives, and medical support staff. The role of healthcare providers has the most significant influence on a mother's process of EBF.

Consistent with previous research, it is known that out of 95 respondents, the case group had more respondents with negative perceptions of healthcare provider roles who chose not to provide EBF, totaling 51 (53.7%). This is because when healthcare providers are not actively involved, incorrect information can be conveyed, and issues such as poor milk flow, breast engorgement, and blocked milk ducts may go unresolved, leading mothers to switch to formula milk. In contrast, in the control group, with positive perceptions of healthcare provider roles, EBF was provided by 71 (74.7%) respondents. Therefore, the role of healthcare providers is crucial, and when healthcare providers actively support and educate mothers, it can significantly influence their decision to provide EBF.

Regarding the husband's support variable, the statistical test results obtained a p-value of 0.001, which means $p<\alpha$ (0.05). Therefore, it can be concluded that there is a relationship between husband's support and the provision of EBF with an OR of 3.9. This means that respondents with negative husband support are 3.9 times more likely to choose not to provide EBF compared to those with positive husband support. Support involves providing something to meet the needs of another person. Support can also be seen as providing encouragement, motivation, and advice to others in decision-making situations. Support from husbands and parents influences practices.

The research results show that out of 95 respondents, the case group had more respondents with negative husband support who chose not to provide EBF, totaling 50 (52.6%). In contrast, the control group, with positive husband support, provided EBF to 74 (77.9%) respondents. This indicates a relationship between a husband's role and the provision of EBF. Additionally, the strength of this relationship suggests that a husband's support can significantly influence a mother's decision to exclusively breastfeed. When a mother feels supported, loved, and cared for by her husband, it can lead to positive emotions and an increase in oxytocin hormone production, promoting smooth milk production.

CONCLUSION

The dominant factor related to the provision of EBF in primiparous mothers is attitude, with a p-value of 0.001 and OR of 10.870.

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