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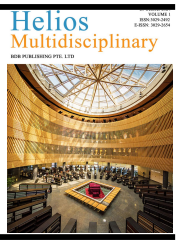

Factors Influencing Exclusive Breastfeeding in Rahayu Village, Sanggau, West Kalimantan, Indonesia

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ABSTRACT

Low coverage of exclusive breastfeeding in the community is generally influenced by a lack of maternal knowledge, family support, and cultural influences. This results in a very low exclusive breastfeeding coverage rate, which has the potential to cause various future health problems, such as infections, fevers, and other diseases. This study aims to identify the factors influencing exclusive breastfeeding in Rahayu Village, Sanggau, West Kalimantan. This is an analytic observational study with a case-control design. The population consisted of mothers who had children aged from 6 months and 1 day to 24 months, totaling 90 people. A total of 72 respondents were purposively selected for this study. The analysis used the chi-square statistical test with a 95% confidence level. The results showed that there was a relationship between age (p=0.002; OR=5.3), education level (p=0.031; OR=3.2), IMD (p=0.017; OR=3.6), culture (p=0.000; OR=8.2), knowledge (p=0.000; OR=10), and family support (p=0.000; OR=17.5) and exclusive breastfeeding in the Rahayu Village Study Community in the Working Area of Puskesmas Pusat Damai, Sanggau. The study also found several factors that did not have a relationship with exclusive breastfeeding, including work (p=0.156), parity (p=0.236), income (p=1.000), birth attendants (p=0.107), and place of delivery (p=0.260). It is expected that all sectors of government agencies will collaborate to address issues related to knowledge, family support, and conflicting cultural traditions to better support exclusive breastfeeding programs.

1. Introduction

Exclusive breastfeeding is a situation in which the baby receives only breast milk from the mother or breastfeeding mother for the first 6 months and no other solid food or liquid with the exception of syrups consisting of vitamins, minerals, supplements, or medicines (Greiner, 2014) . *The World Health Organization* recommends that children begin breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months of life. (WHO, 2019). [1]

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Breastfeeding is essential for the first 6 months of life and is exclusive, yet 2 out of 3 infants are not exclusively breastfed for 6 months (WHO, 2019). In Indonesia, the achievement of exclusive breastfeeding in 2019 reached 75.58%, with Southeast Sulawesi as the province with the first-ranked exclusive breastfeeding achievement which reached 94.92%. Meanwhile, West Kalimantan Province ranks 22nd with an exclusive breastfeeding achievement of 63.61% (Indonesian Ministry of Health, 2020) . Based on the cities and districts in West Kalimantan Province, Sanggau District ranks 7th in exclusive breastfeeding achievements, namely 67.54% (West Kalimantan Provincial Health Office, 2019) . The achievement rate of exclusive breastfeeding still does not meet the national target standard of 80% by 2020, and also in some areas there is still exclusive breastfeeding that does not reach 15%, one of which is the Damai Center, which is 7.67% (Sanggau Health Office, 2021).

Children who are not exclusively breastfed can increase the risk of health problems in children such as infections, fever, and other diseases. (Ministry of Health, 2018) . Breastfeeding in infants is closely related to the undernutrition and overnutrition (fat) status of children. Based on the results of Riskesdas in 2018, as many as 17.7% of toddlers were malnourished and undernourished, 30.8% of toddlers were very short and short, 10.2% of toddlers were very thin and thin, and 8% of toddlers were fat (Indonesian Ministry of Health, 2018).

Based on the results of interviews with the Head of Puskesmas Pusat Damai Sanggau District, there are several main programs that have been carried out in an effort to increase the achievement of exclusive breastfeeding in the form of education in pregnant women's classes. However, the situation in areas far from urban areas where it is still closely related to culture, customs, and traditions and the uneven distribution of information related to breastfeeding causes exclusive breastfeeding coverage to be very low.

The results of the preliminary study of the respondents showed the results of the mother's knowledge were mostly poor, family lack of support, conflicting cultures. From the results of an interview with one of the paraji (traditional birth attendants) in Rahayu village who stated that there are several habits carried out for postpartum mothers, namely not drinking too much water but it is recommended to drink ginger water, mothers should not sleep in a lying position but are advised to sleep in a sitting position so that blood does not rise to the head (meroyan), and postpartum mothers should not consume vegetables and side dishes other than ginger anchovies and boiled cassava which lasts for approximately 14 days. Seeing this phenomenon, it encourages researchers to find out what are the factors that influence exclusive breastfeeding in the Rahayu Sanggau Village Study, West Kalimantan.

2. Materials and Methods

This study is an analytic observational study with a *Case Control* approach. This research was conducted in Rahayu Village, Sanggau Regency, West Kalimantan, while the time was held in October 2020 - April 2021. The population in this study were mothers with studies who had children aged 6 months 1 day - 24 months, totaling 90 people. A total of 72 respondents involved in this study were selected by *purposive sampling*.

The data collection tool or instrument used in this study is a questionnaire. Data analysis in this study included univariate analysis using frequency distribution and bivariate analysis using *chi square* statistical test with 95% confidence level.

3. Results

It was found that most of the mothers were teenagers (55.6%), had a junior high school education (33.3%), were housewives (77.8%), multiparous (55.6%), assisted by midwives (83.3%), delivered at the village health center (Polindes) (37.5%), and mostly performed IMD after delivery (56.9%). The level of knowledge of mothers was mostly poor, 58.3%, had a conflicting cultural background 56.9%, and did not have family support 53.8%.(Table 1&Table 2)

Variables	Frequency	Percentage (%)
Age		
Teens	40	55.6
Adults	32	44.4
Education		
SD	18	25.0
SMP	24	33.3
HIGH SCHOOL	21	29.2
PT	9	12.5
Type of Work		
PNS	1	1.4
Private	9	12.5
Self-employed	2	2.8
Farmers	4	5.6
IRT	56	77.8
Number of Parities		
Primiparous (1 child)	32	44.4
Multiparous (more than 1 child)	40	55.6
Family Income		
UMR	67	93.1
< UMR	5	6.9
Birth Attendant		
General Practitioner	1	1.4
Specialist Doctors	4	5.6
Midwife	60	83.3
Traditional Birth Attendants	7	9.7
Place of Delivery		
Home	8	11.1
Polindes	27	37.5
Health Center	7	9.7
Hospital	9	12.5
BPM	21	29.2
IMD administration		
Yes	41	56.9
No	31	43.1

Knowledge		
Good	30	41.7
Less Good	42	58.3
Culture		
No Contradiction	31	43.1
Contrary	41	56.9
Family Support		
Yes	34	47.2
No	38	53.8

Table 1. Distribution of respondents based on education level, occupation, number of parities, family income, birth attendant, last place of delivery, imd, knowledge, culture, and family support (n=72)

Source: Primary Data, 2021

The results of bivariate analysis showed that there was a significant relationship between several factors with exclusive breastfeeding in the community in Rahayu Village, West Kalimantan. The associated factors were age, education level, early breastfeeding initiation (IMD), knowledge, culture, and family support. On the other hand, several other factors such as occupation, number of parities, family income, birth attendant, and place of delivery were not found to have a significant relationship with exclusive breastfeeding.

Variables	**Exclusive breastfeeding**						***p-value***	**OR (95% CI)**
	Not Exclusive Breastfeeding		**Exclusive breastfeeding**		**Total**			
	n	**%**	**n**	**%**	**n**	**%**		
Age								
Teens	27	37.5	13	18.1	40	55.6	0.002[b]	5.308 (1.992 – 14.656)
Adults	9	12.5	23	31.9	32	44.4		
Education Level								
Low	26	36.1	16	22.2	42	58.3	0.031[b]	3.250 (1.217 – 8.676)
High	10	13.9	20	27.8	30	41.7		
Jobs								
Work	5	6.9	11	15.3	16	22.2	0.156[b]	0.367 (0.113 – 1.194)
Not Working	31	43.1	25	34.7	56	77.8		
Number of Parities								
Primiparous (1	19	26.4	13	18.1	32	44.4	0.236[b]	1.977 (0.770 – 5.081)
	17	23.6	23	31.9	40	55.6		

Variables	Exclusive breastfeeding						*p-value*	OR (95% CI)
	Not Exclusive Breastfeeding		Exclusive breastfeeding		Total			
	n	%	n	%	n	%		
child)								
Multiparous (> 1 child)								
Family Income								
< UMR	3	4.2	2	5.6	5	6.9	1.000[c]	1.000 (0.188 – 5.320)
≥ MINIMUM WAGE	33	45.8	34	47.2	67	93.1		
Birth Attendant								
Not a Health Worker	6	8.3	1	1.4	7	9.7	0.107[c]	7.000 (0.797 – 61.458)
Health Workers	30	41.7	35	48.6	65	90.3		
Place of Delivery								
Non-facility	6	8.3	2	2.8	8	11.1	0.26[c]	3.400 (0.638 – 18.132)
Health facilities	30	41.7	34	47.2	64	88.9		
IMD								
No	21	29.2	10	13.9	31	43.1	0.01[b]	3.640 (1.359 – 9.751)
Yes	15	20.8	26	36.1	41	56.9		
Knowledge								
Not so good	30	41.7	12	16.7	42	58.3	0.00[b]	10.000 (3.271 – 30.567)
Good	6	8.3	24	33.3	30	41.7		
Culture								
Contrary	29	40.3	12	16.7	41	56.9	0.00[b]	8.286 (2.820 – 24.343)
No Contradiction	7	9.7	24	33.3	31	43.1		
Family Support								
No	30	41.7	8	11.1	38	52.8	0.00[b]	17.500 (5.393 – 56.789)
	6	8.3	28	38.9	34	47.2		

Variables	Exclusive breastfeeding						*p-value*	OR (95% CI)
	Not Exclusive Breastfeeding		Exclusive breastfeeding		Total			
	n	%	n	%	n	%		
Yes								

Table 2. Factors influencing exclusive breastfeeding Rahayu Village study in Sanggau West Kalimantan (n=72)

Source: Primary Data, 2021
a)Person Chi-Square, b) Continuity Correction, c) Fisher's Exact test

4. Discussion

4.1. Age

The results showed that there was a relationship between age and exclusive breastfeeding in the community Study of Rahayu Village, Working Area of Puskesmas Pusat Damai Sanggau. The results of this study are in line with Efriani's research (2020) which explains that there is a relationship between maternal age characteristics and exclusive breastfeeding. Mothers aged between 20-35 years tend to provide exclusive breastfeeding compared to mothers aged more than 35 years (Efriani & Astuti, 2020). The results of other studies explain that there is a relationship between maternal age and exclusive breastfeeding. The results of this study also explain that late adolescents are more prone to not provide exclusive breastfeeding to children. As many as 37.5% of mothers in their late teens did not provide exclusive breastfeeding (Lumbantoruan, 2018) . Mothers younger than 20 years of age have a greater chance of stopping exclusive breastfeeding and mothers aged 25 to 35 years tend to provide exclusive breastfeeding 9 times better than mothers aged less than 25 years (Liu et al., 2013; Queluz et al., 2012).

The inadequacy of exclusive breastfeeding among mothers in their late teens may be due to a lack of experience in exclusive breastfeeding and a tendency to give up easily. This is also related to many things such as the experience of seeing other children healthier when given formula milk compared to exclusive breastfeeding alone. Therefore, mothers in their late teens should be more active in finding and multiplying information about the benefits and importance of exclusive breastfeeding, and then manage stress well, so that the mother's milk production remains smooth.

4.2. Education

The results showed that education level is one of the aspects that influence exclusive breastfeeding. Respondents with higher education tended to provide exclusive breastfeeding. Respondents who did not go to school or elementary school tended not to provide exclusive breastfeeding to their children. The results of this study are in line with previous research which explains that the mother's education level affects exclusive breastfeeding in children (Liu et al., 2013). Other studies also explain that there is a relationship between the mother's education level and exclusive breastfeeding for children (Kharisma Fitriani et al., 2022).

Mothers with a low level of education in the region tend to pay attention to the traditions and customs in their place of residence. In addition, the ability to receive new information that is less in accordance with traditions and habits also causes a lack of information on mothers in providing exclusive breastfeeding. The results illustrate that most mothers with a high level of education provide exclusive breastfeeding. Mothers with higher education are generally more receptive to information about exclusive breastfeeding delivered in various media.

Education level is not the only factor that reduces a mother's ability to breastfeed and prepare nutritious meals. Educational factors can affect the mother's ability to absorb nutritional knowledge obtained biologically, the mother is the source of the child's life. Children of mothers who have a higher educational background will have the opportunity to live and grow better. Their openness to accept changes or new things uses more ratios on emotions as well as mothers with low education or those who are not educated. Low education results in a lack of absorption of information provided by health workers (Maria Nafrida Ampu, 2021). Mothers with a high level of education have a different mindset in an effort to maintain the health status of their children. As explained by Arfan, et.al., (2021), explaining that mothers who have a high level of education pay more attention to children's health in immunization. (Arfan et al., 2021).

According to the researcher, mothers who live in rural areas will be more receptive to information conveyed in everyday language through education conducted by health workers, even in limited opportunities. Thus, efforts are needed to improve maternal education by the Sanggau Regency Government and there needs to be an effort from health workers to provide effective counseling tailored to the conditions in the local community environment.

4.3. Jobs

The results of the study explained that there was no relationship between employment and exclusive breastfeeding in the community of Rahayu Village Study of Puskesmas Pusat Damai Sanggau Working Area. The results of this study are in line with previous research which states that there is no relationship between the mother's employment status and exclusive breastfeeding in children (Ramli, 2020).

The decision to give exclusive breastfeeding to mothers is related to their knowledge about exclusive breastfeeding. Working mothers who do not provide exclusive breastfeeding are related to their work. Mothers tend not to be with their children while working, so they do not provide exclusive breastfeeding. The decision to return to work before the baby is six months old is one of the main reasons a mother cannot provide exclusive breastfeeding (Tan, 2011).

The results also explained that mothers who did not work in the Rahayu Village Study community of the Puskesmas Pusat Damai Sanggau Working Area tended not to provide exclusive breastfeeding. This is related to the mother's knowledge in exclusive breastfeeding and the culture adopted. Most mothers did not provide exclusive breastfeeding because on the first day of birth they were given honey. In addition, mothers also provide food other than breast milk to children aged less than six months. Therefore, there is a need for education provided by birth attendants to mothers and families not to provide food other than colostrum and exclusive breast milk for the first 6 (six) months of birth.

4.4. Number of Parities

The results of the study explained that there was no relationship between parity and exclusive breastfeeding in the community Study of Rahayu Village, Working Area of Puskesmas Pusat Damai Sanggau. The results of this study are in line with other studies which explain that there is no significant relationship between parity and exclusive breastfeeding (Untari, 2017).

The number of parities is related to previous experience in exclusive breastfeeding. The parity group at risk of not providing exclusive breastfeeding is primipara, because knowledge and experience are closely related to what will be done. In this study, most respondents (31.9%) who provided exclusive breastfeeding were multiparous while most primiparous respondents (26.4%) did not provide exclusive breastfeeding. Primiparous parity does not provide exclusive breastfeeding because they have no breastfeeding experience, lack of knowledge about exclusive breastfeeding and assume that breastfeeding will make the breasts sagging. Thus, there is a need for educational efforts starting from the antenatal examination stage to preparation for childbirth for exclusive breastfeeding. In addition, mothers need to do *breast care*, oxytocin massage, and additional information about exclusive breastfeeding and its benefits (Ervina & Ismalita, 2018).

4.5. Family Income

The results of the study explained that there was no relationship between family income and exclusive breastfeeding in the community of the Rahayu Village Study of the Working Area of the Puskesmas Pusat Damai Sanggau. This is in line with previous research which states that there is no significant relationship between family income and exclusive breastfeeding (Pasaribu et al., 2017). In this study, most respondents had an income ≥ UMR as many as 67 (93.1%) respondents, while only 5 (6.9%) respondents had an income < UMR. Most respondents who had an income ≥ UMR provided exclusive breastfeeding, namely 47.2%, while respondents who had an income <UMR mostly did not provide exclusive breastfeeding as much as 4.2%.

Low income should be more likely to provide exclusive breastfeeding to babies, but in this study respondents with low income were the most likely not to provide exclusive breastfeeding. In this case, most respondents breastfed but not exclusively, due to lack of knowledge and more trust in the existing culture. On average, mothers give honey to newborns and give MP ASI before the age of 6 months. In addition, they were less able to buy nutritious food during pregnancy so that at the time of delivery, respondents had problems when they wanted to breastfeed their babies.

Socio-economic factors play a role where a sufficient or good socio-economy will make it easier to seek better health services. Economic factors are closely related to food consumption or in the presentation of family meals, especially in breastfeeding. Most of the population can be said to be still insufficient to meet their own needs. This general situation is due to the low income they get and the number of family members who must be fed with a low amount of income. (Hety, 2018). Mothers need to be active in checking themselves to health care facilities, because there are many government programs related to the fulfillment of nutrition for pregnant women and after giving birth.

4.6. Birth Attendant

The results of the study explained that there was no relationship between birth attendants and exclusive breastfeeding in the Rahayu Village Study community at the Puskesmas Pusat Damai Sanggau Working Area. The results of this study are in line with previous research which found no

relationship between labor assistants and exclusive breastfeeding (Elya Sugianti, 2015). This means that both childbirth assisted by health workers and non-health workers have the same opportunity in exclusive breastfeeding. Many factors underlie mothers in choosing birth attendants both by health workers and non-health workers, among others, are influenced by socio-economic factors, education, knowledge, employment, income, family support, affordability of health services, and socio-culture (Norhana et al., 2016) . In this study, most of the respondents who assisted in childbirth were health workers as much as 90.3%, while only 9.7% gave birth to non-health workers. Respondents who were assisted by health workers provided exclusive breastfeeding as much as 48.6% and 41.7% did not provide exclusive breastfeeding. This means that there is no significant difference in health workers as birth attendants in exclusive breastfeeding.

According to research by Sugianti (2015), health workers are one of the causes of the failure of exclusive breastfeeding. This is evidenced by the many findings in health services, where health workers often give formula milk to newborns before breast milk comes out. In this study, most of the births were assisted by midwives because they gave birth normally. Respondents whose labor was assisted by a doctor mostly gave birth by *sectio caesaria*. Losing contact with the baby's mother for a long time causes the baby to be given prelacteal intake (intake given before breast milk comes out) which is usually in the form of formula milk. Another reason found was that mothers could not breastfeed because they were still anesthetized or the baby was not in the same room with the mother so that the mother could only breastfeed after 2 or 3 days postpartum (Sholikah, 2018) . This may be one of the reasons why health workers give formula milk to newborn babies.

4.7. Place of Delivery

The results of the study explained that there was no relationship between the place of delivery and exclusive breastfeeding in the community of Rahayu Village Study Work Area of Puskesmas Pusat Damai Sanggau. The results of this study are in line with previous research which found no significant relationship between place of delivery and exclusive breastfeeding (Fakhidah & Palupi, 2018). A different opinion from the results of Hakim's research (2020) which found a significant relationship between place of delivery and exclusive breastfeeding. The better the place of delivery, the better the exclusive breastfeeding to the baby. This difference could have occurred due to the relatively smaller number of samples and fewer variations in the type of place of delivery (Abd Hakim, 2020).

In this study, the percentage of respondents who gave birth in health facilities and did not provide exclusive breastfeeding was relatively high, as many as 41.7%. This is thought to be due to the low commitment of health care workers and facilities in implementing the ten stages of successful breastfeeding as recommended by WHO. In addition, there were various factors that caused the failure of exclusive breastfeeding practices in this study, namely lack of breast milk production, early complementary feeding, and giving honey to newborns. Efforts need to be made by each health facility and BPM to help motivate and provide knowledge about exclusive breastfeeding.

4.8. IMD

The results of the study explained that there was a relationship between early breastfeeding initiation and exclusive breastfeeding in the community of Rahayu Village Study Work Area of Puskesmas Pusat Damai Sanggau. The results of this study are in line with research by Harianis

(2016) which found a significant relationship between IMD and exclusive breastfeeding *p value* = 0.007 OR = 4.5 which means that mothers who do not perform IMD have a 4.5 times risk of not providing exclusive breastfeeding (Harianis, 2016) . IMD will affect subsequent breastfeeding practices, so this can be interpreted that mothers who practice IMD are more likely to carry out exclusive breastfeeding compared to mothers who do not practice IMD (Ekaristi et al., 2017; Harianis, 2016).

Early breastfeeding initiation (IMD) is the dominant variable for exclusive breastfeeding. However, the decision to provide exclusive breastfeeding is not only influenced by IMD. This low relationship is related to the existence of several other factors that influence exclusive breastfeeding besides IMD. Factors other than IMD are psychological factors and demographic factors of the mother. Maternal psychological factors include the level of maternal knowledge, maternal confidence (attitude), maternal commitment to breastfeeding, and support from health workers. Efforts must be made by all health workers who assist the mother's labor process to immediately perform IMD immediately after the baby is born (Deslima et al., 2019).

4.9. Knowledge

The results showed that there was a relationship between knowledge and exclusive breastfeeding in the study community of Rahayu Village in the working area of Puskesmas Pusat Damai, Sanggau Regency. The most dominant factor influencing mothers in providing exclusive breastfeeding is knowledge. In addition, other factors that can influence exclusive breastfeeding by mothers are attitude and information exposure. Mothers who do not know the benefits of breastfeeding tend not to provide exclusive breastfeeding (Eugenie et al., 2015). The results of other studies also reveal that there is a relationship between maternal knowledge and exclusive breastfeeding, so that mothers with low levels of knowledge tend not to provide exclusive breastfeeding to babies (Al Ketbi et al., 2018; Handayani et al., 2014).

From the results of the analysis of question items, most mothers did not know the benefits of frequent breastfeeding to babies, most mothers answered that breast milk will run out quickly and can cause weakness in mothers. Most mothers do not know the benefits of exclusive breastfeeding. This can be caused by the lack of exposure to information to mothers about the benefits of exclusive breastfeeding. Knowledge can be obtained after someone senses a certain object. Good knowledge from mothers about exclusive breastfeeding can change their behavior in providing breast milk. This is also explained in Green's theory (1980) that knowledge is one of the predisposing factors that determine the form of a person's behavior. (Notoatmodjo, 2014) . The government needs to provide policies so that the achievement of targeted breastfeeding is achieved. In addition, there needs to be massive efforts in providing information to mothers both during antenatal care and the breastfeeding process.

4.10. Culture

The results showed that there was a cultural relationship with exclusive breastfeeding in the study community of Rahayu Village in the working area of Puskesmas Pusat Damai, Sanggau Regency. Traditions and beliefs develop as something that will lead people's behavior to do things in accordance with the traditions and beliefs that exist in their environment (Setyaningsih & Farapti, 2019).

The results of this study explain that some people have taboos in drinking water after giving birth, because it can cause internal wounds to heal for a long time. This can cause the mother after giving birth to lack fluids so that the production of breast milk is less (Hafadzoh, 2020) . Culture is closely related to exclusive breastfeeding for children. Some regions have rules and customs in caring for newborns. Most of the values adopted have a tendency to change the behavior of mothers to provide early complementary foods in addition to breastfeeding. Habits (socio-cultural) can influence the failure of exclusive breastfeeding because beliefs are often obtained from parents, grandparents or grandmothers who strongly adhere to the beliefs passed down by ancestors and the experiences they have had (Saputri & Efriska, 2017).

Most mothers follow the advice given by their parents or husbands, which influences the cultural values & lifestyles that breastfeeding mothers believe in. Some Javanese culture such as mandi wuwung, peanut snacks and drinking jamu sling are considered to increase breast milk production (Hidayati, 2016) . Therefore, the government and health workers should implement culturally sensitive care so that efforts to improve understanding of health to the community are more effective.

4.11. Family Support

The results showed that there was a relationship between parental support and exclusive breastfeeding in the study community of Rahayu Village in the working area of Puskesmas Pusat Damai, Sanggau Regency. Families who provide good support information, assist mothers in caring for babies and providing their needs, take mothers to health services and provide affection contribute to maternal behavior in providing exclusive breastfeeding (Mamangkey et al., 2018; Oktalina et al., 2016).

Family support, especially from husbands, will have an impact on increasing self-confidence or motivating mothers to breastfeed. Motivation is crucial in exclusive breastfeeding because encouragement and support from husbands, health workers, and the government can motivate mothers to breastfeed. The greater the support obtained, the smoother the exclusive breastfeeding program will be and the greater the ability to continue breastfeeding (Mutiarani, 2018).

Mothers who get support from parents in exclusive breastfeeding in the form of information, affection, help with child care and fulfillment of maternal needs during breastfeeding can increase maternal motivation and comfort during breastfeeding. Mothers will be encouraged to provide exclusive breastfeeding compared to those who never get information or support from their families, so the role of the family is very important for the success of exclusive breastfeeding. There needs to be an effort from health workers in providing education to families to increase understanding of the importance of exclusive breastfeeding. In addition, families also have an important role in efforts to support the process of exclusive breastfeeding to mothers who are providing exclusive breastfeeding.

5.Conclusions

The conclusion of this study is that there are several factors that influence exclusive breastfeeding in Rahayu Village Study Sanggau West Kalimantan, namely age, education level, IMD, knowledge, culture and family support. Some efforts that can be made to overcome the problem of

exclusive breastfeeding are by increasing the knowledge of the Rahayu Village Study Community about exclusive breastfeeding and the ideal age for the reproductive system, filt
ering the culture that can still be done to breastfeeding mothers, implementing IMD in every health facility that serves childbirth, and increasing family awareness of pregnant and breastfeeding mothers. The success of this requires cooperation from all sectors both in government agencies and in the community to be able to work together in supporting the exclusive breastfeeding program.

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