



Granting Exclusive Breastfeeding Certificate to Increase Maternal Motivation for Exclusive Breastfeeding

Dian Nurafifah¹, Ratih Indah Kartikasari², Ihda Mauliyah³, Andri Tri Kusumaningrum⁴

^{1, 2, 3, 4} Faculty of Health, Universitas Muhammadiyah Lamongan, Lamongan, Indonesia

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CORRESPONDENCE

E-mail: diannurafifah66@yahoo.com

A B S T R A C T

The World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) have recommended exclusive breastfeeding, but there are still mothers who do not provide exclusive breastfeeding. In 2018, its number was only 37.3%, while the government's target of exclusive breastfeeding coverage of 80%. One effort to support exclusive breastfeeding mothers is giving certificates. This study aims to determine the correlation between granting exclusive breastfeeding certificates and maternal motivation for exclusive breastfeeding. It was a correlational study with a cross-sectional design. The independent variable was granting exclusive breastfeeding certificates, while the dependent variable was maternal motivation for exclusive breastfeeding. The population was breastfeeding mothers for more than six months in Bedingin Village, Sugio District, Lamongan Regency. The samples were 40 respondents with simple random sampling. We interviewed respondents with a questionnaire as a research instrument. Then, data analysis used the Chi-Square test with $\alpha = 0.05$. 87.9% of mothers who received exclusive breastfeeding certificates had good motivation for exclusive breastfeeding. In addition, the Chi-Square test obtained $p=0.000$ ($\alpha < 0.05$). Thus, there was a significant correlation between granting exclusive breastfeeding certificates and maternal motivation for exclusive breastfeeding. In conclusion, awarding exclusive breastfeeding certificates increase maternal motivation for exclusive breastfeeding. Further, it could improve coverage of exclusive breastfeeding in Indonesia. The local government should make policies in issuing exclusive breastfeeding certificates.

INTRODUCTION

Breastfeeding is a mutually beneficial activity between mother and baby. Breastfeeding creates a close relationship between mother and baby. Breast milk has a vital role because it contains good nutrients for the growth and development of babies, so breast milk is highly recommended. The government stipulates exclusive breastfeeding as an indicator of accelerated nutrition improvement in the National Movement for the first 1000 days of life, starting from pregnancy until the child is two years old (Kementerian Kesehatan RI, 2013).

According to Government Regulations number 33 of 2012, exclusive breastfeeding is breast milk given to babies from birth to 6 months without adding or replacing other food or drinks. It is in line with The World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) recommendation. In addition, the government also regulates procedures for providing special facilities for breastfeeding and or expressing breast milk.

However, there are still mothers who have not given exclusive breastfeeding. According to Basic Health Research (2018), 37.3% of mothers provided exclusive breastfeeding. It was still low compared to the

government's target of exclusive breastfeeding coverage of 80% (Sakti, 2018). In 2019, the national coverage of babies with exclusive breastfeeding was 67.74%. This figure has exceeded the Strategic Plan target in 2019 of 50%. In addition, East Java ranked 3rd nationally, with a coverage of 78.27% (Primadi, 2020). In addition, research conducted in the Olak Kemang Health Center, Jambi, revealed that the coverage of exclusive breastfeeding was still below the Minimum Service Standard target (Silvianta, Halim en Ridwan, 2018). Furthermore, according to Statistics Indonesia, the number of babies with exclusive breastfeeding in Lamongan Regency in 2016 was 87%. This number exceeds the government's target. However, it means that there were still mothers who did not provide exclusive breastfeeding.

One effort to support exclusive breastfeeding mothers is granting certificates. Public Health Center or village government can issue these certificates to appreciate mothers with successful exclusive breastfeeding. However, not all health centers or villages government provide these certificates. This study aims to determine the correlation between granting exclusive breastfeeding certificates and maternal motivation for exclusive breastfeeding.

METHOD

This paper was a correlational study with a cross-sectional design. The independent variable was granting exclusive breastfeeding certificates, while the dependent variable was maternal motivation for exclusive breastfeeding. The population was breastfeeding mothers for more than six months in Bedingin Village, Sugio District, Lamongan Regency. The samples were 40 respondents with simple random sampling. We interviewed respondents with a questionnaire as a research instrument. Then, data analysis used the Chi-Square test with $\alpha = 0.05$.

RESULTS

Table.1, 2, 3, and 4 explain the characteristics of respondents. In addition, Table.5 to Table.6 show independent and dependent variables. Furthermore, table.7 reveals the correlation between both variables.

Table 1 Characteristics of Respondents by Age

Num	Age (years old)	Frequency	Percentage (%)
1.	17-25	10	25
2.	26-35	20	50
3.	36-45	6	15
4.	46-55	4	10
Total		40	100

Table 1 shows that half of the respondents are 26-35 years old and a small portion (10%) are 46-55 years old.

Table 2. Characteristics of Respondents by the Number of Children

Num	Number Of Children	Frequency	Percentage (%)
1.	1	14	35
2.	2	18	45
3.	>3	8	20
Total		40	100

Table 2 indicates that almost half of the respondents (45%) have two children and a small proportion (20%) have more than three children.

Table 3 Characteristics of Respondents by Mother's Occupation

No	Mother's Occupation	Frequency	Percentage (%)
1.	Working	8	20
2.	Not Working	32	80
Total		40	100

Table 3 reports that most respondents (80%) do not work or are homemakers, and a small proportion (20%) work.

Table 4 Characteristics of Respondents by Mother's Education

Num	Last Education	Frequency	Percentage (%)
1.	Elementary School or Junior high school	20	50
2.	Senior High School	16	40
3.	College	4	10
Total		40	100

Table 4 reveals that half of the respondents have primary education (Elementary School or Junior high school), and a small proportion (10%) have tertiary education.

Table 5 Granting exclusive breastfeeding certificates

Num	Respondents received exclusive breastfeeding certificates	Frequency	Percentage (%)
1.	Yes	33	82.5
2.	No	7	17.5
Total		40	100

Table 5 shows that most respondents (82.5%) received exclusive breastfeeding certificates and a small portion (17.5%) are not.

Table 6 Maternal motivation for exclusive breastfeeding

Num	Motivation	Frequency	Percentage (%)
1.	Good	29	72.5
2.	Not enough	11	27.5
Total		40	100

Table 6 indicates most respondents (72.5%) have good motivation, and a small proportion (27.5%) have not enough motivation.

Table 7 The correlation between granting exclusive breastfeeding certificates and maternal motivation for exclusive breastfeeding

Exclusive breastfeeding certificates	Maternal Motivation				Total		<i>p</i>
	Good		Not enough		f	%	
	f	%	f	%			
Yes	29	87.9	4	12.1	33	100	0.000
No	0	0	7	100	7	100	

87.9% of mothers who received exclusive breastfeeding certificates had good motivation for exclusive breastfeeding. In addition, the Chi-Square test obtained $p=0.000$ ($\alpha<0.05$). Thus, there was a significant correlation between granting exclusive breastfeeding certificates and maternal motivation for exclusive breastfeeding.

DISCUSSION

Our findings showed that most respondents received exclusive breastfeeding certificates (table 5). It means that mothers had successful exclusive breastfeeding for up to 6 months without giving any food to the babies. There are various efforts to increase the coverage of exclusive breastfeeding. One of them is providing counseling to mothers and families so they understand the importance of exclusive breastfeeding. Exclusive breastfeeding babies have a better chance of normal development according to age than those who are not. Thus, breast milk is still better than formula milk (Nurjanah, Keperawatan en Kebidanan, 2015). In addition, a policy from the government can encourage an increase in the coverage of exclusive breastfeeding. This policy is stated in the Government Regulation of the Republic of Indonesia Number 33 of 2012 regarding exclusive breastfeeding. However, unfortunately, not all local governments implemented an exclusive breastfeeding policy (Safitri en Puspitasari, 2018).

Furthermore, family support also affects exclusive breastfeeding because family is emotional support (Umami, W., 2018). A study found a correlation between a husband's support and exclusive breastfeeding. Support can be provided in materials or assistance in solving problems. So, it will motivate mothers to exclusive breastfeeding (Nasution, Liputo en Masri, 2016). A good husband's support increase confidence and have stable emotions in the mother. In addition, the role of grandmothers also plays an essential role in increasing successful exclusive breastfeeding. Grandmothers with successful experience of exclusive breastfeeding can encourage exclusive breastfeeding mothers. A prior study found that grandmothers with 2-4 children and 2-4 grandchildren had sufficient self-efficacy. In addition, grandmothers can increase maternal self-efficacy through repeatedly verbal persuasion (Wibowo et al., 2019).

This study showed that most exclusive breastfeeding mothers did not work (table 3). They were with their babies for 24 hours every day, so it was easier for them to provide exclusive breastfeeding than working mothers. It is in line with a previous study that showed working mothers had a low ability to provide exclusive breastfeeding compared to mothers who did not work. Working mothers did not store breast

milk due to the assumption that breast milk had gone bad. Hence, they preferred to throw them away rather than keep them (Mareta en Masyitoh, 2016). In addition, working mothers faced obstacles due to a short period of leave before the end of exclusive breastfeeding, so they could not provide exclusive breastfeeding (Umami, W., 2018). Factors affecting exclusive breastfeeding were maternal age, mother's occupation, the number of children, and mother's knowledge (Dewi, 2016). A similar investigation revealed that mothers with good knowledge tended to provide exclusive breastfeeding. They decided to give it to their babies because they knew its benefits (Amir, Nursalim en Widyansyah, 2018).

In addition, this paper found that mothers had good motivation for exclusive breastfeeding (Table 6). Mothers with high motivation were 6.767 times more likely to have successful exclusive breastfeeding (Dania en Fitriyani, 2020). High motivation makes mothers strong, not easily discouraged, and not easily give up, so that there is a desire to provide exclusive breastfeeding. According to the Big Indonesian Dictionary, motivation is encouragement that arises in an individual, consciously and unconsciously, to do actions with specific goals. Mothers with good motivation get encouragement to succeed in exclusive breastfeeding. After achieving these goals, they will get satisfaction. However, there were still mothers who did not receive an exclusive breastfeeding certificate (Table 5). A small portion of mothers in this study failed exclusive breastfeeding because of Many factors. Prior research found that predisposing factors for failed exclusive breastfeeding were breast milk not coming out and children being fussy, so mothers chose to give formula milk (Silvianta, Halim en Ridwan, 2018).

Our findings revealed a correlation between granting exclusive breastfeeding certificates and maternal motivation for exclusive breastfeeding (Table 7). An exclusive breastfeeding certificate is a paper containing information about a mother's success in struggling with exclusive breastfeeding for six months. Some respondents said that those certificates were an appreciation to motivate them. The award can be gifts or certificates. Certificates of achievement can also stimulate mothers who will provide exclusive breastfeeding.

Several regions have granted certificates for exclusive breastfeeding mothers. One of them is the Purbalingga district government, with 195 certificates in 2019. In addition, the Sugio Health Center and the Sugio Village Government collaborate with the Sugio branch of the Aisyiyah women's organization to issue exclusive breastfeeding certificates. In addition, East Lampung has also given 459 of those certificates in 2020 (Qhadumi, 2020). However, not all regions have implemented a policy of granting breastfeeding certificates (Widiyatno, 2019).

CONCLUSION

Granting exclusive breastfeeding certificates increase maternal motivation for exclusive breastfeeding. Further, it could improve coverage of exclusive breastfeeding in Indonesia. The local government should make policies in issuing exclusive breastfeeding certificates.

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