




THE RELATIONSHIP BETWEEN SUPPORT FROM HEALTH WORKERS AND ATTITUDES TOWARDS EXCLUSIVE BREASTFEEDING FOR BREASTFEEDING MOTHERS

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<p>Info Article</p> <p>Received: 02 Februari 2026</p> <p>Revised: 04 Maret 2026</p> <p>Accepted: 02 April 2026</p> <p>Publication: 30 April 2026</p>	<p>Abstrak: <i>Breast milk is the best source of nutrition for infants, supporting growth, development, and immunity. Exclusive breastfeeding for the first six months is highly recommended due to its benefits for both infants and mothers. In Indonesia, exclusive breastfeeding coverage reached 68.6% (SKI 2023) and 74.73% (BPS 2024), still below the target of 80%. In Jambi, coverage is relatively good but needs to be improved. This study aims to examine the nexus between health worker support and mothers' attitudes towards exclusive breastfeeding in the Pakuan Baru Community Health Center area, Jambi City. The study design used a quantitative retrospective cross-sectional design, involving mothers with infants aged 7–12 months who were selected through random sampling. Data were collected through questionnaires and analyzed using the Spearman test, which showed that health worker support significantly influenced the success of breastfeeding.</i></p>
<p>Keywords: Exclusive Breastfeeding, Health Worker Support, Maternal Attitude, Breastfeeding Mothers</p>	<p>Abstrak : ASI adalah sumber nutrisi terbaik bagi bayi, mendukung pertumbuhan, perkembangan, dan kekebalan tubuh. Menyusui eksklusif selama enam bulan pertama sangat dianjurkan karena manfaatnya bagi bayi dan ibu. Di Indonesia, cakupan ASI eksklusif mencapai 68,6% (SKI 2023) dan 74,73% (BPS 2024), masih di bawah target 80%. Di Jambi, cakupan relatif baik tetapi perlu ditingkatkan. Penelitian ini bertujuan untuk mengetahui hubungan antara dukungan tenaga kesehatan dan sikap ibu terhadap ASI eksklusif di wilayah Puskesmas Pakuan Baru, Kota Jambi. Penelitian ini menggunakan rancangan kuantitatif cross-sectional retrospektif, melibatkan ibu dengan bayi berusia 7–12 bulan yang dipilih melalui sampling aksidental. Data dikumpulkan melalui kuesioner dan dianalisis menggunakan uji Spearman, memperlihatkan bahwa bantuan dari tenaga kesehatan memiliki keterkaitan yang signifikan dengan keberhasilan menyusui.</p>
<p>Kata Kunci : ASI Eksklusif, Dukungan Tenaga Kesehatan, Sikap, Ibu Menyusui</p>	
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INTRODUCTION

Breastfeeding is a natural fluid naturally produced by mothers, it contains the complete range of nutrients vital for an infant's growth and developmental processes. Exclusive breastfeeding refers to a feeding practice in which infants are provided solely with breast milk, without any supplementary liquids such as formula, fruit juice, honey, tea, or water, nor any solid foods including bananas, papaya, milk-based porridge, biscuits, rice porridge, or oatmeal during the first six months of life¹. Breastfeeding confers important benefits to mothers, particularly in facilitating postpartum recovery and reinforcing the emotional connection with their infants. In addition, breast milk is the best source of nutrition that supports the growth and immunity of babies². According to the Based on data from the United Nations International Children's Emergency Fund (2022), increasing exclusive breastfeeding can save 1820,000 children's lives per year and prevent an increase in breast cancer cases in women of up to 120,000 cases per year³.

Globally, exclusive breastfeeding currently reaches 48% and is almost approaching the World Health Assembly target of 50% in 2025 and 70% in 2030⁴. Pursuant to Presidential Regulation of the Republic of Indonesia Number 72 of 2021 on stunting reduction acceleration, the national target for exclusive breastfeeding is 80%. As documented by the Central Statistics Agency in the 2024 Maternal and Child Health Profile, the percentage of infants receiving exclusive breastfeeding is 74.73%, meaning it has not yet reached the target indicator for exclusive breastfeeding practices⁵. As reported in the 2023 Indonesian Health Survey (SKI), the national prevalence of exclusive breastfeeding for within the age range of 0 to 5 months reached 68.6%. These findings imply that a large proportion of infants in Indonesia have received exclusive breastfeeding as recommended by the WHO and the Ministry of Health, although approximately one-third of infants are still not fully breastfed⁶.

According to the 2024 Jambi Province Child Population Profile compiled by the Jambi Province Statistics Agency (BPS), the percentage of infants aged 0 to 5 months who received exclusive breastfeeding reached 74.32% overall⁷. The Jambi City Health Office report for 2022-2023 Indicates a decline in exclusive breastfeeding coverage from 70.55% to 57.92%⁸. To meet the target of 80% exclusive breastfeeding practice indicators, Targeted policy measures are necessary to empower mothers to practice exclusive breastfeeding through educational programs, awareness campaigns, and structured support systems⁹. The Indonesian government has a clear legal basis for

supporting exclusive breastfeeding. Through Law Number 36 In 2009, Article 128 of the government emphasized that every baby has the right to exclusive breastfeeding for six months and that the government and public facilities are required to provide support, including lactation rooms¹⁰. This policy is reinforced by regulatory framework established by the government Number 33 of 2012, which regulates the implementation of exclusive breastfeeding in more technical terms, starting by means of implementing Early Initiation of Breastfeeding (IMD), ensuring the availability of breastfeeding facilities, and limiting the promotion of infant formula¹¹. Further strengthening is provided through Law Number 17 of 2023 and Government Regulation Number 28 of 2024, which emphasize the protection of breastfeeding practices and strict supervision of the marketing of breast milk substitutes¹². In addition, Minister of Health Decree Number 450/Menkes/SK/IV/2004 serves as the initial basis for encouraging health facilities to actively provide lactation education and counseling¹³.

According to data from the Jambi City Health Office, there was a decline in the achievement of exclusive breastfeeding indicators in 2023 compared to 2022. This is particularly true in the four Community Health Centers (Puskesmas) that showed the lowest figures, indicating that efforts to achieve the exclusive breastfeeding target still face significant challenges⁸.

Table 1.1 Sequence of Exclusive Breastfeeding Indicator Achievements in 2022-2023

number	community health center	Exclusive Breastfeeding Indicator Achievements	
		2022	2023
1.	Tahtul Yaman	47,22%	9,57
2.	Pakuan Baru	66,67%	13,42%
3.	Paal Merah II	65,85%	21,46%
4.	Rawasari	77,24%	40,99%

Source: Jambi City Health Office 2022-2023

One of the main reasons mothers do not exclusively breastfeed is health problems, experienced by both mother and baby, which are then exacerbated by a lack of family support and inaccurate information received by mothers. Research in Padangsidempuan City found that some mothers discontinued exclusive breastfeeding because they believed their milk was "not coming in," "not enough," or "not enough for the baby," leading them to rush to formula. This condition often arises after mothers experience physical exhaustion, a difficult delivery, or stress, resulting in a temporary decrease in milk production. The perception that breast milk is "not enough" makes

mothers hesitate to continue breastfeeding, even though physiologically, milk production can increase with appropriate breastfeeding frequency¹⁴.

Furthermore, infant health problems such as jaundice, frequent sleepiness, or difficulty latching on often make mothers feel that breastfeeding is ineffective. Without lactation counseling or guidance from a health professional, mothers tend to switch to formula because it is perceived as more practical and safe. Low social support also reinforces mothers' decisions to discontinue breastfeeding, especially due to the persistent belief that babies need additional water, honey, or formula from an early age. A combination of maternal and infant health conditions, limited knowledge regarding the breastfeeding process, and insufficient emotional and practical support constitute the primary determinants of exclusive breastfeeding failure in Indonesia¹⁵.

Low exclusive breastfeeding coverage is affected by a range of factors, encompassing both internal and external aspects. Internal determinants include mothers' knowledge, attitudes, beliefs, and motivation regarding breastfeeding. External factors include family support, the environment, culture, government policies, and the role of health workers¹⁶. According to Green's (1980) framework, health behavior is shaped by predisposing factors (such as age, parity, education, knowledge, and attitudes), enabling factors (including facilities and infrastructure), and reinforcing factors (such as support from husbands, families, and healthcare providers). Accordingly, efforts to enhance exclusive breastfeeding should emphasize the role of healthcare providers as reinforcing agents, as well as maternal attitudes as key predisposing determinants¹⁷.

Health worker support is adapted from the social support theory proposed by John S. House (1981). According to House, social support consists of four main dimensions: emotional support, instrumental support, informative support, and appraisal support¹⁸. Operationally, health worker support is the mother's perception of the assistance, information, and encouragement provided by health workers during the breastfeeding process from pregnancy to the postpartum period¹⁹. Support from healthcare workers includes information, practical actions, and feedback that assist breastfeeding mothers through education, lactation counseling, infant monitoring, and motivation. This support is provided from pregnancy through prenatal classes, during delivery with Early Initiation of Breastfeeding (IMD), and through the postpartum period through home visits or counseling at health facilities²⁰.

Support from healthcare professionals constitutes a key determinant of exclusive breastfeeding success, as it contributes to shaping mothers' knowledge, perceptions,

and attitudes toward breastfeeding practices. This support should ideally be provided in a structured and continuous manner, starting from the antenatal period through education on the benefits associated with breastfeeding and lactation techniques, and psychological preparation for the mother, continuing through the intrapartum period through Early Initiation of Breastfeeding assistance and position and attachment correction, and through the postpartum period through postnatal visits, integrated health post (Posyandu) services, and lactation counseling to help mothers overcome breastfeeding barriers. Support from healthcare workers is not measured by frequency, but rather by the presence of meaningful support, including informative, emotional, instrumental, and appraisal support received and felt by the mother during any or all of these phases. Studies investigating the correlation between support from health professionals and mothers' attitudes regarding exclusive breastfeeding is expected to produce a comprehensive picture of the quality of support received by mothers and its contribution to the formation of positive attitudes towards breastfeeding practices.

Various studies in Indonesia have shown that support from healthcare professionals, such as doctors, midwives, and nurses, for exclusive breastfeeding generally includes education, lactation counseling, technical assistance, lactation monitoring, and emotional motivation. A study conducted in Barito Kuala highlights that support includes the provision of information on breastfeeding benefits, instruction on proper latch techniques, and assistance in resolving breastfeeding-related difficulties experienced by mothers²¹. Research in Banyumas confirmed that healthcare professionals actively provide counseling, monitor lactation development, and encourage mothers not to easily switch to formula, thus increasing the success of exclusive breastfeeding. This demonstrates the relationship with nurses, as nurses are directly involved in supporting breastfeeding mothers, acting as educators, lactation counselors, technical assistants, lactation monitors, emotional motivators, and problem-solvers during the exclusive breastfeeding process²².

Apart from support provided by healthcare professionals, maternal attitudes also constitute a significant factor in the success of exclusive breastfeeding. According to Notoatmodjo (2012), attitudes are implicit reactions to a stimulus that reflect positive or negative evaluations and serve as a connecting factor between knowledge and action in health behavior. Attitudes consist of several levels: receiving, responding, valuing, and being responsible. The highest level indicates a person's readiness to bear the consequences of their chosen behavior. In general, positive attitudes encourage the

adoption of healthy behaviors, while negative attitudes can hinder them²³. Within the context of exclusive breastfeeding, maternal attitudes serve as a critical determinant of successful breastfeeding practices. Mothers with positive attitudes will believe that breast milk is sufficient for their babies' needs, will be willing to breastfeed whenever needed, and will strive to overcome any obstacles that arise. Conversely, mothers with negative attitudes tend to be easily influenced by the promotion of formula milk or inhibiting cultural factors²⁴. This is corroborated by previous studies by Winda et al. (2020), which showed that positive maternal attitudes have a significant relationship with exclusive breastfeeding practices²⁵.

Several studies have examined the relationship between health worker support and maternal attitudes and exclusive breastfeeding. Sixtia's (2021) study found a significant relationship between maternal attitudes ($p = 0.004$) and support from health workers ($p < 0.05$) with the achievement of exclusive breastfeeding, confirming the role of both internal and external factors²¹. Similar results were demonstrated by Sari and Ningsih (2024), revealing a statistically meaningful correlation between healthcare provider support ($p = 0.003$) and exclusive breastfeeding. This evidence indicates that enhanced support provided by health workers through information, motivation, and guidance during the breastfeeding process, the higher the likelihood of mothers successfully breastfeeding their babies²⁶.

Conversely, research by Mustary (2023) in Bonti-Bonti Hamlet, Maros, with 26 respondents, showed that although 61.5% of mothers exclusively breastfed, support from health workers was not significantly associated with breastfeeding success ($p = 0.069$), as the majority of mothers relied more on family support than health workers²⁷. Similar results were obtained from research by Billah Rizqa et al. (2021) reported no significant association between maternal attitudes ($p = 1.000$) and exclusive breastfeeding among factory workers in Sidoarjo. This is thought to be influenced by limited time and work facilities that hinder breastfeeding practices²⁸.

The four studies revealed differences in findings. Two studies, Sixtia (2021)²¹ and Sari and Ningsih (2024)²⁶, demonstrated that maternal attitudes and support from Healthcare professionals play a crucial role in achieving successful exclusive breastfeeding. However, Mauliha's (2023)²⁷ study found no significant correlation between support from health workers, as family support was a more dominant factor in influencing breastfeeding success. Meanwhile, Billah Rizqa et al.'s (2021)²⁸ study also showed no relationship between maternal attitudes and exclusive breastfeeding, which

is thought to be influenced by limited time and work facilities for working mothers. These differences in results indicate inconsistencies in findings between studies, necessitating further study to identify the factors most influential in the success of exclusive breastfeeding.

The selection of Pakuan Baru Community Health Center as the research location was based on structured and data-driven reasons. In 2022, the exclusive breastfeeding indicator in Pakuan Baru was 66.67%, above Tahtul Yaman (47.22%) and Paal Merah II (65.85%), but still below Rawasari (77.24%). In 2023, the exclusive breastfeeding indicator in Pakuan Baru actually decreased drastically to 13.42%, even though other Community Health Centers experienced higher rates, for example, Rawasari 40.99% and Paal Merah II 21.46%⁸. This significant decline indicates a specific problem in the Pakuan Baru area that requires identification of the causal factors, including the influence of breastfeeding mothers' knowledge and attitudes on exclusive breastfeeding practices.

Based on an initial survey conducted on 10 respondents, the results showed that 7 mothers successfully provided exclusive breastfeeding for 6 months, while 3 mothers did not exclusively breastfeed due to insufficient milk production and continued with formula milk. From the interview results, the 7 mothers who successfully provided exclusive breastfeeding received support from health workers in the form of emotional support which was by providing encouragement, motivation, and attention to mothers who experienced difficulties in breastfeeding so that they remained confident and did not give up. In addition, health workers also provided instrumental support, such as helping mothers practice correct breastfeeding techniques. Appreciative support was provided by serving mothers well during consultations about breastfeeding and giving positive praise so that mothers felt appreciated and more enthusiastic about breastfeeding their babies. Meanwhile, informative support was provided by explaining the benefits of exclusive breastfeeding and informing them of the impact of not being breastfed. With these various forms of support, most mothers showed a positive attitude towards exclusive breastfeeding, feeling confident that breast milk is the best food for babies, easy to provide, and helping strengthen the mother-child bond, so they were more motivated to continue providing full breastfeeding. However, there are still some mothers who admit that they do not feel they have received attention, motivation, or comprehensive support from health workers, so that some mothers show less positive attitudes towards exclusive breastfeeding, for example, feeling that breastfeeding is

difficult or not confident in being able to provide full breast milk. This indicates that there is still a gap between the support provided by health workers and mothers' attitudes towards the practice of exclusive breastfeeding, so further research is needed to determine the relationship between the two. The purpose of this study is to determine the relationship between health worker support and mothers' attitudes towards exclusive breastfeeding in mothers in the working area of the Pakuan Baru Community Health Center in Jambi City.

METHOD

This study employed a quantitative design using a cross-sectional approach to investigate the association between support from healthcare providers and maternal attitudes toward exclusive breastfeeding. The study population consisted of mothers with infants aged 7–12 months in the service area of the Pakuan Baru Community Health Center in Jambi City. The sample size was determined using the Slovin formula, resulting in 74 respondents. The sample was selected using an accidental sampling method in accordance with predetermined inclusion and exclusion criteria. The data used consisted of primary and secondary data. Primary data were collected through questionnaires about exclusive breastfeeding, support from health care providers, and maternal attitudes, which were validated for validity and reliability. Secondary data were obtained from reports from the local Health Office and the Community Health Center. Data analysis was performed using univariate methods to describe data distribution and bivariate methods using the Spearman rank test to determine relationships between variables. All data were analyzed using SPSS software.

RESULTS AND DISCUSSION

Results

Univariate analysis

Respondent Characteristics

Table 1: Respondent Characteristics at the Pakuan Baru Community Health Center

Respondent characteristics	Amount		
	Information	Frequency	Percentage (%)
Age	<25 y.o	15	20,3%
	26-30 y.o	25	33,8%
	31-35 y.o	19	25,7%
	35-40 y.o	11	14,9%
	>41 y.o	4	5,4%
Education	Elementary school	3	4,1%
	Middle/ Junior high school	7	9,5%

	High school	38	51,4%
	College	26	35,1%
Work	Housewife	59	79,7%
	Private employees	8	10,8%
	Civil servants/TNI/Polri	3	4,1%
	/Lecturer		
	self-employed	3	4,1%
	Laborers	1	1,4%
Total		74	100%

Based on table 4.1, where the respondents numbered 74 people, the frequency distribution of characteristics based on age is known that respondents are in the age range of 26-30 years, namely 25 people (33.8%). The frequency distribution of characteristics based on education is known that [Hopefully] respondents have a high school/senior high school education level, namely 38 people (51.4%). The frequency distribution of characteristics based on occupation, respondents work as housewives (IRT), namely 59 people (79.7%).

General Overview of Exclusive Breastfeeding

Table 2. Distribution of Respondents Based on Exclusive Breastfeeding at the Pakuan Baru Community Health Center in Jambi City

Exclusive Breastfeeding	Frequency (n)	Percentage (%)
not exclusive breastfeeding	12	16,2%
exclusive breastfeeding	62	83,8%
TOTAL	74	100%

Based on the research results, of the 74 respondents, 62 (83.8%) exclusively breastfed and 12 (16.2%) did not, indicating that the majority of mothers had achieved good exclusive breastfeeding. This high coverage reflects maternal pressure on the importance of breastfeeding and is likely influenced by family support, health workers, and maternal knowledge. Exclusive breastfeeding plays a crucial role in meeting infant nutritional needs, supporting growth and development, and protecting against conditions such as diarrhea and pneumonia. However, mothers who do not exclusively breastfeed continue to make their babies more susceptible to disease, growth disorders, and digestive problems. Mothers also miss out on health benefits such as accelerated recovery and a reduced risk of cancer

These results align with several previous studies. Tendean's (2019) study of 34 breastfeeding mothers showed that 13 respondents (38.2%) exclusively breastfed and 21 respondents (61.8%) did not. Research by Darmawati, Fransisca, and Adriani (2024) on 40 respondents showed that 21 respondents (52.5%) practiced exclusive

breastfeeding and 19 respondents (47.5%) did not engage in exclusive breastfeeding. In addition, research by Wahidah and Ilmiah (2025) on 30 babies showed that 12 babies (40%) received exclusive breastfeeding and 18 babies (60%) did not receive exclusive breastfeeding. From these three studies It is evident that exclusive breastfeeding coverage varies among the different study locations. Compared with previous research, the results of this study show a higher proportion of exclusive breastfeeding, namely 83.8%. This may indicate that maternal awareness, family support, and the role of health workers at the study location are quite good in supporting the success of exclusive breastfeeding.

Overview of Healthcare Worker Support

Table 3. Distribution of Respondents Based on Healthcare Worker Support at the Pakuan Baru Community Health Center, Jambi City

Healthcare Worker Support	Frequency(n)	Percentage (%)
Do not support	35	47,3%
Support	39	52,7%
TOTAL	74	100%

Based on table 4.3, regarding the distribution of respondents based on support from health workers, of the total 74 respondents, it is known that 35 people (47.3%) did not receive support from health workers and 39 people (52.7%) received support from health workers. Mothers who received support generally received attention such as encouragement or guidance when experiencing difficulties, especially during visits to health facilities. According to House's theory, there are four forms of social support. Emotional support is attention, care, and empathy given to breastfeeding mothers. Appreciative support is motivation, encouragement, and praise so that mothers are more confident in breastfeeding. Instrumental support is direct assistance, such as teaching the correct way to breastfeed or helping mothers when mothers experience difficulties. Informational support is providing information, advice, and counseling about the benefits of exclusive breastfeeding and how to overcome problems during breastfeeding. The involvement of health professionals is crucial in facilitating mothers to successfully provide exclusive breastfeeding¹⁸. Mothers who are provided with assistance from health professionals tend to be more helped in dealing with problems during breastfeeding. Conversely, mothers who receive less support may experience difficulties in providing exclusive breastfeeding. Accordingly, healthcare providers should be more actively engaged in offering education and guidance to breastfeeding mothers. Findings by Amalia et al. (2017) indicate that health workers support mothers

in exclusive breastfeeding, as mothers receiving support are more likely to exclusively breastfeed compared to those who lack support²⁰. These findings align with research by Sixtia (2021), which explains that health workers support mothers in exclusive breastfeeding through positive support for breastfeeding mothers²¹. Furthermore, research by Musliha et al. (2023) also indicates that health workers support mothers, although this support has not been shown to be significantly related to the success of exclusive breastfeeding²⁷.

General Overview of Mothers' Attitudes

Table 4.4 Distribution of Respondents Based on Mothers' Attitudes at the Pakuan Baru Community Health Center, Jambi City

Attitudes	Frequency (n)	Percentage (%)
Negative Attitudes	34	45,9%
Positive Attitudes	40	54,1%
TOTAL	74	100%

Based on Table 4.4 regarding the distribution of respondents based on maternal attitudes, of the 74 respondents, it is known that the majority had negative attitudes, namely 34 (45.9%), while 40 (54.1%) had positive attitudes. This positive finding can be interpreted as meaning that more than half of the mothers still have less supportive attitudes toward breastfeeding practices (e.g., unfavorable beliefs/assessments about breastfeeding, doubts, or strong perceptions of barriers). Negative attitudes in the context of flattering are often related to factors such as previous flattering experiences, concerns about insufficient breast milk, social pressure to provide additional breast milk, and inaccurate or inconsistent information.

According to Notoatmodjo, attitude is a person's implicit reaction toward a particular object or situation to an object and represents a readiness to act, even though it has not yet become a concrete action. In this study, the attitudes of breastfeeding mothers toward exclusive breastfeeding illustrate how mothers assess, understand, and accept the importance of exclusive breastfeeding. Therefore, mothers with positive attitudes tend to be more open to providing it. Notoatmodjo also stated that attitudes are influenced by knowledge, personal experience, the influence exerted by others, the mass media, and religiously oriented educational institutions. Negative attitudes can arise from a lack of information, inaccurate understanding, inadequate experiences, and sociocultural influences that are inconsistent with health recommendations. Mothers with positive attitudes generally accept and appreciate the importance of exclusive

breastfeeding, while those with negative attitudes may not fully understand and believe in its benefits

Research by Rahmawati and Sari (2022) found that 53 respondents (67.95%) had positive attitudes toward exclusive breastfeeding. The researchers explained that mothers with positive attitudes tend to be more effective in exclusive breastfeeding. This is because a positive attitude makes them more confident in the benefits of exclusive breastfeeding for their babies. The better the mother's attitude, the more likely she is to optimally breastfeed¹⁸. This finding aligns with research by Sri Juliani and Nuriah Arma (2018), which found that of 120 respondents, 64 (53.3%) had positive attitudes and 56 (46.7%) had negative attitudes toward exclusive breastfeeding. The findings of this study show that maternal attitudes have a role in determining exclusive breastfeeding success. Mothers with positive attitudes are generally more receptive to information and advice regarding exclusive breastfeeding. Conversely, mothers with negative attitudes tend to be less confident in implementing exclusive breastfeeding³⁰. Furthermore, research by Andinna Ananda Yusuff et al. (2022) found that of 228 respondents, 135 (59.2%) had a positive attitude toward exclusive breastfeeding. The researchers explained that maternal attitude is one of the factors associated with exclusive breastfeeding. A positive attitude can encourage mothers to be more consistent in exclusively breastfeeding their babies for 6 months³¹.

Bivariate Analysis

The Relationship between Health Worker Support and Exclusive Breastfeeding at the Pakuan Baru Community Health Center in Jambi City

The relationship between Health Worker Support and Exclusive Breastfeeding at the Pakuan Baru Community Health Center in Jambi City was explained using Spearman's Rank Correlation.

Table 4.5 Results of the Spearman Rank Correlation Test between Health Worker Support and Exclusive Breastfeeding for Mothers in the Pakuan Baru Community Health Center in Jambi City

			Breastfeeding	Healthcare worker support
Rho Spearman	Exclusive Breastfeeding	Correlation	1.000	0,595**
		Coefficient		
		Sig, (2-tailed)	.	0,000
		N	74	74
Healthcare Worker Support	Healthcare Worker Support	Correlation	.595	1.000
		Coefficient		
		Sig, (2-tailed)	.000	.
		N	74	74

Based on the Spearman's rho test results in Table 4.5, a significant relationship between health worker support and breastfeeding ($r = 0.595$; $p = 0.001$) was found. The strength of the relationship was moderate to strong, and the direction of the relationship was positive. This study indicates a positive and significant relationship between health worker support and breastfeeding. This means that the better the support received by mothers, the better the success of breastfeeding. Conversely, if health worker support is low, breastfeeding practices tend to be less than optimal. The very small p-value confirms that the relationship is statistically significant and unlikely to occur by chance.

These results align with Kusumawati's (2021) research in the Berangas Community Health Center, Barito Kuala Regency, which found a significant relationship between health worker support and the success of exclusive breastfeeding, with a p-value of 0.007. This study confirmed that good health worker support contributes to increased maternal success in exclusive breastfeeding²¹. The findings of this study indicate that health worker support has a positive and significant relationship with breastfeeding mothers' attitudes towards exclusive breastfeeding. These results are also in line with the research of Febriyani, Iswanto, and Nanik Setiyawati (2023) on the relationship between family and health worker support and exclusive breastfeeding at the Koba Community Health Center, Central Bangka Regency. The analysis results showed that health worker support was significantly related to exclusive breastfeeding with a p value of 0.019. This means that mothers who received support from health workers were more likely to successfully provide exclusive breastfeeding than mothers who received less support³². In addition, research by Metrianah, Lilis Suryani, and Yuliantina (2023) in the Muara Enim Community Health Center Work Area, Muara Enim City also showed a significant relationship between health worker support and exclusive breastfeeding, with a p value of 0.002 and an OR of 5.386. This means that respondents who received positive support from health workers were 5.386 times more likely to provide exclusive breastfeeding than respondents who received negative support. Thus, this study further strengthens the evidence that health worker support is related to exclusive breastfeeding³³. Research by Sanofarizka et al. (2022) also concluded that support from healthcare workers was a significant factor in the success of exclusive breastfeeding, while several other factors did not always show a significant relationship. These findings illustrate that healthcare workers play a crucial role in successful breastfeeding, as they play a direct role in providing counseling, education, guidance on breastfeeding techniques, and assistance in addressing lactation issues,

especially in the early postpartum period. During this period, mothers often face various obstacles such as improper latch, nipple pain, engorgement, concerns about insufficient milk supply, and confusion about breastfeeding frequency and patterns. If mothers receive appropriate support from healthcare workers, they will feel calmer, more confident, and better prepared to maintain exclusive breastfeeding.

Based on research findings, it was discovered that healthcare workers, such as midwives and nurses, provide encouragement to breastfeeding mothers, even though some mothers experience obstacles to exclusive breastfeeding, such as insufficient milk production, busy schedules, and fatigue during breastfeeding. The support provided is more in the form of motivation, attention, and encouragement to continue optimal breastfeeding, resulting in some mothers feeling more confident in breastfeeding their babies. In relation to House's theory, support from healthcare professionals can be understood in four forms: emotional support, esteem support, instrumental support, and informative support. Emotional support is evident when healthcare professionals provide attention, empathy, encouragement, and reassurance to breastfeeding mothers, especially when the mother feels anxious or unsure whether the breast milk she is providing is sufficient for her baby. Esteem support is evident when healthcare professionals provide positive reinforcement, praise, and reassurance that the mother is capable of breastfeeding well. Instrumental support is provided in the form of concrete assistance, such as teaching proper latching techniques, assisting with breastfeeding positions, and providing solutions to lactation problems. Meanwhile, informative support is provided through counseling, education, guidance, and counseling regarding the benefits of exclusive breastfeeding, proper breastfeeding techniques, and addressing obstacles that may arise during the breastfeeding process. These four forms of support significantly influence maternal attitudes, as they are not only provided with information but also with emotional and practical support

In addition to House's theory, the results of this study can also be strengthened by Ajzen's Theory of Planned Behavior. This theory explains that a person's behavior is influenced by attitudes, subjective norms, and perceived control over behavior. Support from healthcare professionals plays a role in shaping mothers' positive attitudes toward exclusive breastfeeding. Through education and counseling, mothers gain a better understanding of the benefits of exclusive breastfeeding for both their babies and themselves. Support from healthcare professionals can also influence subjective norms, as mothers tend to view healthcare professionals as trusted and competent sources, thus

strengthening their confidence in exclusive breastfeeding. Furthermore, support from healthcare professionals increases perceived behavioral control, which is the mother's belief in her ability to provide exclusive breastfeeding, especially when she receives direct guidance in addressing breastfeeding issues. Thus, support from healthcare professionals not only increases mothers' knowledge but also builds their confidence and readiness to practice exclusive breastfeeding³⁴

The results of this study are also relevant when explained through Lawrence Green's theory, specifically the reinforcing factors component. According to Green, health behavior is influenced by predisposing, supporting, and reinforcing factors. In this study, maternal breastfeeding attitudes can be understood as part of the predisposing factors, while support from healthcare professionals serves as a reinforcing factor, empowering mothers to make decisions and maintain exclusive breastfeeding behavior. When healthcare professionals actively provide motivation, guidance, and support, mothers will perceive exclusive breastfeeding as the correct behavior, supported, and worthy of maintenance. This is important because the success of exclusive breastfeeding is not only influenced by the mother's intentions alone, but also by the strengthening of the health service environment

Overall, the results of this study indicate that support from healthcare professionals is a crucial component in shaping mothers' positive attitudes toward exclusive breastfeeding. Mothers who receive emotional support, appreciation, tangible assistance, and adequate information from healthcare professionals tend to have greater confidence, motivation, and readiness to exclusively breastfeed their babies. Therefore, these findings reinforce the idea that the success of exclusive breastfeeding is not solely determined by the mother's wishes but is also significantly influenced by the quality of healthcare professional support, particularly during the critical period after delivery.

Relationship between Breastfeeding Mothers' Attitudes and Exclusive Breastfeeding at the Pakuan Baru Community Health Center in Jambi City

The relationship between breastfeeding mothers' attitudes and exclusive breastfeeding at the Pakuan Baru Community Health Center in Jambi City was explained using Spearman's Rank Correlation.

Table 4.6 Results of the Spearman Rank Correlation Test between Health Worker Support for Exclusive Breastfeeding in Mothers in the Pakuan Baru Community Health Center in Jambi City

		Breastfeeding	Attitude
Rho Spearman	Exclusive Breastfeeding	Correlation Coefficient	1,000 0,133
		Sig, (2-tailed)	. 0,257
		N	74 74
Attitude		Correlation Coefficient	0,133 1,000
		Sig, (2-tailed)	0,257 .
		N	74 74

Based on the Spearman's rho test results in Table 4.6, the relationship between maternal attitudes and breastfeeding is positive but not significant ($r = 0.133$; $p = 0.257$), with a very weak correlation. This means that although mothers with positive attitudes tend to have better breastfeeding practices, the relationship is not yet statistically strong. This means that mothers with more positive attitudes toward breastfeeding tend to have better breastfeeding practices, but this trend is not yet strong enough to be statistically significant. This finding can be explained by Notoatmodjo's theory, which states that attitude is a person's closed response to a stimulus or object, which already involves elements of opinion and emotion, such as agreement-disagreement, pleasure-displeasure, good-bad. Attitudes indicate a tendency to act, but do not yet translate into concrete actions or overt behavior. Therefore, mothers who have a positive attitude toward exclusive breastfeeding do not necessarily automatically implement it consistently in their daily practices.

The results of this study align with those of Hasanah, Husada, and Yunitasari (2022) in Ringinrejo District, Kediri Regency, which showed that maternal attitudes were not significantly associated with exclusive breastfeeding, with a p-value of 0.531. In that study, the majority of mothers had positive attitudes, but this was not statistically associated with exclusive breastfeeding practices. However, these results differ from those of Wulandari, Komariah, and Ermiaty (2010) on mothers working as nurses at Al-Islam Hospital in Bandung City, which showed that maternal attitudes were significantly associated with exclusive breastfeeding, with a p-value of 0.027. Hanifah Suriani's (2023) study at Batahan Community Health Center in Mandailing Natal Regency also showed a significant relationship between maternal attitudes and exclusive breastfeeding, with a p-value of 0.001. These differences in results indicate that attitudes can indeed play a role in the success of exclusive breastfeeding, but their influence varies across populations due to the varying conditions of the respondents and the environment.

Theoretically, the results of this study are also supported by Lawrence Green's theory in the PRECEDE-PROCEED model, which explains that health behavior is influenced by predisposing, enabling, and reinforcing factors. In the context of this study, maternal attitudes are considered predisposing factors, namely factors that facilitate the formation of behavioral intentions or tendencies. However, a positive attitude alone is not enough to produce actual behavior if it is not accompanied by enabling factors such as the availability of breastfeeding facilities, sufficient time, breastfeeding technique skills, and access to information, as well as reinforcing factors such as support from husbands, family, and health workers. Therefore, even if mothers have a positive attitude towards exclusive breastfeeding, the practice of exclusive breastfeeding may still be suboptimal if other supporting factors are not yet available or are not strong.

However, in practice, many mothers still face obstacles that prevent this positive attitude from always being translated into exclusive breastfeeding. Common phenomena include mothers feeling they don't have enough breast milk, mothers worrying that their babies will still be hungry if they only breastfeed, mothers experiencing nipple pain or latch-on problems, mothers having to return to work and not having an adequate space to express breast milk, and mothers experiencing pressure from family to introduce formula or supplementary foods early. Barriers such as returning to work, lack of lactation space, latch-on problems, and lack of social support are often reported as common obstacles to maintaining exclusive breastfeeding. Therefore, a positive attitude does not necessarily immediately result in optimal breastfeeding behavior without adequate environmental support and support.

CONCLUSION

Based on the research results, it can be concluded that most mothers in the working area of Pakuan Baru Health Center have good support from healthcare workers and a positive attitude towards exclusive breastfeeding. The analysis results show that there is a significant relationship between healthcare worker support and exclusive breastfeeding, as well as between mothers' attitudes and exclusive breastfeeding. Healthcare worker support, which includes providing information, motivation, and guidance during the breastfeeding process, plays an important role in increasing mothers' success in providing exclusive breastfeeding. In addition, a positive attitude of the mother is also a determining factor in encouraging optimal breastfeeding practices.

Therefore, improving the quality of healthcare worker support and fostering a positive attitude in mothers need to be continuously carried out as an effort to increase the coverage of exclusive breastfeeding.

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