



Empowerment Model of Breastfeeding Mothers in Exclusive Breast Milk Program in Yogyakarta Indonesia

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The research was based on Health Law Number 36 Year of 2009 about children's right and protection in which they bear the right of life sustainability, growth and development as well as receiving protection which is followed by Government's Policy Number 33 year of 2012 about exclusive breast milk feeding. If exclusive breastfeeding is not administered to baby, they will experience malnutrition which leads to the increase of baby's mortality in Indonesia. The coverage of exclusive breastfeeding in Indonesia is 38% and 32,43% of them is in Sleman region of DIY. The objective of the study is to discover the empowerment model of breastfeeding mothers in exclusive breast milk program. The study was implemented at Sleman region of Yogyakarta Special Province using cross sectional approach through survey. The population of the study was breastfeeding mothers who had more than 6–12 months old. Cluster proportional random sampling was used to draw 185 samples which were taken using questionnaire. Data analysis used SEM with LISREL program. The result of the study shows that the empowerment model of breastfeeding mothers according to the valid determining indicators for government policy are socialization, monitoring and the facility of breastfeeding room. The valid determining factors in advocating are written support and village budgeting. The valid determining factors in human resources are utilization, motivation and action. The valid determining factors in mothers' participation are facilities, activities form and contribution of ideas/thoughts. The valid determining factors in mothers' attitude are assessment in breastfeeding process, mothers' health monitoring, support to mothers during breastfeeding, breastfeeding optimalization, exclusive breastfeeding for 6 months and complementary food feeding to babies. The study concludes the formation of empowerment model of breastfeeding mothers in exclusive breast milk program.

Keywords: Model, Empowerment, Exclusive Breast Milk Program.

1. INTRODUCTION

The achievement of life prosperity for every individual or society always becomes the indicator of development success. The success of health development in achieving strategic targets and goals is greatly determined by the success in creating and preserving society healthy lifestyle. Nowadays, the level of society's health is not yet optimum because of the environment, behavior, health service and genetic factors.¹

In the international level, the coverage of exclusive breast-milk is 85% and Indonesia ranks 49th out of 51 countries which support exclusive breast milk.² The national target of exclusive breast milk is mentioned in Healthy and Clean Lifestyle (PHBS), in the indicator of household, that is 80% but it is still 38.7%. The percentage of exclusive breast milk coverage in every region

in Yogyakarta Special Province recently in Kulon Progo, Bantul, Gunungkidul, Sleman and Yogyakarta are 70.4%, 62%, 56.5%, 80.6% and 51.6% respectively.³

Support towards breastfeeding mother is greatly needed. If mothers are lack of support, care and love, their attitude towards breast milk feeding is affected. Sometimes, mothers do not want to breastfeed their babies because of some reasons. Not every mothers can accept their natural character as a mother to breastfeed their babies. The existence of labor regulation nowadays mentions that the birth leave for working mothers is only 3 months but there is still no policy related to breastfeeding leave. Due to the lack of policy assertiveness in hospital/primary health center/clinic, midwives, nurses and doctor still administer formula milk without medical reasoning for baby based on the reason that the mother's family insist them to give the baby formula milk because the baby cries all the time or inadequate breastmilk on the first day of labor.⁴

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Government policy in exclusive breast milk feeding is considered very significant and thus, exclusive breast milk is launched. The policy was started in 1961 in which there was a policy of exclusive breast milk for 3 months since birth without any complementary food. After 3 months, the baby was given breast milk and complementary food such as fruits, porridge and milk. In 1990, World Health Organization/United Nations International

Children’s Emergency Fund (WHO/UNICEF) issued a declaration known as Innocent Declaration (Innocent Declaration, 2011). The declaration was launched in Italy and aimed at protecting, promoting and giving support to exclusive breast milk feeding. The declaration was also signed by Indonesia. The declaration stated that in order to improve baby food’s health and quality optimally, all mothers are suggested to give exclusive breast milk

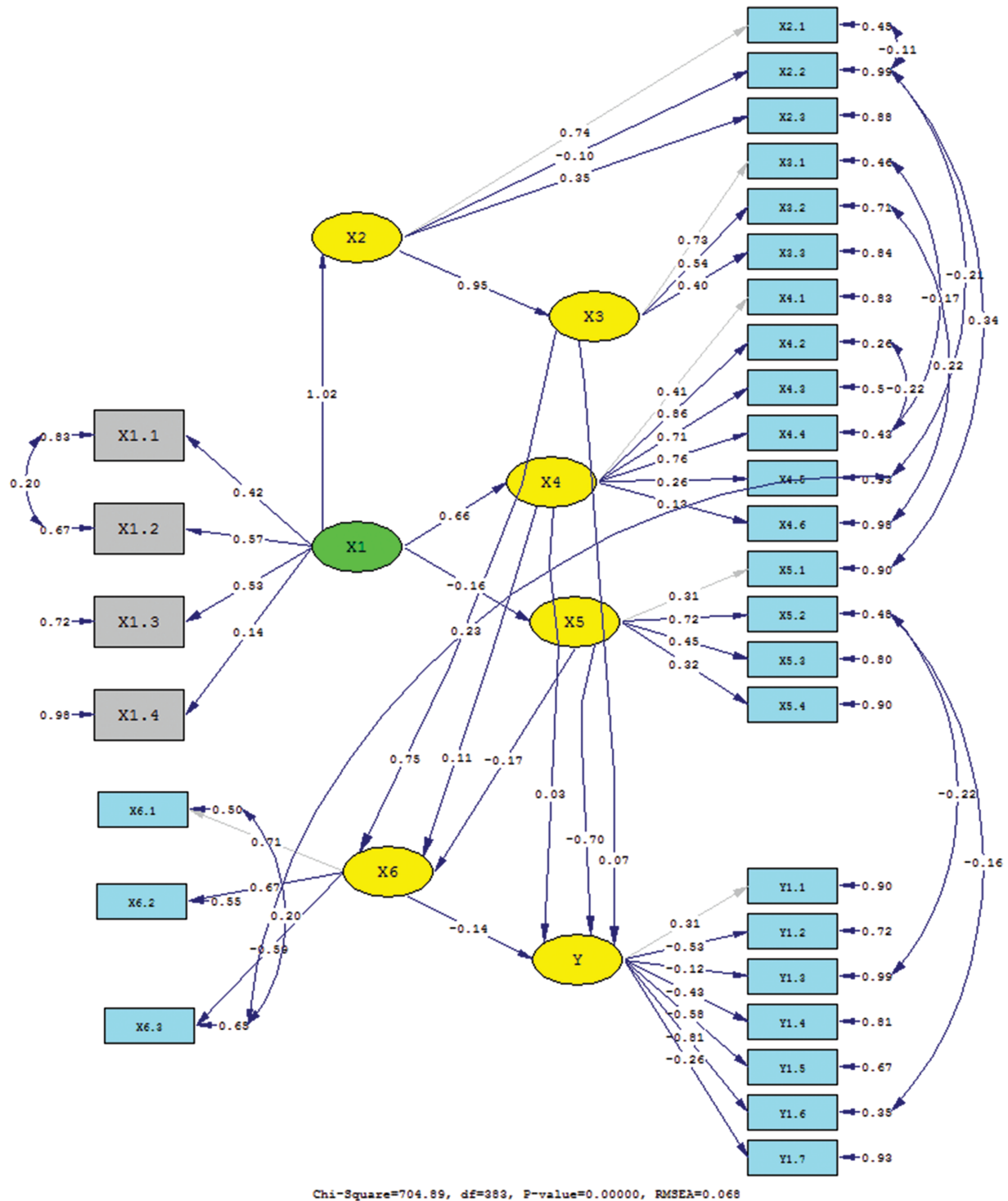


Fig. 1. Structural model and measurement using standardized solution.

since the baby was born until they are 4 months old. After that, they can give them complementary food or correct and proper solid food and breast milk is still given until the baby reach the age of 2 years or more.⁵

The last recommendations by UNICEF, World Health Assembly (WHA) and many other countries declare the period of giving exclusive breast milk that is 6 months. This declaration is based on the reason that in 1999, an evidence shows that giving complementary food in early ages gives negative impact to babies and disturbs exclusive breast milk program as well as increasing pain level in babies. Besides, there is no evidence which supports the statement that complementary food feeding in the age of 4 or 5 years old is more useful. Moreover, there is even no positive impact of complementary food feeding for babies' development and growth.⁶

Society empowerment in health field is the core of health promotion. Health promotion is society's ability through learning from, by, for and with the community to help themselves as well as developing activities which empower the society according to their local socio-cultural aspects and is supported by public policy which is based on health point of view through institution, monitoring, controlling, implementation, human resources and policy.⁷ The problems of society empowerment in health field is still low in the aspects of management, appreciation, the lack of coordination among cross cooperative programs, the lack optimization of cross cooperative sector programs, the lack of priority from the government on the budget for exclusive breast milk programs.⁸

The key of empowerment is participation which can be built if the individuals in the society can be trusted and are assigned some roles. Participation grows awareness and thus, exclusive breast milk feeding can incline the health status of mothers and babies.⁹

2. EXPERIMENTAL DETAILS

The population of the study were all mothers who had children aged 6–12 months old. Among 5 regions in DIY, Sleman had the highest coverage of exclusive breast milk. The study used cluster proportional random sampling to collect samples. The study used SEM analysis. Both analysis methods had been provided in LISREL model.¹⁰

3. RESULTS AND DISCUSSION

Analysis of Structural Equation Modeling (SEM) is an empirical model invention which is arranged based on statistical analysis using SEM.

Government law number 36 year of 2009 article 128 mentions that every babies have the right to get exclusive breast milk for 6 months after birth unless there is medical indication. Then, during the exclusive breast milk feeding, the families, government, regional government and society must altogether support mothers and babies by providing special time and facilities. The government is also responsible for determining policy in order to guarantee babies' rights to get exclusive breast milk (*Kemenkes RI, 2009*). This proves the urgency of advocacy for exclusive breast milk chairperson in villages (by local midwives) which must be given.

Rogers argues that new ideas and social practices has been spread in a society or from a society to other society.¹¹ Human resources and the roles of public figures play significant roles

Table I. Summary of goodness of fit model.

Goodness of fit index	Criteria	Result	Status
Empirical chi square	Chi square < 2 db	704.89 < 766	Fit model/ accepted
Root mean square approximation (RMSEA)	≤0.08	0.068	Fit model/ accepted
ECVI	ECVI < saturated model < independence model	4.66 < 5.05 < 16.20	Fit model/ accepted
AIC	Model AIC < saturated AIC	868.89 < 930.00	Fit model/ accepted
CAIC	Model CAIC < saturated CAIC	1214.96 < 2892.47	Fit model/ accepted
IFI	IFI > 0.80	0.87 > 0.80	Fit model/ accepted
RFI	0–1	0.72	Fit model/ accepted

Source: Lisrel output 8.80.

in development not only as the organizers but also the actors of development. In addition, the development itself must be able to benefit the society and give an improvement for human prosperity. Thus, the key success of development is life quality improvement which is measured by human development index and thus, advocating for the chairperson of exclusive breast milk is a great necessity. Bandura states that interaction between individuals and the environment through attitude, behavior and human resources support as well as public figures contribute positively to mothers' attitude in exclusive breast milk feeding.¹²

According to Soetomo, participation of members in group is influenced by the openness of organizers, members' role giving, regeneration of organizers and monitoring of institutional activities including the facilities, contribution of thoughts, ideas, funding and human resources.¹³

This statement is in line with Korten who argues that the success of empowerment is greatly determined by the ability of institution to give guidance to the society and society's participation level.¹⁴ Direct impact emerges when it is able to increase society's participation in the development. Participation is able

Table II. The summary of latent inter-variables correlational test result.

Latent variable	Coefficient correlation	t-value	Conclusion
Policy-advocation	$\gamma = 1.02$	9.77 > 1.96 (5%)	Significant
Advocation-support	$\beta = 0.95$	8.34 > 1.96 (5%)	Significant
Support-attitude	$\beta = 0.07$	0.26 < 1.96 (5%)	Not significant
Support-participation	$\beta = 0.75$	5.53 > 1.96 (5%)	Significant
Policy-empowerment	$\gamma = 0.66$	4.73 > 1.96 (5%)	Significant
Empowerment-attitude	$\beta = 0.03$	0.29 < 1.96 (5%)	Not significant
Empowerment-participation	$\beta = 0.11$	1.07 < 1.96 (5%)	Not significant
policy-perception	$\gamma = -0.16$	-1.44 < 1.96 (5%)	Not significant
Perception-participation	$\beta = -0.17$	-1.87 < 1.96 (5%)	Not significant
Perception-attitude	$\beta = -0.70$	-2.53 > 1.96 (5%)	Significant
Participation-attitude	$\beta = -0.14$	-0.49 < 1.96 (5%)	Not significant

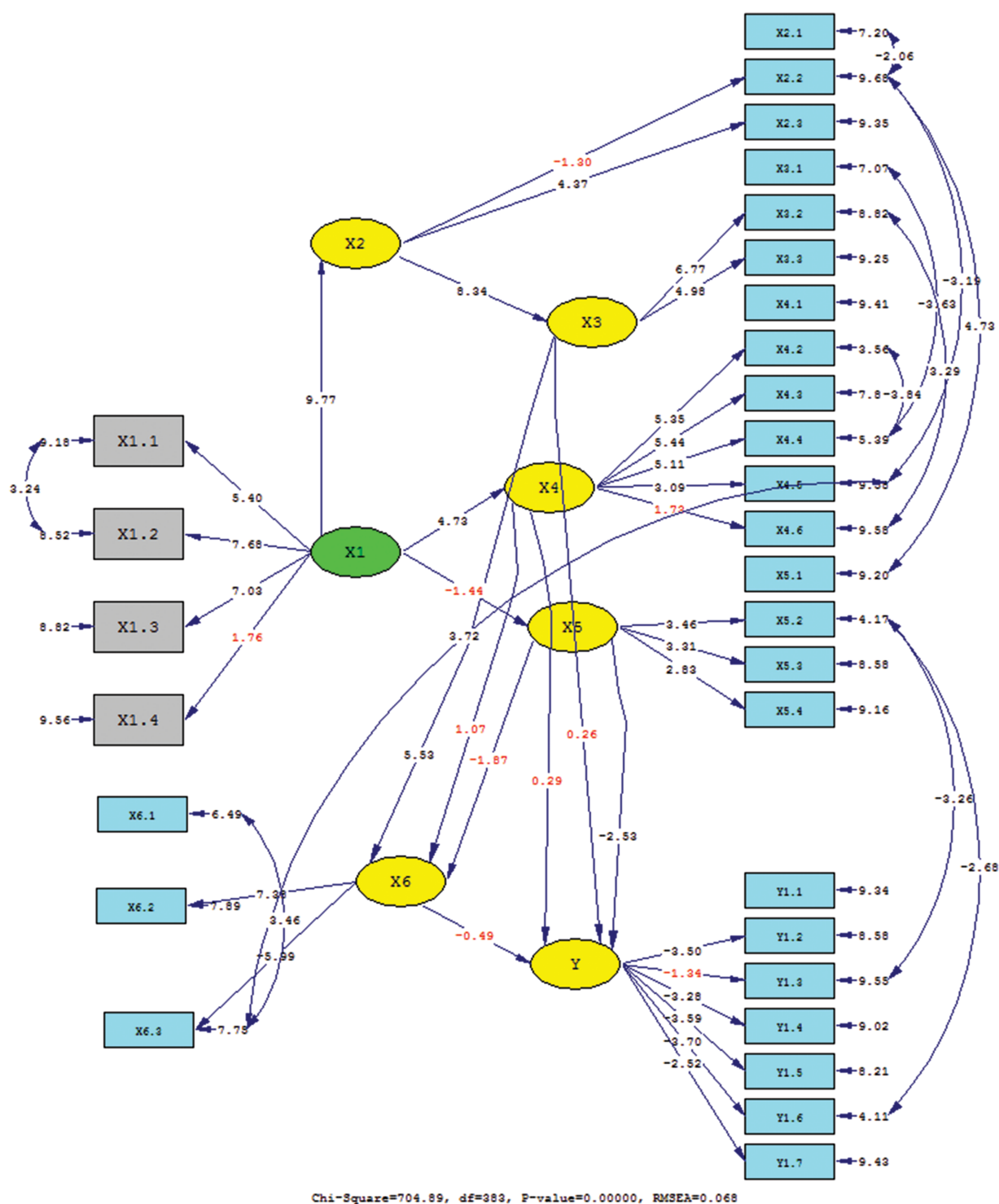


Fig. 2. Structural model and measurement using *t*-values.

to encourage changes of behavior through breastfeeding mothers' attitude in order to deal with government policy related to exclusive breast milk program.

According to Mardikanto, empowerment of society includes learning organization as the method to make individual power as organized power.¹⁵ Learning organization which emphasizes the ability development to create empowering organization which

is proven by the activities of community in managing *Posyandu* (maternal health center) needs to be built. Empowerment by means of society health institution is implemented wisely by considering society's prosperity aspect in a society which keeps learning and developing themselves and their way of thinking so that they can recognize, solve and manage their own health problems.

The empowerment of breastfeeding mothers is an effort or process which grows awareness, knowledge improvement, individual, group and communal understanding in order to grow the willingness to perform an action or change attitude in improving breastfeeding mothers' health condition which eventually creates society's ability to support the realization of healthy action or behavior. The study is different from Varkey et al. which states that breastfeeding mothers' empowerment can be linked directly to mothers' attitude on exclusive breast milk feeding.¹⁶ Other study by Lewycka et al. concludes that female group including breastfeeding mothers can increase mothers and babies' health status.¹⁷

Krisyuniarto argues in his theory that society participation can be created if the local individuals are given the roles as the organizers so that participation grows by itself including the awareness of exclusive breast milk feeding to lift mothers and babies' health status.¹⁸

The knowledge of health emphasizes the formation of learning experience to make easy and encourage special action (exclusive breast milk program). This can become a new thing which may be perceived negatively by an individual including the society who refuses directly to show disagreement.¹⁹ According to Walgito, perception is a process started with sensing process that is the process of stimulus acceptance by individual through human senses (exclusive breast milk program).²⁰

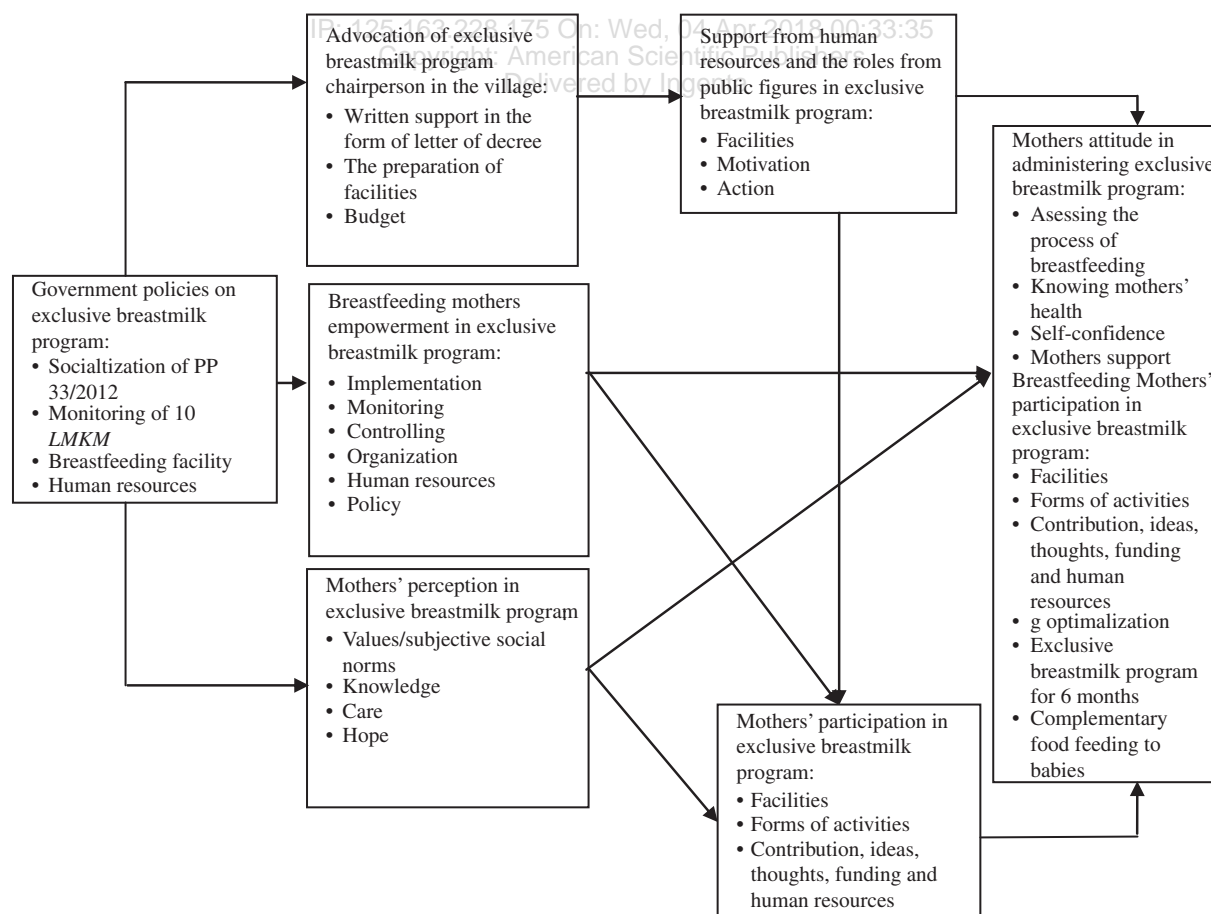
The study is in line with Ajzein who states that health behavior begins with the belief that behavior is the function of somebody's will, social support from the society related to the availability

of health information, private autonomy of individual in making decision and possible situation to act or not to act.²¹ According to Green et al., human behavior is a balanced condition between forcing power and holding power. Behavior can change if there is a balance.²²

4. CONCLUSIONS

The correct model of breastfeeding empowerment in exclusive breastmilk program is implemented by increasing mothers' participation supported by breastfeeding mothers empowerment and the increase of human resources support as well as the roles of public figures through the intensification of advocation from the exclusive breastmilk program chairperson to the villages. This can be done by implementing government policy related to exclusive breastmilk program so that exclusive breastmilk program coverage can be increased. Besides, the support of human resources and the roles of public figures can affect breastfeeding mothers' attitude. Government policy can also affect the empowerment and perception of breastfeeding mothers which in turn affects mothers' attitude in exclusive breastmilk program. Government policy in exclusive breastmilk program can affect breastfeeding mothers' perception through positive or negative response which eventually affects mothers' attitude in administering exclusive breastmilk. Breastfeeding mothers' perception can affect mothers' participation in exclusive breastmilk program which impacts mothers' attitude in exclusive breastmilk feeding.

APPENDIX



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