



The Challenges and Obstacles to Exclusive Breastfeeding to Muslim Families in an Islamic and Health Perspective

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Abstract

Breastfeeding is very important for babies between 0-6 months. Islamic teachings recommend that a mother must breastfeed her children with the aim that the child will be healthy for the survival and development of the child in the future. The purpose of this study is to find out the factors that cause challenges and obstacles to exclusive breastfeeding in Muslim families in an Islamic and health perspective. This research is a further analysis of Indonesian Social Demographic and Health secondary data in 2017. This research is a quantitative study with a cross-sectional research design. This research was conducted in Indonesia, where secondary data analysis was carried out from January to March 2023. The population in this study were married women aged 15-49 years who had children aged 0-6 months. The sample of this study were 3,319 mothers aged 15-49 years. Data analysis was performed using bivariate analysis with the chi-square statistical test. The results showed that there was a significant relationship between residence status and exclusive breastfeeding (p -value=0.009), there was a significant relationship between husband/partner's education level and exclusive breastfeeding (p -value=0.010), there was significant relationship between mother's work and exclusive breastfeeding (p -value=<0.001), and there is a significant relationship between wealth index combined and exclusive breastfeeding (p -value=<0.001). It is suggested to health workers and ustadz to increase education about the importance of giving 0-6 months breast milk in the perspective of health and Islamic religious teachings and it is suggested to health workers and ustadz to increase husbands' understanding about exclusive breast milk to increase the coverage of exclusive breast milk for mothers breastfeeding and does not hinder breastfeeding mothers in giving exclusive breast milk.

Keywords: Health, Islamic Perspective, Mother's Milk

INTRODUCTION

Breastfeeding is not only a natural act, but also a behavior that can be learned and habituated. Mothers need active support to establish and maintain appropriate breastfeeding practices. The decision to breastfeed is influenced by many varied factors, such as demographic variables, attitudes and knowledge, advice and involvement from doctors, midwives, and support from family members. To ensure that pregnant women adopt accurate infant feeding practices, matters such as education in antenatal, postnatal breastfeeding classes, and appropriate counseling in the labor room and delivery ward should be followed (Muslimatun, 2017).

One of the Islamic sciences related to the commands of Allah SWT and contained in the Qur'an is breastfeeding (*ar-radha'ah*). Efforts to obtain good and quality human resources begin with providing adequate nutrition from birth or from the start of the baby through breastfeeding the baby

with breast milk (Reeder, 2012). Al-Quran surah Al-Baqarah verse 233 states that a mother should breastfeed her children for two full years, for those who want to breastfeed perfectly, and it is the duty of the father to bear their living and clothing in an appropriate way (Kurniasih, 2020).

Muhammad Rasyid Ridha explained that the order to breastfeed was absolutely obligatory. Therefore, mothers, both those who are still wives and those who have been divorced, are obliged to breastfeed their children if there are no obstacles such as illness and the like. Likewise, the permissibility of seeking milk mothers cannot preclude the obligation to breastfeed. Because, the obligation is useful for maintaining the goodness or health of children (*li al-mashlahah*) not just following God's commandments (*ta'abbud*) (Asnawati et al., 2019). As we know, breast milk is the best food for babies, while man-made milk that is neatly packaged as a substitute for breast milk is inseparable from various side effects, apart from the exorbitant price. For this reason, Islam as a perfect religion recommends that a mother want to breastfeed (Ramadhan, 2019).

The World Health Organization recommends exclusive breastfeeding for the first 6 months of life, followed by continued breastfeeding with suitable complementary foods for up to 2 years or beyond (14-16). In 2012, World Health Assembly Resolution 65.6 endorsed a comprehensive implementation plan on maternal, infant and child nutrition, establishing six global nutrition targets for 2025, one of which is to increase the rate of exclusive breastfeeding in the first 6 months to at least 50%. Currently, only 37% of infants aged less than 6 months are exclusively breastfed (World Health Organization, 2017).

The results of the 2017 Indonesian Demographic and Health Survey (IDHS) show a decrease in the rate of exclusive breastfeeding coverage from 40.2 percent in 1997 to 39.5 percent in 2003 and 32.9 percent in 2007 (BKKBN, 2017). In 2012, exclusive breastfeeding coverage increased to 42 percent, but this increase is still far from meeting the Ministry of Health's target of increasing coverage to 80 percent in 2014 (Kementrian Kesehatan RI, 2013). Menurut laporan riset kesehatan dasar 2018, proporsi inisiasi menyusui dini pada anak umur 0-23 bulan di Indonesia mencakup 58,2% (Kemenkes RI, 2018). Various factors are alleged to be the cause of the low behavior of Early Breastfeeding Initiation in Indonesia, among others due to the level of education, attitude and motivation of breastfeeding mothers which are less influenced by the behavior and actions of midwives and support from the family (Fajar et al., 2018).

Factors that affect milk production come from internal and external. Internal factors include physical, psychological conditions, mother's knowledge and baby's physical factors while external factors include early initiation of breastfeeding and frequency of breastfeeding (Kadir, 2018). Working mothers usually continue to do household chores, which increases their physical fatigue and makes them reluctant to breastfeed. Factories or workplaces do not provide facilities for workers to

continue breastfeeding, such as day care centers, breastfeeding corners, and free time between working hours. For working women who do not have the opportunity to breastfeed while working, using formula milk is an option for their babies after they have finished enjoying their maternity leave (Dr. Vladimir, 2018).

From the background above, it can be concluded that researchers are interested in conducting research related to the challenges and obstacles of exclusive breastfeeding in Muslim families from an Islamic and health perspective.

METHODS

This research is a further analysis of the 2017 Indonesian Social Demographic and Health secondary data. The 2017 Indonesian Demographic and Health Survey (IDHS) is a national scale survey. This research is a quantitative research with a cross-sectional research design. The purpose of this study was to determine the factors that cause challenges and obstacles to exclusive breastfeeding in Muslim families in an Islamic and health perspective.

The 2017 Indonesia Demographic and Health Survey sample includes 1.970 census blocks covering both urban and rural areas. The number of census blocks obtained by the number of household samples was 47.963 households. From all household samples, around 49.627 female respondents of childbearing age 15-49 years were obtained.

This research was conducted in Indonesia, where secondary data analysis was carried out from January to March 2023. The population in this study were married women aged 15-49 years who had children aged 0-6 months. The sample of this research is 3.319 respondents. The research inclusion criteria were living children, last birth, not twins, living with their mothers and aged less than 6 months. Respondents who answered they did not know or were missing were not included in the analysis.

The data collection instrument in this study used the 2017 Indonesian Demographic and Health Survey questionnaire by selecting variables that met the criteria and were in accordance with the research objectives. The variables of this study are provincial model, residential area, highest educational level, husband/partner's education level, work, wealth index combined, and last birth a caesarean section. Data analysis was carried out using bivariate analysis with the chi-square statistical test with the help of Statistical Product and Services Solution (SPSS) software version 22.

RESULTS

Challenges and obstacles to Exclusive Breastfeeding to Muslim Families in the Perspective of Islam and Health in Indonesia can be seen in the table below:

Table 1. Challenges and obstacles to exclusive breastfeeding to Muslim families in an Islamic and health perspective in Indonesia

Variable	Exclusive Breastfeeding				Total		P value	OR	CI 95%
	No		Yes		n	%			
	n	%	n	%					
Provincial Model									
Qanun	234	7,1	187	5,6	421	12,7	0,057	-	-
Indigenous Muslims	88	2,7	81	2,4	169	5,1			
No rules	1349	40,6	1380	41,6	2729	82,2			
Total	1671	50,3	1648	49,7	3319	100			
Residential Area									
Urban	973	29,3	885	26,7	1858	56,0	0,009	1,202	1,048-1,379
Rural	698	21,0	763	23,0	1461	44,0			
Total	1671	50,3	1648	49,7	3319	100			
Highest educational level									
No education	11	0,3	8	0,2	19	0,6	0,064	-	-
Primary	358	10,8	408	12,3	766	23,1			
Secondary	977	29,4	952	28,7	1929	58,1			
Higher	325	9,8	280	8,4	605	18,2			
Total	1671	50,3	1648	49,7	3319	100			
Husband/partner's education level									
No education	13	0,4	11	0,3	24	0,7	0,010	-	-
Primary	371	11,4	453	13,9	824	25,4			
Secondary	987	30,4	940	28,9	1927	59,3			
Higher	252	7,8	222	6,8	474	14,6			
Total	1671	50,3	1648	49,7	3319	100			
Work									
No	869	26,2	1066	32,1	1935	58,3	<0,001	0,592	0,515-0,680
Yes	802	24,2	582	17,5	1384	41,7			
Total	1671	50,3	1648	49,7	3319	100			
Wealth index combined									
Poorest	220	6,6	292	8,8	512	15,4	<0,001	-	-
Poorer	330	9,9	354	10,7	684	20,6			
Middle	352	10,6	370	11,1	722	21,8			
Richer	376	11,3	344	10,4	720	21,7			
Richest	393	11,8	288	8,7	681	20,5			
Total	1671	50,3	1648	49,7	3319	100			
Last birth a caesarean section									
No	1342	40,4	1342	40,4	2684	80,9	0,412	0,930	0,782-1,106
Yes	329	9,9	306	9,2	635	19,1			
Total	1671	50,3	1648	49,7	3319	100			

Based on table 1, the results of the study show that out of 421 Qanuns, 234 (7.1%) mothers did not breastfeed and 187 (5.6%) breastfed. Indigenous Muslims out of 169 people, 88 (2.7%) mothers who did not breastfeed and 81 (2.4%) breastfed mothers. There was no rule out of 2729 people, 1349 (40.6%) mothers who did not breastfeed and 1380 (41.6%) breastfed.

Based on the results of the chi square test, it showed a p-value = 0.057 ($>\alpha$ 0.05), meaning that there was no significant relationship between the provincial model and exclusive breastfeeding for Muslim families in an Islamic and health perspective.

The results showed that out of 1,858 mothers living in urban areas, 973 (29.3%) did not breastfeed and 885 (26.7%) did. The results of the study were also obtained from 1,461 mothers living in rural areas, 698 (21.0%) mothers who did not breastfeed and 763 (23.0%) breastfed.

Based on the results of the chi square test, the p-value = 0.009 ($< \alpha$ 0.05), meaning that there is a significant relationship between residence status and exclusive breastfeeding. Based on the statistical test, it was found that mothers living in urban areas had a 1.202 times greater risk of not breastfeeding compared to mothers living in rural areas (95% CI = 1.048-1.379).

The results showed that out of 19 people with no education, 11 mothers (0.3%) did not give breast milk and 8 (0.2%) gave breast milk. Primary of 766 people, mothers who did not give breast milk were 358 (10.8%) and who gave breast milk were 408 (12.3%). Of the 1,929 secondary people, 977 (29.4%) mothers did not give breast milk and 952 (28.7%) gave breast milk. Higher than 605 people, mothers who did not give breast milk were 325 (9.8%) and those who gave breast milk were 280 (8.4%).

Based on the results of the chi square test, it shows a p-value = 0.064 ($> \alpha$ 0.05), meaning that there is no significant relationship between the highest educational level and exclusive breastfeeding for Muslim families in an Islamic and health perspective.

The results showed that out of 24 people husband/partner's education level no education, 13 (0.4%) mothers did not give breast milk and 11 (0.3%) gave breast milk. Primary of 824 people, mothers who did not give breast milk were 371 (11.4%) and who gave breast milk were 453 (13.9%). Secondary out of 1,927 people, mothers who did not breastfeed were 987 (30.4%) and mothers who gave breast milk were 944 (28.9%). Higher than 474 people, mothers who did not give breast milk were 252 (7.8%) and those who gave breast milk were 222 (6.8%).

Based on the results of the chi square test, it shows a p-value = 0.010 ($< \alpha$ 0.05), meaning that there is a significant relationship between the husband/partner's education level and exclusive breastfeeding.

The results showed that out of 1,935 mothers with unemployed status, 869 (26.2%) mothers did not breastfeed and 1,066 (32.1%) breastfed. The results of the study were also obtained from 1,384 mothers with working status, 802 mothers who did not breastfeed (24.2%) and 582 mothers who breastfed (17.2%).

Based on the results of the chi square test, the p-value = < 0.001 ($< \alpha$ 0.05), meaning that there is a significant relationship between mother's work and exclusive breastfeeding. Based on the statistical test, it was found that mothers with non-working status had a 0.592 times greater risk of not breastfeeding than mothers with working status (95% CI = 0.515-0.680).

The results showed that out of 512 people with a combined wealth index of poorest, 220 (6.6%) mothers did not breastfeed and 292 (8.8%) breastfed. Poorer out of 684 people, mothers who did not give ASI were 330 (9.9%) and who gave ASI were 354 (10.7%). Middle of 722 people, 352 (10.6%) mothers who did not breastfeed and 370 (11.1%) breastfed. Richer out of 720 people, mothers who did not breastfeed were 376 (11.3%) and mothers who gave breast milk were 344 (10.4%). Richest of 681 people, mothers who did not give ASI were 393 (11.8%) and who gave ASI were 288 (8.7%).

Based on the results of the chi square test, the p-value = <0.001 ($<\alpha$ 0.05), meaning that there is a significant relationship between the combined wealth index and exclusive breastfeeding.

The results showed that out of 2,684 people No last birth a caesarean section, 1,342 (40.4%) mothers did not breastfeed and 1,342 (40.4%) breastfed. The results of the study were also obtained from 1,384 mothers with the status of yes last birth a caesarean section who did not give ASI as many as 329 (9.9%) and who gave ASI as many as 306 (9.2%).

Based on the results of the chi square test, it showed a p-value = 0.412 ($>\alpha$ 0.05), meaning that there was no significant relationship between Last birth a caesarean section and exclusive breastfeeding.

DISCUSSION

Relationship between the Provincial Model and Exclusive Breastfeeding for Muslim Families in an Islamic and Health Perspective

The results of the study obtained a p-value = 0.057 ($>\alpha$ 0.05), meaning that there was no significant relationship between the provincial model and exclusive breastfeeding (breast milk) in Muslim families in an Islamic and health perspective.

The provincial model with no regulations or no regulations regarding exclusive breastfeeding does not affect mothers in giving exclusive breastfeeding. The benefits of breastfeeding are felt by babies, mothers, families, communities and countries. Constraints in breastfeeding are formula milk, social culture and working women. However, there have been regulations/policies that respond to exclusive breastfeeding, a code of ethics for formula milk marketing and increased breastfeeding for female workers. Existing regulations are not yet binding, so it is necessary to increase the legal status of these regulations/policies. There is no strong commitment to carry out exclusive breastfeeding (Helda, 2017).

Based on the researcher's assumptions, the regulations or policies that have been made are not binding in nature so that whether or not there are regulations does not make families carry out exclusive breastfeeding. Then various cultures or public beliefs about exclusive breastfeeding play a

big role. Provinces with or without regulations are not a factor for families to provide exclusive breastfeeding. Myths/beliefs that have a close cultural relationship with exclusive breastfeeding. Usually, people are often influenced by local culture, especially interventions from families to give or not to give breast milk to their babies.

Relationship between Residential Status and Exclusive Breastfeeding for Muslim Families in an Islamic and Health Perspective

The results of the study obtained a p-value = 0.009 ($<\alpha$ 0.05), meaning that there is a significant relationship between residence status and exclusive breastfeeding. Based on the statistical test, it was concluded that mothers living in urban areas had a 1.202 times greater risk of not breastfeeding compared to mothers living in rural areas (95% CI = 1.048-1.379).

This research is in line with Karnila (2019) which shows that mothers who have children aged 0-5 months and live in cities are 1,313 more likely not to provide exclusive breastfeeding compared to mothers who live in rural areas (p = 0.023; 95% CI = 1.038 – 1.661). Urban communities have a modern lifestyle compared to rural communities. In urban areas, formula feeding is a modern and common thing to do. Formula feeding is considered more prestigious than breastfeeding (Karnila & Bantas, 2019).

Muslim families are spread both in urban and rural areas, the majority of mothers who live in urban areas result in mothers preferring to replace breastfeeding with formula milk. Allah SWT says in Q.S Al-Baqarah verse 168 which means "Hi all people, eat what is lawful and good from what is on earth, and do not follow the steps of the devil, because indeed the devil is a real enemy for you". Formula milk is a type of food that is halal for consumption, but formula milk is not Thayyibaa (bad/bad quality/poor quality) when given to newborns, because breast milk is the only type of food that is halal and much better quality for consumption by newborns. For that Allah swt. calls on mothers who have just given birth to breastfeed their babies (Nasution, 2016).

Based on the researchers' assumptions, families living in urban areas have a modern lifestyle compared to families in rural areas. In urban areas, formula feeding is a modern and common thing to do. Giving formula milk is considered more prestigious than breastfeeding. Families living in urban areas tend to have higher education and high economic status. So this can be a risk factor for stopping exclusive breastfeeding. In contrast to families in rural areas who have low economic status and do not know the importance of the exclusive breastfeeding program.

Relationship between Education Level and Exclusive Breastfeeding to Muslim Families in an Islamic and Health Perspective

The results of the study obtained a p-value = 0.064 ($>\alpha$ 0.05), meaning that there was no significant relationship between the highest educational level and exclusive breastfeeding for Muslim families in an Islamic and health perspective.

This research is in line with Simanungkalit (2018) which obtained a value of $P = 0.075$ meaning that there is no relationship between education level and exclusive breastfeeding, because a person's decision to give exclusive breastfeeding is not only influenced by a high level of education (Simanungkalit, 2018). In addition, it is supported by the condition that after delivery, breast milk immediately comes out so that it can be given to the baby immediately and the baby does not have time to be given formula milk or in other words, the success or failure of exclusive breastfeeding is related to the implementation of lactation management carried out by birth attendants (Fajar et al., 2018).

Based on the researchers' assumptions, education is not a reference for a family to carry out exclusive breastfeeding. The level of education does not guarantee a person has good knowledge about the importance of exclusive breastfeeding. If the family does not receive the information or understand the information obtained and has no desire to put it into practice, they will continue to behave the same way.

Relationship Between Husband/Partner's Education Level with Exclusive Breastfeeding to Muslim Families in an Islamic and Health Perspective

The results of the study obtained a p-value = 0.010 ($<\alpha$ 0.05), meaning that there is a significant relationship between husband/partner's education level and exclusive breastfeeding.

Rahmawati (2017) in her research stated that education from husbands is also very much needed in exclusive breastfeeding. The higher the education level of a husband, the higher his understanding of the importance of breastfeeding and the risks that can occur if the baby is not exclusively breastfed. The high level of education that a husband has can increase the husband's participation in paying attention to the growth and development of his child (Rahmawati et al., 2017).

Allah SWT commands mothers to breastfeed their children until the age of two, as Allah SWT says: *حَوْلَيْنِ كَامِلَيْنِ* And after that time, Allah guides them to start weaning children, as described in His word QS. Luqman [31]: 14, QS. Al-Ahqaf [46]: 15. So that the two year period is the period of perfection of a mother's milk for her child. Another hint that is shown is that children's education in the age range of zero to two years is in the lap of the mother. For this reason, mothers must maximize their education during this important period. If you pay close attention to the word of Allah SWT in QS. Al-Baqarah [2]: 233, there is a shift in meaning which is illustrated by the use of *dhamîr mudzakkar* in the fragment *لِمَنْ أَرَادَ*.. This indicates that basically the decision regarding the length of time a child is breastfed is determined by the husband. However, in the continuation of this verse, it

is ordered that a decision be based on mutual agreement between husband and wife, فَإِنْ أَرَادَا فِصَالًا عَنْ تَرَاضٍ مِنْهُمَا وَتَشَاوُرٍ (Al-Baqiy, 2006). Therefore, it is important for the husband's education level to provide support to his wife in making decisions about implementing exclusive breastfeeding (Ismail, 2018).

Based on the researcher's assumptions, in a Muslim family, a wife must obey her husband. So that in exclusive breastfeeding the husband must support his wife in order to strengthen her belief in breastfeeding. Husband's high education will provide good knowledge about the importance of exclusive breastfeeding. The husband will provide good information and support his wife to implement exclusive breastfeeding.

The Relationship between Mother's Work and Exclusive Breastfeeding

Mothers not tied to a job outside the home should have plenty of time to provide affection in fulfilling their baby's breastfeeding rights compared to mothers who are busy outside the home (Ramli, 2020). Providing exclusive breastfeeding is a dilemma for female workers who give birth because the leave period is too short compared to breastfeeding, so that they will provide formula milk as a substitute for exclusive breastfeeding (Bahriyah et al., 2017).

The results of the chi-square statistical test obtained a p-value = <0.001 ($<\alpha$ 0.05), meaning that there is a significant relationship between maternal work and exclusive breastfeeding (breast milk). These statistical tests found that mothers with non-working status had a 0.592 times greater risk of not breastfeeding than mothers with working status (95% CI = 0.515-0.680). In line with Timporok's research (2018) shows the results of chi-square analysis of the relationship between employment status and exclusive breastfeeding obtained a significant value (p-value) of 0.000 (<0.05) or there is a relationship between employment status and exclusive breastfeeding in the work area of the Kawangkoan Health Center, where the relationship has a significant negative correlation, it can be seen that the busier the mother at work, the fewer mothers who provide exclusive breastfeeding.

Most mothers who do not provide exclusive breastfeeding do not work for various reasons, including being lazy to breastfeed or afraid that the breasts will be damaged (Salamah & Prasetya, 2019). Research conducted by Padmasari (2020) shows that non-working mothers have high motivation for exclusive breastfeeding, while working mothers have low motivation for exclusive breastfeeding. According to Harseni (2019), most working mothers have little time to care for their babies, allowing mothers not to exclusively breastfeed their babies where working mothers spend much time on their work.

According to Humairah, the failure to provide exclusive breastfeeding to working mothers other than the time seized is a tired physical condition that can reduce the productivity of breast milk

(Putri, 2021). According to the researcher's assumption, the lack of exclusive breastfeeding for non-working mothers is due to a lack of maternal knowledge and a lack of knowledge of couples regarding the importance of exclusive breastfeeding. Therefore, non-working mothers do not guarantee good exclusive breastfeeding, and working mothers are unlikely not to provide exclusive breastfeeding.

Relationship of Wealth Index Combined with Exclusive Breastfeeding

The chi-square test results showed a p-value = <0.001 ($<\alpha$ 0.05), meaning a significant relationship exists between the combined wealth index and exclusive breastfeeding. In line with Lumenta's research (2017) the results of the chi-square test analysis show a p-value of $0.041 < 0.05$, so it can be concluded that there is a relationship between socio-economic and exclusive breastfeeding.

Community groups with low economic status are more likely to provide exclusive breastfeeding because it is difficult to reach the price of formula milk and complementary foods, which are quite expensive (Ripandi, 2021). The findings and assumptions of Arfansyah (2020) show that where exclusive breastfeeding with low income is more likely to provide exclusive breastfeeding to babies, but those with low income do not provide exclusive breastfeeding at most. This is because it is less able to buy nutritious food during pregnancy so that at the time of childbirth.

This is in accordance with the word of Allah Almighty who commands his people to provide according to their abilities as stated in Q.S At-Thalaq: 7

لِيُنْفِقَ ذُو سَعَةٍ مِّن سَعَتِهِ وَمَنْ قُدِرَ عَلَيْهِ رِزْقُهُ فَلْيُنْفِقْ مِمَّا آتَاهُ اللَّهُ لَا يُكَلِّفُ اللَّهُ نَفْسًا إِلَّا مَا آتَاهَا سَيَجْعَلُ اللَّهُ بَعْدَ عُسْرٍ
ءَيْسْرًا

It means: "Let the one who is spacious (his sustenance) provide according to his ability, and he who is deprived of his sustenance, should provide for what (property) Allah has bestowed upon him. God does not burden a person but (according to) what God has given him. God will one day grant spaciousness after narrowness". The above verse is intended for parents to give the best for their wives or children to get blessings in their lives both physically and spiritually.

According to the researcher's assumption, the community's economic status greatly affects exclusive breastfeeding because parents with low economies have a greater chance of not consuming good nutrition. Hence, the breast milk produced is not optimal, and breastfeeding is also hampered. However, parents with good economic degrees also do not provide good exclusive breastfeeding because parents prefer to buy and provide formula milk.

The Relationship of Last Birth of Caesarean Section with Exclusive Breastfeeding

The chi-square test results show a p-value = 0.412 ($>\alpha$ 0.05), meaning there is no significant relationship between the last birth of a cesarean section and exclusive breastfeeding.

Basically, breastfeeding counselors support early breastfeeding and exclusive breastfeeding, but many mothers believe that they are still in pain due to surgery scars, so they do not breastfeed, even though they suggest exclusive breastfeeding (Panggabean, 2021). The process of cesarean delivery can prevent pain in the mother because it is not done vaginally. However, it also has a higher risk of babies not being breastfed by their mothers than babies born vaginally. This is because mothers who give birth by sectio caesarea feel pain and find it difficult to breastfeed their babies (Andini et al., 2019).

According to researchers' assumption, breastfeeding is not done when those who do not perform a cesarean section and do not provide exclusive breastfeeding due to many factors, such as postpartum lack of good body immunity, do not produce maximum milk.

CONCLUSIONS

Factors causing challenges and obstacles to exclusive breastfeeding for Muslim families in the perspective of Islam and health in Indonesia (2017 Indonesian Health Demographic Survey Data Analysis) research results show that there is a significant relationship between status of residence and exclusive breastfeeding, there is a significant relationship between husband/partner's education level with exclusive breastfeeding, there is a significant relationship between mother's work and exclusive breastfeeding, there is a significant relationship between the wealth index combined and exclusive breastfeeding.

It is recommended to increase education about the importance of breastfeeding in a health perspective and Islamic religious teachings in areas of residence, education and work. It is suggested to health workers and ustadz to increase their husband's understanding of breastfeeding in order to increase the coverage of breastfeeding for breastfeeding mothers and not hinder breastfeeding mothers from giving breast milk. And it is recommended for working women to pump breast milk during breaks during working hours for the need for breast milk stocks at home when the baby is left at work.

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