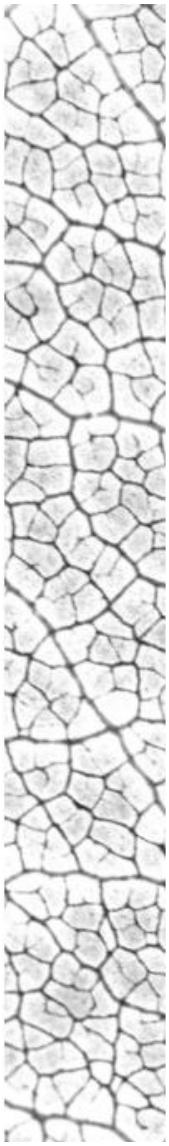

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Factors associated with exclusive breastfeeding based on transcultural nursing

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Abstract
Exclusive breastfeeding is one of the major health programs in the world. The prevalence of non-exclusive breastfeeding is very high in Indonesian women, especially Madurese women. This study was aimed to investigate factors associated with giving exclusive breastfeeding based on transcultural nursing. This study was used analytical descriptive with a cross-sectional approach. The population was all mothers who have babies 6 to 12 months of age. A total of 289 sample were chosen by cluster sampling. The independent variables in this research are technological factors, religious & philosophical factors, social factors, cultural values & lifeways, political & legal factors, economic factors, and educational factors. The type of exclusive breastfeeding depends on the baby's mother. Data were collected by using a questionnaire and analyzed by using a chi-square test with a degree of significance α <0.05. The result showed a correlation between technological factor (p=0.000), religious & philosophical factor (p=0.000), social factor (p=0.000), cultural values & lifeways (p=0.000), political & legal factors was correlation, economic factors (p=0.000), and educational factors (p=0.000) with exclusive breastfeeding. All factors in transcultural nursing have a correlation with exclusive breastfeeding, and technological factors are most associated with exclusive breastfeeding than other transcultural nursing factors. Further research was suggested for using qualitative methods or observations and increase exclusive breastfeeding rates with effective health education.

Keywords: exclusive breastfeeding, nutrition, SDG's, transcultural nursing

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INTRODUCTION

Exclusive breastfeeding is food and drinks given exclusively to infants without the provision of other drinks or solid foods except for minerals, vitamins, and drugs in the form of syrups or drops, and it is given continuously until the baby in the age of 6 months. Exclusive breastfeeding is recommended until the age of 6 months, while after more than those age, babies can have additional food for supporting breastfeeding (WHO, 2017). The provision of exclusive breastfeeding is influenced by accurate information, family support, the health care system, and the support of community leaders (WHO, 2017). Pitaloka (2017) stated that community leaders and religious leaders influence mothers behavior in breastfeed the baby. The community believes in the traditions and culture of combine breastfeeding and water or additional food. The wrong culture of exclusive breastfeeding encouraging the need of promoting the right approach, especially by developing a culture-based nursing model (Hidayat, Nasrullah, & Festy, 2017). This is in consonance with the Transcultural Nursing theory, which explains that the culture, values, beliefs, and practices of individuals or groups will influence specific and universal care practices for the health and well-being of individuals or groups.

Infants who are not exclusively breastfed have an impact on high infant mortality rate (IMR). The short-term impacts are the baby will be fussy because of the unadequate provision of breastfeeding; the risk of having gastric, intestinal, constipation, and jaundice. In the long-term effects, infants will experience cholic, chrons disease, ulcerative colitis, low levels of Intelligence Quotient (IQ), unstable emotional or spiritual levels and the risk of Sudden Infant Death Syndrome (Prasetyono, 2013). The Indonesian government has supported the WHO policy in exclusive breastfeeding for at least six months in an effort to reduce infant mortality rate (IMR). This is reflected in the declaration of Sustainability Development Goal (SDG's) as outlined in the program of the President of Indonesia, Joko Widodo Nawa Cita on the 5th point, namely improving the quality

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of life of the Indonesian Nation that is mandated to the National Population and Family Planning Agency (BKKBN), in the framework of the continuum theory of care points Toddler Family Development (BKB). Exclusive breastfeeding is promoted and campaigned by the BKKBN through the Family Planning (KB) program and as one of the priorities of the healthy family program issued by the Ministry of Health for reducing infant mortality; this can be seen in Government Regulation No.33 of 2012 concerning exclusive breastfeeding, as well (Siregar, 2016).

Indonesia recorded that in 2016 there were 4,867,813 babies born, while babies who were able to survive were 4,770,444 at odds of 97,369. These numbers showed a high IMR and the SDG's target for the Ministry of Health in 2025, 9/1000 lives (Kemenkes RI, 2015). In East Java region from 2013 to 2015, there was a tendency for IMR to stagnate at 30 per 1,000 live births, in 2013 was positioned at 27.23, 2014 IMR was 26.66, while in 2015 it was 25.3. East Java's IMR until 2015 is still above the SDG's target, and Sampang Regency has 240 people (Dinas Kesehatan Provinsi Jawa Timur, 2015). Preliminary data survey conducted by researchers on 28 September 2017. The survey was by interviewing the Head of "mother and child health department" at primary healthcare of Sreseh, the Head of "nutrition division" at community health center of Sreseh, village midwives and breastfeeding mothers who have babies aged 6-12 months in the area of the primary healthcare Sreseh Health Center in Sampang District. The survey found that all midwives have provided information to mothers about exclusive breastfeeding both before and after delivery at the Integrated Healthcare Center and after delivery at the health center and at the mother and child health department. The obstacle experienced by midwives and the health center's nutrition in implementing exclusive breastfeeding was social support from community leaders, religious leaders, and leaders who are elder or trusted by the community in motivating mothers to do exclusive breastfeeding. Assistance groups (AG mother) that have not yet been formed and are not yet running are also one of the obstacles in the implementation and monitoring of the implementation of exclusive breastfeeding programs in the work area of the Sreseh Health Center in Sampang Regency.

The 2013 Basic Health Research Data (Riskedas) showed that coverage of breastfeeding in Indonesia is only 42 percent (Kemenkes RI, 2013). The percentage of breastfeeding in the last 24 hours decreased by the side of increasing infant age with the lowest percentage in children aged six months (30.2%). The national percentage of breastfeeding aged 0-23 months was 34.5 percent (Kemenkes RI, 2013), while the East Java Province breastfeeding percentage is 69.1% and specifically the Sampang area is 46.8% (Dinas Kesehatan Provinsi Jawa Timur, 2015). Preliminary survey data on 28 September 2017 by interviewing breastfeed mothers who have babies aged 6-12 months in the working area of the Sreseh Community Health Center in Sampang District, found that around 10% (1 in 10 mothers) do exclusive breastfeeding, mothers were able to provide exclusive breastfeeding. While roughly 90% (9 out of 10 mothers) are unable to achieve exclusive breastfeeding since before six months, they are giving the baby complementary foods accompany breastfeeding on the grounds of family tradition. Breastfeeding does not make the baby full, which makes the baby fussy, and parents can not do activities because they have to frequently breastfeed and hold the baby.

Nutritional needs cannot be fulfilled because of cultural beliefs and certain restrictions on certain foods that are actually needed by breastfeeding mother's impacting mothers to stop breastfeeding (Mardiyaningsih & Sabri, 2011; Nasution, 2015). Culture is one of the factors affecting daily habits and actions which increase the risks in health. Contrary culture to health will certainly affect health status. Moreover, factors of education, social, economic, age, parity of the mother might affect maternal Health (Fatonah, 2016). The main problems of low breastfeeding habits in Indonesia are caused by socio-cultural factors and the lack of knowledge of pregnant women, families, and communities (Prasetyono, 2013). Breastfeeding habit is low, especially in the Madurese ethnic, this might because the culture-based care model or transcultural nursing has not been implemented in family health services which the culture of care and feeding patterns are not appropriate.

According to Leininger, McFarland, & McFarlane (1987), Transcultural Nursing dimensions divided into: a) Inadequate technological, information and communication factors, far-reaching health facilities, and inadequate health services contribute to the incidence of mothers not providing exclusive breastfeeding (Wahyuni, 2010). b) Factors of religiosity and philosophy, a very realistic view for adherents. c) Social factors have a role in medical practice that facilitates or hinders a person's health behavior. d) Cultural values and lifestyle, improper supplementation of food such as *lontong*, *gedheng sabeh* or *gedheng sapeh* and *gedheng gajih* in order to hasten the baby development. Besides, the tradition of feeding or drinking young coconut (*ro'moro*) and honey is used as baby food (Hidayat et al., 2017). e) Political and legal factors, regulations and policies relating to exclusive breastfeeding. f) Economic factors are closely related to the ability of mothers to fulfilling their daily needs during breastfeeding. g) Educational factors, there are still often low levels of education among women in Madura (Munawara, Yasak, & Dewi, 2015). This study aimed to analyze the factors associated with exclusive

breastfeeding based on Transcultural Nursing on Madura Island.

MATERIALS AND METHODS

This study used a cross-sectional approach, which was a type of research that emphasizes the time of measurement or observation of independent variables, namely technological factors, factors of religiosity & philosophy, social factors, cultural values & lifestyles, political & legal factors, economic factors, educational factors and dependent variables, i.e., exclusive breastfeeding behavior analyzed only once, at one time without follow up.

The sampling technique used was nonprobability sampling with a purposive sampling approach. Purposive sampling is a sampling technique by selecting samples among the population, according to what the researcher wants (goals or problems in the study), in order that the sample can represent the characteristics of the population that have been known previously (Nursalam, 2017). The number of samples was 289 respondents. For cross-sectional studies that must be above 100, the researchers exceed 100 respondents.

Research instruments are tools that are used for data collection in the form of questionnaires, open interview guidelines and the format of data screening do not need to be tested for validity and reliability (Setiadi & Dermawan, 2013). Instruments in the form of questionnaire sheets were used to collect data on technological factors, factors of religiosity & philosophy, social factors, cultural values & lifestyles, political & legal factors, economic factors, educational factors. The observation sheet has been tested for validity and reliability. The validity test uses a Pearson product-moment (r) by comparing the value of r arithmetic with the value of r table at a significance level of 5%. An instrument is declared valid if the r count is greater than the r table (0.51). In this case, the number of respondents was 15 mothers who have babies 6-12 months old at the Kalijudan Health Center, with a significant value of 1.000 (valid). The reliability test was Alpha Cronbach, the basis for decision making was reliable if the value of alpha> r table. Cronbach's Alpha value> 0.60 is reliable (Nursalam, 2017). Based on the questionnaire reliability test, the Alpha Cronbach value for the satisfaction questionnaire was 0.641. This means that the questionnaire is reliable. Chi-Square test is used to analyze the correlation between the dependent variable and each independent variable. The degree of significance is determined by he value of sig $p \leq 0.05$, the research hypothesis is accepted when there is a correlation between exclusive breastfeeding and the factors studied in the work area of the Sreseh Health Center in Sampang Regency. This research has passed the ethical test at the Ethics Commission of the Faculty of Nursing, Universitas Airlangga, Surabaya.

Table 1. Distribution of respondent demographic characteristics factor analysis of exclusive breastfeeding based on transcultural nursing at sreseh community health center in Sampang district 2017

Demographic Characteristics of Respondents	Category	n	Percentage
Mother's age	< 20 years	8	3%
	20 – 35 years	269	93%
	> 35 years	12	4%
Total		289	100%
Baby's age	6 Months	26	9%
	7 Months	46	16%
	8 Months	52	18%
	9 Months	50	17%
	10 Months	33	11%
	11 Months	41	14%
	12 Months	43	15%
Total		289	100%
Total of children	1 kid	72	25%
	Two kids	90	31%
	≥ Three kids	127	44%
Total		289	100%
Type of family	Core family	142	49%
	Big family	147	51%
Total		289	100%
Total of family members	Three people	67	23%
	4 people	92	32%
	≥ 5 people	130	45%
Total		289	100%
Marriage Status	Married	286	99%
	Divorce	3	1%
Total		289	100%
Occupation	Farmer	44	15%
	Fisherman	39	13%
	Civil servant	48	17%
	Entrepreneur	36	12%
	Private employee	68	24%
	unemployed	54	19%
Total		289	100%

RESULTS

Based on **Table 1** about the characteristics of respondents seen from the age of breastfeed mother, the majority respondents were aged 20-35 years (93%), there are respondents who have babies in age >35 years (4%), young <20 years (3%). The population in this study has an age range included in the category of healthy reproduction. In terms of the baby age, most respondents have eight-month-old babies (18%), nine months (17%), and seven months (16%). Judging from the number of respondents having children> 3 (44%), the number of children 2 (31%), and the number of children 1 (25%), most respondents have a large number of children because the community still considers it prevalent. Most of the people in this research were in many categories (**Table 1**).

The respondents who get and utilize technology factors were lacking, most did not provide exclusive breastfeeding, 121 respondents (42%), and however, about 16 (6%) respondents gave exclusive breastfeeding. Respondents who get and utilize technology well; most of them give exclusive breastfeeding, 57 respondents (20%), in contrast, roughly 16 (6%) respondents did not give exclusive

Table 2. The correlation between factors of technology and exclusive breastfeeding based on transcultural nursing for mothers who have babies aged 6-12 months in the working area of the sreseh community health center in 2017

Technology factor	Exclusive breastfeeding				Total	
	Exclusive breastfeeding		Non- Exclusive breastfeeding			
	n	%	n	%	n	%
Good	57	20%	16	6%	73	25%
Sufficient	32	11%	47	16%	79	27%
Less	16	6%	121	42%	137	47%
Total	105	36%	184	64%	289	100%

Uji Chi-Square p = 0.000

Table 3. The correlation between religiosity & philosophy factors and exclusive breastfeeding based on transcultural nursing for mothers who have babies aged 6-12 months in the work area of the sreseh community health center in 2017

Factors of Religiosity & Philosophy	Exclusive breastfeeding				Total	
	Exclusive breastfeeding		Non- Exclusive breastfeeding			
	n	%	n	%	n	%
Positive	78	27%	55	19%	133	46%
Negative	32	9	129	45%	156	54%
Total	105	36%	184	64%	289	100%

Uji Chi-Square p = 0.000

Table 4. Correlation between social factors and exclusive breastfeeding based on transcultural nursing for mothers who have babies aged 6-12 months in the work area of the sreseh community health center in 2017

Social factor	Exclusive breastfeeding				Total	
	Exclusive breastfeeding		Non- Exclusive breastfeeding			
	n	%	n	%	n	%
Good	33	11%	11	4%	44	15%
Sufficient	60	21%	96	33%	156	54%
Less	12	12%	77	27%	89	31%
Total	105	36%	184	64%	289	100%

Uji Chi-Square p = 0.000

Table 5. Correlation between cultural values and lifestyle and exclusive breastfeeding based on transcultural nursing for mothers who have babies aged 6-12 months in the work area of the sreseh community health center in 2017

Cultural & Lifestyle Factors	Exclusive breastfeeding				Total	
	Exclusive breastfeeding		Non- Exclusive breastfeeding			
	n	%	n	%	n	%
Positive	64	22%	65	22%	129	46%
Negative	41	14%	119	41%	160	54%
Total	105	36%	184	64%	289	100%

Uji Chi-Square p = 0.000

breastfeeding. Chi-square statistical test results obtained p=0.000 (α ≤ 0.05), then H1 is accepted, which means there is a correlation between technological factors and exclusive breastfeeding (**Table 2**).

Respondents who had a negative value on the factor of religiosity & philosophy did not mostly provide exclusive breastfeeding as many as 129 respondents (45%). However, about 32 (9%) respondents gave exclusive breastfeeding. Respondents who had a positive value on the factor of religiosity & philosophy were mostly given exclusive breastfeeding by 78 respondents (27%). However, roughly 55 respondents (19%) did not give exclusive breastfeeding. Chi-square statistical test results obtained p=0.000 (α ≤ 0.05), then H1 is accepted, which means there is a correlation between factors of religiosity & philosophy and exclusive breastfeeding.

Respondents who received enough social support from family, community, and community leaders, most gave exclusive breastfeeding in the amount of 96 respondents (33%), in contrast with some of 60 respondents (21%) gave exclusive breastfeeding. Respondents who received good social support mostly gave exclusive breastfeeding by 33 respondents (11%). However, about 12 respondents (12%) did not give exclusive breastfeeding. Chi-square statistical test results obtained p = 0.000 (α ≤ 0.05), then H1 is accepted, which means there is a correlation between social factors and exclusive breastfeeding.

Respondents who had a negative value on cultural values & lifestyles mostly did not give exclusive breastfeeding, which recorded as many as 119 respondents (41%). However, about 65 respondents (22%) gave exclusive breastfeeding. Respondents who had a positive value on cultural values & lifestyles were mostly breastfeed exclusively by 64 respondents (22%), besides about 41 respondents (14%) did not breastfeed exclusively. Chi-square statistical test results obtained p = 0.000 (α ≤ 0.05), then H1 is accepted, which means there is a correlation between cultural values & lifestyle with exclusive breastfeeding. Respondents who received primary education or graduated from junior high school, most gave exclusive breastfeeding, amounting to 74 respondents (18%).

Respondents who gave exclusive breastfeeding were at the level of sufficient economy amounted 43

Table 6. Correlation between economic factors and exclusive breastfeeding based on transcultural nursing for mothers who have 6-12 months aged babies in the working area of the sreseh community health center in 2017

Economic factors	Exclusive breastfeeding				Total	
	Exclusive breastfeeding		Non- Exclusive breastfeeding			
	n	%	n	%	n	%
Good	37	13%	14	5%	51	18%
Sufficient	43	15%	30	10%	73	25%
Less	25	9%	140	48%	165	57%
Total	105	36%	184	64%	289	100%

Uji Chi-Square p = 0.000

Table 7. Correlation between education factors and exclusive breastfeeding based on transcultural nursing for mothers who have 6-12 months aged babies in the working area of the sreseh community health center in 2017

Education Factors	Exclusive breastfeeding				Total	
	Exclusive breastfeeding		Non- Exclusive breastfeeding			
	n	%	n	%	n	%
Uneducated	11	4%	86	30%	97	34%
Primary	53	18%	74	26%	127	44%
Secondary	33	11%	22	8%	55	19%
Higher	8	3%	2	1%	10	3%
Total	105	36%	184	64%	289	100%

Uji Chi-Square p = 0.000

respondents (15%), while those who did not give exclusive breastfeeding were at the level of less economy amounted 140 respondents (48%). Chi-square statistical test results obtained p = 0,000 (α ≤ 0.05), then H1 is accepted, which means there is a correlation between economic factors and exclusive breastfeeding.

Respondents who did not go to school or did not complete primary education; most did not give exclusive breastfeeding, which was 86 respondents (30%). However, a total of 11 respondents (4%) gave exclusive breastfeeding, and about 74 respondents (26%) did not give exclusive breastfeeding. Chi-square statistical test results obtained p = 0.000 (α ≤ 0.05), then H1 is accepted, which means there is a correlation between educational factors and exclusive breastfeeding.

DISCUSSION

Based on the results conducted from 30 October to 2 December 2017 showed that the behavior of public breastfeeding includes 36% Exclusive breastfeeding and 54% non-exclusive breastfeeding. Technological factors as sources of information are all things that become intermediaries in conveying information, affecting ability. The very rapid development of technology media can be used to promote health through the media. Nevertheless, the use of technology media has not only a positive impact on society, but also the negative impacts which are also as varied as the incessant promotion of formula milk advertisements, instant porridge (Ndiokwelu, Nwosu, Ani, Chizike, & Nwabugo, 2016). Thus, there needs to be socialization about the use of appropriate technology to support exclusive breastfeeding in order that mothers have no difficulty in breastfeeding and are affected by advertisements from substitutes for breastfeeding products. The use of less technology will cause and increase in the mother's actions in giving complimentary food early. The use of technology lacking in this study is the use of print or electronic media which is lacking in accessing health information about giving exclusive breastfeeding in the right way, the lack of utilization of primary healthcare facilities, the use of breastfeeding pumps that are minimal in helping to express milk and rarely available refrigerators at home as storage areas breastfeeding, little do people know how to pump and store breast milk, and they choose to give formula milk during the day when they work. Based on the description above, the researchers are of the opinion that exposure to and good use of technology in the form of information, infrastructure, and health services will tend to produce better health status. Mothers who use technology well in obtaining information and health services tend to provide exclusive breastfeeding. This happens because all information and health services received by the mother creates a good understanding for the mother so that positive behavior is created, namely the awareness to give exclusive breastfeeding in the form of exclusive breastfeeding to the baby. According to the transcultural nursing theory by Leininger et al. (1987) technological factors are one of the factors that influence individual behavior based on culture. Health technology is a means of infrastructure that allows individuals to choose or get offers that solve problems in health services (Motee & Jeewon, 2014).

Respondents with negative religiosity & philosophy tend not to give exclusive breastfeeding. Respondents with positive religiosity & philosophy tend to give exclusive breastfeeding to their babies. Statistical test showed there is a correlation between factors of religiosity & philosophy with exclusive breastfeeding. Based on the description above, the researcher believes that negative religiosity & philosophy towards exclusive breastfeeding in the form of religious activities carried out by mothers and fathers in Sreseh should be negotiated by health workers. In this case primary health nurses are supported by decision makers or community

leaders and religious leaders. Thus encouraging the formation of better health status. This happens because there are negotiations on the culture of religiosity & philosophy agreed by all parties. so that the health services received by the mother creates a good understanding and creates positive behaviors, namely awareness to provide exclusive breastfeeding to the baby (Norcini & Banda, 2011). There are three dimensions in Madura religiosity. Dimension of experience, regarding feeling calm when doing religious actions. Dimensions of religious knowledge, regarding a belief and belief illustrated by tradition. Dimension of the consequences, regarding what will be the impact after taking religious action, between bad and good impacts (Purwaningsih, Armini, Yunitasari, Triharini, & Cholicul, 2017). According to the theory of transcultural nursing Leininger et al. (1987) religiosity provides a very strong motivation to place the truth above all else, even above one's own life and cause someone to be humble and open. Religiosity & philosophy include the religion that is followed, the perspective of the disease and ways of treatment or religious habits that have a positive effect on Health (Islam et al., 2017).

Social factors are emotional and psychological principles supported by breastfeeding mothers in providing exclusive breastfeeding. Lack of social factors in exclusive breastfeeding is caused by a low concern for the achievement of the role of the mother. Low income family and community care causes mothers to have a negative nature in determining the form and method of care for infants, including exclusive breastfeeding (Rolland, 2017). All forms of baby care fully follow what is conveyed by the family. Social factors that were lacking in this study included families and communities who rarely listened to maternal complaints while giving exclusive breastfeeding, people who always advocated for early breastfeeding, and families who rarely accompanied mothers in consultation with health workers about baby care. Social support is still bound by habits, customs, and beliefs of family and community in the area, which causes the mother's behavior in exclusive breastfeeding (Castillo-Laura & Santos, 2016). Good social factors in this study include the family providing adequate food for the mother during breastfeeding, the family participates in caring for the baby while the mother works, and the family delivers and provides funds to the clinic or to the health center for monitoring infant health. Social support in giving exclusive breastfeeding in right way is very much needed, especially the culture of Indonesian society which is still collective in nature, namely: the family and the community play a role in the pattern of managing children, in the management of infants and the community also plays a role in the pattern of managing children, or in the care of babies (Iskari, Yosephin, Irfanny, & Mia, 2017). Information about exclusive breastfeeding should not only be given to mothers but husbands, families, communities and community leaders in order that they also gain experience about exclusive breastfeeding; it helps to support mothers and also facilitate or facilitate the delivery of exclusive breastfeeding programs to the community then it is expected in the future day the whole community can, consciously and want to provide exclusive breastfeeding (Bishop, 2017).

Social support is the ability of families and communities to provide time, attention, and support in meeting physical, mental, and social needs. Social support includes the attention or support of the family to the mother in the provision of food, psychosocial stimulation and baby health practices (Jang et al., 2017). Social support is classified into 4 types, namely: a) Emotional support: Support in the form of expressions of empathy, care, and concern for the person concerned; b) Appreciation support: Support in the form of expressions of respect or positive appreciation for the other person, encouragement forward or agreement with the idea of individual feelings and positive comparisons of people with others for example that person is less able or worse off or increase self-esteem; c) Informative support: Support in the form of giving advice, advice, information and instructions; d) Instrumental support: Support in the form of direct assistance, for example by lending money to people in need or helping by giving work to people who do not have work. Supports given to mothers can increase breastfeeding self efficacy scale (Pradanie, 2015).

Statistics showed there is a significant correlation between cultural values and lifestyle factors with exclusive breastfeeding behavior. Respondents who had babies were still limited by culture, habits, customs, and beliefs having become rules of life in an area, which most of the cultural values and lifestyle factors have a tendency to alter the behavior of mothers to provide early complementary foods beside breastfeeding. Culture is the beliefs and values adopted by the community, in the community there are certainly some people who are influential and become role models or respected their opinions (Castillo-Laura & Santos, 2016). Most respondents answered agree or strongly respect and implement the references or orders from important people in their environment (e.g. husband, parents, in-laws, neighbors, health workers, religious leaders, and community leaders) affecting the cultural values & lifestyles that are trusted by breastfeeding mothers. Some Javanese culture such as bathing in *wuwung*, snacking on nuts and drinking *jamu* sling are considered to be able to increase milk production, and there are still many mothers who nourish these cultures (Hidayati, 2016). Negative culture & lifestyle values are beliefs that do not lead or refer to health and will support the actions of mothers in giving early complementary foods beside breastfeeding in order that they do not provide exclusive breastfeeding (Yunitasari, Pradanie, &

Susilawati, 2016). Cultural negotiation is an intervention and implementation of appropriate nursing needs to be done, to help mothers adapt to certain cultures which are more beneficial and refer to Health (Fatonah, 2016).

Positive cultural & lifestyle values which are compatible with health include the belief that breastfeeding is good for baby's growth and development, breastfeeding is a natural act and nature for mothers, ignoring culture which is contrary to health and restrictions on food tent to harmful to the baby, however some respondents with the positive cultural & lifestyle values still did not provide exclusive breastfeeding (Hidayat et al., 2017). This can be influenced by several factors including: getting intervention and information from family members who have negative cultural values & lifestyles, do not have time to give exclusive breastfeeding and tend to give formula milk, not many people know how to pump and store breast milk so they choose to give formula milk during the day when they are working. Career mothers can actually give exclusive breastfeeding to their babies if they have knowledge about breastfeeding, milking and storing breastfeeding (Rahmah & Armah, 2014). Health workers can educate after the labour, at the time of baby health examination and at any time. Furthermore, it would be beneficial if husband, family, and community are involved in the education, as they can support the mother in giving exclusive breastfeeding. Likewise, information about the benefits of breastfeeding in protecting babies from various diseases also needs to be conveyed to increase the willingness of mothers to provide exclusive breastfeeding (Lumbanraja, 2017). The individual factors of the mother in the form of failure to give exclusive breastfeeding in the first few days of the baby's birth, also influence the condition of breastfeeding which does not come out can cause the mother and family to be discouraged in the process of exclusive breastfeeding (As' ad & Idris, 2019).

The results showed that the political & legal factors in the Sreseh Community Health Center work area had 6 yes answers and no answers to exclusive breastfeeding. There are political & legal factors in the Sreseh primary healthcare area related to exclusive breastfeeding which is quite complete, in the form of government regulations & policies regarding exclusive breastfeeding, namely Kepmenkes No. 4.50 of 2004 concerning exclusive breastfeeding for infants in Indonesia, Law Number 36 of 2009 concerning health in articles 128 and 129; all levels of society are obliged to implement the Law on Health related to exclusive breastfeeding, primary healthcare staff also conduct counseling activities related to exclusive breastfeeding, antenatal care classes related to exclusive breastfeeding at the integrated healthcare, health education activities related to exclusive breastfeeding, educational activities for breast massage or oxytocin massage at Sreseh Health Center. With the presence of political & legal factors supporting exclusive breastfeeding, it inhibits early breastfeeding (Nur, Dewi, Khairunnisa, & Mallongi, 2017).

Promotion of regulations & policies is very important in improving maternal health behavior in exclusive breastfeeding (Pushpa & Rani, 2015). Based on the description above political & legal factors has related to exclusive breastfeeding in the area of Sreseh Health Center. In addition, it would be better if the religious leaders, community leaders, customs, Madurese culture stakeholders in Sreseh Subdistrict and take part in contributing by issuing regulations & policies that can support the exclusive breastfeeding program and also play an active role in the Government program. The policies contained in the community greatly affect a person's behavior (Yunitasari et al., 2016). According to the transcultural nursing theory by M. Leininger (2002) explains that hospital policies and regulations or health institutions and norms prevailing in the community will affect the daily activities of individuals and groups and also in the implementation of cultural-based nursing care.

Economic factors are related to exclusive breastfeeding. The higher per capita income of households, the more exclusive breastfeeding. This is influenced by income or income that can be made to meet the needs of technological factors such as breast milk pumps and refrigerators to store milk that has been milked and then given when mothers cannot breastfeed directly (Saleh, Nurachmah, Hadju, As'ad, & Hamid, 2017). Housewives who do not work are more intensive in providing complementary foods beside breastfeeding, because in terms of time housewives can take the time to make their own complementary food. Giving finely crushed bananas with rice (lotek) as a complementary food can make a healthy and strong baby. That time should have been used for breastfeeding and making nutritious food for her in order to expedite the expenditure of breast milk, if maternal nutrition is fulfilled then the expenditure of breastfeeding is smooth (Pushpa & Rani, 2015). Health education about the type and timing of complementary foods beside breastfeeding is further improved, as a result the correct perception of exclusive breastfeeding can be realized to all parties, especially all citizens in the work area of the Sreseh Health Center. Economic status influences exclusive breastfeeding through the ability to choose and provide food so that with good economic factors, the mother's family can breastfeed with more focus and support in the form of breast milk pumps and refrigerators to store milk that has been milked and then given at the time of the mother can't breastfeed right away.

Education level is one of the social aspects that generally influences exclusive breastfeeding. Most study respondents have a basic education level. Respondents who have high education tend to give exclusive

breastfeeding. Respondents who did not complete primary school or did not attend school tended not to give exclusive breastfeeding. Statistical tests show that there is a significant correlation between mother's education and exclusive breastfeeding. Respondents with a low level of education tend to be stronger in maintaining traditions and culture related to food so it is difficult to receive new information in terms of proper feeding to infants. Low education results in a lack of absorption of information (Munawara et al., 2015). The results of Syam et al. (2017) stated that respondents who have a higher level of education show 2.78 times more likely to successfully carry out early breastfeeding initiation compared to those who have basic education. Educated mothers need less information or information media about breast milk that is easier to understand. This information must be conveyed in ordinary language through lay forums such as social gathering and Family Welfare Movement meetings. Information about the importance of exclusive breastfeeding can also be conveyed before a woman has children, so as to increase her knowledge and desire to provide exclusive breastfeeding when she has children (Aris, Hadju, Bahar, & Nyorong, 2018; As' ad & Idris, 2019). Knowledge about the importance of exclusive breastfeeding can also be provided through counseling activities. Nursing counseling also effectively enhances maternal nutrition knowledge, attitudes, and practices of exclusive breastfeeding (Mahdiah, Siagian, Aritonang, & Lubis, 2018).

According to the transcultural nursing theory by M. Leininger (2002), the higher the client's education, the client's beliefs are usually supported by logical scientific evidence, and the individual can learn to adapt to the culture that is in accordance with his health conditions. A good level of education will produce good knowledge, and good knowledge will influence good behavior (exclusive breastfeeding behavior). Health behavior is formed by various factors that work together. In this study, seven factors in transcultural nursing have shaped and associated with exclusive breastfeeding behavior in Sreseh Health Center, Sampang District, Madura Island.

CONCLUSION

Technological, religious, social, cultural, and lifestyle values, political and legal, economic, and educational factors are associated with rational decision making and receiving information about exclusive breastfeeding. Multi intervention by involving various stakeholders is highly recommended to increase the exclusive breastfeeding proportion.

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