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Breastfeeding Empowerment Models for Young Mothers in Indonesia

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Abstract

Breastfeeding the most important of a baby's life. Breastfeeding is considered an important factor of empowerment in breastfeeding. Breastfeeding for young mothers creates various pressures and negative stigma. This can affect the mother in giving breast milk to her baby. The aim of this study is to find empowerment efforts in exclusive breastfeeding programs, especially for young mothers because of young mothers. This is a cross-sectional study. This study involved 300 young mothers breastfeeding in Gunungkidul District.Data collection using a questionnaire. Data analysis using SEM. Goodness of fit model tests, the structural model of breastfeeding empowerment in young mothers is fit according to empirical data. Chi square value is 611.41 < 2db, RMSEA is 0.047 ≤ 0.08, ECVI is 2.66 < 3.11 < 24.13, AIC is 803.41 < 930.00, CAIC 1254.98 < 3117.26, IFI is 0.96 < 0.80, and RFI is 0.89. The result show relationship between policy and advocation (5.61 >1.96), advocation with support (6.30 > 1.96), support with attitude (2.04 > 1.96), perception with participation (3.40 > 1.96), and participation with attitude (3.33 > 1.96). The breastfeeding empowerment model for young mothers fulfills all predetermined criteria. This model can be implemented as an effort to increase the awareness and attitude of mothers in exclusive breastfeeding.

Keywords: *breastfeeding, empowermen model, young mothers*

1. Introduction

Breast Milk is the main and best source for babies [1]-[2]. Breastfeeding is the best way to provide nutrition for infants for growth and development. Breastfeeding can strengthen the emotional bond between mother and baby [3]. Breastfeeding has an important role in achieving Sustainability Development Goals (SDGs) [4].

Exclusive breastfeeding is included in the global nutrition target of 2025 [5]. Moreover, breastfeeding can reduce costs for health, family and government facilities. Breastfeeding is recommended to be carried out since the baby is born which can be started from early initiation of breastfeeding [6].

United Nations Children's Fund (UNICEF) and World Health Organization (WHO) have formed a global advocacy initiative to improve breastfeeding as a cornerstone of child nutrition, health, and development [4]. WHO and UNICEF issued ten-step guidelines for increasing breastfeeding support in health care facilities [6]. This guideline is expected to encourage mothers to breastfeed their babies, especially for young mothers. This is a special concern because most young mothers do not realize the importance of breastfeeding their babies. Therefore, the need for a participatory learning process through empowerment.

Problems that occur related to the empowerment of breastfeeding in young mothers namely mothers often do not get assistance and understanding about breastfeeding. This is due to the limited Breast milk counselors and motivators. The challenges of breastfeeding for teenage mothers or young mothers are more severe, negative thoughts in breastfeeding practice often occur [7]. Inadequate breastfeeding skills, unpleasant breastfeeding mothers' first experiences, and responses to inadequate breastfeeding problems. This can influence teenage mothers to stop breastfeeding their babies so that failure occurs breastfeeding [8]-[9].

The reason mothers stop breastfeeding their children is that breast milk is not enough to meet the needs of the baby. Moreover, the use of pacifiers or milk bottles and formula milk can

increase the risk of stopping breastfeeding [10]. Other reasons for not giving breast milk are that milk comes out a little, the child is still hungry, and the intention of the mother herself to breastfeed her child is not ther [11].

Factors that become breastfeeding problems in adolescents are mothers and their partners have not been able to filter out appropriate information about breastfeeding and infant development. Moreover, adolescents mothers are still feeling shy and hesitant to search for information, mother confuses want to ask to whom, it is not easy to come to health care facilities, and there is no special group for adolescents mothers to tell each other. Inadequate mental readiness of couples and adolescents mothers themselves, easily influenced by advertisements or other people, and decision making that is still difficult to be decided by mothers and her partners because they are considered still underage [12]. Other things that can affect young mothers in breastfeeding are the impact of breastfeeding on social and intimate relationships, the availability of social support, the physical demands of breastfeeding, the mother's knowledge of breastfeeding practices and benefits, and the perception of the mother's comfort in breastfeeding [13].

Cause Young mothers do not exclusively breastfeed due to difficulties in breastfeeding practice and lack of support for mothers to give breast milk [14]. The intention to breastfeed is the most important factor in supporting and encouraging mothers to breastfeed their babies [15].

This is a serious concern for health workers in guiding young mothers to exclusively breastfeed their babies through empowerment. Maternal empowerment is an important factor in breastfeeding [16]. Research conducted in Korea, breastfeeding mothers empowerment programs is effective in increasing breastfeeding. Empowerment can be a post-natal care intervention in an effort to help mothers identify and resolve problems while breastfeeding [17]. Empowerment in breastfeeding is formed by sufficient knowledge and skills and assurance of the quality and quantity of breast milk [16].

Breastfeeding empowerment in Indonesia in the form of Breast Milk Support Groups and Mother Support Groups in Integrated Service Posts. However, not all programs run well. This is due to various obstacles such as human resources, facilities, support, and norms. health efforts in preparing healthy, smart and quality future generations need to be empowered. This research has been conducted by the researchers themselves in a research model of empowerment in nursing mothers. This research is a continuation of previous research and focused on young mothers in the empowerment of exclusive breastfeeding programs. The aim of this study is to find empowerment efforts in exclusive breastfeeding programs, especially for young mothers.

2. Methodology

This study is an ex post facto study because it does not make treatment of variables. This study involved seven variables, namely government policy on exclusive breastfeeding programs, advocacy of responsible persons, support of resources, and the role of community leaders, empowerment of breastfeeding mothers, maternal perceptions, maternal participation, and mother's attitude in exclusive breastfeeding. This study is a study conducted in the same period and each subject is only done one observation during the study. This research was conducted in Gunungkidul Regency, Yogyakarta Indonesia. This is because Gunungkidul Regency is the district with the highest coverage of childbirth aged 10-19 years. The study lasted for six months.

2.1. Sampling

This study involved young mothers who have children aged more than six months to 12 months in Gunungkidul Regency, Yogyakarta, Indonesia. The term young mother can be used for adolescent mothers is a woman who becomes a mother during the period between right-childhood and adulthood. The study conducted by Holgate classifies the age of young mothers between 15 and 19 years [18].

Gunungkidul Regency consists of 144 Kelurahans and 18 Districts. The sample measurement uses a minimum sample that is 10 times the number of free parameters [19]. The sample in this study was 10 x the number of free parameters (30) = 10 x 30 = 300 respondents. Samples were selected according to inclusion criteria.

Inclusion criteria are mothers who have babies aged more than six months to 12 months, age between 15 to 19 years, history of childbirth in health services (hospitals, clinics, health primary care, maternity homes, and midwife practices), can communicate well, history of normal childbirth or section caesarian (SC), living permanently in the district of Gunungkidul. Exclusion criteria were breastfeeding sick mothers, mothers with mental health disorders, and mothers giving birth to babies with congenital abnormalities or defects.

2.2. Data Collection

Data collection uses questionnaire. There are 8 sheets, namely the first sheet about the identity of respondents and the second to eighth sheets are questionnaires breastfeeding empowerment. The questionnaire consisted of seven variables, namely government policy on the exclusive breastfeeding program, advocacy of the person in charge, support of resources and the role of community leaders, empowerment of breastfeeding mothers, maternal perceptions, maternal participation, and mother's attitude in exclusive breastfeeding.

The first variable about government policy on exclusive breastfeeding programs consisting of 14 statements. Indicators of the policy are socialization of government regulation number 33 of 2012 concerning exclusive breastfeeding, monitoring 10 steps towards breastfeeding success in health service facilities, public place facilities for breastfeeding rooms, and human resources, motivators, and facilitators.

The second variable is advocacy in charge of the exclusive breastfeeding program consisting of six statements. Indicators of advocacy are support from the head of the village in written form of a decree, support from the provision of facilities and infrastructure for breastfeeding mothers, and support for village budget funds for nursing mothers.

The third variable about resource support and the role of community leaders in the exclusive ASI program consists of seven statements. Indicators of support are the support of facilities and infrastructure for implementing exclusive breastfeeding programs, support by providing motivation in the form of encouragement related to the success of exclusive breastfeeding, and actions for activities to provide guidance by supporting resources and the role of community leaders in exclusive breastfeeding programs.

The fourth variable is the empowerment of nursing mothers in an exclusive breastfeeding program consisting of ten statements. Indicators of empowerment are the identification of the need for organizing and financing in community participation, supervision of actions by the community in implementing exclusive breastfeeding programs, control over the course of activities of exclusive breastfeeding groups in the community, institutions as a form of group support for mothers, employment as volunteers working in community institutions as a motivator, counselor, and facilitator of breast milk, as well as policies that have been socialized and understood to the public in accordance with government regulation number 33 of 2012 concerning exclusive breastfeeding.

The fifth variable is the mother's perception of the exclusive breastfeeding program consisting of five statements. Indicators of maternal perception are the values or norms adopted for exclusive breastfeeding programs, knowledge as information, attention as a conscious activity for the display of information related to exclusive breastfeeding programs, and expectations for benefits obtained from exclusive breastfeeding.

The sixth variable regarding maternal participation in exclusive breastfeeding programs consisting of five statements. Indicators of maternal participation are the provision of supporting facilities and infrastructure that support exclusive breastfeeding programs, forms of social

funding support for exclusive breastfeeding program activities, and contributions of thoughts, ideas, materials, and energy.

The seventh variable is the mother's attitude in exclusive breastfeeding which consists of 12 statements. Indicators of maternal attitudes are assessing breastfeeding activities, knowing one's own health, confidence in breastfeeding, mother and baby support when breastfeeding, optimizing breastfeeding for mothers and babies, exclusive breastfeeding in the first six months of a baby's life, and optimal baby feeding programs.

2.3. Ethical Clearance

This study was approved by the ethics committee of the university 'Aisyiyah Yogyakarta. Research conducted does not endanger respondents. Before conducting the study, the researcher gave a letter of approval to respondents according to the research criteria. The researcher explains the purpose and benefits of the research. Respondent has the right to refuse or agree to be involved in this research. This study guaranteed the confidentiality and security of respondent data by providing initials or codes on respondents'.

2.4. Data Analysis

Data analysis uses a Structural Equation Modeling (SEM) analysis. SEM analysis is an analysis that focuses on the directed relationship between empirical phenomena that are covered by unobservable latent variables [19]. SEM analysis explains the relationship between variables by arranging a causal relationship and outlining the correlation coefficient between these variables so that the direct effect and indirect effect of each exogenous variable will be known to the endogenous variable. This analysis is available in the LISREL model analysis program. The LISREL model consists of measurement models and structural models.

A measurement model test is carried out to find out significant observed variables. Only significant variables are included in subsequent tests. After that, this study conducted a structural model test. This test will produce price goodness of fit index. This index will be used as a criterion whether the model being tested is in accordance with empirical data or not. The analysis used to determine whether or not the structural model is fit:

1. Chi square is used to test the compatibility between the sample covariance matrix and the model covariance matrix $\Sigma(\Theta)$. The significance value is $p > 0.05$.
2. Root Mean Square Error of Approximation (RMSEA) is measuring the deviation of the parameter values of a model with the population cofariance matrix. RMSEA value < 0.05, mean close fit model. RMSEA value < 0.08, mean good fit model.
3. Expected Cross Validation Index (ECVI) value of the model is lower than the ECVI for saturated or ECVI for independence model, meaning that the model is good for replication for future research.
4. Akaiker's Information Criterian (AIC) and CAIC values are smaller than saturated (C) AIC and independence (C) AIC, meaning that the model is fit.
5. IFI value is greater than the cut-off limit, meaning that the model has a fairly good level of fit.
6. RFI values range from 0 to 1 meaning fit. If the RFI value is still close to number 1 it means that the model is quite fit.

3. Results and Discussion

Table 1. Goodness of Fit Model

Goodness of Fit Index	Criteria	Result	Status
Empirical chi square	Chi square < 2 db	611.41 < 766	Fit model/accepted
Root mean square approximation	≤ 0.08	0.047	Fit model/accepted

(RMSEA)			
Expected Cross Validation Index (ECVI)	ECVI < saturated model < independence model	2.66 < 3.11 < 24.13	Fit model/accepted
Akaiker's Information Criterian (AIC)	Model AIC < saturated AIC	803.41 < 930.00	Fit model/accepted
CAIC	Model CAIC < saturated CAIC	1254.98 < 3117.26	Fit model/accepted
Incremental Fit Index (IFI)	IFI > 0.80	0.96 > 0.80	Fit model/accepted
Relative Fit Index (RFI)	0-1	0.89	Fit model/accepted

Table 1 shows the results of the goodness of fit model test, the chi-square value of 611.41 <2db means that the module is fit. RMSEA value of 0.047 ≤ 0.08 means that the model is a good fit. ECVI value 2.66 <3.11 <24.13 means that the model is fit. AIC value is 803.41 <930.00 meaning the model is fit. CAIC value 1254.98 <3117.26 means model fit IFI value 0.96 <0.80 means model fit, and RFI value = 0.89 means model fit.

We can conclude that the structural model of breastfeeding empowerment for young mothers fulfills all the specified criteria, meaning that the model is declared fit according to empirical data (Figure 1).

Table 2. Inter-Variables Correlational Test Result

Latent Variable	Coefficient Correlation	t-Value
Policy-advocation	$\gamma = 0.43$	5.61 > 1.96 (5%)
Advocation-support	$\beta = 0.44$	6.30 > 1.96 (5%)
Support-attitude	$\beta = 0.14$	2.04 > 1.96 (5%)
Support-participation	$\beta = 0.10$	1.71 < 1.96 (5%)
Policy-empowerment	$\gamma = 0.02$	0.28 < 1.96 (5%)
Empowerment-attitude	$\beta = -0.07$	-0.99 < 1.96 (5%)
Empowerment-participation	$\beta = 0.01$	0.16 < 1.96 (5%)
Policy-perception	$\gamma = 0.03$	0.49 < 1.96 (5%)
Perception-participation	$\beta = 0.18$	3.40 > 1.96 (5%)
Perception-attitude	$\beta = 0.02$	0.45 < 1.96 (5%)
Participation-attitude	$\beta = 0.23$	3.33 > 1.96 (5%)

* significant = t-value > 1.96 (5%)

Table 2 shows the test results of the relationship between latent variables. The relationship between policies on exclusive breastfeeding programs with advocacy is $\gamma = 0.43$ and t-value 5.61 <1.96, meaning that there is a significant relationship. The relationship between advocacy and resource support and the role of community leaders in the exclusive breastfeeding program is $\beta = 0.44$ and t-value 6.30> 1.96, meaning that there is a significant relationship. The relationship between resource support and the role of community leaders with the attitude of mothers in exclusive breastfeeding is $\beta = 0.14$ and the value of t value 2.04> 1.96, meaning that there is a significant relationship.

The relationship between resource support and the role of community leaders with the participation of mothers in exclusive breastfeeding programs is $\beta = 0.10$ and 1.71 <1.96, meaning that there is a significant relationship. The relationship between government policies on exclusive breastfeeding programs with empowering nursing mothers is $\gamma = 0.02$ and the t-value is 0.28 <1.96, meaning that there is no significant relationship. The relationship between the empowerment of breastfeeding mothers in exclusive breastfeeding programs with the attitude of

mothers in breastfeeding for β = -0.07 and t-value -0.99 <1.96 means that there is no significant relationship. the relationship between the empowerment of breastfeeding mothers in the exclusive breastfeeding program with the participation of mothers in the exclusive breastfeeding program is β = 0.01 and the t-value is 0.16 <1.96, meaning that there is no significant relationship.

The relationship between government policies on exclusive breastfeeding programs with maternal perceptions of γ = 0.03 and t-value of 0.49 <1.96, meaning that there is no significant relationship. the relationship between maternal perceptions of exclusive breastfeeding programs with maternal participation of β = 0.18 and t-value 3.40> 1.96, meaning that there is a significant relationship. the relationship between perception and the mother's attitude in exclusive breastfeeding is β = 0.02 and t-value 0.45 <1.96 means that there is no significant relationship. the relationship between maternal participation in exclusive breastfeeding programs with the attitude of mothers in exclusive breastfeeding is β = 0.23 and t-value 3.33> 1.96 means that there is a significant

Breastfeeding empowerment model for young mothers in the exclusive breastfeeding program shows there are five pathways that have a relationship that is government policy in the exclusive breastfeeding program with advocates in charge of the exclusive ASI program, advocates in charge of the exclusive breastfeeding program with the support and role of community leaders, support and role community leaders in the exclusive breastfeeding program with the mother's attitude in exclusive breastfeeding, the mother's perception of the mother's participation in the exclusive breastfeeding program, and the mother's participation with the mother's attitude in exclusive breastfeeding (Figure 2).

There are six pathways that do not have a significant relationship, namely support and the role of community leaders in exclusive breastfeeding programs with participation, government policies with empowering mothers in exclusive breastfeeding programs, empowering mothers with maternal attitudes in exclusive breastfeeding, empowering mothers with maternal participation in breastfeeding programs exclusive, government policy with mother's perception, and mother's perception with mother's attitude in exclusive breastfeeding (Figure 2).

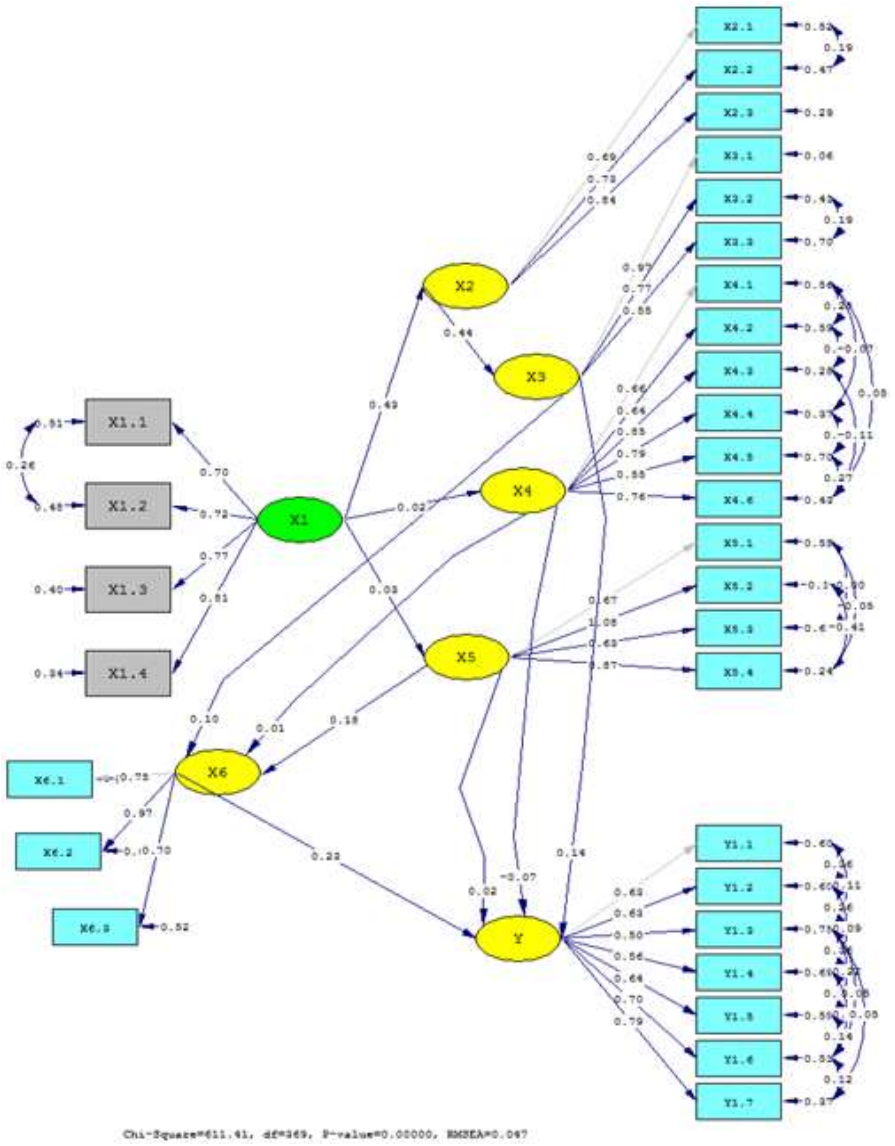

Figure 1. Structural Model and Measurmentt Using Standarized Solution

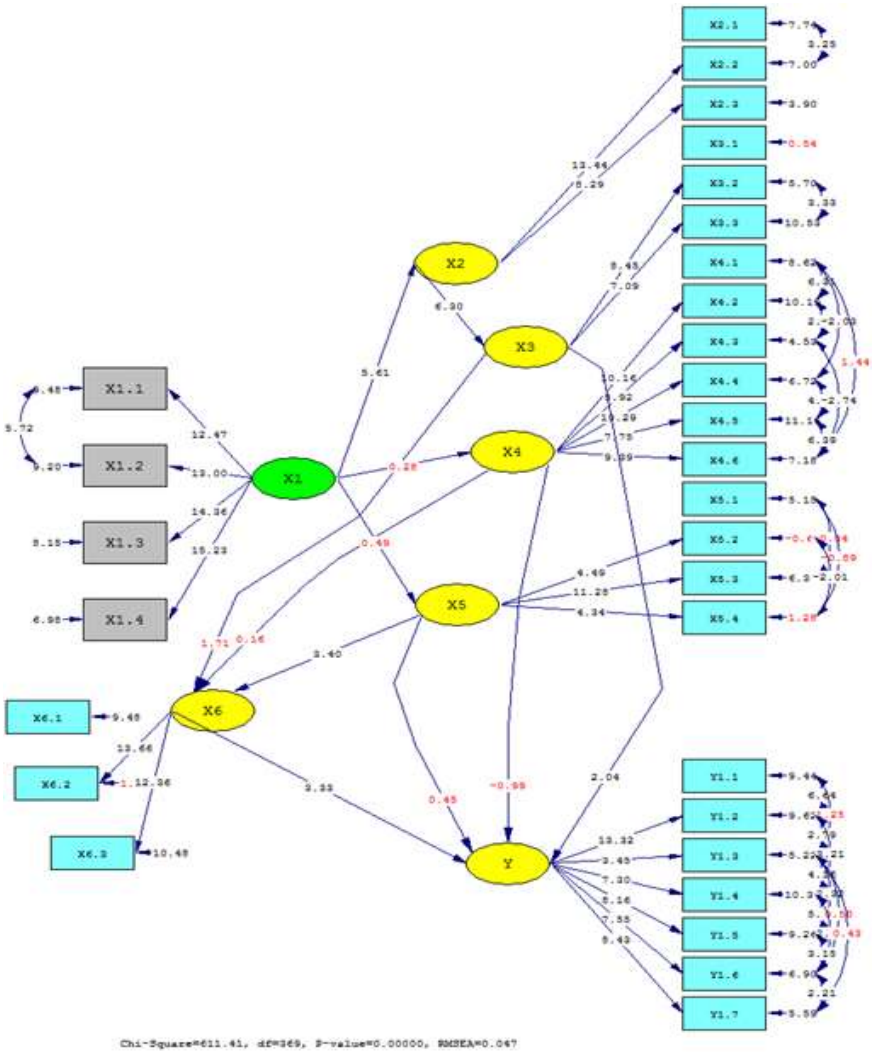

Figure 2. Structural Model and Measurment Using t-values

This study states that the model of empowering breastfeeding in young mothers is fit. This means that this model can be used in an effort to overcome breastfeeding problems in young mothers. in addition, young mothers are aware of the importance of breastfeeding (Table 1). Based on Table 2 about the relationship between variables found a relationship between government policies with advocacy of those responsible for exclusive breastfeeding programs, advocacy of responsible people with the support of resources and the role of community leaders, support with the attitude of young mothers in exclusive breastfeeding, mothers' perceptions of exclusive breastfeeding programs with participation mothers in exclusive breastfeeding programs, and participation of mothers with maternal attitudes in exclusive breastfeeding.

1. Government Policy with Advocacy in Charge of the Exclusive Breastfeeding Program

There is a significant relationship between policy and advocacy in charge of the exclusive ASI program (Table 2). Law Number 36 the Year 2009 concerning Health article 128 paragraph one states that every baby is entitled to exclusive breastfeeding from birth for six months, except for medical indications. Article 128 paragraph two states that during breastfeeding, the family, the government, the basic government, and the community must fully support the baby's mother by providing special time and facilities. Provision of facilities such as the workplace and public facilities. Article 129 paragraph one states that the government is responsible for establishing policies in order to guarantee the baby's right to obtain breast milk exclusively [20].

The socialization of regional regulations on exclusive breastfeeding was carried out to the community in each district. In addition, there is a need for advocacy in charge of the exclusive ASI program so that policy and advocation are closely related to efforts to empower breastfeeding young mothers. Research conducted by Kohan, empowerment of nursing mothers is also an important factor in promoting breastfeeding and identifying factors that facilitate and contribute to the development of effective policies and interventions [21].

This study explains that the government's policy in monitoring the 10 steps to success in breastfeeding is an effort to improve the achievement of exclusive breastfeeding. factors that can influence government policy on exclusive breastfeeding programs are communication by promoting breastfeeding. This is in line with research by Groleau, the achievement of 10 steps to success in breastfeeding and empowering mothers to breastfeed is an effort in promoting breastfeeding [22].

The results showed the facilities of breastfeeding room is part of government policy. However, the availability of breastfeeding facilities is still limited, especially in public places and offices. Research conducted in Indonesia on breastfeeding support in the workplace, female workers did not get adequate information and support about breastfeeding. Moreover, breastfeeding facilities and programs in the workplace are still lacking [23].

There is a need to advocate for government policy on six months maternity leave for all women workers [24]. The process of empowering breastfeeding for young mothers is based on policies and advocacy of those responsible for exclusive breastfeeding programs related to breastfeeding decision making.

2. Advocating for Responsible Program for Exclusive Breastfeeding with the Support of Resources and the Role of Community Leaders

The exclusive breastfeeding program carried out advocacy as an effort to get support and commitment through approach, motivation, and coaching. The success of a program is closely related to support and decision-makers. Based on the results of the study, there is a significant relationship between advocacy in charge of the exclusive breastfeeding program with the support of resources and the role of community leaders (Table 2).

Advocacy is one of the main strategies that must be implemented. Health-related policy development actions create a supportive environment, strengthen community movements including the first 8000 days of life, early breastfeeding initiation, and rooming-in. The advocacy stage is important awareness-raising of exclusive breastfeeding for infants, which in turn conveys further steps in the program as an effort to the success of the exclusive breastfeeding program.

Resource support and the role of community leaders have an important role in exclusive breastfeeding programs. Support can be in the form of facilities and infrastructure, motivation, and action. The study conducted by Heidari, comprehensive support can facilitate the empowerment of breastfeeding [16]. Lack of support for young mothers to provide breast milk, even though mothers realize that breastfeeding has good benefits for her baby and herself [14].

Support in the form of motivation from health workers or professionals and peers is an important step in improving breastfeeding attitudes in young mothers [25]. It was concluded that advocacy in charge and support is closely related to improving health in achieving well-being in infants and mothers.

3. Resource Support and Role of Community Leaders with the Attitudes of Young Mothers in Exclusive Breastfeeding

There is a relationship between resources and the role of community leaders with the attitude of young mothers in exclusive breastfeeding (Table 2). Resource support and the role of community leaders have influence in providing motivation, support, means including village funds and ways of communicating and the role of motivators in the local community. The

physical and psychological environment and the mother's personal experience can influence the mother's attitude in exclusive breastfeeding.

Some indicators of maternal attitudes towards exclusive breastfeeding are assessment, knowing one's own health, self-confidence, maternal support when breastfeeding, exclusive breastfeeding, and optimal baby feeding. This indicator is declared valid in the empowerment of breastfeeding in young mothers towards the attitude of mothers in exclusive breastfeeding. Research conducted by Brown, Breastfeeding is seen as something natural and normative that helps young mothers to develop themselves and the belief to breastfeed and breastfeeding is an important step to improve the attitude of young mothers in exclusive breastfeeding [25]. Research conducted in Nigeria, inadequate support affects the attitude of mothers in breastfeeding despite good mother's knowledge [24].

This study differs from Egata's research results, low maternal knowledge, inadequate access to facilities during pregnancy, and unmarried mothers are predictors of maternal attitudes towards exclusive breastfeeding. (26). Support from health workers in the form of motivation, promotion of breastfeeding, the use of peer counselors as factors that facilitate the initiation of early breastfeeding as a first step in breastfeeding success [27]. Moreover, the motivation for breastfeeding is an important factor as a motivating mother to give milk to her baby [28].

4. Mothers 'Perceptions About the Exclusive Breastfeeding Program with Mothers' Participation in the Exclusive Breastfeeding Program

There is a significant relationship between perception and participation in exclusive breastfeeding programs (Table 2). Positive perceptions have an impact on maternal participation in the exclusive breastfeeding program. Perception is supported by values/norms, social, subjective, hope, attention, knowledge for someone who can have an impact on participation. Community conditions related to rumors about breastfeeding can lead to negative perceptions of mothers. This is possible to influence the participation of mothers in the exclusive ASI program.

Perception as a response that is interpreted or understood as a mother's power of thought is fed through motivational, information, socialist stimuli followed by understood values and intentions. The intention is an appreciation of itself as an effort of knowledge, hope, and attention to information received and experiences received. Research conducted in the United States of couples who participated in the Women, Infants, and Children (WIC) program, the perception of couples affected the mother's intention to breastfeed [29].

The study conducted by Heidari, mothers' perceptions of information confidence about the value of breastfeeding can strengthen empowerment [16]. Moreover, helping mothers understand that breastfeeding is the norm [25].

5. Participation of Mothers with Attitudes Mothers in Exclusive breastfeeding

There is a significant relationship between maternal participation in exclusive breastfeeding programs and the attitude of mothers in exclusive breastfeeding (Table 2). Attitude has an impact on participation supported by maternal empirical data. Human attitude is a balanced state between the driving force and the holding force. Attitudes can change if there is balance. Three main factors contribute to the change in attitudes to safe efficacy, goals, and expectations. One must believe that one's actions will make a difference and the results will be beneficial. They have confidence and succeed in taking action

Environmental social and physical health can create obstacles or facilitate changes that occur in a person. Not all nursing mothers have an attitude of wanting to provide exclusive breastfeeding. This shows the participation or actions of mothers in giving exclusive breastfeeding. This is influenced by the socio-cultural conditions of the economy, the physical environment which impacts on maternal health and the work experienced by mothers.

The attitude of the couple due to misperceptions about infant feeding can influence the mother to breastfeed [29]. The study conducted in Papua New Guinea, there are gaps in the practice of breastfeeding in infants. This is because there is no special education about infant feeding [30]. Therefore, the need for a comprehensive plan to promote breastfeeding [16]. The promotion of exclusive breastfeeding is an effective way to improve the survival of infants.

The empowerment model of breastfeeding in young mothers is declared fit. This means that this model can be applied and become one of the right community-based programs in helping to increase the awareness and attitudes of mothers towards exclusive breastfeeding. Based on empirical data it is found that there is a significant relationship between government policies with advocacy of those responsible for exclusive breastfeeding programs, advocacy of responsible people with the support of resources and the role of community leaders, support with the attitude of young mothers in exclusive breastfeeding, mothers' perceptions of exclusive breastfeeding programs with maternal participation in exclusive breastfeeding programs, and participation of mothers with maternal attitudes in exclusive breastfeeding. However, there is no significant relationship between support and participation, policies with empowering breastfeeding mothers in exclusive breastfeeding programs, empowerment with mothers 'attitudes to exclusive breastfeeding, empowering breastfeeding young mothers with participation, policies with mothers' perceptions on exclusive breastfeeding programs, and perceptions mothers with the attitude of young mothers in exclusive breastfeeding.

4. Conclusion

The unsuccessful of exclusive breastfeeding is partly due to the attitude of young mothers, especially in their teens in breastfeeding. The unpreparedness of a young mother is due to a lack of support from the role of community leaders, including the success in the socialization of government policies. The success of breastfeeding, towards achieving exclusive breastfeeding requires an approach through the counselor's motivation to foster the perception of a good mother, coaching through empowerment and eliciting support and participation so that the attitude of the young mother remains responsible as a mother for breastfeeding her baby. But the events that exist in young mothers become stigma and pressure when breastfeeding at a young age which affects the psychological of the mother and can affect the hypothalamus and subsequently affect the hormone oxytocin which functions of the hypothalamus to carry signals delivered to nerve cells so that the hormone oxytocin is not working optimally. The condition of young mothers who ultimately have an impact on the expenditure of breast milk. It is very important to socialize the maturity of marriage age because it can indirectly influence the success of exclusive breastfeeding programs.

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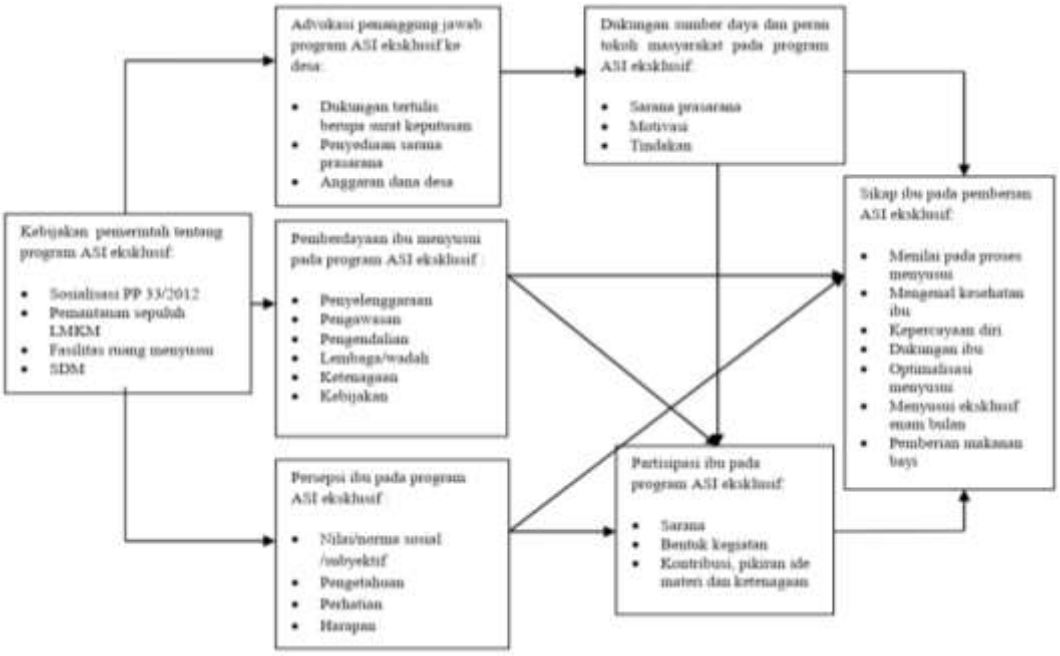
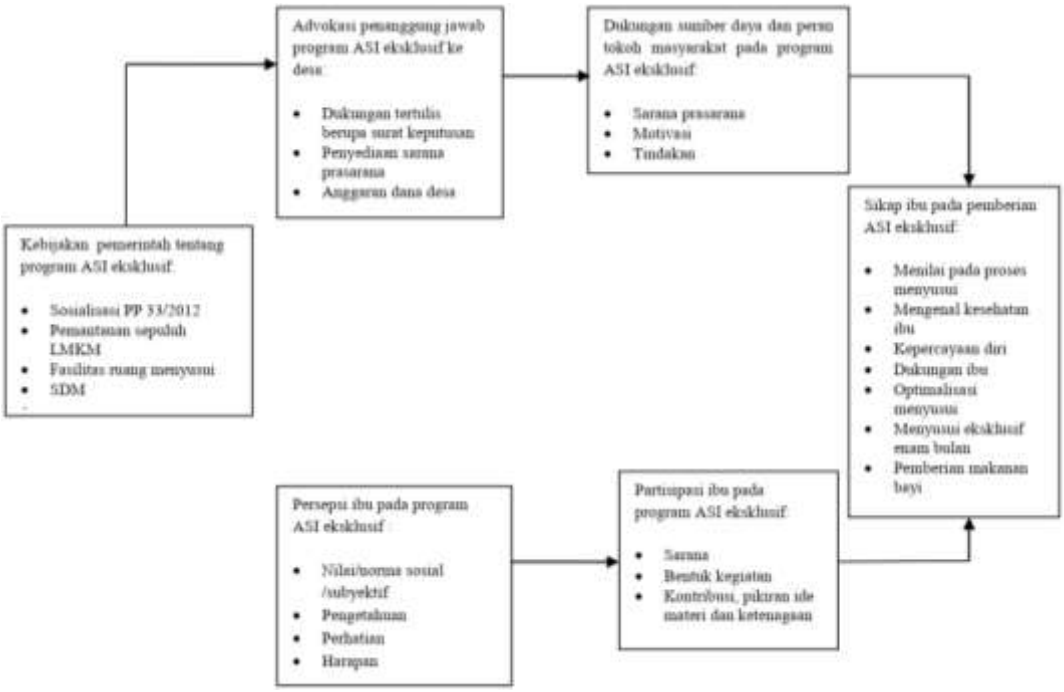
Appendix



Empowerment Model of Breastfeeding Young Mothers



Existing Model Empowerment of Breastfeeding Young Mothers