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FAMILY EMPOWERMENT AS PERSONAL REFERENCE TO EXCLUSIVE BREAST FEEDING BEHAVIOR USING TRANSCULTURAL NURSING THEORY APPROACH IN SIDOARJO REGENCY, EAST JAVA PROVINCE

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ABSTRACT

Behavior is heavily influenced by personal reference and determines one's decisions. Exclusive breastfeeding is a world problem because the behavior for exclusive breastfeeding affects infant morbidity and mortality. Objective: The purpose of this study is to analyze family empowerment as a personal reference to exclusive breastfeeding behavior with a transcultural nursing theory approach to improve exclusive breastfeeding behavior in Sidoarjo Regency, East Java Province. Research with descriptive explanatory survey design in work area of Kedungsolo, Porong, Tulangan, Candi, Ganting, and Gedangan Sidoarjo Regency, with 144 respondents. Technique of data collecting through interview and observation with questionnaire and check list. The study states that there is an effect of family empowerment as a personal reference through the role of the family in supporting and establishing the mother's intention to breastfeed against exclusive breastfeeding behavior (p> 0.05). Family support and maternal intentions for breastfeeding play an important role in improving exclusive breastfeeding behavior (knowledge, attitudes, and actions). Furthermore, it is hoped that family empowerment as a personal reference can be implemented as an internal strength to improve exclusive breastfeeding behavior.

Keywords : breastmilk, personal reference, attitude, empowerment

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INTRODUCTION

Exclusive breastfeeding is a natural process for breastfeeding only infants aged 0-6 months that support their health, growth, and development through sucking and swallowing reflexes that do not require expensive and expensive tools (Etika & Partiwi, 2015). Exclusive breastfeeding is a world problem as breastfeeding exclusively affects infant morbidity and mortality. A study by Hanieh, *et al* (2015) showed that exclusive breastfeeding at 6 weeks significantly reduced the likelihood of hospitalization for pneumonia and diarrhea. Breastfeeding can protect infants against the risk of asthma, eczema, rhinitis, and otitis media in early childhood to 40-50% (Lodge, *et al*., 2015; Lodge, *et al*., 2016).

Exclusive breastfeeding reduced the risk of 32.738 times the incidence of ARD (Acute Respiratory Infection) (Hersoni, 2015). However, only about 2/5 of babies worldwide are exclusively breastfed and only about 2/3 babies are introduced in solid foods at the right time. WHO data shows that the

world's exclusive breastfeeding averages only 38%. Exclusive breastfeeding data in Indonesia is still below the national target (80%) of 52.3% (2014), 55.7% (2015), and 54% (up to 6 months) and 29.5% (0-5 months) (2016). While data of exclusive breastfeeding in East Java was 74.1% (2015), and in 2016 there were 31.3% (up to 6 months) and 48.1% (0-5 months) (Ministry of Health, 2015; Ministry of Health, 2016; Ministry of Health, 2017). Data of exclusive breastfeeding in Sidoarjo regency was 54.5% (2014), 57.3% (2015), 54.7% (2016) (Sidoarjo District Health Office, 2015, Sidoarjo District Health Office, 2016; Health Office of Sidoarjo Regency , 2017).

Preliminary study with interview on February 2017 on 17 breastfeeding mothers, as many as 12 mothers (71%) worked in factories and 5 mothers (29%) as housewives and 13 mothers (77%) said that the family (mother/mother-in-law) influenced the mother's decision to give formula before breastmilk or baby left by working mother, and as many as 4 mothers (23%) exclusively breastfeeding. Exclusive breastfeeding behavior is influenced by many factors and the most dominant factor is family support. Family support factors (husband/grandmother), socioeconomic circumstances, and knowledge of breastfeeding mothers influence decisions in exclusive breastfeeding (Yadavannavar & Patil, 2011; Cristiana, 2016).

In addition, promotional factors of formula milk, cultural values can also affect exclusive breastfeeding (Hervilia, et al., 2016; Nurfatimah, 2015; Daglas & Antoniou, 2012; Rahmawati & Arti, 2011). The family culture of banana crushing when the baby is 4 months old to be more satisfied and increase the strength of the baby (Yulianto, 2015), the culture of pacifiers, prelakteal intake in infants is the exclusion factor of exclusive breastfeeding (Kurniawan, 2013; Novianti & Rizkianti, 2013). The assumption that infant formula is better than breast milk and healthy babies are obese babies, and mothers are reluctant to breastfeed for fear that breast size are not beautiful anymore (Darmawan & Abadi, 2012), imitate a friend feeding bottles and the notion that breastfeeding is outdated (Kurniawati & Hargono, 2014) and the tradition of drinking herbal medicine during the childbirth such as beras kencur herb, wejahan herb, papaya leaf, kunir asem herb, temulawak herb, or uyup-uyup herb (Sugita & Widiastuti, 2016).

In order to improve exclusive breastfeeding behavior and WHO recommendation on exclusive breastfeeding, the efforts made by the government include determining the Law, Government Regulation, Minister of Health decree, common regulation of three ministers to conduct training of breastmilk counselling in health services and the establishment of breastfeeding support group. In the regency of Sidoarjo regulation No. 1 of 2016 on the improvement of nutrition and exclusive breastfeeding.

Although much effort has been made by the government but family support is necessary because families with breastfeeding mothers need patience, time, and knowledge about breastfeeding. The most important family support is the support of each family member (husband/mother/mother-in-law), and other relatives who live in one house, which can have an impact on the initiation and duration of breastfeeding (Etika & Partiwi, 2015). Family support includes informational support, assessment support, instrumental support, and emotional support. Research Purnamasari & Rahmatika (2016) shows that breastfeeding mothers require informational support, assessment support, instrumental support, and emotional support from the family (mother-in-law) to improve breastfeeding. According to Friedman (1998) states that the family has 5 basic functions of affective function, socialization, reproduction, economy, and health care or maintenance. Based on the health maintenance function, the family has an obligation to carry out health care practice that is making decisions about appropriate health measures for family members.

Furi & Megatsari research (2014) shows that there are 3 factors that have influence on decision making that is important person as reference, affordability of health service facility, and culture. The most significant factor is the important person as a reference (Personal Reference). In order to support family (husband/mother/mother-in-law) can improve the behavior of breastfeeding is done family empowerment. The purpose of this study was to analyze family empowerment as a personal reference to exclusive breastfeeding behavior in Sidoarjo Regency of East Java Province.

MATERIAL AND METHODS

The type of research used in this research is descriptive explanatory survey research. In this study, the researchers explored the gap between the findings/facts with theories relating to the factors that can realize the family empowerment as a personal reference using the approach of transcultural nursing theory. The research was conducted in Sidoarjo Regency, East Java Province. The research data was collected for 3 months starting from November 2017 to January 2018. The sample size was 144 respondents. Determination of the District using classification, determine the village using random, then the sample is taken by purposive sampling. To obtain primary data, the instrument used is a family empowerment questionnaire as a personal reference using a transcultural nursing theory approach. The study was approved and has been granted a certificate of ethics clearance No: 550-KEPK dated October 17, 2017.

RESULT AND DISCUSSION

An overview of Sidoarjo regency

Sidoarjo regency consists of land and sea area. Located between 112.5º - 112.9º East Longitude and 7.3º - 7.5º South Latitude. Sidoarjo regency is known as delta area because it is squeezed by two rivers, namely Porong River (47 km) and Surabaya River (32.5 km).The total land area is 714,243 km². Northern boundary: Surabaya City and Gresik Regency, southern boundary: Pasuruan regency, western boundary: Mojokerto regency, eastern boundary: Madura Strait. Administratively, Sidoarjo regency consists of 18 districts, 31 kelurahan (urban communities), and 322 villages. Of these there are 3 urban communities and one village are uninhabited because of the drowning of Lapindo mudflow that is Jatirejo, Siring, Renokenongo and Kedungbendo Tanggulangin. 18 sub-districts are spread out in 26 community health centers. The population is based on the projection of Sidoarjo Central agency on statistics (BPS) Sidoarjo is 2,150,482 people with 607,885 households.

Sidoarjo regency has a heterogeneous society (ethnic, cultural-customary, religious).The dominant ethnic is the Javanese, in addition there are also Madurese, Chinese, Arabic and other ethnics who come and live in this region. Population growth is high due to urbanization by reason of work factor. In addition, the population concentration in Sidoarjo regency is located in Taman, Waru, and Sidoarjo Sub-district, which is occupied by> 30% of the total population in Sidoarjo Regency because of its location adjacent to the city of Surabaya and is an industrial area. Viewed from the level of education, sidoarjo is dominated by the secondary education, such as junior high (20.5%), high school (30.4%), and vocational high school (13.6%). Meanwhile, there are still people with primary education (14.2%) and did not complete primary school (4.6%).

Data of infants who received exclusive breastfeeding until the age of 6 months is 2.768 or 54.7% of 5,062 infants examined, factors that cause are working mothers, unavailability of time, facilities and infrastructure of breastfeeding at work and the use of formula milk. Pneumonia cases suffering from pneumonia is 8,411 cases and very low nutritional status (under red lines) is 781 cases (0.7) which require anticipation by raising public awareness for exclusive breastfeeding, clean and healthy life behavior and understanding of infant feeding and children about the importance of brain growth (first 1000 days of life).

Samples are taken from the villages in community health centers of Kedungsolo, Porong, Candi, Tulangan, Ganting, and Gedangan. Selection of public health centers based on exclusive breastfeeding coverage criteria <45% (Kedungsolo and Candi), 45-60% (Ganting and Gedangan), > 60% (Tulangan and Porong). Each is taken at random, ie 2-3 villages and each village is taken 2-3 integrated health service post (posyandu).

1. Characteristics of Respondents

Table 1 shows that most respondents aged 45-59 years were 89 people (61.8%) and a small number aged 75-90 years is 1 people (0.7%). In terms of work status of respondents, most of the respondents did not work is 89 people (61.8%) and a small part that works is 55 people (38.2%). In terms of respondents ethnics, mostly Javanese 102 people (70.8%) and a small number of Sundanese 3 people (2.1%). In terms of the number of children, mostly have >4 children is 58 people (40.3%), 1-2 children is 31 people (21.5%). In terms of the number of respondents grandchildren, most have grandchildren >6 is 99 people (68.8%), 1-3 grandchildren as many as 20 people (13.9%). In terms of respondents length of stay, the majority of respondents >10 years is 128 people (88.9%) and a small number lived <5 years old is 16 people (11.1%). In terms of the working status of nursing mothers, mostly work is 114 people (79.2%) and a small number did not work is 30 people (20.8%). In terms of how breastfeeding mothers give birth, is 111 people (77.1%) gave birth to normal, and a small portion of childbirth is 33 people (22.9%). In terms of breastfeeding parity, most had 3 births of 88% (61.1%) and a few had 1 births of 9 (6.3%).

Table 1. The frequency distribution of respondents.

No	Characteristics of family	Frequency (f)	Percentage (%)
1	Age (in year)		
	<45	6	4,2
	45-59	89	61,8
	60-74	48	33,3
	75-90	1	0,7
2	Work status		
	Unemployed	89	61,8
	Paid employment	55	38,2
3	Ethnics		
	Javanese	102	70,8
	Madurese	39	27,1
	Others	3	2,1
4	Number of children		
	1-2 children	31	21,5
	3-4 children	55	38,2
	>4 children	58	40,3
5	Number of grandchildren		
	1-3 grandchildren	20	13,9
	4-6 grandchildren	25	17,4
	>6 grandchildren	99	68,8
6	Length of stay		
	<5 years	16	11,1

	5-10 years	0	0
	>10 years	128	88,9
7	Breastfeeding mother work status		
	unemployed	30	20,8
	Paid employment	114	79,2
8	How breastfeeding mothers give birth		
	Normal	111	77,1
	Surgery	33	22,9
9	Parity of breastfeeding mother		
	1 birth	9	6,3
	2 birth	47	32,6
	3 birth	88	61,1
	≥4 birth	0	0

1. Description of Research Variables

2.1 Sociocultural Environment Variables

Sociocultural environmental variables consist of six sub-variables as observed indicators. The analysis shows that for sub technological variables most of the respondents with poor criteria is 54 people (37,5%) and a small part with good criteria is 41 people (28,5%). The sub-variables of the respondents were less than 62 people (43.1%) and a small number of respondents with good criteria is 35 people (24.3%). Sub variable of social and kinship most of the respondents with poor criteria is 77 people (53,5%) and a small part of respondent with good criteria is 5 people (3,5%). Sub-variable of cultural values and lifestyle were mostly respondents with good criteria is 81 people (56.3%) and a small number of respondents with poor criteria is 22 people (15.3%). Sub variable of material source most of the respondents with good criteria is 111 people (77,1%) and a small part of respondent with enough criteria is 33 people (22,9%). Sub-variables of education are mostly respondents with enough criteria is 71 people (49.3%) and a small percentage of respondents with poor criteria is 16 people (11.1%)

2.2 Variable of Health Services

Health service variables consist of four sub variables as observed indicator. The analysis shows that for sub variable of health worker role most of the respondents with good criteria is 73 people (50,7%) and a small part of respondents with enough criteria is 71 people (49,3%). The sub-variables of maternal class were most of the respondents with enough criteria is 73 respondents (50,7%) and a few respondents with poor criteria is 29 people (20,1%). The sub-variables of early breastfeeding initiation are most of the respondent with enough criteria is 85 respondents (59%) and a small number of respondents with poor criteria is 29 people (20.2%). Subdivision of postpartum visit were most of the respondent with enough criteria is 61 respondents (42,4%) and few respondents with poor criteria is 27 people (18,8%).

2.3 Family Empowerment Variables CASE Model

The CASE model family empowerment variable consists of four sub-variables as observed

indicators. The analysis shows that for sub variable creation most of the respondents with enough criteria is 65 people (45.2%) and a small number of respondents with poor criteria is 28 people (19,4%). Adaptation sub-variables are mostly respondents with enough criteria is 59 people (41%) and a small percentage of respondents with poor criteria is 33 people (22.9%). Sub sustenance variables are mostly respondents with enough criteria is 68 people (47.2%) and a small percentage of respondents with good criteria is 35 people (24.3%). Sub variable expansion most of respondent with enough criteria is 81 people (56,3%) and a small part of respondent with poor criteria is 29 person (20,1%).

2.4 Family Role Variable as Personal Reference

The family role variable as a personal reference consists of two sub variables as an observed indicator. The analysis shows that for sub variable of family support most of respondents with enough criteria is 109 people (75,7%) and a small part of respondents with poor criteria is 4 people (2,8%). Sub variable of mother intention to breastfeeding most of respondents with poor criteria is 67 person (46,5%) and small part of respondents with good criteria is 23 person (16%).

2.5 Variable Exclusive Breastfeeding Behavior

The exclusive breastfeeding behavior variable consists of three sub-variables as observed indicators. The analysis shows that for the sub-variable of knowledge most of the respondents with good criteria is 69 people (47.9%) and a small number of respondents with poor criteria is 23 people (16%). Sub-variable attitude of most respondents with good criteria is 87 people (60.4%) and a small number of respondents with poor criteria is 4 people (2.8%). Sub-variable of action most of respondent with enough criteria is 92 people (63,9%) and few respondent with poor criteria is 10 person (6,9%).

2. Analysis of Results

Family empowerment as a personal reference to exclusive breastfeeding behavior in Sidoarjo Regency consists of exogenous and endogenous variables. Exogenous variables consist of family characteristics, sociocultural environment, health services, and family empowerment of CASE models. Endogenous latent variables consist of family roles as personal reference and exclusive breastfeeding behavior. The analysis of research results is described in smartPLS analysis.

Indicator Test (measurement model)

Based on table 2, there are 8 indicators that are not valid that is X1.2, X1.3, X1.4, X1.5, X1.7, X1.8, X1.9, X2.6 because the loading value is below 0.50. The Composite Reliability, shows that all variables are declared reliable because the value of loading is above 0.60.

Table 2. Indicator test

No	Latent Variable	Indicator		Validity Convergence test		
				Loading value	T-statistik value	Note
1	Family characteristics (mother/mother in law) (X1)	X1.1	Age	0,519	2,077	valid
		X1.2	Work status	0,148	0,616	invalid
		X1.3	Ethnics	0,322	1,307	invalid
		X1.4	Number of children	0,404	1,704	invalid
		X1.5	Number of grandchildren	0,195	0,974	invalid
		X1.6	Length of stay	0,707	2,667	valid

		X1.7	Breastfeeding mother work status	-0,176	0,657	invalid
		X1.8	How breastfeeding mothers give birth	0,105	0,388	invalid
		X1.9	Parity	-0,219	0,859	invalid
2	Sociocultural environment factor (X2)	X2.1	Technology	0,468	3,781	valid
		X2.2	Religion	0,925	24,488	valid
		X2.3	Social and kinship	0,865	15,940	valid
		X2.4	Cultural values and lifestyle	0,580	5,396	valid
		X2.5	Material source	0,308	2,416	valid
		X2.6	Education	0,130	0,854	invalid
3	Health service (X3)	X3.1	Health worker role	0,374	2,019	valid
		X3.2	Maternal class program	0,834	11,449	valid
		X3.3	Early breastfeeding initiation	0,881	25,282	valid
		X3.4	Childbirth visits	0,836	10,587	valid
4	Family Empowerment Variables CASE Model (X4)	X4.1	Creation	0,909	64,711	valid
		X4.2	Adaptation	0,892	50,052	valid
		X4.3	Sustenance	0,797	24,106	valid
		X4.4	Expansion	0,497	5,469	valid
5	Family Role Variable as Personal Reference (Y1)	Y1.1	Family support	0,950	153,914	valid
		Y1.2	Mother intention to breastfeeding	0,933	87,736	valid
6	Exclusive Breastfeeding behavior (Y2)	Y2.1	Knowledge	0,642	8,654	valid
		Y2.2	Attitude	0,776	16,240	valid
		Y2.3	Action	0,892	46,413	valid
Composite Reliability		X1	0,68			valid
		X2	0,786			valid
		X3	0,835			valid
		X4	0,865			valid
		Y1	0,94			valid
		Y2	0,817			valid

Structural Testing (Test of Influence/Hypothesis Test)

1. Coefficient of determination

Table 3 shows that family empowerment variables are influenced by family characteristics, socio-cultural environment, and health services by 40%, the rest is influenced by other factors. The family role variable as personal reference is influenced by family characteristics, socio-cultural

environment, health service, and family empowerment of 65,6%, while the rest is explained by other factors. The variables of exclusive breastfeeding behavior are influenced by family characteristics, sociocultural environment, health service, and family role as personal reference of 62,4%, while the rest is explained by other factors.

Table 3. Coefficient of Determination

No.	Endogenous variable	Test result
1	(X4) Family Empowerment Variables CASE Model	0,400
2	(Y1) Family Role Variable as Personal Reference	0,656
3	(Y2) Exclusive Breastfeeding Behavior	0,624

2. T-Statistics

Table 4 shows that the influence of exogenous and endogenous variables on endogenous variables is significant because the T-statistic value is above T-table (T-table=1.96 with 5% significance). Such as family characteristic (X1), sociocultural environment (X2), health service (X3) on family empowerment of CASE model (X4). Influence of family characteristic (X1), family role as personal reference (Y1) to exclusive breastfeeding behavior (Y2). Furthermore, the influence of family empowerment model CASE (X4) to family role as personal reference (Y1). While the influence of exogenous and endogenous variables on endogenous variables are not significant, among others, family characteristics (X1), sociocultural environment (X2), health service (X3) to family role as personal reference (Y1) and socio-cultural environment (X2) health (X3) to exclusive breastfeeding behavior (Y2).

Family empowerment is influenced by several factors such as family characteristics, socio-cultural environment, and health services. Factors affecting family empowerment can relate to the family itself as well as from outside the family, including motivation, family environment, relationships among family members, technology, education / training (Kusumaredi, 2016). The results of the analysis indicate that the characteristics of family, socio-cultural environment, and health services have a T-statistic value above the T-table value >1.96 with a significance of 5%.

Exclusive breastfeeding behavior is influenced by family characteristics as well as family role as personal reference. According Bandura the formation of behavior derived from the habits, exercises, as well as the existence of models/examples (Fitriani, 2011). The results of analysis indicate that family characteristics and family role as personal reference have T-statistic value above T-table value >1,96 with 5% significance.

Table 4. Results of significance tests on the structural model (Inner Model)

No	Path	Coefficient of path parameters	Relationship significance test		Influence
			T-Statistics	T-Table	
1	Family characteristics (X1) → Family empowerment model CASE (X4)	-0,269	3,706	1,96	Significant
2	Family characteristics (X1) → Family role as personal reference (Y1)	0,016	0,336	1,96	Not Significant

3	Family characteristics (X1) → Exclusive Breastfeeding Behavior (Y2)	-0,129	2,104	1,96	Significant
4	Sosiocultural environment (X2) → Empowerment of family model CASE (X4)	0,515	7,544	1,96	Significant
5	Sosiocultural environment (X2) → Family role as personal reference (Y1)	-0,024	0,383	1,96	Not Significant
6	Sosiocultural environment (X2) → Exclusive breastfeeding behavior (Y2)	0,011	0,163	1,96	Not Significant
7	Health service (X3) → Empowerment of family model CASE (X4)	0,137	2,163	1,96	Significant
8	Health service (X3) → Family role as personal reference (Y1)	0,074	1,630	1,96	not Significant
9	Health service (X3) → Exclusive breastfeeding behavior (Y2)	0,039	0,683	1,96	Not Significant
10	Empowerment of family model CASE (X4) → Family role as personal reference (Y1)	0,807	16,587	1,96	Significant
11	Family role as personal reference (Y1) → Exclusive breastfeeding behavior (Y2)	0,733	16,591	1,96	Significant

3. Correlation Analysis

Based on table 5 shows that inter-latent variables have a close relationship with each other as shown in correlation coefficient value as follows:

The correlation between family empowerment of CASE model with family role as personal reference has highest correlation 0,806, meaning that family empowerment deeply influence family member role and breastfeeding mother behavior. The better the behavior of nursing mothers, the family tends to pay better attention.

The condition is supported by the high relationship of family role as personal reference with exclusive breastfeeding behavior which has high correlation value in second place that is equal to 0,779.

Tabel 5. Correlation

	x1 Family characteristics	x2 Sosiocultural environment	x3 Health service	x4 Empowerment of family	y1 Family role	y2 Breastfeeding Behavior
x1 Family	1					

characteristics						
x2 Sosiocultural environment	-0,054	1				
x3 Health service	-0,111	0,145	1			
x4 Empowerment of family	-0,312	0,549	0,241	1		
y1 family role	-0,243	0,429	0,264	0,806	1	
y2 Breastfeeding Behavior	-0,312	0,337	0,248	0,778	0,779	1

Family support such as informational, assessment, instrumental, and emotional support given by the family to breastfeeding mothers may improve maternal intent to breastfeed their infants thus enhancing exclusive breastfeeding behavior. In addition, the culture and customs that exist in society, it can influence the mother's decision in breastfeeding. Javanese culture to obey parents advice/suggestions to breastfeed their children should be implemented. Therefore, the parent (mother) can become a personal reference by the breastfeeding mother.WHO theory in Notoatmodjo (2007) says that a person's behavior is caused by four main reasons, one of which is the personal reference. When a person is important then what he says or does tends to be done or emulated. Research by Furi & Megatsari (2014) shows that there are three factors that have an influence on a person's decision making, the most significant factor is the personal reference (important person as a reference). This research get result that family role as personal reference correlation is high 0,779. This means that exclusive breastfeeding behavior because of the role of family that makes the family (parent/mother) as a personal reference so that delivered by the parents/mother to support and improve the mother's intention to breastfeed will be implemented by her child (exclusive breastfeeding mother).

Each region has different cultures/habits. For industrial and urban areas (Gedangan district), many breastfeeding mothers work so that infants are given formula milk. For rural areas (Candi and Tulangan Districts) there is still a culture of drinking herbs (sawan) to multiply milk and feeding for infants given at the age of 4 months and mothers who work to give formula milk. Frontier area with Pasuruan (District Porong) culture to feed the baby from the age of 4 months with the aim that the baby is not fussy, especially baby boys. Breastfeeding culture of the mother (mother) can be passed on to her child (breastfeeding mother), so there needs to be family empowerment in order to decide appropriate culture and support mother to breastfeed. Culture is manifested and channeled from human behavior, pre-existing culture precedes the birth of a certain generation, and will not die with the end of the generation concerned, culture is required by man and manifested in his conduct, and includes rules that contain obligations, accepted actions and rejected, prohibited actions and permitted actions (Yulianto, 2015). According to Anme & McCall (2002), there are four stages of empowerment: creation, adaptation, sustenance, and expansion designed to help overcome cultural values that can create initial barriers to action and progress. According to Sunarti (2007) said that family empowerment is important to do because family as the smallest social system influencing and influenced by wider social system, family is the basic unit of society participate in determining social order and public health, family able to adapt like respond, change, develop, act, and modify their environment. This research got result that family empowerment correlation height that is 0,806. Meaning that the role of the family is done because of family empowerment so that family members understand their respective roles in supporting exclusive breastfeeding mothers.

CONCLUSION

It is concluded that there is a relationship between family empowerment of CASE model and family role as personal reference. Empowerment conducted by the family greatly affects the role of family members and the behavior of breastfeeding mothers. The better the behavior of nursing mothers, the family tends to provide better support. The condition is supported by the high relationship of family role as personal reference with exclusive breastfeeding behavior. Family involvement is needed in support of breastfeeding mothers. The parent (mother) as a personal reference is needed to develop a culture/habit that supports the mother to breastfeed. The government may enhance the role of health workers to increase the coverage of exclusive breastfeeding in order to realize a healthy and prosperous life at all ages (SDG 2020) and increased community participation as an internal strength in support of exclusive breastfeeding behavior and maximize community programs.

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