

# POSITION AND ATTACHMENT MODEL OF EXPENDITURE COLOSTRUM AND BREAST MILK PRODUCTION USING THE TRIANGULAR OF LOVE THEORY APPROACH

Nurul pujiastuti, Hurun Ain, Budiono

Department of Nursing Health Polytechnic Ministry of Malang, Malang, Indonesia

Correspondent Address: Nurul pujiastuti

Email: nurul\_pujiastuti@poltekkes-malang.ac.id

## ABSTRACT

**Introduction:** Breastfeeding is the natural process of becoming a mother. However, not all mothers can breastfeed with the correct breastfeeding technique, causing problems in breastfeeding and affecting milk production. **Methods:** This study analyzes the model of colostrum and breast milk production using the Triangle of love theory approach. The research design was a descriptive, explanatory survey. The sample was 95 breastfeeding mothers using the multistage random sampling technique. The sample criteria were mothers breastfeeding infants aged 0-6 months with spontaneous delivery in two public health centers in Sidoarjo regency. Data analysis using structural equation test-partial least square (PLS). **Result:** The results showed that there was an effect of health workers on colostrum and breast milk production ( $T = 1.423$ ), there was a lifestyle effect on position and attachment ( $T = 1.475$ ), and there was an effect of position and attachment on colostrum and breast milk production ( $T = 2.142$ ). **Conclusion:** The position and attachment of breastfeeding using the Triangle of love theory approach can help increase colostrum and milk production of nursing mothers.

**Keywords:** attachment, breastfeeding position, triangle of love

## INTRODUCTION

The best food for babies that can support babies' health, growth, and development is breast milk (Etika & Partiwi, 2015). The World Alliance for Breastfeeding Action (WABA) said that babies have a strong immune system and are not easily exposed to infection if they are given Early Initiation of Breastfeeding / early initiation of breastfeeding at the beginning of their birth, which is the first hour then continued with exclusive breastfeeding for up to 6 months. Exclusive breastfeeding is a global problem because it affects infant morbidity and mortality. However, only about 2/5 babies worldwide get exclusive breast milk. WHO data found that the average exclusive breastfeeding mother in the world is about 38%. In Indonesia, it is still below the national target (80%) 52.3% (2014), 55.7% (2015), and 54% (up to 6 months) and 29.5% (0-5 months) (2016). While in East Java is 74% (2014), 74.1% (2015), and in 2016 there were 31.3% (up to 6 months) and 48.1% (0-5 months). In

2016, data on exclusive breastfeeding in Sidoarjo Regency amounted to 54.7%. Sidoarjo is the place of research because of the low exclusive breastfeeding coverage, which is in the order of 37 out of 38 districts and cities in East Java in 2016 (Ministry of health, 2017; Ministry of health, 2016; Ministry of health, 2015; Sidoarjo district health office, 2017).

A woman after giving birth and becoming a mother, requires special skills in caring for the baby born, then breastfeeding properly, both the position and the adhesion. Mothers who are accustomed to breastfeeding will become skilled at breastfeeding their babies properly. After several days of breastfeeding, milk production will increase. The production of breast milk for the first time came out until the second day very little then increased by about 500 ml on day 5 and increased by about 600-690 ml in the second week, and about 750 ml during the 3-5th month. The needs of babies are increasing, so milk production follows and adjusts. If the baby gets additional food other than breast milk then

the baby's need for breast milk will be decreased thus the production of breast milk will decrease (Pujiastuti, *et al.*, 2018; Pujiastuti, 2010).

Efforts have made to increase breast milk production include IMD, correct positioning and attachment, consuming vegetables (Sauropus androgynus, Momordica charantia, Pluchea indica) nuts (Machmudah & Khayati, 2014). To improve understanding of breastfeeding mothers, especially the correct position and attachment, the Triangular of Love theory approach is carried out which includes 4 components (intimacy, passion, calculative commitment and affective commitment) which differentiate it from other studies. The aim of this study was to analyze the post colostrum model and breast milk production using the Triangular of love theory approach.

## METHODS

The study population was breastfeeding mothers in Sidoarjo Regency. The size of the sample is determined based on the rule of the thumb formula. Determining the model in this study there are 18 parameters (measured variables) so that the sample size needed is  $5 \times 18 = 90$  people. In this study, using a sampling technique, namely multistage sampling. Multistage shows several stages of sampling, namely stage 1 in the Sidoarjo Regency area with 3 coverage areas, stage 2 by determining the district, stage 3 by determining the village, and stage 4 by determining the posyandu. Furthermore, respondents were selected according to the inclusion criteria (Nursalam, 2015). This research was conducted in Sidoarjo Regency in July-October of 2020. Sidoarjo Regency consists of 24 Districts. The research was conducted in 3 villages in Candi District, namely Balongdowo, Balonggabus, and Ngampel Sari Village, and 2 villages in Gedangan District, namely Punggul and Gemurung Village.

Respondents for each village were 19 people with a total of 95 respondents.

The research design used in this research is explanatory survey research which aims to explain a symptom, to determine the causal relationship between variables. Data collection using questionnaires and interviews conducted by researchers together with posyandu cadres. After the data is collected, data processing is carried out. The questionnaire was made by the researcher and the validity and reliability were tested. The validity test of the instrument using pearson bivariate correlations and obtained correlation value greater than  $r$  table 0.202 ( $n = 95$ ) which means it is valid. The reliability test using alpha (Cronbach) and obtained alpha value is greater than the value of  $r$  table which means it is reliable. In the questionnaire, there are 56 closed questions, namely "yes" or "no" answer and "never", "rarely", "sometimes", "often", and "very often" answers, the respondent only needs to choose answers based on the conditions experienced.

Data analysis of the research results was carried out using PLS, namely variant-based structural equation analysis. This data analysis can simultaneously test measurement models as well as structural models. Testing of measurement models (outer models) and testing of structural models (inner models). This is used to ensure indicators that measure latent variables are valid and reliabel. While testing structural models to find out the significance of the relationship between exogenous factors to endogenous so as to obtain the right model (Wiyono, 2011). Research ethics certificate Reg. No. 909/KEPK-POLKESMA/2020.

## RESULTS

The research was conducted in 5 villages of Puskesmas Candi and Puskesmas Gedangan Sidoarjo Regency. For puskesmas candi the intended villages are Balongdowo village, Balonggabus village, and Ngampel Sari village.

Meanwhile, Puskesmas Gedangan, the intended village is Punggul village and Gemurung village. Respondents for each village were 19 people with a total of 95 respondents.

The subjects used in this study were 95 breastfeeding mothers who lived in the working area of the public health center and according to the sample criteria. Inclusion criteria include are breastfeeding mothers who are willing to be research respondents, the mother breastfeeds with spontaneous delivery and breastfeeding mother who lives in Sidoarjo Regency. While the exclusion criteria included are breastfeeding mothers who are not willing to be research respondents and breastfeeding mothers who do not live in the Sidoarjo Regency area. The research was conducted for 4 months from July to October 2020.

This research variable description displays the research data constructs according to the measurable indicators in each construct. The factors studied included breastfeeding factors, health care factors, socio-cultural environmental factors, position and attachment factors, and breastfeeding factors.

### Factors of breastfeeding mothers

The factors of breastfeeding mothers are measured through 6 indicator aspects: age, education, profession, parity, number of children, and mode of delivery. Descriptive results on the construct of factors for breastfeeding mothers:

**Table 1.** Factors of breastfeeding mothers in Sidoarjo Regency July-October 2020

Factors of breastfeeding mothers	n	%
Age		
< 25 years old	43	45,3
25-34 years old	38	40,0
35-45 years	6	6,3

Factors of breastfeeding mothers	n	%
old		
>45 years old	8	8,4
Education		
Elementary school	4	4,2
Junior High school	24	25,3
Senior High school	67	70,5
University	0	0
Profession		
Not working	46	48,4
Factory employees	49	51,6
Parity		
1 live birth	48	50,5
2 live birth	39	41,1
3 live birth	8	8,4
Number of children		
1-2	53	55,8
3-4	35	36,8
>4	7	7,4
Mode of Delivery		
Normal	83	87,4
Caesar surgery	12	12,6

Based on table 1 regarding the factors of breastfeeding mothers, it can be seen that most of the respondents were <25 years old, most of the respondents had high school education, most of the respondents worked as factory employees, most of the respondents parity had 1 birth live, most of the respondents had 1-2 children, and most of the mothers gave birth normal.

### Health service factors

Health service factors was constructed by 4 indicators, namely the role of health workers, early initiation of breastfeeding, classes of pregnant women, and postpartum visits. Descriptive results on the health service factor construct are in the following table:

**Table 2.** Health service factors in Sidoarjo Regency July-October 2020

Health service factor		n	%
Role	Good	60	63,2
	Moderate	35	36,8
early initiation of breastfeeding	Good	6	6,3
	Moderate	19	20
	Less	70	73,7
Maternity class	Good	8	8,4
	Moderate	9	9,5
	Less	78	82,1
Postpartum visit	Good	9	9,5
	Moderate	10	10,5
	Less	76	80

Based on Table 2 regarding health service factors, it can be seen that most health service factors (the role of health workers) are categorized as good with a cut of 12-14 points, most health care factors (early initiation of breastfeeding) are categorized as less with a cut of 4-5 points, most health care factors (maternity class) are categorized as less with a cut of 4-5 points and most health care factors (postpartum visit) categorized as less with a cut of 4-5 points.

### Sociocultural environmental factors

Sociocultural environmental factors are constructed by 2 indicators, namely social kinship and lifestyle. Descriptive results on the constructs of sociocultural environmental factors are shown in the following table:

**Table 3.** Sociocultural environmental factors in Sidoarjo Regency from July-October 2020

Sociocultural		n	%
Social and kinship	Good	34	35,8
	Moderate	61	64,2
Lifestyle	Good	18	18,9
	Moderate	76	80
	Less	1	1,1

Based on table 3, sociocultural environmental factors can be seen that most sociocultural environmental factors (social and kinship) categorized quite a number of 61 (64.2%) with a cut of 11-15 points and most sociocultural environmental factors (lifestyle) categorized quite a number of 76 (80%) with a cut of 5-11 points.

This means that breastfeeding mothers really need support from their families, especially those who live in one house because they will follow family habits.

### Position and attachment factors

**Table 4.** Position and attachment factors in Sidoarjo Regency from July to October 2020

Position and attachment		n	%
Intimate	Good	39	41,1
	Moderate	56	58,9
Passion	Good	35	36,8
	Moderate	60	63,2
Calculative	Good	25	26,3
	Moderate	70	73,7
Affective	Good	45	47,4
	Moderate	50	52,6

Position and attachment factors are constructed by 4 indicators, namely intimacy, passion, calculative commitment, and affective commitment. Based on table 4, it can be seen that most of the position and attachment factors (intimate) categorized are quite a number of 56 respondents (58.9%) with a cut of 12-18 points, most of the position and attachment factors are categorized quite a number of 60 respondents (63.2%) with a cut of 12-18 points, most of the position and attachment factors (calculative) are categorized quite a number of 70 respondents (73.7%) with a cut of 12-18 points, and most of the position and attachment factors (affective) are categorized quite a number of 50

respondents (52.6%) with a cut of 12-18 points.

Intimacy is a feeling of wanting to always be close to, connected, forming, and making love bonds. There is a desire to always pay attention to people who are loved. Breastfeeding mothers are quite intimate with their babies, supported by most of them having 1 child, so it is the first experience and wants to be close to the baby. Passion is a drive that is focused on strong emotions in a bonding or loving relationship, giving and receiving attention, and the need for self-esteem or dominating. Breastfeeding mothers are quite passionate about giving frequent attention to their babies and support from families who help mothers breastfeed and care for their babies. Commitment is an agreement in making an agreement or someone will give serious service. Calculative commitment is an extension of the need to maintain relationships because of economic benefits. Meanwhile, affective commitment is based on a continuous relationship because each party feels emotional or psychological closeness. Affective commitment is related to trust and supports the benefits of a longer relationship. Breastfeeding mothers have sufficient calculative commitment because they know the benefits that can be obtained from breastfeeding their babies exclusively. The benefits that are obtained are not only for himself but for babies and their families as well as for breastfeeding mothers to have enough affective commitment because they experience various benefits from exclusive breastfeeding.

### Breast milk factor

Breast milk factors are constructed by 2 indicators, namely colostrum and breast milk production. The descriptive

results of the breast milk factor constructs are in the following table:

**Table 5.** Breast milk factor in Sidoarjo Regency in July-October 2020

Breast milk factor		n	%
Colostrum	Good	91	95,8
	Moderate	4	4,2
Production	Good	95	100
	Moderate	0	0

Based on table 5, it can be seen that most of the breast milk (colostrum) are categorized good was 91 respondents (95.8%) with a cut of 6-7 points and all factors of breast milk (breast milk production) are categorized as good was 95 respondents (100%) with a cut of 6-7 points.

This means that the mother has been breastfeeding with the correct position and attachment so that milk production increases. Figure 1 shows that not all T-statistical values in the path chart have a value greater than the T-table value of 1.96. These pathways include the path of health care factors (X2) to the breast milk factor (Y1) with statistical T of 2,282, environmental factor (X3) to position and attachment (X4) with statistical T of 5,054, position and attachment factor (X4) to the breast milk factor (Y1) with T-statistics of 2,071.

While the variable that indicates an insignificant relationship is the relationship between the breastfeeding mother factor (X1) to the position and attachment factor (X4) and T-statistics 0.359, breastfeeding maternal factor (X1) against breast milk factor (Y1) with T-statistics 0.444, health service factor (X2) against position and attachment factor (X4) with T-statistics 1,502, environmental factor (X3) to breast milk factor (Y1) with T-statistic 0.463.

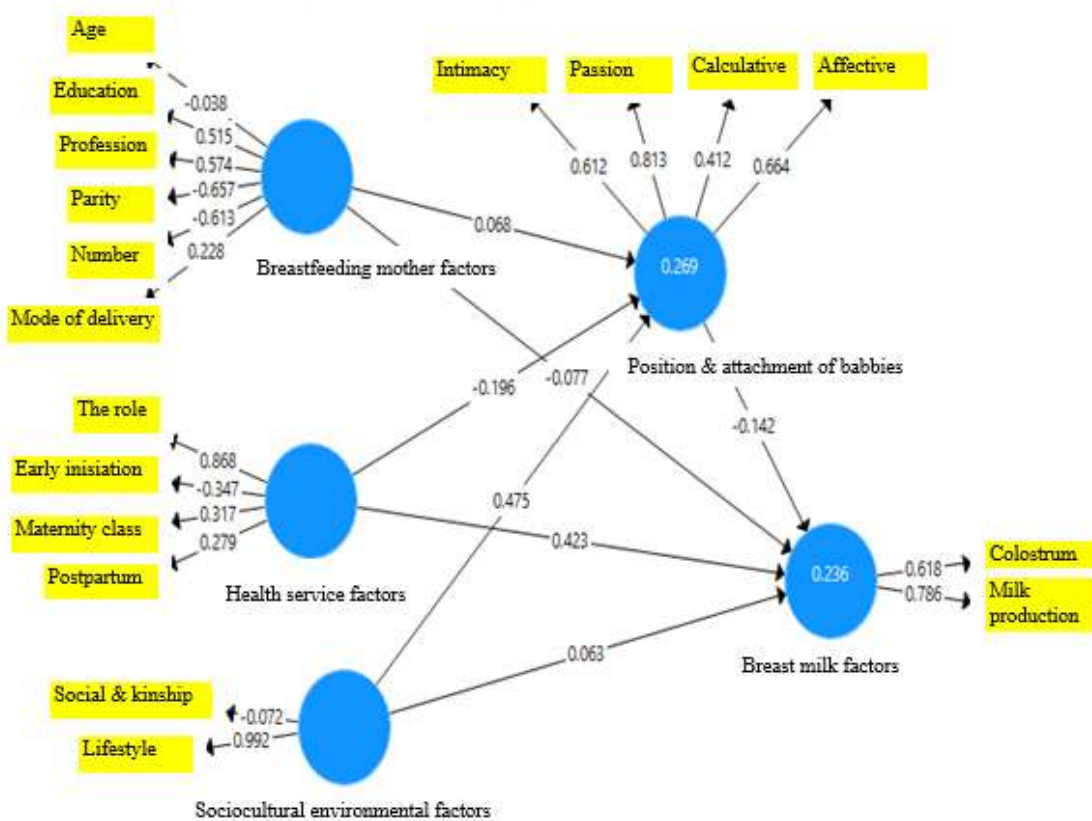


Figure 1. T-statistical value path diagram

## DISCUSSION

### Breastfeeding Mother Factors

Statistical test results showed that the breastfeeding mother factor does not affect the position and attachment of the baby with the triangular of love model and the breastfeeding mother factor does not affect the breast milk factor. Breastfeeding maternal factors include age, education, employment, parity, number of children, and mode of delivery.

Most of the breastfeeding mothers are < 25 years old. This shows that the majority of breastfeeding mothers are of productive age and plus most breastfeeding mothers are working so that the responsibility for caring for children is generally given to the baby's grandmother. Research conducted by Wahyuni & Abidin (2015) shows that the grandmother's decision to take care of her grandchildren is due to several reasons, including working breastfeeding mothers, the

condition of the child's / daughter-in-law's family, distrust in the care of grandchildren by maid, or as a filler in activities due to the absence of a spouse.

Some breastfeeding mothers have a parity of 1 birth so they do not have experience in caring for their babies and obey the advice of the baby's grandmother because they are considered more experienced in caring for babies. Research conducted by Simbolon (2011) and Saputri, (2013) shows that grandmothers generally accompany breastfeeding mothers after giving birth for approximately 6 months and reduce parenting habits, especially regarding early feeding and the assumption that the baby's needs are less if only breastfed. Research conducted by Negin, *et al* (2016) showed that grandmothers who had a breastfeeding experience produced an effect 1.6-12.4 times more likely to affect exclusive breastfeeding. According to researchers, grandmothers have enough experience and

strength to influence breastfeeding mothers including how to breastfeed and care for babies so that they generally participate in determining decisions made by families, especially about breastfeeding. In addition, breastfeeding mothers follow all the advice given by grandmothers because they are considered more experienced.

### Health Service Factor

Statistical test results showed that health care factors did not affect the position and attachment of babies with the triangular of love model. While the health service factor affects the breast milk factor. Health service factors include the role of health workers, IMD, maternity classes and medical visits. According to Blum (1981) in Notoatmodjo (2012) states that a person's health status is influenced by four factors, one of which is health services. Health services are provided by the health system to help people become healthy. Health services help people, families, and individuals in getting treatment, prevention and treatment of a disease. Health professionals in health services are resources that provide support for breastfeeding mothers because they have the knowledge to initiate and maintain breastfeeding, so it is necessary to facilitate 10 steps for successful breastfeeding, and not market formula milk in health services because it significantly reduces exclusive breastfeeding and the duration of breastfeeding. In addition, information support from health personnel makes mothers more optimistic in facing breastfeeding difficulties (Misdayanti, *et al.*, 2016; Thet, *et al.*, 2016)

Most of the health services regarding the role of health workers are in good category. The role of health workers includes providing information and motivation to families about exclusive breastfeeding. Information support from health workers makes mothers more optimistic in facing breastfeeding difficulties (Misdayanti, *et al.*, 2016; Thet,

*et al.*, 2016). According to researchers, the role of health workers is in the good category because health workers have carried out their duties and obligations in providing health services. For example, health workers provide information about breastfeeding starting at pregnancy checks, in the delivery room, and during postpartum visits.

Most maternity class programs are in the less category. The class program of pregnant women is a means of learning with pregnant women with a gestational age of 4-36 weeks with a maximum number of participants of 10 people, learning about the health of pregnant women (pregnancy care, childbirth, s nips, and newborn care) to improve the knowledge and skills of pregnant women, scheduled and continuous manner (Kemenkes, 2011). Research conducted Palmqvist, *et al* (2015) Research conducted by Palmqvist, *et al* (2015) shows that a parent class that includes married couples can increase exclusive breastfeeding behavior. According to the researcher, the maternity class was in the poor category because most of the breastfeeding mothers worked so that they could not participate in maternity class because the implementation was held on weekdays.

Most IMD programs are in less category. Early Breastfeeding Initiation Program (IMD) is the contact of the baby's skin with the mother's skin. The process begins with the creeping of the baby to the mother's chest after smelling the nipple (breast crawl). Early skin-to-skin contact can increase the production of the hormone oxytocin, thus helping to smooth the lactation process. This lactation process will be easily achieved when the mother is in rooming in (Etika & Partiw, 2015). After 24 hours of delivery is an important time for the success of further breastfeeding, so there needs to be continuous family support so that breastfeeding mothers can carry out the

lactation process optimally (Etika & Partiwi, 2015). According to researchers, IMD is in the less category due to the Covid-19 pandemic, which makes health workers place a newborn on the mother's chest immediately after birth but not until 1 hour has taken the baby to be moved to the nursery so that the minimum 1 hour IMD rule and the mother's baby have not been met. Feeling worried that her child is exposed to Covid-19 so that colostrum / breast milk is given through expressed breast milk.

Most of the postpartum visits were in the less category. Postpartum re-visit is the contact of the post-partum mother with the second health worker and so on to get standard services. Postpartum revisits of at least four visits to assess the condition of the mother and newborn and to prevent, detect, and deal with problems that occur at that time (Saifuddin, *et al.*, 2014). According to researchers, postpartum visits are in the less category due to the Covid-19 pandemic so that mothers give birth to minimize visits / treatment to health services. In addition, the fourth postpartum visit is rarely done because the mother has returned to work or she does not feel any complaints so she does not make a postpartum visit.

### **Sociocultural Environmental Factors**

Statistical test results showed that environmental factors affect the position and attachment of the baby with the triangular of love model. However, environmental factors do not affect the breast milk factor. Environmental factors include social-kinship and lifestyle.

Most of the social and kinship categories are moderate. Families need to be involved so that the nursing care provided is in accordance with the family culture. Most of the family forms in East Java are in the form of extended family and nuclear family. In the form of a large family ( extended family ), the role of the grandmother greatly influences decision

making in breastfeeding (Sudiharto, 2007). Research conducted by Negin, *et al* (2016) showed that the role of grandmothers as the older generation and experienced in exclusive breastfeeding resulted in an effect of 1.6-12.4 times more likely to affect exclusively breastfeeding children. According to researchers, family solidarity to help breastfeeding mothers is good enough in overcoming problems related to exclusive breastfeeding because families think that childbirth is a woman's nature so it is a natural thing to happen to women.

Most of the cultural and lifestyle values are in moderate category. Culture or habits in parenting today are still influenced by the belief in the comfort of doing familiar habits to meet the basic needs of individuals or groups (Sudiharto, 2007). A woman who gets married and becomes a new member of a family has additional parents, namely father and mother-in-law. During the adaptation process in marriage, there are sometimes differences in opinions and principles with grandmothers. The opinions and principles are based on differences in family habits and culture. This can be a source of conflict so that son-in-law usually chooses to avoid conflict (Ririen, 2007).

According to researchers, the cultural and lifestyle values are in the sufficient category because of the harmonious relationship between breastfeeding mothers and their families so that there are no serious conflicts in the family and the family supports mothers to breastfeed their babies exclusively.

### **Position and attachment of the baby in Triangular of Love model**

The statistical results show that the position and attachment of babies with the triangular of love model affect the breastfeeding factor. The baby's position and attachment using the triangular of love model includes intimacy, passion, calculative commitment, and affective commitment.



Most of the baby's position and attachment with the triangular of love model about intimate in the enough category. Intimacy means the feeling of wanting to be close, wanting to be in touch, forming bonds with loved ones. In this component, there is a desire to always pay attention to loved ones. The closeness of oneself with a partner and intimate communication is important. This component is very important both in romantic love, love for children and for good friends (Sternberg, R.J., & Barnes, 1988). According to researchers, breastfeeding mothers are quite intimate with her baby because most have parity of the birth so it is the first experience of being a mother and wants to always air close early with the baby to care for her baby. Family support is needed to provide motivation for breastfeeding mothers.

Most of the positions and attachments of babies with the triangular of love model about passion are in the moderate category. Passion is the impulse that leads to a strong emotion in the love relationship. In a romantic love relationship, physical and sexual attraction may be the main thing. But other motives such as giving and receiving attention, the need for self-esteem or the need to dominate are involved (Sternberg, R.J., & Barnes, 1988). According to researchers, breastfeeding mothers are quite passionate by often giving attention to their babies and support from families who help mothers breastfeed and care for their babies.

Most infant positions and attachments with a triangular of love approach of calculative commitment fall into the moderate category. Commitment is a high promise that someone will devote himself seriously in any circumstances so that someone has a commitment, that person can feel safe and comfortable and pleasant in carrying out the commitments he made (Mulyasa, 2011). Research inducted by Wulandari (2009) shows that

breastfeeding mothers who have good knowledge tend to exclusively breastfeed than breastfeeding mothers who have poor knowledge.

Calculative commitment relates to the instrument type of commitment and as an extension of the need to maintain the relationship due to the economic benefits of making the commitment. According to researchers, breastfeeding mothers have quite a calculative commitment because they know the various benefits that can be obtained from breastfeeding their babies exclusively. The benefits obtained are not only for herself, but for the baby and her family.

Most of the baby's position and attachment with the triangular of love model of affective commitment is in the moderate category. Affective commitment based on a sustainable relationship not because of short-term economic benefits but because each party feels an emotional or psychological closeness to each other. Affective commitment is positively related to trust and supports the benefit of the relationship over a longer time. According to researchers, breastfeeding mothers have enough affective commitment because they experience various benefits from exclusive breastfeeding.

### **Model of baby's position and attachment to colostrum and breast milk production with triangular of theory approach**

This study emphasizes that the position and attachment of babies using the triangular of love model carried out to influence colostrum and breast milk production so that the mother is able to exclusively breastfeed. Baby's position and attachment are measured by intimacy, passion and commitment. Commitment is divided into two, namely calculative commitment and affective commitment. Position and attachment are breastfeeding techniques for successful breastfeeding. The correct breastfeeding position is the

auricle and upper arm next baby is a straight line (if the line is drawn). Meanwhile, the correct attachment can be abbreviated as amubidapi. Amubidapi is part of the areola enter largely into the mouth of the baby, the baby opens wide its mouth, the baby's lips folded out while feeding, the baby's chin during breastfeeding will be stuck in the breast, and the baby's cheeks as inflated as being

express the milk. Research conducted by Kusumawaty (2015) shows that the success of exclusive breastfeeding is supported by having good knowledge and commitment to the mother. In addition, information support from health personnel makes mothers more optimistic in facing difficulties during breastfeeding their babies (Misdayanti, *et al.*, 2016; Thet, *et al.*, 2016).

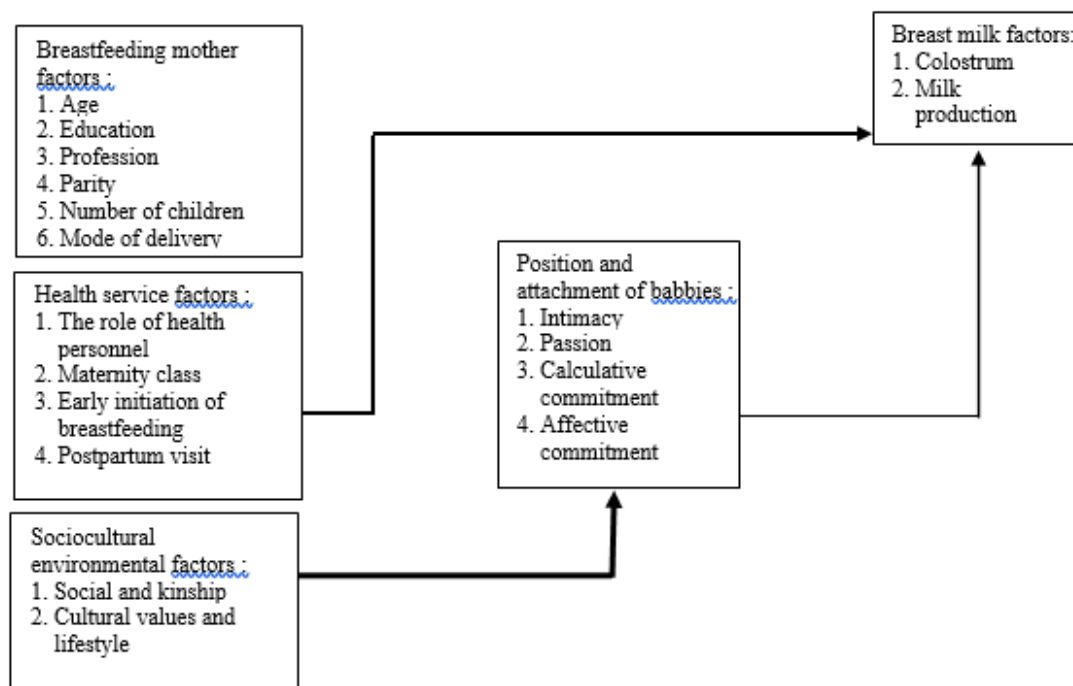


Figure 2. The new findings of the study

The theory of Robert Stenberg known as Stenberg's triangular of love is the most famous theory of love. Stenberg says that all experiences of love have 3 components including intimacy, passion, and commitment (Anindyojati, 2012). According Peppers & Rogers (2004) divides the type of commitment that is calculative and affective

In this research, the triangular of love theory was applied to increase the success of breastfeeding through the correct position and attachment of the baby using the triangular of love theory approach. The information given to breastfeeding mothers is in accordance with the modules that have been prepared.

The infant's position and attachment module using the triangular of love approach discusses the correct breastfeeding position, the correct latching, various breastfeeding positions and how to increase breast milk production.

The correct position and attachment of the baby with the triangular of love approach will be realized if the breastfeeding mother takes actions such as (1) breastfeeding her baby in the correct position, (2) latching the baby properly when breastfeeding, (3) performing the mother-baby inner bond (intimacy) by always being closed to the baby (caressing, inviting communication while breastfeeding) (4) caring for the baby such

as changing diapers, bathing babies, breastfeeding in accordance with the needs of the baby (passion), and (5) carrying out the commitments that have been made so that exclusive breastfeeding increases.

Intimacy is the feeling of wanting to always be close, touch, form and create a bond of love. There is a desire to always pay attention to loved ones. These components are the one essential to the love of the child or good friend / friend (Puspitawati, 2013). According to the researchers, breastfeeding mothers are quite intimate with their babies, supported by most of them having a parity of one birth so that it is the first experience and wants to be close to their babies. While passion is an impulse focused on the emotion is strong in bond or a love relationship, giving right and receive attention, as well as the need for self-esteem or dominate (Puspitawati, 2013). According to the researchers, breastfeeding mothers often passionate enough to give attention to the baby as well as the support of the family that help breastfeeding mothers in caring for babies.

Commitment is an agreement in making an agreement or someone will give devotion in earnest (Mulyasa, 2011). Calculative commitment as an extension of the need to maintain relationships because of economic benefits. Meanwhile, affective commitment is based on a continuous relationship because each party feels emotional or psychological closeness. Affective commitment relates to trust and supports the benefits of longer relationships. According to the researchers, breastfeeding mothers have sufficient calculative commitment because they know the various benefits that can be obtained from breastfeeding their babies exclusively. The benefits that are obtained are not only for herself, but for her baby, her family and breastfeeding mothers who have enough affective commitment because they feel various benefits of exclusive breastfeeding so that they are

motivated to breastfeed their babies exclusively.

Emphasis on environmental factors (social kinship and lifestyle) to optimize the position and attachment of the baby with a triangular of love approach so as to increase colostrum and breast milk production. The intervention of position and attachment of babies with the triangular love approach includes providing knowledge and skills around breastfeeding (contained in the module).

The position and attachment of babies using the triangular of love approach are influenced by factors of breastfeeding mothers, health service factors, and environmental factors. Of the three factors, the biggest influence is the environment so that the process of position and attachment of the baby using the triangular of love approach is carried out based on environmental factors. The environment in question is support from family members to motivate breastfeeding mothers to be able to care for their babies and breastfeed exclusively.

## CONCLUSION

From the research, the novelty lies in the socio-cultural environmental factors have the greatest influence on the position and attachment of the baby which further affects the factor of breast milk (colostrum production and breast milk production).

There are several factors that do not affect, among others: the factor of breastfeeding mothers does not affect the position and attachment, the factor of breastfeeding mothers does not affect the breast milk factor, health service factors do not affect the position and attachment of the baby, and environmental factors do not affect the breast milk factor.

The use of the triangular of love approach on the position and attachment of the baby can increase colostrum expenditure and milk production.

REFERENCES

- Anindyojati, R. (2012). *Hubungan Antara Cinta (Sternberg's Triangular Theory of Love) dan Kesiapan Menikah pada Dewasa Muda yang Menjalani Long-Distance Relationship* [Universitas Indonesia].
- Blum, H. L. (1981). *Planning for Health: Generics for the Eighties* (2nd ed.). Human Sciences Press.
- Etika, R., & Partiw. (2015). *Breastfeeding Sick Baby*. IDAI.
- Kusumawaty, J. (2015). *Faktor-faktor Transkultural yang Mempengaruhi Pemberian ASI Eksklusif. Vol. 2*(No. 1), 45–58.
- Machmudah, & Khayati, N. (2014). *Produksi ASI Ibu Post Seksio Sesarea dengan Pijat Oketani dan Oksitosin. Jurnal Ners, 9*(1), 104–110.
- Ministry of Health. (2016). *Profil Kesehatan Indonesia 2015*. Pusat Data dan Informasi Kemenkes RI. <https://doi.org/351.077> Ind
- Ministry of Health. (2017). *Data dan Informasi Profil Kesehatan Indonesia Tahun 2016*. Pusat Data dan Informasi Kemenkes RI. [http://www.depkes.go.id/resources/download/pusdatin/lain-lain/Data dan Informasi Kesehatan Profil Kesehatan Indonesia 2016 - smaller size - web.pdf](http://www.depkes.go.id/resources/download/pusdatin/lain-lain/Data%20dan%20Informasi%20Kesehatan%20Indonesia%202016%20-%20smaller%20size%20-%20web.pdf)
- Ministry of Health. (2011). *Pegangan Fasilitator Kelas Ibu Hamil*.
- Ministry of Health. (2015). *Profil Kesehatan Indonesia 2014*. Kementerian Kesehatan Republik Indonesia. <https://doi.org/10.1037/0022-3514.51.6.1173>
- Misdayanti, S. K. ., Devy, S. R., & Etika, R. (2016). Relationship between Health Resources Support with Exclusive Breastfeeding : An Observational Analytic Study. *International Journal of Preventive and Public Health Sciences, Vol. 2*(Issue 2). <https://doi.org/10.17354/ijpphs/2016/30>
- Mulyasa. (2011). *Manajemen berbasis sekolah, konsep, strategi, dan implementasi* (Pertama). Remaja Rosdakarya.
- Negin, J., Coffman, J., Vizintin, P., & Raynes-Greenow, C. (2016). The Influence of Grandmothers on Breastfeeding Rates: a Systematic Review. *BMC Pregnancy and Childbirth, 16*(91), 1–10. <https://doi.org/10.1186/s12884-016-0880-5>
- Notoatmodjo, S. (2012). *Promosi Kesehatan dan Perilaku Kesehatan*. Rineka Cipta.
- Nursalam. (2015). *Metodologi Penelitian Ilmu Keperawatan: Pendekatan Praktis*. Salemba Medika.
- Palmqvist, H., Zäther, J., & Larsson, M. (2015). Fathers' and Co-mothers' Voices About Breastfeeding and Equality - a Swedish Perspective. *Women and Birth: Journal of the Australian College of Midwives, Vol. 28*(No. 3), 63–69. <https://doi.org/10.1016/j.wombi.2015.03.005>
- Peppers, D., & Rogers, M. (2004). *Managing customer relationships: a strategic framework*. USA: Jhon Wiley & sons, inc.
- Pujiastuti, N. (2010). Korelasi Antara Status Gizi Ibu Menyusui Dengan Kecukupan ASI di Posyandu desa Karang Kedawang Kec. Sooko Kab. Mojokerto. *Jurnal Keperawatan, 1*(2).
- Pujiastuti, N., Susanto, B., Devi, S., & Adriani, M. (2018). Family Empowerment as Personal Reference to Exclusive Breastfeeding Behavior using Transcultural Nursing Theory Approach. *Journal of Applied Science and Research, 6*(2), 23–35.
- Puspitawati, H. (2013). *Konsep dan Teori Keluarga: Teori Struktural-Fungsional/Sistem*. PT IPB Press

- Bogor.
- Ririen. (2007). *Hubungan antara Komunikasi Interpersonal dengan Penyesuaian Diri Menantu Perempuan terhadap Ibu Mertua*. Fakultas Psikologi Universitas Katolik Soegijapranata.
- Saifuddin, A. B., Hanifa, G., Waspodo, J., & Afandi, B. (2014). *Buku Panduan Praktis Pelayanan Kesehatan Maternal dan Neonatal*. Sagung Seto, Jakarta.
- Saputri. (2013). *Alasan Ibu Memberikan MP-ASI dengan Pendekatan Teori Health Belief Model di Wilayah Kerja Puskesmas Pesanggrahan Jakarta Selatan*. Universitas Islam Negeri Syarif Hidayatullah Jakarta.
- Sidoarjo District Health Office. (2017). *Data Cakupan ASI Eksklusif*.
- Simbolon. (2011). *Pengaruh Dukungan Keluarga terhadap Pemberian ASI Eksklusif di Wilayah Kerja Puskesmas Gurilla Pematangsiantar*. Universitas Indonesia.
- Sternberg, R.J., & Barnes, M. L. (1988). *The Psychology of Love*. USA: Yale University.
- Sudiharto. (2007). *Asuhan Keperawatan Keluarga dengan Pendekatan Keperawatan Transkultural*. EGC.
- Thet, M. M., Khaing, E. E., Diamond-Smith, N., Sudhinaraset, M., Oo, S., & Aung, T. (2016). Barriers to Exclusive Breastfeeding in the Ayeyarwaddy Region in Myanmar: Qualitative Findings from Mothers, Grandmothers, and Husbands. *Appetite*, Vol. 96, 62–69. <https://doi.org/10.1016/j.appet.2015.08.044>
- Wahyuni, & Abidin. (2015). Pengalaman hidup lansia yang mengasuh cucu. *Jurnal Empati*, 4(4), 8–14.
- Wiyono, G. (2011). *Merancang Penelitian Bisnis dengan Alat Analisis SPSS 17.0 & SmartPLS 2.0* (1st ed.). STIM YPKN Yogyakarta.
- Wulandari. (2009). Hubungan Pengetahuan dan Sikap dengan Pemberian ASI Eksklusif oleh Ibu Bekerja sebagai Perawat di RS Al-Islam Kota Bandung. *Jurnal Media Kesehatan Indonesia*, 9(23), 112–115.