



Article

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FACTORS RELATED TO EXCLUSIVE BREASTFEEDING

Desti nataria¹⁾, Yeltra Armi²⁾

¹⁻²Faculty Of Midwifery, Prima Nusantara Bukittinggi Health Institute, Bukittinggi, Indonesia

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CORRESPONDENCE

Phone: +62 822-8433-6441
E-mail: desti_nataria@yahoo.com

A B S T R A C T

Global exclusive breastfeeding coverage for the 2015-2019 period is around 48.4%. This study aims to determine the factors that influence exclusive breastfeeding in the working area of the IV Koto Public Health Center. This research is a correlative analytic with a cross sectional approach. The population of this study were all mothers who had babies aged 7-12 months who were in the working area of the IV Koto Public Health Center, totaling 82 people. The number of samples is 82 people, taking samples with total sampling. Collecting data using a questionnaire, the data is processed and analyzed computerized. Univariate analysis showed that the frequency distribution of exclusive breastfeeding was 19.5%, the status of mothers not working was 62.2%, good family support was 30.5%, good midwife support was 35.4%. The results of bivariate analysis for the relationship between mother's employment status and breastfeeding obtained a value of $p = 0.143$, which means that there was no significant relationship between mother's employment status and exclusive breastfeeding, for family support $p = 0.028$, for midwife support 0.001, which means there is a significant relationship between family support and midwives' support for exclusive breastfeeding. Results Multivariate analysis showed that midwives' support had a more influential effect on exclusive breastfeeding. With that suggested, to the next researcher to examine other variables.

I. INTRODUCTION

Exclusive breastfeeding is giving only breast milk to babies for the first six months without any additional drinks or food. After 6 months, breastfeeding with complementary foods, then continuing breastfeeding for up to two years or more. Exclusive breastfeeding is given since the baby is born into the world until he is six months old. During this period, it is advisable to only give your little one breast milk, without any additional intake. This is because there are many benefits of exclusive breastfeeding that babies can get (Riskesdas, 2018).

Exclusive breastfeeding is very beneficial for the mother's physical and emotional well-being, reduces the risk of the mother experiencing postpartum hemorrhage, the risk of uterine cancer, breast cancer and strengthens the bond of affection between the mother and her baby (Dwi Sunar, 2019). Babies who are exclusively breastfed are better able to deal with the effects of jaundice, are more immune to disease, increase baby's weight, accelerate brain cell growth, and the intelligence level of babies who are breastfed is 7-9 points higher than babies who are not breastfed (Roesli, 2019). For families, breastfeeding is useful for controlling the economy in the household. Families do not need to spend a lot of money to buy formula, feeding bottles, and other supplies. If the baby is healthy, it means that the family spends less money on health care (Roesli, 2019).

The impact if the baby is not exclusively breastfed is that the baby will be more prone to the risk of infectious diseases such as digestive tract infections (diarrhea), respiratory tract infections and ear infections as well as inhibiting the baby's immune system and the occurrence of dental caries (tooth decay) in infants (Haryani, 2014).

The low achievement of exclusive breastfeeding coverage is influenced by various factors. Factors that influence exclusive breastfeeding are divided into 3 parts, namely predisposing factors (knowledge, age, employment status, education, demographics, maternal and child health), enabling factors (availability of health services, promotion of formula milk, health-related skills such as lactation management), reinforcing factors (husband support, family support, in-law support, health worker support, national policy, international policy (Green Lawrence, 1980).

According to research conducted by Yeboah, Bernard et al (2018) entitled Breastfeeding practices and determinants of exclusive breastfeeding in a cross-sectional study at a child welfare clinic in Tema Manhean Ghana, it turns out that education, age, and mother's culture affect exclusive breastfeeding (Yeboah, Bernard et al, 2018)

Based on research conducted by Pediatrics, Sari (2019), there are factors that influence exclusive breastfeeding, namely the age of the mother, a history of successful exclusive breastfeeding, mothers who do not work, and are highly educated (Paediatrics, Sari, 2019).

Attika, Zummatul et al (2018) also conducted a study entitled Multivel Analysis of the determinants of exclusive breastfeeding at the Gunung Anyar Health Center, Surabaya, and the results showed that norms, free time, husband support, In fact, family support, support from health workers, and contextual effects at Posyandu contributed to the effect of exclusive breastfeeding (Attika, Zummatul et al, 2018).

II. METHODS

This was Correlative Analytical with Cross Sectional approach. This research was conducted at working area of IV Koto public health center. The population in this study were 82 mother who have 7-12 month old babies. The sample of this study were taken using total sampling. 82 mother become samples this study. The instrument used in this research is a questionnaire. The instrument in this study was adopted from the instrument used by Evareny, Lisma (2008) and (Genny, Tirtha (2015)) To measure the variable of employment status 1 item, 10 family support, 10 midwife support. Data analysis included univariate analysis and bivariate analysis using chi-square.

III. RESULT

Table 1 Frequency of Respondents Based on Exclusive Breastfeeding

Exclusive breastfeeding	Frequency	%
No	66	80,5
Yes	16	19,5
Total	82	100

based on table 1, out of 82 respondents, 16 (19.5%) respondents gave exclusive breastfeeding to their babies

Table 2 Frequency of Respondents Based on Mother's Occupational Status

Mother's Occupational Status	Frequency	%
Yes	31	37,8
No	51	62,2
Total	82	100

Based on table 2, 82 respondents obtained 51 (62.2%) respondents with the employment status of non-working mothers

Table 3 Frequency of Respondents Based on Family Support

Family support	Frequency	%
Not good	57	69,5
Good	25	30,5
Total	82	100

Based on table 3. out of 82 respondents, 25 (30.5%) respondents had good family support regarding exclusive breastfeeding

Table 4 Frequency Distribution of Respondents Based on Midwife Support on Exclusive Breastfeeding

Midwife's support	Frequency	%
Not good	53	64,6
Good	29	35,4
Jumlah	82	100

Based on table 4, out of 82 respondents, 29 (35.4%) respondents had good midwife support regarding exclusive breastfeeding.

Table 5 Relationship between Mother's Occupational Status and Exclusive Breastfeeding

Mother's Occupational Status	Exclusive breastfeeding status				Total		P-Value
	no		yes		F	%	
	f	%	f	%			
Yes	28	90,3	3	9,7	31	100	0,143
No	38	74,5	13	25,5	51	100	
Total	49	59,8	33	40,2	82	100	

Based on table 5 out of 82 respondents, it was found that 31 respondents had working mothers, 28 respondents (90.3%) did not give exclusive breastfeeding. Based on the Chi Square Statistical test, it was obtained that the value of $p > 0.05$ ($p = 0.143$) means that there is no significant relationship between the mother's employment status and exclusive breastfeeding

Table 6 Relationship between family support and exclusive breastfeeding

Family Support	Exclusive breastfeeding status				Total		P-Value
	no		yes		F	%	
	f	%	f	%			
Not good	50	87,7	7	12,3	57	100	0,028
Good	16	64,0	9	36,0	25	100	
Total	66	80,5	16	19,5	82	100	

Based on table 6 of 82 respondents, it was found that 57 respondents whose family support was not good, 50 respondents (87.7%) did not give exclusive breastfeeding. Based on the Chi Square

Statistical test, it obtained a value of $p < 0.05$ ($p = 0.028$) so it can be interpreted that there is a significant relationship between family support and exclusive breastfeeding in the Work Area of the IV Koto Health Center, IV Koto District, Agam Regency in 2020.

Table 7. The Relationship between Midwife Support and Exclusive Breastfeeding

Midwife Support	Exclusive breastfeeding status				Total		P-Value
	no		yes		F	%	
	f	%	f	%			
Not good	49	92,5	4	7,5	53	100	0,001
Good	17	58,6	12	41,4	29	100	
Total	66	80,5	16	19,5	82	100	

Based on table 7, it was obtained from 82 respondents that 53 respondents had poor midwife support as many as 49 respondents (92.5%) did not give exclusive breastfeeding. Based on the Chi Square Statistical test, the value of $p < 0.05$ ($p = 0.001$) is obtained, so it can be interpreted that there is a significant relationship between midwife support and exclusive breastfeeding in the Working Area of the IV Koto Health Center, IV Koto District, Agam Regency in 2020

IV. DISCUSSION

It was found that 51 respondents whose mother's employment status was not working, and as many as 13 respondents (25.5%) gave exclusive breastfeeding to their babies. Based on the Chi Square Statistical test, it obtained a value of $p > 0.05$ ($p = 0.143$) so it can be interpreted that there is no significant relationship between the mother's employment status and exclusive breastfeeding in the Working Area of the IV Koto Health Center, IV Koto District, Agam Regency in 2020.

The results of the study were not the same as the research conducted by Rahmawati (2013) entitled The Relationship Between Mother Characteristics, Role of Health Workers and Family Support with Exclusive Breastfeeding in the Work Area of the Bonto Cani Health Center, Bone Regency, which stated that there was a significant relationship between the mother's occupation and exclusive breastfeeding in infants with $p=0.000$. In fact working mothers can continue to provide exclusive breastfeeding by expressing breast milk and giving it to the baby when the mother is working (Astutik, 2014).

According to the researchers' assumptions, there were 38 respondents who did not work, but did not provide exclusive breastfeeding for their babies. Mothers who are not working should spend a long time with their babies, interact and be able to breastfeed their babies exclusively. After investigating, it turned out that there were other factors that influenced this, including that of 38 people, there were 30 respondents who received support from families who were not good. Most of the mother's family (23 families) only occasionally helped the mother carry out

household tasks such as cooking, washing clothes etc. during the breastfeeding period, in fact there were 7 families which never helped the mother at all. So, even though the mother does not work outside the home, the mother spends her days busy completing the housework herself.

V. CONCLUSION

Based on the results there is a significant relationship between family support and midwives' support for exclusive breastfeeding. Results Multivariate analysis showed that midwives' support had a more influential effect on exclusive breastfeeding. With that suggested, which means there is a significant relationship between family support and midwives' support for exclusive breastfeeding. Results Multivariate analysis showed that midwives' support had a more influential effect on exclusive breastfeeding. With that suggested, to the next researcher to examine other variables.

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