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FACTORS ASSOCIATED WITH EXCLUSIVE BREASTFEEDING ON INFANTS AGED 6-12 MONTHS IN HARAPAN BARU PUBLIC HEALTH CENTER, SAMARINDA

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ABSTRACT

Exclusive breastfeeding has a great contribution to the growth and development and endurance of children. According to the World Health Organization (WHO) in the Indonesian Ministry of Health (2017), exclusive breastfeeding is breast milk that is given to babies from birth for 6 months, without adding and/or replacing with other foods or drinks. There are several factors that can affect the exclusive breastfeeding. This study aims to determine what factors associated exclusive breastfeeding in the working area of Harapan Baru Public Health Center, Samarinda. The research design used in this research is descriptive correlational. The sample in this study amounted to 107 infants aged 6-12 months. The sampling technique used cluster sampling. Data collection was carried out using a questionnaire. The data analysis technique used Chi Square. The results showed that the factors that associated exclusive breastfeeding in the work area of the Harapan Baru Public Health Center, Samarinda were the parity ($0.038 < 0.05$), employment status ($0.040 < 0.05$), socioeconomic status ($0.017 < 0.05$), family support ($0.006 < 0.05$), early initiation of breastfeeding ($0.009 < 0.05$). The factors most related to exclusive breastfeeding are family support and early initiation of breastfeeding.

Keywords: aged 6-12 months; exclusive breasfeeding of infants; infants

INTRODUCTION

In 2030, end all forms of malnutrition, including by 2025 achieving the internationally agreed targets on malnutrition and neglect of children under five years, and addressing the nutritional needs of young women, pregnant and lactating women and the elderly. The practice of feeding children is very important for the survival and development of children to achieve the SDGs (Sustainable Development Goals), breastfeeding provides tangible benefits for children in the first two years of life and after, by global standards, the Government of Indonesia, WHO and UNICEF recommended exclusive breastfeeding for the first six months of life, and continued with complementary foods and continue breastfeeding the child until the age of two years or more. This is done to accelerate the achievement of ending hunger, achieving resilience and better nutrition. Breastfeeding is one of the best investments for survival and improving the health, social and economic development of individuals and nations. Despite the relatively high rate of initiation of breastfeeding globally, only 40% of all infants under 6 months are exclusively breastfed and 45% are breastfed until 24 months of age. In addition, breastfeeding rates in various regions and countries are still very varied (Kementerian Kesehatan Republik Indonesia, 2020). Breast milk can affect intelligence and improve the bond of affection between mother and child. Breastfeeding activity is a physical activity which improves interaction between mother and her infant (Kusmiyati et al., 2018).

Exclusive breastfeeding according to WHO (World Health Organization) is breastfeeding without additional other fluids either formula, water, juice, or other food additives. Solids (weaning food)

is the provision of complementary foods in addition to breast milk when the baby is 6 months old. ASI only provide half or more nutritional needs of infants at the age of 6-12 months (Farasari, Indahsah, Imam, 2018). Breastfeeding is a well-established and recommended intervention for the improvement of child nutrition. Exclusive breastfeeding for the first six months of infants` life is a cost-effective intervention in saving children`s lives (Solomon, Fufa, & Girma, 2016). Exclusive breastfeeding has many the benefits that can be obtained, both for the mother as well as for babies. Exclusive breastfeeding can not directly reduce the number Infant mortality (IMR) caused by various diseases that often afflict infants such as diarrhea and inflammation of the lungs and speed up recovery when sick (Romlah & Sari, 2019).

The first twenty-four hours after mother giving birth is a very important time for subsequent breastfeeding success. In the hours first after giving birth, hormones are released oxytocin is responsible for milk production. First time getting breast milk immediately after birth meaningfully increase the infant's chances of survival (Sari, Yuviska, & Sunarsih, 2020). Many factors will affect the success of exclusive breastfeeding, including knowledge, education, occupation, problems with the mother's breast, and interest in formula milk promotion. Knowledge is the result of sensing that has been seen or known by humans which will become information for him. The better a person's knowledge about exclusive breastfeeding, the more people who give exclusive breastfeeding to their babies (Halida & Andriani, 2021). In addition, several factors have been found to be associated with exclusive breastfeeding, in developed countries; social class, education level,maternal age, lack of parental support, living with spouse, employment status, parity, place of birth, smoking while pregnant (Maonga, Mahande, Damian, & Msuya, 2016). Based on the results of a preliminary study conducted in 2018, the number of babies who were given exclusive breastfeeding was 68 babies, and the number of babies who were not given exclusive breastfeeding was 70 babies. Based on interviews, Harapan Baru Public Health Center has the second lowest exclusive breastfeeding rate in Samarinda.

METHOD

The research design used in this research is descriptive corellational. The population in this study were all in infants age 6-12 months in the working area of the Harapan Baru Public Health Center, Samarinda as many as 139 infants. Sampling technique used cluster sampling. The sample in this study were 107 infants aged 6-12 months based on the calculation of the number of samples using the Slovin formula with an error tolerance of 5%. Data collention was done by using a questionnaire. The data analysis technique used Chi Square.

RESULTS

Identify Characteristic of Respondents

The result of this study explains respondents characteristics, consist of the mother`s age, mother's educational background, mother's occupation, infant`s age, and sex of infant. Table 1 shows that more than half of respondents aged 20-35 years as many as 86 respondents (80,4%), age < 20 years is the age with lowest as much as 2 respondents (1,9%), and age > 35 years as many as 19 respondents (17,7%). The educational background of most respondents was senior high school education by 48 respondents (44,9%), junior high school education by 16 respondents (14,9%), university education by 39 respondents (36,4%), and only 4 respondents (3,7%) had a elementary school education. The types of work owned by the most respondents were housewife (45,8%) or 49 respondents and the occupation with the lowest was government employees namely 15

respondents (14,0%), followed with work as private employees as many as 20 respondents (18,7%), and other occupation was 23 respondents (21,5%). Most infant`s age of respondents was 6-8 months (66.4%) or as many 71 respondents and aged 9-12 months were 36 respondents (33.6%). The sex of the infant`s was mostly female as many as 56 respondents (52,3%), while the male sex was 51 respondents (47.7%)

Table 1.
Respondent characteristics (n= 107)

Respondets Characteristic	f	%
Mother`s Age		
< 20 years old	2	1.9
20 - 35 years old	86	80.4
> 35 years old	19	17.7
Educational Background		
Elementary School	4	3.8
Junior High School	16	14,9
Senior High School	48	44.9
University	39	36.4
Occupation		
Housewife	49	45.8
Government Employees	15	14.0
Private Employees	20	18.7
Other	23	21.5
Infant`s Age		
6 -8 months old	71	66.4
9-12 months old	36	33.6
Sex of Infant		
Male	51	47.7
Female	56	52.3

Table 2 is a table about frequency distribution of factors affecting exclusive breastfeeding, which was obtained from 107 respondents, 36 respondents (33.6%) gave exclusive breastfeeding and 55.4% or 71 respondents did not give exclusive breastfeeding. The table also shows that maternal parity obtained primipara as many as 39 respondents (36.4%) and multipara as many as 68 respondents (63.6%). Employment status shows that employed as many as 59 respondents (45.8%) and unemployed as many as 48 respondents (44.9%). Based on socioeconomic status, it shows that high income families are 60 respondents (56.1%) and low income families are 47 respondents (43.9%). The table above also explains that mothers who receive family supportas many as 43 respondents or 40.2%, while mothers who did not get family support were 64 respondents or 59.8%. In addition, mothers who initiated early breastfeeding were 93 mothers (86.9%) and mothers who did not initiate early breastfeeding were 14 mothers (13.1%).

Table 2.
Frequency Distribution of Factors Affecting Exclusive Breastfeeding (n=107)

Variable	f	%

Breastfeeding Status		
Exclusive Breastfeeding	36	33.6
Non Exclusive Breatfeeding	71	55.4
Parity		
Primiparous	39	36.4
Multiparous	68	63.6
Employment Status		
Employed	59	55,1
Unemployed	48	44.9
Socio-economic Status		
Low	47	43.9
High	60	56.1
Family Support		
Support	43	40.2
Not Support	64	59.8
Early Initiation of Breastfeeding		
Yes	93	86.9
No	14	13.1

Tabel 3.
Factors Associated Exclusive Breastfeeding Analysis (n=107)

Variable	Category	Breastfeeding Status				P-value
		Exclusive Breatfeeding		Non Exclusive Breastfeeding		
		n	%	n	%	
Parity	Primiparous	18	46.2	21	53.8	0.038
	Multiparous	18	26.5	50	73.5	
Employment Status	Employed	15	24.4	44	74.6	0.040
	Unemployed	21	93.3	27	6.7	
Socioeconomic Status	Low	37	78.7	10	21.3	0.017
	High	26	43.3	34	56.7	
Family Support	Support	22	51.2	21	48.8	0.006
	Not Support	49	76.6	15	23.4	
Early Initiation of Breastfeeding	Given	27	29.0	66	71.0	0.009
	Not given	9	64.3	5	35.7	

Table 3. shows that the prevalence of mothers who exclusively breastfeed is greater in primiparous mothers (46.2%) than primiparous mothers (26.5%). Based on statistical tests obtained p-value (p = 0.038), meaning that there is a significant relationship in exclusive breastfeeding between mothers who are primiparous and multiparous, so it can be said that there is a relationship between parity and exclusive breastfeeding. The prevalence of mothers who gave exclusive breastfeeding was greater in mothers who unemployed (93.3%) than mothers who employed (24.4%). Based on statistical tests obtained p-value (p = 0.040), meaning that there is a significant relationship in exclusive breastfeeding between employed mothers and unemployed so that it can be concluded that there is a relationship between employment status and exclusive

breastfeeding. The prevalence of mothers who gave exclusive breastfeeding was greater in mothers with high socioeconomic status (78.7%) than mothers with low socioeconomic status (43.3%). Based on statistical tests obtained p-value (p = 0.017), meaning that there is a significant relationship in exclusive breastfeeding between mothers with high socioeconomic status and low socioeconomic status so that it can be concluded that there is a relationship between socioeconomic status and exclusive breastfeeding.

The table also explain that prevalence of mothers who gave exclusive breastfeeding was greater in mothers who did not received family's support (76.6%) than mothers who receive family`s support (51.2%). Based on statistical tests, it was obtained p-value (p = 0.006), meaning that there was a significant relationship in exclusive breastfeeding between mothers who did not receive family support and mothers who received family's support. So it can be said that there is a relationship between husband's support and exclusive breastfeeding. The prevalence of mothers who gave exclusive breastfeeding was greater in mothers who did not initiate early breastfeeding (64.3%) than mothers who gave early initiation of breastfeeding (43.3%). Based on statistical tests obtained p-value (p = 0.009), meaning that there is a significant relationship in exclusive breastfeeding between mothers who do not give early initiation of breastfeeding and who provide early initiation of breastfeeding so that it can be concluded that there is a relationship between early initiation of breastfeeding and exclusive breastfeeding.

DISCUSSION

The composition contained in breast milk, one of which is that there are immune substances so that in addition to being a nutrient for infants, breast milk can also provide protection to infants from disease (Utami, Indriyastuti, & Yuliawati, 2020). Breast milk was become immunity transmission lines from mother to their baby and being the important contributing factor in the neonate's immune system during the crucial period of immune system child development. Exclusive breastfeeding for six months can help to prevent infectious diseases in infants (Fadhilah, Widyastuti, Noviawati, & Arum, 2018). Parity is the number of children who been born either alive or dead. The prevalence of exclusive breastfeeding is increasing with increasing number of children (Febrianti & Dewi, 2019). Thus, mothers with previous experience in the breastfeeding process and possibly older, are usually more mature in what concerns care and feeding of a child when compared to primiparous women (Mosquera et al., 2019).

This study found that primiparous mothers who gave exclusive breastfeeding said that mothers received information from social media, books, and health workers that exclusive breastfeeding was very good for growth and immunity in infants. However, for primiparous mothers who do not give exclusive breastfeeding, the mother reasoned that she did not receive support from her family and did not know the importance of exclusive breastfeeding because it was her first time having a child. This is in accordance with the theory which states that mothers with low parity do not have experience in exclusive breastfeeding. In addition, mothers assume that the production of breast milk in the first and second children is not optimally productive, while in the third child the milk production is maximal so that the possibility of mothers giving exclusive breastfeeding is better for the third child (Purba, Manurung, & Sianturi, 2020).

This research is in line with the results of (Andriani & Olivia, 2019) research regarding the relationship between parity and exclusive breastfeeding at the Sidotopo Wetan Health Center

Surabaya where p-value is 0.002 < 0.05, then H0 is rejected and Ha is accepted, meaning that there is a relationship between parity and exclusive breastfeeding. From the results of field observations, it is known that there are more multipara mothers than primiparous mothers. Some multiparous mothers said they did not give exclusive breastfeeding because the mothers were busy working because the delivery distance was very close so that the mothers could not give exclusive breastfeeding, while the primiparous mothers said they did not give exclusive breastfeeding because the mothers had no experience in breastfeeding because it was their first time having children, the mother does not know how to breastfeed and the mother also says that little milk comes out.

Employed mothers do not give exclusive breastfeeding, the reason busy working mothers tend to rely on formula milk to fulfill the nutritional needs of their children because employed mothers have sufficient income to buy formula milk and do not have much time with their children, and do not get support from their families. (Harseni, 2019) research regarding the relationship between employment and exclusive breastfeeding at the Lapai Public Health Center, Padang city, where the P-Value (0.001≤ 0.005) which means H0 is rejected and Ha is accepted, it can be concluded that there is a significant relationship between occupation with exclusive breastfeeding at the Lapai Health Center, Padang city. This study is in line with the research of (Tsegaw, Dawed, & Amsalu, 2021) which states that the employment status of mothers at the community level is positive related to EBF practice. This is probably because of the working community are at a higher level of education which leads them to have a good exchange of information about the benefits of EBF through different media. In addition, breastfeeding time for employees is one of the worrying mechanisms that can lead to an increase in EBF.

According to (Zulmuawinah, Samsualam, & Noer, 2019), when women have started to enter the workforce, a mother and her baby will be face their own problems. On the one hand, mothers are bound by fixed working hours, on the other they are also face the fact that their babies must also be breastfed. In addition, to the mother who work usually only has a period of maternity leave or short maternity leave, so that the period of exclusive breastfeeding is not achieved because job demands that require mothers to return to work. The main cause for failure and formula initiation was themother’s return to work (Aghaee et al., 2020).

In this study, information was obtained that mothers with low incomes per month did not give exclusive breastfeeding because mothers lacked information about the importance of breastfeeding and mothers who had low levels of education so that mothers did not know about the importance of exclusive breastfeeding. Income is related to the size of the income received, when compared to the expenditure the mother is still able to provide additional food for infants aged less than six months. Usually the better the economy of a family, the easier it is to buy additional food, but on the contrary, the worse the family's economy, the more difficult it is to buy additional food. This is in line with the research results of (Maulida, Afifah, Sari, & Pitta, 2013) where most of the mothers with low economic levels are in the high category for exclusive breastfeeding, namely 10 respondents (45.4%), and respondents with high economic levels have motivation offered exclusive breastfeeding in the low category as many as 10 respondents (38.5%) and it was found that the results of the statistical analysis of the Kendall tau test obtained a value (r) of 0.339 and a p-value of 0.007 <0.05, which means that there is a significant relationship between the level of economy with mother's motivation in offering exclusive

breastfeeding for infants aged 0-6 months. The result of the coefficient value is 0.0662 which means that the economic level (income) has a strong influence on the mother's motivation in exclusive breastfeeding for infants aged 0-6 months.

Based on the results of research at the Harapan Baru Health Center, Samarinda, it was found that most mothers who did not receive support from their families gave exclusive breastfeeding, namely 49 mothers (76.6%) because of lack of family support but mothers received informational support in the form of information about exclusive breastfeeding from health workers and several reading books about the importance of exclusive breastfeeding until the age of 6 months so that mothers can continue to give exclusive breastfeeding. According to (Oktalina, Muniroh, & Adiningsih, 2015), mothers who receive informational support in the form of information about exclusive breastfeeding from their families will be encouraged to give exclusive breastfeeding compared to those who have never received information or support from their families so that the role of the family is very important in exclusive breastfeeding. This shows that when the family knows that breastfeeding is not only beneficial for the baby but also beneficial for the mother, the family will advise the mother to exclusively breastfeed. Family support, especially from the husband, and community support for nursing mothers include providing advice and space for mothers to breastfeed quietly (Fatmawati, Winarsih, & Nur, 2020).

This is in line with (Jumita & Yulianti, 2016) research, regarding family knowledge and support with exclusive breastfeeding at the Palembang Ratu Agung Health Center, Bengkulu City where almost all mothers (76.6%) do not give exclusive breastfeeding to their babies, the distribution of mother's knowledge about exclusive breastfeeding is mostly have less knowledge (53.9%) and most of the family support is less (49.2%). The results of bivariate analysis using the Chi-Square test obtained p value = 0.000 (0.05). This means that there is a significant relationship between knowledge and family support with exclusive breastfeeding. Family support is supporting factors in the success of breastfeeding exclusive. This family support is an activity that is emotional and psychological given to breastfeeding mothers in give breast milk (Umami, 2018). To be able to exclusively provide ASI, a mother must get support from various parties. The family in this case the husband, plays an important role in supporting the wife for exclusive breastfeeding and the father is a vital part in the success or failure of breastfeeding. The involvement of a father will motivate mothers to breastfeed. The process of giving milk to babies involves three human relationships (Arami, Ratnaningsih, & Ismarwati, 2019).

The results of this study also showed that the majority of mothers who initiated early breastfeeding continued to exclusively breastfeed. According to (Widiartini, 2017), the continuous suction reflex experienced by infants is strongest after birth and increases milk production to flow smoothly. Research conducted by (Tahiru, Agbozo, Garti, & Abubakari, 2020) explains women who are not confident that they can produce adequate breast milk is about 83% less likely to train exclusive breastfeeding (EBF) compared to those who confident that they can produce enough breast milk (AOR = 0.1720, 95% CI = 0.04–0.79; p-value = 0.017).

This study is in accordance with the results of (Irawan, 2018) research on the relationship between early initiation of breastfeeding (IMD) and exclusive breastfeeding (ASI) at Wangaya Hospital, Denpasar City. There are 22 samples (44%) who get IMD, There are 28 samples (66%) who do not get IMD. Where p-value 0.04 <0.05, which means H0 is rejected and Ha is accepted,

it can be concluded that there is a relationship between early initiation of breastfeeding (IMD) and exclusive breastfeeding. To determine the magnitude of the relationship, the Odds Ratio value can be calculated, which is 5.63 with a 95% CI 1.64-19.23, which means that mothers who do IMD have a 5 times greater chance of giving exclusive breastfeeding than mothers who do not do IMD.

Early initiation of breastfeeding within one hour infant's life begins with skin contact that will help mother and infant in the next breastfeeding process, immediate contact between mother and infant through IMD is related to the infant's sucking reflex ability stimulates the hormone prolactin to produce breast milk. Proportion of success Exclusive breastfeeding will increase in infants who get IMD in one hour first birth. More often the infant sucks the mother's breast, the more more milk will be produced. Initiation early breastfeeding also trains the infant using his sucking reflex as soon as possible and is determinants of smooth breastfeeding next process (Harmia & Serudji, 2017).

Low breast milk is a threat to growth children that have an effect on growth and development of the quality of human resources in general. Poor nutritional status one of them can be solved by breastfeeding exclusive from birth to age 6 month and continues until 2 years according to WHO recommendations (Yuliastanti & Utami, 2021). The higher the rate of EBF at 6 months, the greater the beneft to maternal and infant health and the greater the signifcance from a public health perspective. Terefore, the Global Breastfeeding Collective of UNICEF/WHO aims to increase the percentage of babies under 6 months old exclusively breastfed from 44 to 70% by 2030 (Inano et al., 2021).

CONCLUSION

The prevalence of exclusive breastfeeding among breastfeeding mothers with infants aged 6-12 months in the study area was 33.6%. Factor associated with exclusive breastfeeding were the parity, employment status, socioeconomic status, family support, and early initiation of breastfeeding. Therefore, health care providers should raise awareness and encourage pregnant women to attend health facilities for ANC and delivery, and encourage breastfeeding counseling during visits. The District Health Office should develop strategies to improve awareness about exclusive breastfeeding by integrating with concerned bodies to reduce non-optimal breastfeeding practices.

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