

FACTORS AFFECTING EXCLUSIVE BREASTFEEDING IN INFANTS 7-12 MONTHS

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ABSTRAK FAKTOR FAKTOR YANG MEMPENGARUHI PEMBERIAN ASI EKSKLUSIF PADA BAYI 7-12 BULAN

Latar belakang; Asi eksklusif adalah pemberian asi saja tanpa tambahan cairan lain baik susu formula, air putih, air jeruk, atau makanan tambahan lain sebelum mencapai usia enam bulan. Ibu memberikan asi secara tidak eksklusif dengan alasan ibu takut payudaranya berubah dan berapa ibu juga mengatakan asi yang keluar tidak lancar. Adapun faktor lain karena takut anaknya kelaparan suami memberikan susu formula dan beberapa ibu mengatakan tidak bisa memberikan asi karena ibu sibuk bekerja di luar sehingga tidak sempat memberikan asi.

Tujuan; Untuk mengetahui faktor yang memengaruhi pemberian asi eksklusif.

Metode; Desain penelitian yang digunakan adalah *Cross Sectional*. Populasi dalam penelitian ini sebanyak 32 orang dengan sampel sebanyak 32 orang. Metode pengumpulan data yaitu data primer, sekunder dan tersier. Analisa data yang digunakan yaitu analisis univariat, bivariat dan multivariat dengan uji *regresi logistik*.

Hasil; Analisis multivariat nilai *sig-p* 0,908 < 0,05, sikap *sig-p* 0,040 < 0,05, pekerjaan *sig-p* 0,273 > 0,05, pengetahuan *sig-p* 0,095 > 0,05, dukungan suami.

Kesimpulan; Ada pengaruh Pekerjaan, dukungan suami, tidak ada pengaruh pengetahuan dan sikap terhadap pemberian asi eksklusif.

Saran: Memberikan penyuluhan dapat menambah pengetahuan ibu tentang pemberian asi eksklusif.

Kata Kunci : Asi Eksklusif, Pemberian

ABSTRACT

Background: Exclusive breastfeeding is breastfeeding without the addition of other fluids, either formula milk, water, orange juice, or other additional foods before reaching the age of six months. Mothers give breast milk non-exclusively with the reason that the mother is afraid that her breasts will change and some mothers also say that the milk that comes out is not smooth. The other factor is because they are afraid that the baby is starving. The husband gives formula milk and some mothers say they cannot give breast milk because the mother is busy working outside so that they do not have time to give breast milk.

Purpose; to know the factors that influence exclusive breastfeeding.

Method; the research design used was *Cross Sectional*. The population in this study were 32 people with a sample of 32 people. Data collection methods used were primary, secondary and tertiary data. Analysis of the data used was univariate, bivariate and multivariate analysis with logistic regression test.

Results; Multivariate analysis resulted in *sig-p* of 0,908 < 0,05, attitude *sig-p* 0,040 < 0,05, work *sig-p* 0,273 > 0,05, knowledge *sig-p* 0,095 > 0,05, husband's support.

Conclusion: there was influence of employment, husband's support on providing exclusive breastfeeding to the infants 7 – 12 months, and there was no influence of knowledge and attitude towards exclusive breastfeeding.

Suggestion: Providing counseling can increase mother's knowledge about exclusive breastfeeding.

Keywords: Exclusive Breastfeeding, Giving

INTRODUCTION

Every baby has the right to get exclusive breast milk since birth for 6 months except for medical indications (Article 128 paragraph (1) of Health Law No. 36 of 2009). Based on the Health Law No. 36 of 2009, it is clear that a newborn with normal conditions, meaning that it does not require special handling measures is entitled to exclusive breastfeeding (Wiji, 2013). Then, the criteria "medical indication" can be defined as the health condition of the mother who is unable to breastfeed based on medical indications determined by medical personnel (Proverawati, A., 2010).

Breast milk is the best food for babies. In addition, breast milk also has many benefits both economically and practically. Breast milk is usually given to infants aged 0-6 months or which is commonly referred to as exclusive breastfeeding (Zakaria, 2015). Exclusive breastfeeding is the basic capital for optimal growth and development for children so as to form the quality nation's next generation. By forming a quality generation, it will make the country able to compete both in the economic, social and culture to develop the country (Astutik R, 2014)

According to WHO, exclusive breastfeeding is only breastfeeding without the addition of other fluids, either formula milk, water, orange juice, or other additional food before reaching the age of six months. (World Health Organization, 2018). Breastfeeding only without any complementary foods until the infants are six months old will have tremendous benefits for the development and growth of infants and increasing the love of mothers and babies. (Firmansyah, N, 2012)

United Nations International Children's Emergency Fund (UNICEF) and the World Health Organization (WHO) themselves recommend that infants should be breastfed for at least six months. Then after six months they can be given solid food while continuing to breastfeed until the infants are two years old. (UNICEF, 2011)

Breast milk is said to be as a miracle because it has been created by God for closeness between mothers and babies (S. I. Nasution., N. I. Liputo. 2016). Breast milk fulfills all elements of the baby's physical, psychological, social and spiritual needs. It contains hormones, nutrients, immune, anti-allergic, inflammatory elements, and nutrients for almost 200 substances (Rukiyah AY, 2018).

A research from World Health Organization (WHO) in 2017 stated that out of 129 countries for which data were available, only 22 countries have completed the target. Overall rate exclusive breastfeeding for infants under the age of six months was 40%. Only 23 countries have achieved at least 60% of infants who are under six months being exclusively breastfed. This problem especially occurs in America, where only 6% of those countries have exclusive breastfeeding rates above 60% (Sipahutar, S., N. L. Lubis. 2017).

According to Riset Kesehatan Daerah (RISKESDAS) in 2017, the process of breastfeeding which lasts less than 1 hour (Early Breastfeeding Initiation) was 58.2%. This has increased if compared to in 2013 that was 34.5%. Then, regarding giving breast milk for infants aged 0-5 months who are breastfed exclusively in the last 24 hours, 37.3% were not given food or drink and 9.3% were given partial breast milk while those who were given predominant breast milk were 3.3 % (Fikawati, S., Syafiq, 2016).

Based on the Indonesian health profile data, the coverage of infants receiving exclusive breastfeeding was 61.33%, and it exceeded the *Renstra* target in 2017 as much as 44%. The highest percentage of exclusive breastfeeding coverage is in West Nusa Tenggara (87.35%), while the lowest percentage is in Papua (15.32%) (Astutik, R, 2013).

Based on preliminary survey conducted by the researchers on April 5, 2021 at Bunda Fatimah Marelan Clinic, Medan, the results of interviews showed that there were 10 breastfeeding mothers, 7 mothers gave breast milk non-exclusively because they were afraid that their breasts would change and some mothers also said that the milk that came out was not smooth. Then, being worried that their baby was starving, the husband gave formula milk. Moreover, some mothers said that they could not give breast milk because they were busy working outside so they did not have time to give breast milk. Meanwhile, 3 mothers gave exclusive breastfeeding because they assumed that breastfeeding was more practical and cheaper and could be available anytime and anywhere.

Based on the background of the study above, the researchers are interested in conducting a study on research with the title "Factors affecting exclusive breastfeeding for infants 7-12 months at

Bunda Fatimah Marelan Clinic, Medan in 2021.

20 – 35 years	9	28,1
> 35 years	7	21,9

RESEARCH METHODS

The research design used in this study was an analytical survey (Arikunto, 2012). A cross sectional approach was used in this study (Qurahman, 2017). This study was carried out at Bunda Fatimah Marelan Clinic, Medan in 2021 which started from April to September 2021. The stages carried out started from collecting data obtained directly from the respondent through a questionnaire, and then checking the completeness of the answer questionnaire with the aim that the data were processed correctly so that data processing gave valid and reliable results and avoided bias. Then, all data were inputted into the computer application and then would be processed based on the need. The population in this study were all mothers who have babies 7-12 months who are at Bunda Fatimah Marelan Clinic in 2021, as many as 32 people. Sampling used the total sampling method with a total of 32 people (Notoatmodjo, 2012). The data analysis used was univariate and bivariate analysis (Dahlan, M.S., 2013). Univariate data analysis was carried out to describe the characteristics of each independent variable and dependent variable (Sastroasmoro S, 2011). Bivariate analysis was carried out to prove whether there was significant relationship between the independent variable and the dependent variable using the Chi-square test (Yessi Hamani, 2015). Then, multivariate data analysis was carried out by logistic regression test, which aims to determine the effect of independent variables on the dependent variable (I Ketut Swarjana, 2016).

RESEARCH RESULTS

Table 1
Frequency Distribution of Respondents' Characteristics Based on Education and Age at Bunda Fatimah Marelan Clinic in 2021

Variables	Total	
	N	%
Education		
Primary	17	53,1
Secondary	12	37,5
Higher	3	9,4
Age		
<20 years	16	50,0

Table 1 shows that from 32 respondents, the majority have primary education (elementary school) as many as 17 respondents (53.1%), the minority have higher education (Associate's Degree, Bachelor Degree) as many as 3 respondents (9.4%). Then, the majority age <20 years are 16 respondents (50.0%), minority aged >35 years are 7 respondents (21.9%).

Table 2
Frequency Distribution of Respondents Based on Occupation, Knowledge, Husband's Support, Attitude and Exclusive Breastfeeding at Bunda Fatimah Marelan Clinic in 2021

Variables	Total	
	N	%
Occupation		
Working	17	53,1
Not working	15	46,9
Knowledge		
Good	9	28,1
Less	23	71,9
Husband's Support		
Supportive	12	37,5
Not Supportive	20	62,5
Attitude		
Positive	10	31,3
Negative	22	68,8
Exclusive Breastfeeding		
Given	11	34,4
Not Given	21	65,6

Table 2 shows that from 32 respondents, the majority of work are 17 respondents (53.1%), and the minority do not work as many as 15 respondents (46.9%). The majority who have less knowledge as many as 23 respondents (71.9%), the minority who have good knowledge as many as 9 respondents (28.1%). Then, the minority who are supported by their husband as many as 12 respondents (37,3 %) and those who are supported by their husband as many as 20 respondents (62.5%). The majority attitudes are negative as many as 22 respondents (68.8%) and the minority of positive attitudes are 10 respondents (31.3%). Then, the majority of exclusive breastfeeding are

not given by 21 respondents (65.6%), and the minority of exclusive breastfeeding are given as many as 11 respondents (34.4%).

Based on table 3, regarding the results of cross tabulation between occupation and exclusive breastfeeding, it shows that out of 17 respondents (53.1%) who have a job, 9 (28.1%) respondents give breastfeeding, 8 respondents (25.0%) don't

give breastfeeding. Then, out of 15 respondents who do not work, 2 respondents (6.3%) give breastfeeding, and 13 respondents (40.6%) do not give breastfeeding. Based on the results of the chi-square test, it can be seen that sig-p = 0.022 (<0.05) meaning that occupation has an influence on exclusive breastfeeding at Bunda Fatimah Marelan clinic in 2021.

Table 3

Cross Tabulation between Work, Knowledge, Husband's Support, Attitude and Exclusive Breastfeeding in Bunda Fatimah Marelan Clinic in 2021

Variables	Exclusive Breastfeeding						Sig-p
	Given		Not Given		Total		
	N	%	N	%	N	%	
Occupation							
Working	9	28,1	8	25,0	17	53,1	0,005
Not working	2	6,3	13	40,6	15	46,9	
Knowledge							
Good	1	3,1	8	25,0	32	28,1	0,006
Less	10	31,3	13	40,6	23	71,9	
Husband's Support							
Supportive	7	21,9	5	15,6	12	37,5	0,34
Not Supportive	4	12,5	16	50,0	20	62,5	
Attitude							
Positive	4	12,5	6	18,8	10	31,3	0,474
Negative	7	21,9	15	46,9	22	68,8	

Based on the table3, regarding the results of cross tabulation between knowledge of exclusive breastfeeding, it shows that respondents who have good knowledge and give exclusive breastfeeding as many as 1 respondent (3.1%), and respondents who have good knowledge but do not give exclusive breastfeeding as many as 8 respondents (25.0%). Then, respondents who have less knowledge and give exclusive breastfeeding are 10 respondents (31.3%), and those who do not give exclusive breastfeeding are 13 respondents (40.6%). Based on the results of the chi-square test, it can be seen that sig-p = 0.090 (<0.05) meaning that knowledge has no effect on exclusive breastfeeding at Bunda Fatimah Marelan clinic in 2021.

Based on the cross tabulation table between husband's support for exclusive breastfeeding above, it is showed that husband's support supports giving exclusive breastfeeding as many as 7 respondents (21.9%), then those who do not give exclusive breastfeeding are 5 respondents (15.6%). then husband's support that does not support

exclusive breastfeeding is given as much as 4 respondents (12.5%), husband's support does not support not given exclusive breastfeeding as many as 26 respondents (50.0%). Based on the results of the chi-square test, it can be seen that sig-p = 0.034 (> 0.05) meaning that husband's support has an influence on exclusive breastfeeding at Bunda Fatimah Marelan clinic in 2021.

Based on the cross tabulation table between attitudes and exclusive breastfeeding above, it is showed that there are 4 respondents (12.5%) who have a positive attitude in exclusive breastfeeding positive, there are 6 respondents (18.8%) who have a positive attitude but do not give exclusive. 7 respondents (21.9%) have negative attitude and give exclusive breastfeeding, and 15 respondents (46.9%) have negative attitudes and do not give exclusive breastfeeding. Based on the results of chi-square test it can be seen that sig-p = 0.474 (> 0.05), meaning that attitude has no effect on exclusive breastfeeding at Bunda Fatimah Marelan clinic in 2021.

Table 4
The Results of Logistics Regression Multivariate Test

	Variabel	B	Sig.	Exp(B)
Step 3 ^a	Attitude	-,121	0,908	0,886
	Occupation	-2,089	0,040	0,124
	Knowledge	1,337	0,273	3,807
	Husband's Support	-1,692	0,095	0,184
	Constant	2,361	0,028	10,604

Based on table 4, the results of the tests carried out in this study using $\alpha = 0.05$, the independent variable which has a significant influence on the dependent variable.

Table 4 shows that attitude has a sig-p value of $0.908 < 0.05$, meaning that attitude has no significant effect on exclusive breastfeeding at the Bunda Fatimah Marelان Clinic in 2021. Occupation has a sig-p value of $0.040 < 0.05$, meaning that occupation has a significant effect on exclusive breastfeeding at Bunda Fatimah Marelان Clinic in 2021. Knowledge has a sig-p value of $0.273 < 0.05$, meaning that knowledge has significant effect on exclusive breastfeeding at the Bunda Fatimah Clinic Marelان in 2021. Husband's support has a sig-p value of $0.095 < 0.05$ meaning that husband's support have no significant effect on exclusive breastfeeding at the Bunda Fatimah Marelان Clinic in 2021

DISCUSSION

Knowledge is the result of "knowing" and occurs early in life after people perceive a certain object. Sensing occurs through the five senses of sight, hearing, smell, taste and touch so that most of human knowledge is obtained through the eyes and ears; thus, knowledge is the result of our senses. (Notoadmojo 2012).

Knowledge is also obtained from one's own experience or the experience of others. In this case the mother's level of knowledge affect exclusive breastfeeding. Knowledge or cognitive is a very important domain in determining someone's actions (Mowor, 2013). The factor of knowledge becomes personal considerations of individuals or groups that influence behavior. These considerations can support or hinder exclusive breastfeeding (Notoadmojo 2012).

This present study is in line with a study

conducted by by Ratna Asdi (2018) showing that there were 19 people (31.7%) who managed to give exclusive breastfeeding, with mothers who had good knowledge as many as 8 people (13.3%), and those with less knowledge as many as 11 people (18.3%). Meanwhile, from the category of unsuccessfully giving exclusive breastfeeding, there were 41 people (68.3%), with mothers who had good knowledge of 6 (10%), and 35 people with less knowledge (58.3%), with chi-square statistical test p value = 0.046 then $p (0.046) < \alpha (0.05)$.

Mother's knowledge about exclusive breastfeeding can influence mothers in giving exclusive breastfeeding to her baby. The better the mother's knowledge about exclusive breastfeeding, the more a mother will give exclusive breastfeeding to her baby. The lower the mother's knowledge regarding exclusive breastfeeding, the fewer opportunities the mother has in giving her exclusive breastfeeding (Marliandiani, 2015).

Based on the results of this study, there are still many mothers who have less knowledge about exclusive breastfeeding. This causes mothers who have less knowledge not to give exclusive breastfeeding to their babies. It is due to lack of information from health workers about exclusive breastfeeding and how to facilitate breast milk production. Then, maternal parity is also influential because mothers who have more than one child will have more experience in taking care of their babies, if added by other factors such as family support. However, there are still well-informed mothers who do not give exclusive breastfeeding to their babies. This is due to the mother's busy schedule at work so the mother does not have much time to take care of her baby and chooses to provide complementary foods such as formula milk.

Occupation is a relationship that involving two parties between the company and the

workers/employees. Workers will get a salary as remuneration from the company or employer, and the amount depends on the type of profession carried out based on a contract that has been agreed by both parties (Atabik, 2013). Occupation is such a duty carried out in daily basis to make living. The work is carried out outside the home which takes a lot of time and will affect breastfeeding for babies. (Setiyowati, W., Khilmiana 2010).

This present study is in line with a study conducted by Fitriyani Bahriyah, Monifa Putri et al. (2017) showing that out of the 152 people involved in the study, there were 77 people (50,7%) who managed to give their exclusive breastfeeding, with mothers who have jobs as many as 25 people (16.5%), and who do not have jobs as many as 52 people (34.2%). Meanwhile, from the category that did not give exclusive breastfeeding there were 75 people (49.3%), with mothers who had jobs as many as 12 people (7.8%), and those who did not have jobs as many as 63 people (41.5%), and chi-square statistic obtained p value = 0.018 then p (0.018) < α (0.05).

Based on the results of this present study, many mothers at the Bunda Fatimah Marelan Clinic have jobs as entrepreneurs. Activities outside the house are long enough causing mother to entrust their children to their closest family such as grandmothers, so for the needs of the baby, the mother provide additional food such as milk formula, sugar water and so on. However, there are also mothers who have jobs but are successfully give exclusive breastfeeding to their babies, because they have good knowledge about the benefits of exclusive breastfeeding and know how to giving exclusive breastfeeding to her baby when she is at work, such as by milking the breast milk, then storing it in the freezer (refrigerator), and then if wanting to give it to the baby by soaking the breast milk in warm water.

Husband's support is an emotionally useful help and gives positive influences in the form of information, instrumental assistance, emotions, and assessments given by family members (Septiani R, 2013). The husband's influence on attitude formation is very significant because the husband is the closest person compared to other family members. If the husband's attitude towards exclusive breastfeeding is less responsive and does

not care about exclusive breastfeeding at all. Thus, the implementation of exclusive breastfeeding will not be carried out by the baby's mother because there is no support from her husband (Ismi, 2016).

In maintaining the health of family members as individuals (patients), the family continues to play an important role as decision makers in maintaining the health of its members. Conducting counseling for families about the importance of exclusive breastfeeding in collaboration with village officials and health workers is expected to increase family awareness of the importance of exclusive breastfeeding for children (Rukiyah AY, 2018).

It is in line with a study conducted by Fidya Rumiati (2017) showing that out of the 69 people involved in the study, there were 25 people (36.2%) who succeeded give exclusive breastfeeding, with husbands who provide support as many as 20 people (29%), and those who do not support as many as 5 people (7.2%). Meanwhile, from the category that did not provide exclusive breastfeeding there were 46 people (66.7%), with husbands who supported 21 people (30.4%), and husbands who did not support as many as 23 people (33.3%), with statistical tests chi-square value obtaining p = 0.009 then p (0.009) < α (0.05).

The husband's participation to support the success of breastfeeding can be started from pregnancy. Husband's support is very important to reduce pressure of mothers in undergoing the breastfeeding process. Husband's support makes mother feel calm so as to facilitate milk production. Breastfeeding father is where the father helps the mother to breastfeed comfortably so that the breast milk can come out maximally (U, 2014).

Many mothers who do not receive the support from their husbands do not provide exclusive breastfeeding for the baby, because the husband assumed that educating, caring for and taking care of a baby is a mother's job, and a husband's role is just to earn a living. Lack of husband's knowledge about the growth and development and responsibility of children cannot be separated from the father, causing the mother to not get support psychologically which causes mothers to lack confidence in giving exclusive breastfeeding. This is also exacerbated if the mother has never had experience in caring for babies. However, there are mothers who do not

have the support of their husbands but manage to give exclusive breastfeeding to their babies. This is because mothers have good knowledge about exclusive breastfeeding and also they have a lot of time for their babies.

CONCLUSION

There was an effect of occupation and husband's support on exclusive breastfeeding, while knowledge and attitudes had no effect on exclusive breastfeeding at Bunda Fatimah Marelan Clinic, Medan in 2021.

SUGGESTION

For the community, it is hoped that this study can improve counseling with integrated health post cadres so that mothers' knowledge about exclusive breastfeeding increases and can raise awareness of mothers about the importance of exclusive breastfeeding so that they have the will to give exclusive breastfeeding to their children.

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