

FACTORS ASSOCIATED WITH EXCLUSIVE BREASTFEEDING PRACTICE

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ABSTRAK : FAKTOR-FAKTOR YANG TERKAIT DENGAN ASI EKSKLUSIF

Latar Belakang: ASI adalah cairan yang diproduksi secara alami oleh kelenjar payudara berupa susu dengan gizi paling tinggi. Praktek ASI Eksklusif adalah pemberian ASI kepada bayi sejak lahir sampai dengan usia 6 bulan tanpa makanan atau minuman tambahan kecuali vitamin, suplemen mineral dan obat-obatan.

Tujuan: untuk mengetahui hubungan pendidikan, pekerjaan, paritas secara simultan dengan praktik pemberian ASI eksklusif di Puskesmas Karya Mukti Tahun 2021.

Metode: survei analitik dengan pendekatan cross sectional digunakan dalam penelitian ini. Peneliti ini menggunakan data primer dengan jumlah sampel 68 orang.

Hasil: dari 68 responden, 35 responden (51,5%) memberikan ASI eksklusif dan 33 orang (48,5%) tidak memberikan ASI eksklusif. 26 responden (38,2%) memiliki pekerjaan dan 42 responden (61,8%) tidak memiliki pekerjaan. 37 responden (54,4%) memiliki tingkat pendidikan tinggi dan 31 responden (45,6%) memiliki tingkat pendidikan rendah. 40 responden memiliki paritas primipara (58,8%) dan 28 responden (41,2%) memiliki paritas multipara. Dari hasil analisis bivariat diketahui bahwa ada hubungan antara pendidikan ibu dengan praktik pemberian ASI eksklusif, dengan nilai p-value $0,030 \leq \alpha 0,05$. Ada hubungan antara pekerjaan ibu dengan praktik pemberian ASI eksklusif, dengan p-value $0,040 \leq \alpha 0,05$ dan ada hubungan paritas ibu dengan praktik ASI eksklusif, dengan p-value $0,004 \leq \alpha 0,05$.

Kesimpulan: ada hubungan pendidikan ibu, pekerjaan ibu dan paritas ibu dengan praktik pemberian ASI eksklusif di Puskesmas UPTD Karya Mukti Tahun 2021.

Saran: penelitian ini diharapkan dapat memberikan informasi dan rekomendasi bagi Puskesmas Karya Mukti untuk meningkatkan pelayanan khususnya memberikan penyuluhan dan himbauan kepada masyarakat tentang praktek pemberian ASI eksklusif dan memberikan penyuluhan tentang teknik menyusui setelah ibu melahirkan.

Kata kunci: ASI eksklusif, pendidikan, pekerjaan, paritas ibu

ABSTRACT

Background: breast milk is liquid produced naturally by the breast glands in the form of the highest nutritional milk. Exclusive breastfeeding practice is breastfeeding to babies from birth to 6 months of age without any additional food or drink except vitamins, mineral supplements and medicines.

Objective: to determine the relationship of education, occupation, parity simultaneously with exclusive breastfeeding practice at the Karya Mukti Public Health Center in 2021.

Methods: analytic survey using a cross sectional approach was used in this study. This researcher used primary data with the sample of 68 people.

Results: of the 68 respondents, 35 respondents (51.5%) provide exclusive breastfeeding and 33 people (48.5%) did not provide exclusive breastfeeding. 26 respondents (38.2%) had occupations and 42 respondents (61.8%) had no occupation. 37 respondents (54.4%) had higher level of education and 31 respondents (45.6%) had low level of education. 40 respondents had primiparas parity (58.8%) and 28 respondents (41.2%) had multiparas parity. From the results of bivariate analysis, it was found that there was a relationship between mother's education and exclusive breastfeeding practice, with the p-value of $0.030 \leq \alpha 0.05$. There was a relationship between mothers' occupation and exclusive breastfeeding practice, with the p-value of $0.040 \leq \alpha 0.05$ and there was a relationship between maternal parity and exclusive breastfeeding practice, with the p-value of $0.004 \leq \alpha 0.05$.

Conclusion: there was a relationship of mothers' education, mothers' occupation and maternal parity with exclusive breastfeeding practice at UPTD Karya Mukti Public Health Center in 2021.

Suggestions: it is hoped that this study can provide information and recommendations for Karya Mukti Public Health Center to improve its services especially providing counseling and appeals to the society about exclusive breastfeeding practice and providing education about breastfeeding techniques after mothers give birth.

Keywords: exclusive breastfeeding, education, occupation, maternal parity

INTRODUCTION

The quality of Human Resources (HR) can be improved since pregnancy, infancy, school age, adolescents, adults, to old age. Exclusive breastfeeding practice is carried out until the baby is 6 months old, then to get good growth and development, babies are breastfed until 24 months of age (Kementerian Kesehatan, 2015). Breast milk is a liquid that is produced naturally by the breast glands in the form of the best milk with high nutrition. Breast milk is liquid produced naturally by the breast glands in the form of the highest nutritional milk. Exclusive breastfeeding practice is breastfeeding to babies from birth to 6 months of age without any additional food or drink except vitamins, mineral supplements and medicines (Mufdlillah, 2019).

Based on world health data from World Health Organization (WHO) in Trifin 2020, the average rate of exclusive breastfeeding in the world is around 38%, although 96% of women practice breastfeeding, only 42% of babies aged 6 months are exclusively breastfed. Based on United Nations Children's Fund (UNICEF) report in 2018 the Infant Mortality Rate (IMR) in Indonesia is 18 per 1000 live births and the Under Five Mortality Rate (UFMR) is 39 per 1000 live births. The Sustainable Development Goals (SDGs) in The 2030 Agenda For Sustainable Development target that by 2030 it can reduce the IMR rate to 12 per 1,000 live births and the UFMR rate to 25 per 1,000 live births. One of the means to reduce IMR is exclusive breastfeeding practice (Tumangger, 2019).

UNICEF and WHO recommend exclusive breastfeeding – namely, children are only given breast milk for at least 6 months as an effort to reduce child morbidity and mortality. One indicator of the success of health services in a country is viewed from the Neonatal Mortality Rate (NMR) and Infant Mortality Rate (IMR). The high NMR will affect 59% of infant deaths. The Millennium Development Goal's (MDGs) aim to reduce infant mortality from 90 deaths per 1000 live births in 1990 to 23 deaths per 1000 births in 2015. IMR is currently still 32 deaths per 1000 live births. The SDGs priority in 2030 seeks to reduce infant and toddler mortality (Tribuaneswari, 2017).

The results of a research carried out by Risesdas (2018) showed that the total coverage of

exclusive breastfeeding in Indonesia is 65.16%. The target of the program for exclusive breastfeeding is 62%. The coverage of exclusive breastfeeding practice collected in South Sumatra Province in 2019 was 57.8%, which had not yet reached the target of the program. In other words, the coverage of exclusive breastfeeding practice decreased by 2.9% compared to 2018 with 60.8% coverage. The regency/city with the highest coverage of exclusive breastfeeding is Palembang Regency, which is 80.9%, and the lowest is Ogan Komering Ulu Regency, which is 25.3% (Kesehatan Propinsi Sumatera Selatan, 2019).

Based on data from the OKU Regency Health Office, the coverage of exclusive breastfeeding practice for OKU Regency in 2019 was 43.9%, a decrease of 0.2% from 2018 (44.1%). The coverage of exclusive breastfeeding for the last four years was 51.2% in 2016, 48.5% in 2017, 44.1% in 2018 and 43.9% in 2019 and is still far below Indonesia's target of achieving exclusive breastfeeding practice which is 80% (Dinkes OKU, 2020).

Based on the results of the nutrition program report at Karya Mukti Public Health Center, of the 294 babies in 2018, only 175 babies (59.52%) were exclusively breastfed. In 2019 only 86 babies (32.69%) were exclusively breastfed out of 263 babies and in 2020 only 39 babies (16.11%) were exclusively breastfed out of 242 babies. Meanwhile, the target for exclusive breastfeeding coverage at the Karya Mukti Health Center is 80%.

Exclusive breastfeeding practice is influenced by many factors (Green, 1980, as cited in Notoadmojo, 2010), namely predisposing factors (maternal age, maternal parity, mothers' education, mothers' occupation, and mothers' knowledge, attitude, exposure to information), enabling factors (policy and availability of facilities), and reinforcing factors (family support, husband support and health workers) (Septiani, 2017). One of the factors that influence the failure of exclusive breastfeeding practice is mothers' education. There is a relationship between mothers' education and exclusive breastfeeding practice, and this is also related to the level of mothers' knowledge that someone with higher education will have more knowledge than that with low education (Lestari, 2018).

The success of exclusive breastfeeding practice is also influenced by the mother's occupation. Occupation is an activity carried out to support the life of one self and his family (Nursalam and Pariani, 2010). Working mothers have no time to breastfeed their babies, so it is always a problem to find a means to take care the babies (Tumangger, 2019).

Maternal parity also influences the success of exclusive breastfeeding practice. Parity is the number of children born to mothers, both live births and stillbirths. The more children born will affect the productivity of breast milk, because it is closely related to the health status and fatigue of the mother and nutritional intake (Tumangger, 2019).

The results of a study conducted by Refi Lindawati (2019) showed that there was a relationship between mothers' education and exclusive breastfeeding practice in Peucangpari Village, Cigemblong District, Lebak Regency in 2018 with the p-value of 0.027 <0.05. In addition, a study conducted by Jayanti Laela Sari and Suratini (2015) at Umbulharjo I Public Health Center, Yogyakarta showed a relationship between working mother status and exclusive breastfeeding practice with the p-value of 0.012 <0.05. Next, the results of a study carried out by Nova Sianturi et al (2020) showed that there was a relationship between maternal parity and exclusive breastfeeding practice with the p-value of 0.0001 in the work area of Korpri Public Health Center, Berastagi District, Karo Regency in 2019.

RESEARCH METHOD

This study was a quantitative research using an analytic survey method through a cross-sectional approach. A cross-sectional research design is a research design by measuring or observing at the same time or one time (Notoatmodjo, 2018). The population in this study were all infants aged 6-11 months in the work area of the UPTD Karya Mukti Public Health Center in June 2021, as many as 215 people. Sampling technique used random sampling. To determine the size of the sample, this study used the formula proposed by Notoatmodjo (2018). The sample in this study was 68 mothers. The sample of interval was determined using a formula of the sample interval = N/n (N = number of population, n = number of samples). The sample interval was 3; the sample starts from the initial number and then according to the interval number until it meets the number of samples. Then, Chi – square statistical test was used to determine the relationship between the independent variables and the dependent variable.

RESULTS AND DISCUSSION

Relationship between mothers' education and exclusive breastfeeding practice

The table above shows that of the 37 respondents with higher education, 24 respondents (64.9%) carried out exclusive breastfeeding practice and 13 respondents (35.1%) did not give exclusive breastfeeding. Meanwhile, of the 31 respondents with low education, 11 respondents (35.5%) carried out exclusive breastfeeding practice and 20 respondents (64.5%) did not carry out exclusive breastfeeding practice.

Tabel 1

Mothers' Education	Exclusive Breastfeeding Practice				Total		p-value	OR
	Yes		No		N	%		
	N	%	N	%				
High	24	64,9	13	35,1	37	100	0,030	3,357 (1,237-9,110)
Low	11	35,5	20	64,5	31	100		

Based on the results of the chi-square test, p value obtained was 0.030 <0.05 meaning that there is a significant relationship between mothers' education and exclusive breastfeeding practice. Thus, the hypothesis stating that there is a significant relationship between mothers' education and exclusive breastfeeding practice has been proven statistically.

Therefore, there is a relationship between mother's education and exclusive breastfeeding practice. This is because education is based on knowledge and awareness through the learning

process, so that the behavior is expected to be long lasting and permanent.

The results of this study are in line with the results of a study carried out by Rizki Rahmawati (2018) showing a significant relationship between the respondent's education factor and exclusive breastfeeding with the p-value of 0.002 < α = 0.05. A study conducted by Sihombing (2017) showed that there was a relationship between mother's education and exclusive breastfeeding practice with p-value of 0.003 < α = 0.05. In addition, a study carried out by Lumbantoruan (2018) showed that there was a

relationship between mothers' education and exclusive breastfeeding practice with the p-value of $0.003 < \alpha = 0.05$.

Highly educated people will respond more rationally to incoming information and reason to think how far they might benefit from the idea. Mothers with higher level of education will adopt information easily. The higher a person's education, the easier for him to receive information, including the information on good exclusive breastfeeding practice. On the other hand, mothers with low levels of education are easily influenced by a variety of information that becomes an obstacle to exclusive breastfeeding practice, for example the effect of promoting formula milk. Education possessed by adults will affect changes in ability, appearance, behavior and actions because adults already have certain knowledge, attitudes,

skills that they have learned for years and the adults will find it difficult to perceive new knowledge, attitudes and action if they are not certain about them. Therefore adult education can effectively result in changes in behavior or action if they have a fairly good level of education (Yayang, 2019).

Relationship between mothers' occupation and exclusive breastfeeding practice

The table above shows that of the 26 respondents who had occupation, 18 respondents (69.2%) gave exclusive breastfeeding and 8 respondents (30.8%) did not give exclusive breastfeeding. Meanwhile, of the 42 respondents who had no occupation, 17 respondents (40.5%) carried out exclusive breastfeeding, and 25 respondents (59.5%) did not provide exclusive breastfeeding.

Tabel 2

Occupation	Exclusive Breastfeeding Practice				Total		P- value	OR
	Yes		No		N	%		
	N	%	N	%				
Yes	18	69,2	8	30,8	26	100	0,040	3,309 (1,174-9.324)
No	17	40,5	25	59,5	42	100		

Based on the results of the chi-square test, the p-value obtained was $0.040 < 0.05$ meaning that there is a significant relationship between mothers' occupation and exclusive breastfeeding practice. Thus, the hypothesis stating that there is a significant relationship between mothers' occupation and exclusive breastfeeding has been proven statistically.

Even though the majority of the respondents are non-formal workers, it is not yet certain that they can breastfeed their babies exclusively considering they have more free time than formal workers. Moreover, non-formal workers are not bound to work time, so that they should be able to breastfeed their babies exclusively.

The results of this study are in line with a study conducted by Sri Yunita (2017) in Umbulharjo District, Yogyakarta City, showing that the relationship between exclusive breastfeeding practice and working mothers was in terms of work duration ($p = 0.001$ PR = 8.6 CI95% = 2.548–28.854). Then, the results of a study carried out by Tumangger (2019) at Sering Public Health Center in Medan Tembung District showed that there was a significant relationship between occupation and exclusive breastfeeding practice, with the p-value of 0.001. This is also supported by the results of a study conducted by Ilham Fahrudin et al (2020) in Gatak District, Sukoharjo Regency showing that there was

a relationship between mothers' employment status and exclusive breastfeeding practice, with the p-value of 0.037

Employment status is a time-consuming activity that affects the other activities and family. One can gain experience and knowledge either directly or indirectly. Employment status is one of the obstacles to breastfeeding, because mothers have not enough time to provide breastfeeding. Mothers who are busy working in earning a living both for their own lives and to help the family have fewer opportunities for breastfeeding than mothers who do not work (Paramita, 2016).

Relationship between maternal parity and exclusive breastfeeding practice

The table above shows that of the 40 primiparous respondents, 27 respondents (67.5%) provided exclusive breastfeeding and 13 respondents (32.5%) did not give exclusive breastfeeding. Meanwhile, of the 28 multiparous respondents, 8 respondents (28.6%) gave exclusive breastfeeding and 20 respondents (71.4%) did not give exclusive breastfeeding.

Based on the results of the chi-square test, the p-value obtained was $0.004 < 0.05$, then it means that there is a significant relationship between maternal parity and exclusive breastfeeding practice. Thus, the hypothesis stating that there is a

significant relationship between maternal parity and exclusive breastfeeding practice has been proven statistically. In this study, respondents who have more than one child tend to give exclusive

breastfeeding to their babies because they already have experience in caring for their children and providing breastfeeding.

Tabel 3

Maternal Parity	Exclusive Breastfeeding Practice				Total		p-value	OR
	Yes		No		N	%		
	N	%	N	%				
Primipara	27	67,5	13	32,5	40	100	0,004	5.192
Multipara	8	28,6	20	71,4	28	100		(1,810-14.891)

The results of this study are in line with a study carried out by Ginting (2016) in Barusjahe, Karo Regency showing that there was an effect of maternal parity on breastfeeding in children aged <6 months, and mothers with multiparous parity had more experience in breastfeeding than mothers with primiparous parity. Then, a study conducted by Anis Ervina and Wiwit Ismalita (2018) found a relationship between parity and exclusive breastfeeding in infants aged 7-12 months at the Cibadak Public Health Center with the p-value =0.0004915 <0.05 and OR=2.839335. A study carried out by Nova Sianturi et al (2020) in the work area of Korpri Public Health Center, Berastagi District, Karo Regency showed that there was a relationship between maternal parity and exclusive breastfeeding practice with p value of 0.0001.

Maternal parity affects the experience and health of mothers in exclusive breastfeeding practice. Mothers who have good experience in breastfeeding their first child will breastfeed properly for their next children. However, if mothers do not give exclusive breastfeeding for their first child and the child still grows healthily, mother feels that their next children do not have to be given exclusive breastfeeding. This shows that mothers with low parity do not have experience in providing breastfeeding, moreover, mothers think that breast milk production during having the first and second children is not optimally productive, while breast milk production is maximized during having the third child so that the possibility of mothers giving exclusive breastfeeding is better for the third child (Sianturi, 2020).

CONCLUSIONS

1. There was a relationship of mothers' education, mothers' occupation and maternal parity simultaneously with exclusive breastfeeding practice at UPTD Karya Mukti Public Health Center in 2021.

2. There was a relationship between mothers' education and exclusive breastfeeding practice partially at UPTD Karya Mukti Public Health Center in 2021, with the p-value of 0.030.
3. There was a relationship between mothers' occupation and exclusive breastfeeding practice partially at UPTD Karya Mukti Public Health Center in 2021, with the p-value of 0.040.
4. There was a relationship between maternal parity and exclusive breastfeeding practice partially at UPTD Karya Mukti Public Health Center in 2021, with the p-value of 0.004.

SUGGESTIONS

1. For UPTD Karya Mukti Public Health Center
It is hoped that this study can provide information and recommendations for Karya Mukti Public Health Center to improve its services especially providing counseling and appeals to the society about exclusive breastfeeding practice and providing education about breastfeeding techniques after mothers give birth.
2. For Universitas Kader Bangsa Palembang
The results of this study can be used as material to add insight and references to students of Diploma IV Midwifery Study Program at Universitas Kader Bangsa University.
3. For Researchers
It is hoped that this study will be useful to increase researchers' knowledge about the benefits of breastfeeding, especially exclusive breastfeeding.
4. For Future Researchers
This study can be used as a comparison material in their study and they can expand the aspects studied, so that the causes of the low coverage of exclusive breastfeeding can be identified.

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