

Analysis of Factors Affecting Exclusive Breast Milk in The Work Area of Waru Puskesmas East Seram Regency

Sukmawati Rumakur^{1,*}, Muhammad Alwy Arifin², Darmawansyah², Balqis², Furqaan Naiem³, Suriah⁴, Anwar Mallongi⁵, Muh. Yusri Abadi²

Sukmawati Rumakur^{1,*}, Muhammad Alwy Arifin², Darmawansyah², Balqis², Furqaan Naiem³, Suriah⁴, Anwar Mallongi⁵, Muh. Yusri Abadi²

¹Students of the Postgraduate Study Program in Public Health, Faculty of Public Health, Hasanuddin University, INDONESIA.

²Department of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, INDONESIA.

³Department of Occupational Health and Safety, Faculty of Public Health, Hasanuddin University, INDONESIA.

⁴Department of Health Promotion and Behavioral Sciences, Faculty of Public Health, Hasanuddin University, INDONESIA.

⁵Department of Environmental Health, Faculty of Public Health, Hasanuddin University, INDONESIA.

Correspondence

Sukmawati Rumakur

Students of the Postgraduate Study Program in Public Health, Faculty of Public Health, Hasanuddin University, INDONESIA.

E-mail: watisukma7631@gmail.com

History

- Submission Date: 25-06-2023;
- Review completed: 08-08-2023;
- Accepted Date: 12-08-2023.

DOI : 10.5530/pj.2023.15.162

Article Available online

<http://www.phcogj.com/v15/i5>

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ABSTRACT

At present exclusive breastfeeding is decreasing, the causes of the decline in exclusive breastfeeding are factors of lack of knowledge, social culture, awareness of the importance of breastfeeding, health services, health workers who have not fully supported, and the incessant promotion of exclusive breastfeeding. The low percentage of breastfeeding is probably due to the many factors that cause breastfeeding failure, both internal factors (mother's knowledge, mother's education, mother's occupation, and mother's disease) and external factors (promotional infant formula, birth attendants) which cause failure in breastfeeding for 6 months. This study aims to determine the factors that influence exclusive breastfeeding to infants in the work area of the Waru Health Center, East Seram District. This type of research is quantitative research with an analytic observational design with a cross-sectional study to see the effect of the independent variables on the dependent variable and observations at the same time. The sampling technique in this study was simple random sampling with a total sample of 81 mothers. The results of this study indicate that there is an influence between employment status and the support of health workers with exclusive breastfeeding, while for the variables of maternal pregnancy distance and knowledge, there is no effect with exclusive breastfeeding. Suggestions for health workers are to improve communication, information, and education. The advice for breastfeeding mothers is to further increase knowledge related to lactation and family support is needed.

Key words: Exclusive breastfeeding, Infants, Puskesmas.

INTRODUCTION

Breast milk is the liquid secreted by the mother's mammary glands. Exclusive breastfeeding is breast milk given to babies from birth for 6 (six) months without adding and/or replacing it with other foods or drinks.¹

Proper nutrition in the first six months of a baby's life is to provide exclusive breast milk without additional drinks or other foods such as water, tea, oranges, honey, artificial milk, bananas, papaya, porridge, biscuits, or rice until the age of six months is highly recommended.²

According to the recommendations of the World Health Organization (WHO) for exclusive breastfeeding in the first 6 months of a baby's life and continuing it for 2 years or more, because breast milk is very balanced in meeting the nutritional needs of newborns and is the only food needed until the age of six month.³

Mother's Milk (ASI) is the best food for babies. The content in breast milk is very suitable for babies because the composition contained in breast milk is most suitable for physiological conditions at the beginning of their life. Breastfeeding should be as soon as possible at the start of life within the first 1 hour, then 2-3 hours until the baby feels satisfied. At the age of 0-6 months, babies are sufficient to get food intake from breast milk without adding food or other packaged milk because breast milk contains all the substances that are very suitable and needed for babies up to 6 months of age at the beginning of their life, this is what we know as exclusive breastfeeding.⁴

Exclusive breastfeeding has also been decided and stipulated in the Government Regulation of the Republic of Indonesia Number 33 of 2012 concerning exclusive breastfeeding. Especially in chapter 1 article 1 paragraph 2 which reads Exclusive breastfeeding is breast milk given to babies from birth for 6 (six) months, without adding and replacing it with other food or drinks.

However, currently exclusive breastfeeding is decreasing, the causes of the decline in exclusive breastfeeding are factors of lack of knowledge, social culture, awareness of the importance of breastfeeding, health services and health workers who have not fully supported and the incessant promotion of exclusive breastfeeding. The low percentage of breastfeeding is probably due to the many factors that cause breastfeeding failure, both internal factors (mother's knowledge, mother's education, mother's occupation, and mother's disease) and external factors (promotional infant formula, birth attendants) which cause failure in breastfeeding for 6 months.^{5,6}

Exclusive breastfeeding can be influenced by several factors including the mother's sociodemographic factors (work status, knowledge, self-efficacy), pre/postnatal factors (pregnancy spacing), and supporting factors (support from health workers, family support).⁷

Exclusive breastfeeding affects the growth of babies and the average value of babies who are exclusively breastfed is greater than babies who are not exclusively breastfed, which means that the growth of babies with exclusive breastfeeding is better than

Cite this article: Rumakur S, Arifin MA, Darmawansyah, Balqis, Naiem F, Suriah, et al. Analysis of Factors Affecting Exclusive Breast Milk in The Work Area of Waru Puskesmas East Seram Regency. *Pharmacogn J.* 2023;15(5): 846-850.

the growth of babies who are not exclusively breastfed.⁸ The benefits of exclusive breastfeeding are enormous for the growth and development of infants, immunologically, and psychologically and economically. Even though the benefits of exclusive breastfeeding are clear for both mother and baby, the coverage of exclusive breastfeeding for babies is still low.⁹

Lack of knowledge is a factor that influences exclusive breastfeeding so mothers provide a lot of additional food to their babies. The lack of knowledge of mothers about exclusive breastfeeding is caused by a lack of awareness of mothers about the importance of giving exclusive breastfeeding to their babies even though they have been told by health workers. There are also many mothers who think that breastfeeding is not important and some don't even know what the benefits of breastfeeding are, so babies are not given exclusive breastfeeding.¹⁰

Health workers, especially midwives, have a very important role as communicators, motivators, facilitators, and counselors for mothers in maintaining the health of their babies, where one of the most important factors is exclusive breastfeeding for babies. Health workers are responsible for providing education about exclusive breastfeeding and providing support to breastfeeding mothers starting from the pregnancy process, the first time the mother breastfeeds until the mother is breastfeeding. This support can also give mothers the confidence to continue to provide exclusive breastfeeding to their babies.¹¹

MATERIALS AND METHODS

The type of research used in this study was a quantitative research method with a cross-sectional design to know the factors that influence exclusive breastfeeding to infants in the working area of the Waru Health Center, East Seram District. The time for conducting research is planned to be carried out from September to October 2022. The sample in this study was 81 mothers who had babies aged 6-24 months. The research instrument used was a questionnaire. Data analysis used statistical tests using univariate analysis tests and bivariate analysis tests.

RESULTS

Characteristics of respondents

Based on table 1 above, shows that of the 81 respondents, most were respondents in the 25-29 age group, namely 34 respondents (42.0%). As for the last education group, most respondents were in the last education group, junior high school, with as many as 30 respondents (37.0%) and for the occupational group, the most respondents were in the unemployed group, with 34 respondents (42.0%).

Univariate analysis

Based on the table above, the frequency distribution for the variable exclusive breastfeeding was 52 (64.2%) who gave exclusive breastfeeding, while those who were not exclusively breastfed were 29 (35.8%). Furthermore, regarding the variable of employment status, as many as 34 (42.0%) respondents did not work, and 47 (58.0%) worked. Then for close pregnancies, there were 43 (53.1%) and long pregnancies were 38 (46.9%). For knowledge, there were 9 (11.1%) respondents with high knowledge, while those with low knowledge 72 (88.9%) respondents. Then for the variable support of health workers, as many as 38 (46.9%) respondents did not receive support, while those who received support from health workers 43 (53.1%) respondents.

Bivariate analysis

Based on Table 3 above, shows that out of 81 respondents, there were 47 respondents (100%) in the working category gave exclusive breastfeeding, while those who did not work were 29 respondents

Table 1: Distribution of respondent characteristics of mothers at the Waru health center, East Seram district.

Characteristics	Amount	Percentage (%)
Mother's age		
20 - 24	18	22.2
25 - 29	34	42.2
30 - 34	23	28.4
35 - 39	6	7.4
Amount	81	100
Education		
Basic school	26	32.1
Junior school	30	37.0
Senior school	25	30.9
Amount	81	100
Job		
Doesn't work	34	42.0
Laborer	5	6.2
Self-employed	26	32.1
PNS	0	0
Private employees	0	0
Other	16	19.7
Amount	81	100

Source: Primary Data, 2023.

Table 2: Univariate analysis.

Variable	Frequency	Percentage (%)
Exclusive breastfeeding		
Exclusive breastfeeding	52	64.2
Not exclusive breastfeeding	29	35.8
Job		
Work	47	58.0
Doesn't work	34	42.0
Pregnancy Distance		
Near (< 2 years)	43	53.1
Far (≥ 2 years)	38	46.9
Mother Knowledge		
Tall	9	11.1
Low	72	88.9
Health Officer Support		
Not enough	38	46.9
Good	43	53.1
Amount	81	100

Source: Primary Data, 2023.

(85.3%) and as many as 5 respondents (14.7%) in the non-working category who do not give exclusive breastfeeding. Based on the results of data analysis using Chi-Square, it was found that the p-value = 0.000 < 0.05 means that H_a is accepted and H₀ is rejected so that it can be interpreted that there is an influence of the mother's employment status with exclusive breastfeeding at the Waru Health Center, East Seram District.

The pregnancy spacing variable shows that out of 81 respondents, 30 respondents (69.8%) in the near pregnancy spacing category are in the category of exclusive breastfeeding, while those who are not exclusively breastfed are 13 respondents (30.2%) and 22 respondents (57.9%) with long-distance pregnancies gave exclusive breastfeeding, then 16 respondents (42.1%) did not exclusively breastfeed. Based on the results of data analysis using Chi-Square, it was found that the p-value = 0.266 > 0.05 this means that H_a is rejected and H₀ is accepted so that it can be interpreted that there is no effect of spacing between pregnancies with exclusive breastfeeding at the Waru Health Center,

Table 3: The effect of research variables on exclusive breastfeeding in the working area of the Waru health center, East Seram regency.

Variable	Exclusive Breastfeeding						P value
	Exclusive breastfeeding		Not exclusive breastfeeding		Amount		
	n	%	n	%	N	%	
Job							
Work	47	100	0	0	47	100	0,000
Doesn't work	29	85.3	5	14.7	34	100	
Pregnancy Distance							
Near (< 2 years)	30	69.8	13	30.2	43	100	0,266
Far (≥ 2 years)	22	57.9	16	42.1	38	100	
Mother Knowledge							
Tall	6	66.7	3	33.3	9	100	0,870
Low	46	63.9	26	36.1	72	100	
Health Officer Support							
Not enough	15	39.5	23	60.5	38	100	0,001
Good	37	68.0	6	32.0	43	100	

Source: Primary Data, 2023.

East Seram Regency.

The knowledge variable shows that out of 81 respondents, there are 6 respondents (66.7%) in the high knowledge category who are in the category of exclusive breastfeeding, while those who do not exclusively breastfeed are 3 respondents (33.3%) and 46 respondents (63.9%) with low knowledge of giving exclusive breastfeeding, then 26 respondents (36.1%) did not give exclusive breastfeeding. Based on the results of data analysis using Chi-Square, it was found that the p-value = 0.870 > 0.05 this means that H_a is rejected and H_0 is accepted so that it can be interpreted that there is no knowledge of the mother with exclusive breastfeeding at the Waru Health Center, East Seram District.

As for the variable support of health workers, it shows that out of 81 respondents, 15 respondents (39.5%) were in the category of lacking support from health workers who were in the category of exclusive breastfeeding, while those who had good support from health workers were 37 respondents (68.0%) and as many as 23 respondents (60.5%) with less support from health workers did not give exclusive breastfeeding, then 5 respondents (32.0%) did not give exclusive breastfeeding. Based on the results of data analysis using Chi-Square, it was found that the p-value = 0.001 < 0.05 means that H_a is accepted and H_0 is rejected so that it can be interpreted that there is an influence of the support of health workers by giving exclusive breastfeeding at the Waru Health Center, East Seram Regency.

DISCUSSION

Effect of employment status with exclusive breastfeeding

Occupation did not have an effect on breastfeeding. On average, they have been given other foods besides breast milk since the baby was 3-4 months old, such as cassava porridge. Babies need other foods after 3 months of age to gain strength and achieve good health. It is this mother's trust that makes exclusive breastfeeding outcomes low.¹²

Based on work, it is known that most of the mothers work as housewives. The type of mother's work is related to the daily activities carried out by the mother. Housewives have more time to provide exclusive breastfeeding to children and working mothers are supported by a breastfeeding room in the workplace.^{13,14}

Based on the results of data analysis using Chi-Square, it was found that the p-value = 0.000 < 0.05 means that H_a is accepted and H_0 is rejected so that it can be interpreted that there is an influence of the mother's employment status with exclusive breastfeeding at the Waru Health Center, East Seram District.

The results above show that if the mother's employment status is not working, it is highly likely that the mother can provide exclusive breastfeeding. Because most mothers work, they have less time to care for their babies, thus allowing mothers not to exclusively breastfeed their babies. If a working mother can still give exclusive breastfeeding to her baby by pumping or expressing breast milk, then it will be stored and given to her baby later. Most working mothers do not give exclusive breastfeeding to their babies.¹⁵

The keys to success in exclusive breastfeeding are information, education and communication. The communication strategy aims to change behavior. Just as a health promotion campaign is to be effective, the attitudes and practices of healthcare providers must also be improved.^{16,17}

Effect of pregnancy spacing with exclusive breastfeeding

Interbirth interval is the period between two successive live births of a woman. For the birth spacing with the last child, the majority of mothers who did not give exclusive breastfeeding were > 1 year, the distance from the last child was 27 people (67.5%). For statistical analysis, it was found that there was no significant relationship between birth spacing and exclusive breastfeeding. Meanwhile, according to the United States Agency (USAID), the optimal birth spacing is the time limit between births that produces the best health impact for pregnancy, mothers, newborns, and the whole family.¹⁸

The distance between pregnancies that are too close to previous pregnancies has many risks that can befall both the mother and the fetus. A uterus that has not recovered from previous deliveries has not been able to maximize the formation of food reserves for the fetus and for the mother herself. The result will have an impact not good for the mother and the baby. For the mother herself increases the risk of acute anemia. Pregnant women who are exposed to acute anemia will increase the risk of pregnancy complications, babies born prematurely, the risk of bleeding during labor, and the worst risk of miscarriage (Rifdiani, 2016).

Based on the results of data analysis using Chi-Square, it was found that the p-value = 0.266 > 0.05 this means that H_a is rejected and H_0 is accepted so that it can be interpreted that there is no effect of spacing between pregnancies with exclusive breastfeeding at the Waru Health Center, East Seram District.

Short spacing of babies can reduce prolactin production so that the baby will not get enough breast milk, while the spacing of births that are rare produces much more milk in the mother so that the mother

can give her baby exclusive breastfeeding. Providing a safe distance between pregnancies will certainly prevent mothers and babies from various risks. The uterus will get enough rest, and enough time to prepare itself so that the nutritional intake for the baby will go well and of course in the end it will make the baby healthy and of good quality.

The effect of mother's knowledge on exclusive breastfeeding

Knowledge is the result of knowing and arises from someone's experience that comes from sensing a particular object. Sensing occurs through the function of the five senses, namely by seeing, smelling, hearing, feeling with the tongue, and touching with the skin. So, from that thing, a person can act on what he gets.¹⁹

Based on the results of data analysis using Chi-Square, it was found that the $p\text{-value} = 0.870 > 0.05$ this means that H_a is rejected and H_0 is accepted so that it can be interpreted that there is no knowledge of the mother with exclusive breastfeeding at the Waru Health Center, East Seram District.

Knowledge can also be affected by the environment. Other research also shows that mothers who have high knowledge will be translated into action.²⁰ Exclusive breastfeeding can be realized if the mother understands and is willing to do it.

One can get knowledge from various experiences and various sources, both electronic media and print media. Often a person interacting with other people, friends, or health workers will broaden their knowledge. The low knowledge of respondents has an impact on the practice of exclusive breastfeeding. Respondents provided additional food such as formula milk, and plain water, and even fed bananas to babies before they were 6 months old.¹²

The effect of support from health workers with exclusive breastfeeding

When providing health services, health workers are required to communicate persuasively to convince mothers that exclusive breastfeeding for children is a must and very beneficial to do.²¹ But some people feel that health workers have not fully done this. The role of health workers or workers seeks to improve health by influencing behavior through persuasive communication so that mothers can behave positively by giving exclusive breastfeeding to children.

Based on the results of data analysis using Chi-Square, it was found that the $p\text{-value} = 0.001 < 0.05$ means that H_a is accepted and H_0 is rejected so that it can be interpreted that there is an influence of the support of health workers with exclusive breastfeeding at the Waru Health Center, East Seram District.

The results of this study are by the theory of factors that influence exclusive breastfeeding, one of which is support from health workers. This result is also in line with research conducted by Mamonto in 2015 which showed that the role of health workers is one of the factors related to exclusive breastfeeding for infants in the working area of the Kotobangon Health Center, East Kotamobagu District, Kotamobagu City.²²

CONCLUSIONS AND RECOMMENDATIONS

There is an influence of employment status and support of health workers with exclusive breastfeeding in the work area of the Waru Health Center, Eastern Seram District and there is no effect on the distance between pregnancies and the mother's knowledge of exclusive breastfeeding in the work area of the Waru Health Center, East Seram District. As for suggestions for health workers or workers to improve KIE (Communication, Information, and Education) regarding the importance of exclusive breastfeeding to increase the knowledge of

breastfeeding mothers. For breastfeeding mothers to increase their knowledge and actively seek information about lactation management so that they can fulfill their breastfeeding needs and increase their self-efficacy.

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Cite this article: Rumakur S, Arifin MA, Darmawansyah, Balqis, Naiem F, Suriah, et al. Analysis of Factors Affecting Exclusive Breast Milk in The Work Area of Waru Puskesmas East Seram Regency. *Pharmacogn J*. 2023;15(5): 846-850.