

Factors Associated With Behavior of Exclusive Breastfeeding to Women Have Baby 6-12 Months in the Work Area of Andalas Health Center

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Abstract:

In Indonesia target of exclusive breastfeeding is 80% and this target is very difficult to accomplish. The scope of exclusive breastfeeding in West Sumatera (75%), in Padang (70.7%) and in the work area of Andalas Health Center (55.17%). This study aim is to determine factors associated with exclusive breastfeeding in the work area of Andalas Health Center.

This type of study is analytic with cross sectional design. The participant of this study is 90 mothers who have infants 6-12 months in the work area of Andalas Health Center. Sampling was proportional random sampling. Data collected using questionnaires. Data analysis using univariate and bivariate with chi square test and significant if p value < 0,05.

The study showed exclusive breastfeeding (21,1%), mother have a good knowledge (48.9%), secondary education (51.1%), unemployed (65.6%), not having breast problem (51.1%), and interested in infant formula promotion (57.8%). The results of bivariate analysis showed a significant relationship between education (p=0.048) and breast problems (p=0,000) and no significant relationship between work (p=0.98) with exclusive breastfeeding. There is a tendency all mothers who have less knowledge and interested in infant formula promotion to not exclusive breastfeeding

From the result of this study it can be conclude there is a significant relationship between education, and breast problems with exclusive breastfeeding, no significant relationship between work and exclusive breastfeeding, there is a tendency all mothers who have less knowledge and interested in infant formula promotion to not exclusive breastfeeding. For the next research can add other variables, for health workers to more diligent give counseling and for the community to follow more counseling.

Keywords: breastfeeding; breast problems; secondary education

Introduction

In 2010 nutritional problems in Indonesia were low birth weight, short, underweight, malnutrition and obesity toddler, from all problems Indonesia are faces malnutrition and overnutrition. To overcome this problem in December 2011 Indonesia joined the SUN Movement and in Indonesia the movement was named 1000 first day of life and one of activity in this movement is promotion Exclusive breastfeeding (National Planning Agency, 2013). According to Government Regulation No. 33 of 2012 exclusive breastfeeding is the infants receives only breast milk. No other liquids or solids are given to infants with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines.

In an attempt to reduce morbidity and mortality, the United Nation Childrens Fund (UNICEF) and the World Health Organization (WHO) recommended that children should only breastfeed for at least six months.

Solid foods should be given after 6 months of age, and breastfeeding continues until the child is two years old (Health Ministry of Republic of Indonesia, 2014).

Many factors will affect the success of exclusive breastfeeding such as knowledge, education, employment, maternal breast problems, and the promotion of infant formula. Knowledge is the result of the senses that have been seen or known by humans who will become an information (Notoatmodjo, 2012). More better the knowledge more likely the mothers provide exclusive breastfeeding to theirs baby

Someone education increase curiosity and experience about the information and that will be affect to their behavior. This is in line with the results of study in Lagos State of Nigeria showed more educated mothers are giving exclusive breastfeeding with p < 0.05 (Obilade, 2015). (Obilade, 2015).

A woman's occupational status will affect the available time for breastfeeding (Haryono and Setianingsih, 2014). This is in line with the results of the Ethiopian study showed a significant association between maternal employment with exclusive breastfeeding with $p < 0.05$ (Aswaf et al, 2015).

Maternal breast problems often occur during breastfeeding (Nugroho et al, 2014). Based on the qualitative results in Myanmar there are some maternal breast problem was barred exclusive breastfeeding, from the results the mother said breast problems such as nipple cracked make mother to ungive breastfeeding to their babies and give formula milk (Thet et al, 2015).

Infant formula is one of the prelacteal feeding given to the neonate. The coverage of the number infant formula in Indonesia is 79.8% and West Sumatera is 78% (Ministry of Health RI, 2014). The strategic promotion of formula industry has a significant negative impact to breastfeeding behavior (Kaplan and Graff, 2008).

Nationally, the coverage of exclusive breastfeeding increased from 52.3% to 55.7% in 2015 (Ministry of health RI, 2015). In West Sumatera the

coverage of exclusive breastfeeding was 73.6% in 2014 and also increased to 75% in 2015. Based on the health profile of Padang city, coverage of exclusive breastfeeding is 70.7% in and at Andalas health center was 55.17%.

Based on the background, the researchers are interested to know the related factors with exclusive breastfeeding behavior in the work area of Andalas Health Center. In this study the researchers only research the knowledge, education, employment, breast problem and interest promotion of infant formula.

Methods

The type of this study was analytic with cross-sectional design. The respondents of this study were 90 mothers who have 6-12 months infant in the work area of Andalas health center from November 2016 until November 2017. Data collected using questionnaires. All data were processed using SPSS with chi-square test.

Result

Exclusive breastfeeding	Frequency (n = 90)	Percentage (%)
Not exclusive breastfeeding	71	78.9
Exclusive breastfeeding	19	21.1
Total	90	100

Based on this table showed that more than half of the respondents did not give exclusive breastfeeding (78.9%).

Table 1: Distribution Exclusive breastfeeding

Knowledge	Frequency (n = 90)	Percentage (%)
Less	17	18.9
Enough	29	32.2
Good	44	48.9
Total	90	100

Based on table 2 showed that 48.9% of mothers have a good knowledge.

Table 2: Distribution of knowledge

Education	Frequency (n = 90)	Percentage (%)
Primary	16	17.8
Secondary	46	51.1
High	28	31.1
Total	90	100

Based on table 3 showed that 51.1% of mothers have secondary education.

Table 3: Distribution of education

Work	Frequency (n = 90)	Percentage (%)
Working	31	34.4
Not working	59	65.6
Total	90	100

Based on table 4 showed that 65.6 % of mothers are not working

Table 4: Distribution of work

Breast Problem	Frequency (n = 90)	Percentage (%)
Yes	44	48.9
No	46	51.1
Total	90	100

Based on table 5 showed that 51.1% of mothers not have breast problems.

Table 5: Distribution of breast problem

Promotion infant formula	Frequency (n = 90)	Percentage (%)
Interested	52	57.8
Not interested	38	42.2
Total	90	100

Based on table 6 showed that 57.8% of mothers are interested with infant formula.

Table 6 : Distribution of promotion infant formula

The relationship knowledge level of mothers with exclusive breastfeeding

Knowl dge	Breastfeeding				Number	
	not exclusivebreast feed		exclusive breastfeed		F	%
	f	f%	f	f%		
Less	17	100	0	0	17	100
Enough	27	93.1	2	6.9	29	100
Good	27	61.4	17	38.6	44	100
Total	71	78.9	19	21.1	90	100

Table 7 showed that the percentage of mothers not exclusive breastfeed more high in mothers with less knowledge (100%) than enough (93.1%) or good knowledge (61.4%). The results can not analyze, but there is a tendency of all mothers with less knowledge would not give exclusive breastfeeding.

Table 7: Relationship level of knowledge with exclusive breastfeeding

The relationship Education Level Mother with Exclusive Breastfeeding

Based on bivariate analysis mother's education with exclusive breastfeeding can be seen in table 8

Education	Breastfeeding				Total		p-value
	not exclusive breastfeed		Exclusive breastfeed		F	%	
	f	f%	f	f%			
Primary	15	93.8	1	6.3	16	100	0,048
Secondary	38	82.6	8	17.4	46	100	
High	18	64.3	10	35.7	28	100	
Total	71	78.9	19	21.1	90	100	

Table 8 showed that the percentage of mothers who are not exclusive breastfeed more high in mothers with primary education (93.8%) than secondary education (82.6%) or high education (64.3%). After chi square test $p = 0.048(p < 0.05)$, meaning that there is no significant relationship between education with exclusive breastfeeding.

Table 8: Relationship of maternal education with exclusive breastfeeding

The relationship employment with exclusive breastfeeding

Based on bivariate analysis the employment with exclusive breastfeeding can be seen in table 9

Works	Breastfeeding				Total		POR (95% CI)	p-value
	not exclusive breastfed		Exclusiv breastfed		F	%		
	f	%	f	%				

Working								
Not Work	43	72.9	16	27.1	59	100	3,473 (0,92-13,02)	0,98
Total	71	78.9	19	21.1	90	100		

Table 9 showed that the percentage of mothers not exclusive breastfeed is greater in working mother (90.3%) than not working mother (72.9%). After chi square test $p = 0.98$ ($p > 0.05$), that meaning there are no significant relationship between the work of mother with exclusive breastfeeding.

Table 9: Relationship employment with exclusive breastfeeding

Relationship breast problem with exclusive breastfeeding

Based on bivariate analysis mothers breast problems with exclusive breastfeeding can be seen in table 10.

Breast Problem	Breastfeeding				Number		POR (95% CI)	p-value
	not exclusive breastfeed		exclusive breastfeed					
	f	f%	f	f%	f	f%		
Yes							27,643 (3,4-218,88)	0,000
No	28	60.9	18	39.1	46	100		
Total	71	78.9	19	21.1	90	100		

Table 10 showed that the percentage of mothers not exclusive breastfeeding more greater in mother have breast problems (97.7%) than not have breast problem (60.9%). After chi square test obtained $p = 0.000$ ($p < 0.05$), meaning that there is a significant relationship between breast problem with exclusive breastfeeding.

Table 10 : Relationship breast problems with exclusive breastfeeding

Relationships interests promotion of infant formula with exclusive breastfeeding

Based on bivariate analysis the interest promotion of infant formula with exclusive breastfeeding can be seen in table 11

interests Promotion of infant formula	Breastfeeding				Total	
	Not exclusive breastfeeding		Exclusive breastfeeding			
	f	%	f	%	f	%
Interested	52	100	0	0	52	100
not Interested	19	50.0	19	50.0	38	100
Total	71	78.9	19	21.1	90	100

Table 11 showed that the percentage of mothers who are not exclusive breastfeed is greater in mother's interested promotion of infant formula (100%) than not interested mothers (50%). These results cannot be analyze, but there is a tendency of all mothers interested in the promotion of infant formula will not give exclusive breastfeeding

Table 11: Relationships interests Promotion Formula with Exclusive Breastfeeding

Discussion

Relationship knowledge level with exclusive breastfeeding

The results showed the percentage of mothers are not exclusive breastfeed is greater in mothers with less knowledge (100%) than enough (93.1%) or good (61.4%) knowledge. The bivariate analysis is not doing because it does not qualify for chi square test but there is a tendency all women who have a less knowledge will not give exclusive breastfeeding.

Knowledge is the important domain for exclusive behavior (Notoatmodjo, 2012). Mother with good knowledge will motivate mothers to give exclusive breastfeeding. The information about exclusive breastfeeding can have from formal or nonformal education (Haryono and Setianingsih, 2014).

The research of Rachmaniah (2014) showed that significant relationship between mother's knowledge with exclusive breastfeeding, it can concluded that person with higher knowledge will affect the mindset and

attitudes and that will affect to exclusive breastfeeding, this study have same design was crosssectional. Another study showed a significant relationship between knowledge with exclusive breastfeeding with p value <0.05 (Susmaneli, 2012).

Based on the report Andalas health centers in 2016 has give counseling about exclusive breastfeeding was 2 times in the Health Center Andalas and 86 times in posyandu. Although counseling has been done a lot but there was low percentage of correct answers some questions that question about the time of breastfeeding (31.1%), about the content of breast milk (34.4%) , and the mother action after delivery if the milk not came out (55.6%). To increase the mother's knowledge can give more counseling to the mothers.

Relationships Education Level Exclusive Breastfeeding Mothers with

The results of the study p value 0.048(p value <0.05), meaning that there is a relationship between education with exclusive breastfeeding. The same results with Zakyah research (2012), that showed a significant relationship between maternal education with exclusive breastfeeding with p value 0.009 (pvalue <0.05). The results has the same point because the design is cross-sectional and the criteria of respondents is same are mothers with babies aged 6-12 months.

Different with the results of the research Fahriani et al (2016) showed no relation between educations with exclusive breastfeeding, this study found mothers with secondary education is no less of seeking knowledge. The success of exclusive breastfeeding in this study supported the correct level of mother's knowledge about exclusive breastfeeding and counseling on exclusive breastfeeding to mother. Results the research in Nepal and other developing countries showed that the prevalence of exclusive breastfeeding was higher among mothers who are illiterate, the possibility of more educated mothers exposed to substitute breast milk and may consider it as a viable modern alternative (Barennes et al, 2012).

Education will make a person to search experience and organizing experience from the information who have received will changes in behavior. Education will affects exclusive breastfeeding. A high educated mother will accept a new idea than the less educated mothers (Haryono and Setianingsih, 2014). With education will change attitudes and behavior to do exclusive breastfeeding (Priyoto, 2014). Health education given an affect to a person to doing one's attitude, such as exclusive breastfeeding behavior (Yulizawati, 2016).

Relationship employment with exclusive breastfeeding

The results showed that the percentage of mothers who are not exclusive breastfeeding is greater in workmother (90.3%) than do not work mother (72.9%). Based on statistical test p value = 0.98 ($p>0.05$) that meaning there is no relationship between maternal employment with exclusive breastfeeding. This is in line with research in the area of Bungus health centers showed no relationship between work with exclusive breastfeeding with p value of 0.658(pvalue >0.05), This study showed that no relationship between maternal employment with exclusive breastfeeding (Nasution et al, 2014).

Same with the results in Quito, Ecuador showed that no significant relationship between work and exclusive breastfeeding with p value 0,915. Equation these results of this study due to the same of design (Jara-Palacios et al, 2015). Research in Cameroon also showed the same result, that relationship employment with exclusive breastfeeding with p value 0.340, it is also caused by mothers who do not work more higher than work mother (Fombong et al, 2016).

The results is different with research in Tanzania that showed a significant association between the mother's occupation with exclusive breastfeeding with p value of 0.012, it is because the percentage of exclusive

breastfeeding more high to mothers who do not work more than working mother, because the mother does not work have more time to breastfeed their baby, this is also supported for mothers get counseling after the birth of exclusive breastfeeding (Maonga et al, 2016). The same result in Nabire Puskesmas that showed a significant relationship between employments with exclusive breastfeeding with p value 0.044. In this study shows the proportion of respondents who work to give exclusive breastfeeding is 36.2% that more higher than respondents who did not work is 17.1% (Hakim, 2012). At the present time the opportunities for women to work more open (Priyoto, 2014). The women employment status will affect the availability of time for breastfeeding so that mothers cannot breastfeeding with a reason to return to work after the leave granted is up. Though the term work is not a reason to not give exclusive breastfeeding for the mother can express the milk before going to work and still be given to their baby (Haryono and Setianingsih, 2014). Based on research in Andalas Health Center shows no relationship between work with exclusive breastfeeding, and this is because only little maternal have high education, so that when the mother get information about exclusive breastfeeding that did not affect to maternal behavior.

Relationship Breasts Problem With Exclusive Breastfeeding

The results show the percentage of mothers who are not exclusive breastfeeding is greater in women who have breast problems (97.7%) than do not have breast problem (60.9%). Based on statistical test p value = 0.000($p<0.05$), that meaning is a relationship between the breast problem with exclusive breastfeeding. The results are consistent with the research in Myanmar there are some breast problem can affect to exclusive breastfeeding, from the results of the mother said that health problems such as nipple crack makes stop to give breastfeeding and the baby will give formula milk (Thet et al, 2015).

In research Fahriani et al (2014) showed that there was no association between maternal physical factors with exclusive breastfeeding, this is because the proportion of incidence of the problem on physical factors such as nipple crack, mastitis and or lower than those who did not experience any problems. This is due to the low proportion of women giving birth at St. Carolus Hospital given counseling breastcare aimed at improving the knowledge of mothers about breast care, breast massage, nipple flattening overcome and prevent breast swelling and mother are expected to practice it themselves extension breastcare. The granted since the start of at least 28 weeks gestation continue until the third day postpartum.

Breast problem are common during breast feeding can affect to breastfeeding (Nugroho et al, 2014). Some of the problems that often occur in the breast during breastfeeding is painful and sore nipples, inverted nipple, breast swelling, breast tenderness, and mastitis (Fraser and Cooper, 2009). Breast problems will affect the process of breastfeeding (Haryono and Setianingsih, 2014). Based on the results of research most breast problems to mother is nipple pain and blisters (90.9%). To overcome this problem in the breast can give education about breastcare starting from the third trimester of pregnancy until after delivery.

Relationship Interest Promotion Of Infant Formula With Exclusive Breastfeeding

The results show the percentage of mothers who are not exclusive breastfeeding is greater in women who interested in the promotion of infant formula (100%) than not interested in the promotion of infant formula (50%). These results can not be tested, but there is a tendency to all women who are interested in the promotion of infant formula will not provide exclusive breastfeeding to their babies.

Results of research on the working area of Semarang city Bandarharjo health centers in 75 mothers who showed no association promotion of infant formula with exclusive breastfeeding with p value 0.005 (Nisti, 2016). Based on the results of a qualitative study on the marketing of infant formula after mother's saw the marketing of infant formula make mother doubt with the content of breast milk (Parry et al, 2013).

In line to the results of research Albab (2013) that showed no relationship between promotion of infant formula with the decision-making families in exclusive breastfeeding with p value 0.257, it is because the study showed more than 50% of respondents with low education. Family with low education only have little information or have less knowledge about exclusive breastfeeding and formula milk, so family does not have much information to choose the decision and ultimately will not care about outside information such as the promotion of formula milk.

The strategic marketing of the formula industry has a significant negative impact on breastfeeding behavior (Kaplan and Graff, 2008). Promotion and advertising of infant formula will affect to exclusive breastfeeding behavior. From 194 countries, Indonesia is one of the countries that has provided some legal rules. But there were more than 1000 incidents related to non compliance of various manufacturers and distributors related to the International Code of Substitute Breeding Submission (UNICEF, 2016). One obstacle to the success of exclusive breastfeeding is the marketing of formula milk, although mothers already have intentions to exclusive breastfeeding because of the marketing of this formula milk and mothers also begin to give supplement with formula feeding or stop breastfeeding before infants aged 6 months (Parry et al, 2013).

Conclusion:

There is a significant relationship between education and breast problems with exclusive breastfeeding, no significant relationship between work and exclusive breastfeeding, there is a tendency all mothers who have less knowledge and interested in promotion of infant formula to not exclusive breastfeeding. For the next research can add other variables, for health workers to more dilligent to give counseling and for the community to follow more counseling.

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