Factors Affecting Exclusive Breastfeeding in the Working Area of the Sawah Lebar Health Center, Bengkulu City

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Abstract

Breast milk is the best food for babies because it can build antibodies from an early age. Exclusively breastfeeding babies with additional food from birth to 6 months of age can prevent infectious diseases such as otiris media, diarrhea and acute respiratory infections. In Indonesia, the achievement of exclusive breastfeeding is still low due to various factors related to socio-demographics. Low access to relevant information about exclusive breastfeeding is also the cause of mothers' low knowledge about the benefits of exclusively breastfeeding their babies. Apart from that, adequate support from family and health workers also influences exclusive breastfeeding. This research aims to determine the relationship between socio-economics, family support and support from health workers on exclusive breastfeeding for babies 0-6 months in the Sawah Lebar Community Health Center area, Bengkulu City. Cross sectional research design with a sample of 98 babies aged 6-12 months selected using proportional random sampling technique. Data were analyzed univariately using a frequency distribution table, bivariately using chi square and multi variately using logistic regression. The results of the study found that there was a relationship between economic status and exclusive breastfeeding, p=0.00, there was a relationship between family support and exclusive breastfeeding, p=0.00, and there was a relationship between support from health workers and exclusive breastfeeding, p=0.00. Multivariate test results found that economic status was the most dominant factor influencing exclusive breastfeeding with a value of p=0.00. It is recommended for health workers to provide exclusive breastfeeding education in structured groups, the intervention given must take into account working mothers from middle to upper economic groups and involve family members.

Keywords: ***Exclusive breastfeeding, economy, family, officers***

INTRODUCTION

Exclusive breastfeeding in infants can play a crucial role in the development of antibodies and contribute to the overall health and intelligence of future generations. The best growth and development outcomes are achieved when infants are exclusively breastfed without the introduction of other liquids or solid foods until they reach 6 months of age. However, the global rate of exclusive breastfeeding remains disappointingly low. According to the Global Breastfeeding Scorecard, The proportion or percentage of infants who are exclusively breastfed from 2013 to 2018 was only 41%, which is significantly below the World Health Organization's target of 70% by 2030 (WHO, 2017). In Indonesia, the national coverage of exclusive breastfeeding is only 52.5%, with a pre-breastfeeding rate of 44% and 21% of children aged 0-1 months receiving formula milk. However, this situation varies by region, with the Bengkulu Province ranks 7th with a lower percentage of prevalence of exclusive breastfeeding among

infants 62.30% in 2020, 67.07% in 2021, and 67.84% in 2022 (Badan Pusat Statistik Provinsi Bengkulu, 2022; Kemenkes, 2021).

The inadequate practice of exclusive breastfeeding has a significant impact on infant health, making them more susceptible to infections compared to infants who are exclusively breastfed. This increased vulnerability exposes them to various types of infections, including digestive and respiratory infections, as well as ear infections (AL-Nawaiseh 2022; Rusyda & Ronoatmodjo, 2021).

In addition to infection-associated fitness issues, babies are extra vulnerable to non-infectious sicknesses as they grow, which include obesity, allergies, dietary deficiencies, asthma, and suboptimal mind development (WHO, 2017). The incidence of acute respiratory infections is 4% in Indonesia, 5% in Bengkulu province and 7% in Bengkulu city. In addition, the incidence of diarrhoea is 14.1% in Indonesia and 19.2% in Bengkulu Province. This may be related to the failure of exclusive breastfeeding for children aged 0-6 months (Abdulla et al., 2022).

According to Notoadmodjo (2010), Several socio-demographic factors, including age, education, occupation, residence, and economic status, as well as knowledge, attitudes, beliefs, and various supportive factors like access to information, healthcare facilities, delivery location, and assistance during childbirth, can impact the likelihood of successful exclusive breastfeeding. Additionally, reinforcing factors such as support from friends, family, and healthcare providers also play a vital role. This study aims to determine the relationship between economic status, family support and health workers with exclusive breastfeeding in the area of Sawah Lebar Health Centre, Bengkulu City.

METHODS

This research design is cross-sectional, with the research site being Puskesmas Sawah Lebar Bengkulu City. The research was conducted from July to December 2023. The study population was children aged 6-12 months, the sample selected by purposive sampling was 54 people, the inclusion criteria were babies who did not have congenital abnormalities and low birth weight, had mothers who could read and write, and were willing to participate in the study.

The independent variables in this study were economic status, family support and health workers and the dependent variable was exclusive breastfeeding. This study uses primary data and the research variables were measured through interviews using instruments adapted from the 2017 Riskesdas questionnaire with modifications by the researcher (Kemenkes RI, 2010).

This study has received ethical approval from the Health Research Ethics Committee of Poltekkes Kemenkes Bengkulu, number KEPK.BKL/527/12/2023.

RESULTS

Table 1. Frequency Distribution of Exclusive Breastfeeding, Economic Status, Family Support and Health Worker Support

Variable	Frequency (N=54)	Percentage (100%)
Exclusive breastfeeding		
No	32	59,3
Yes	22	40,7
Economic Status		
Low	21	38,9
High	33	61,1
Family Support		
Lack	17	31,5
Good	37	68,5
Health worker support		
Less	11	20,4
Good	43	79,6

According to the findings presented in table 1, out of the 54 respondents, 32 (59.3%) did not adhere to exclusive breastfeeding. Additionally, 33 (61.1%) of the respondents had a high economic status, 37 (68.5%) reported having good family support, and 43 (79.6%) reported receiving good support from health workers.

Table 2. Relationship between economic status, family support, and health worker support regarding exclusive breastfeeding.

Variable	Exclusive breastfeeding						p- *value*
	No		Yes		Totally		
	n	%	n	%	N	%	
Economic Status							
Low	1	4,8%	20	95,2%	21	100%	0.001
High	31	93,9%	2	6,1%	33	100%	
Totally	32	44,4%	22	55,6%	54	100%	
Family Support							
Lack	17	100%	0	0%	17	100%	0,001
Good	15	40,5%	22	59,5%	37	100%	
Totally	32	59,3%	22	40,7%	54	100%	
Health worker support							
Less	10	90,9%	1	9,1%	11	100%	0,016
Good	22	51,2%	21	48,8%	43	100%	
Totally	32	59,3%	22	40,7%	54	100%	

Table 2 shows among the 33 respondents with high socioeconomic status, 31 (93.9%) did not practice exclusive breastfeeding, and 2 (6.1%) did. The Chi-Square test resulted in a p-value of 0.000, below the significance level of 0.05, demonstrating a statistically significant

correlation between economic status and exclusive breastfeeding, allowing us to support the alternative hypothesis (Ha) asserting an association between the two factors.

Concerning family support, all 17 respondents lacking adequate family support (100%) did not engage in exclusive breastfeeding. Among the 37 participants with strong family support, 15 (40.5%) did not practice exclusive breastfeeding, while 22 (59.5%) did. The Chi-Square test yielded a p-value of 0.000, indicating a significant relationship between family support and exclusive breastfeeding, thus confirming Ha.

Regarding health worker support, among the 11 respondents with insufficient support, 10 (90.9%) did not practice exclusive breastfeeding, while only 1 (9.1%) did. Among the 43 participants receiving good health worker support, 22 (51.2%) did not exclusively breastfeed, while 21 (48.8%) did. The Chi-Square test resulted in a p-value of 0.016, revealing a significant association between health worker support and exclusive breastfeeding, supporting prominent elements related to exceptional breastfeeding.

Table 3. The Primary Factors Influencing Exclusive Breastfeeding

Variabel	Sig.	Exp (B)	CI 95%	
			Lower	Upper
Status Ekonomi	0,000	0,008	0,001	0,091
Dukungan Keluarga	0,998	8,859	0,000	
Dukungan Petugas Kesehatan	0,999	0,000	0,000	
Constant	0,999	0,000		
Status Ekonomi	0,000	0,007	0,001	,087
Dukungan Keluarga	0,998	233,7	0,000	
Constant	0,999	0,000		

The results of multivariate analysis of model 1 in the table above show that economic factors influence exclusive breastfeeding in infants with a value of p=0.00 Exp B=0.008 =CI 95% 0.001-0.091 not passing 1, which means that economic factors are the most dominant factors influencing exclusive breastfeeding. After testing with model 2, it also shows that economic factors remain the most dominant factor influencing exclusive breastfeeding with a value of p=0.00 Exp B=0.007 =CI 95% 0.001-0.087 not passing 1, this means that 8% of the exclusive breastfeeding status is determined by economic factors, the rest by other factors. Economic factors are not the only factors that cause failure of exclusive breastfeeding, but there are other factors that are not explained in this study.

DISCUSSION

This study found that economic status was associated with exclusive breastfeeding. This result supports previous findings that economic status affects infant feeding choices. This is

due to societal misconceptions about breastfeeding that result in suboptimal breastfeeding, modernisation has also led women who must breastfeed to make new choices rather than breastfeeding their children. In Indonesia, there is a huge disparity in low income and low education, so the need for breastfeeding is considered very important and the only way to give babies a chance to survive and get better health (Pratama et al., 2018).

High economic status is more influential in the failure of exclusive breastfeeding due to the increased ability to buy additional foods such as formula milk which is believed to be necessary for the development of the baby. This economic status is also influenced by the mother's occupation where mothers with high incomes tend to work so that babies who live are cared for by family or carers. This gives the baby a tendency to be given formula milk as a substitute for breast milk. However, mothers with low economic status tend to prioritise exclusive breastfeeding due to the inability to buy formula milk.

Different findings were obtained in another study that economic status did not significantly affect exclusive breastfeeding (Winarti et al., 2020). The difference in results with this study was also found in previous studies that socioeconomic factors did not influence exclusive breastfeeding (Nazari et al., 2021).

The difference with the results of this study may be due to demographic factors where this study was conducted in the central area of Bengkulu City, where the research respondents were mostly working mothers with middle to upper economic status. This supports the finding that sociodemographic variables affect exclusive breastfeeding status, there is a negative relationship between exclusive breastfeeding and rural-to-urban migration in groups with higher education levels and groups living in metropolitan cities (Yin et al., 2020).

The overall prevalence of breastfeeding practices was lower among rural-to-urban migrants or local children living in cities (Yin et al., 2020). Mothers living in large urban areas were 3.78 times less likely to adhere to exclusive breastfeeding recommendations. Differences in breastfeeding status in urban and rural areas are influenced by the mother's education level and wealth in the household (Wallenborn et al., 2021). Maternal occupation and economic status are the most significant risk factors for exclusive breastfeeding failure. Therefore, in addition to general strategies, specialised approaches to exclusive breastfeeding interventions are needed in highly educated migrant mothers and urban communities. Antenatal care and postnatal care visits for working mothers with middle to upper economic status should be considered to increase exclusive breastfeeding coverage (Mastan & Achadi, 2021; Yin et al., 2020).

The results of this study also found that family support also had an effect on breastfeeding, 40.5% of mothers who did not get good family support experienced exclusive breastfeeding failure. This result supports the finding that family support has a significant effect on the decision to breastfeed exclusively. Good husband support will increase the mother's confidence in breastfeeding her baby. Breastfeeding mothers should get a good family support system so that in carrying out the role as a breastfeeding mother can take place optimally and confidently. Husband support is very beneficial for breastfeeding mothers because it provides motivation, provides attention and problem solving, provides a sense of security and comfort for mothers (Manggiasih et al., 2023).

The same results were also found from previous research that support from husbands and other family members can increase the ability of mothers to provide exclusive breastfeeding, a sense of calm and comfort. Thus, this can also increase the production of the hormone oxytocin and affect breast milk production (Yorita et al., 2023). In addition, family support can also increase confidence in providing exclusive breastfeeding so that health education on exclusive breastfeeding should also be directed at family target groups such as husbands and parents (Pakilaran et al., 2022).

Similar results were found in a previous study, where support from the mother-in-law was shown to be 2.68 times more likely to increase the success of exclusive breastfeeding in infants, so this determinant needs to be taken into account when planning interventions aimed at increasing the success of exclusive breastfeeding (Fadjriah et al., 2021). In addition, family and paternal support is influential in providing encouragement and decision support for working mothers to continue exclusive breastfeeding. This means that interventions to promote exclusive breastfeeding should also involve husbands and other family members, especially those living in the same house, so that they can provide positive support for mothers to breastfeed exclusively (Ratnasari et al., 2017).

The results of this study showed that support from health workers also influenced exclusive breastfeeding. This is because health workers are the main source of information about breastfeeding for mothers. In this study, all the babies in the sample were born in health facilities where most deliveries were assisted by midwives. In the early stages of postpartum psychological adjustment, midwives play a role in the care of mothers and babies, including efforts to improve breastfeeding success through early initiation of breastfeeding in the first hour after birth. At this stage, mothers are dependent on others, so interventions by health workers at this stage are well received.

In this study, 50% of the respondents who received information on breastfeeding were shown to be successful in exclusive breastfeeding, p=0.016. These results support the finding that collaboration between nurses, midwives, families and communities is needed to improve the psychological adjustment of postpartum mothers so that they have a strong desire to exclusively breastfeed their babies (Rahayu & Yunarsih, 2017). Support from health professionals, peers who are also breastfeeding, practical help and support from trusted people have been shown to meet mothers' emotional needs and overcome breastfeeding problems (Nanishi et al., 2021).

Health workers and breastfeeding counsellors should provide ongoing support throughout the seven stages of breastfeeding contact from pregnancy to postpartum. Mothers should receive adequate and appropriate breastfeeding information during pregnancy, labour and the postpartum period to enable them to successfully initiate exclusive breastfeeding for infants from 0-6 months and continue it until the child is 2 years of age (Awaliyah et al., 2019).

Given the importance of health worker support as a determinant of the success of exclusive breastfeeding, health promotion should be provided as early as possible, starting in the antenatal, intrapartum and postpartum periods. Information support for pregnant and breastfeeding women is very important in achieving exclusive breastfeeding. Information from others plays an important role in breastfeeding practices, as strong emotional ties make information more acceptable. Support from health professionals, peers who are also breastfeeding, practical help and support from trusted people have been shown to meet mothers' emotional needs and overcome breastfeeding problems. (Wibowo, 2016).

The results of the multivariate analysis in this study showed that economic status was the most influential factor in exclusive breastfeeding, while health worker support and family support had no significant effect. However, there are different findings from previous studies where psychological factors play a very important role in the success of exclusive breastfeeding compared to socioeconomic factors (Nuampa et al., 2022).

Previous research has shown that, based on the perceptions of primary care midwives, there are several barriers to exclusive breastfeeding, including physical and emotional aspects during the postpartum period, support from the closest family and spouse, the environment and social networks of new mothers, employment, job characteristics and early return to work. Therefore, the promotion of exclusive breastfeeding should take these factors into account to optimise the success of exclusive breastfeeding (Llorente-Pulido et al., 2021).

Exclusive breastfeeding should be promoted through structured education starting during pregnancy. Interventions should also focus on building maternal self-efficacy to achieve

exclusive breastfeeding and breastfeeding duration, including through individualised approaches, social change and environmental change (Llorente-Pulido et al., 2021; Yorita et al., 2023).

CONCLUSION

There is an association between economic status, family support and health worker support with exclusive breastfeeding. Family economic status is the most dominant factor in exclusive breastfeeding. It is recommended that health care providers provide breastfeeding education starting in the antenatal, intrapartum and postpartum periods. In addition, interventions to increase exclusive breastfeeding need to target groups of mothers with high economic status and education, and involve the closest family and husbands to support exclusive breastfeeding.

REFERENCE

Abdulla, F., Hossain, M. M., Karimuzzaman, M., Ali, M., & Rahman, A. (2022). Likelihood of infectious diseases due to lack of exclusive breastfeeding among infants in Bangladesh. *PLOS ONE*, *17*(2), e0263890. https://doi.org/10.1371/journal.pone.0263890

AL-Nawaiseh, F. K., Al-Jaghbir, M. T., AL-Assaf, M. S., AL-Nawaiseh, H. K., & Alzoubi, M. M. (2022). Breastfeeding initiation and duration and acute otitis media among children less than two years of age in Jordan: results from a case–control study. *BMC Pediatrics*, *22*(1), 370. https://doi.org/10.1186/s12887-022-03427-7

Awaliyah, S. N., Rachmawati, I. N., & Rahmah, H. (2019). Breastfeeding self-efficacy as a dominant factor affecting maternal breastfeeding satisfaction. *BMC Nursing*, *18*(Suppl 1), 1–7. https://doi.org/10.1186/s12912-019-0359-6

Badan Pusat Statistik Provinsi Bengkulu. (2022). *Katalog :Profil Kesehatan Ibu Dan Anak Provinsi Bengkulu 2022*. https://bit.ly/BPSProvinsiBengkulu

Fadjriah, R. N., Krisnasari, S., & Gugu, Y. (2021). Relationship between family social support and exclusive breastfeeding behavior at talise health center, indonesia. *Open Access Macedonian Journal of Medical Sciences*, *9*, 312–316. https://doi.org/10.3889/oamjms.2021.5987

Kemenkes. (2021). Profil Kesehatan Indonesia Tahun 2020. In *Kementerian Kesehatan RI*. https://doi.org/10.1524/itit.2006.48.1.6

Llorente-Pulido, S., Custodio, E., López-Giménez, M. R., Sanz-Barbero, B., & Otero-García, L. (2021). Barriers and facilitators for exclusive breastfeeding in women's biopsychosocial spheres according to primary care midwives in tenerife (Canary islands, Spain). *International Journal of Environmental Research and Public Health*, *18*(7). https://doi.org/10.3390/ijerph18073819

Mastan, M., & Achadi, E. L. (2021). Factors Determining Successful Exclusive Breastfeeding on Working Mothers in Indonesia: An Exploration by Using Positive Deviance Concept. *Indonesian Journal of Public Health Nutrition*, *2*(1), 1–11. https://doi.org/10.7454/ijphn.v2i1.5068

Nanishi, K., Green, J., & Hongo, H. (2021). Development of the breastfeeding support scale to measure breastfeeding support from lay and professional persons, and its predictive validity in Japan. *PeerJ*, *9*, e11779. https://doi.org/10.7717/peerj.11779

Nazari, J., Esmaili, A., Mousavi, E. S., Mirshafiei, P., & Amini, S. (2021). Socioeconomic

factors affecting exclusive breastfeeding in the first 6 months of life. *Journal of Pediatric and Neonatal Individualized Medicine*, *10*(2), 1–11. https://doi.org/10.7363/100255

Notoadmodjo. (2010). *Promosi Kesehatan Dan Ilmu Perilaku*. rineka cipta.

Nuampa, S., Patil, C. L., Prasong, S., Kuesakul, K., & Sudphet, M. (2022). Exploring the Association between Socioeconomic and Psychological Factors and Breastfeeding in the First Year of Life during the COVID-19 Pandemic in Thailand. *International Journal of Environmental Research and Public Health*, *20*(1), 130. https://doi.org/10.3390/ijerph20010130

Pakilaran, G., Rasni, H., Rosyidi Muhammad Nur, K., & Wijaya, D. (2022). Family Support on Exclusive Breastfeeding in Babies Aged 0-6 Months in Indonesia: Literature Review. *Nursing and Health Sciences Journal (NHSJ)*, *2*(2), 104–107. https://doi.org/10.53713/nhs.v2i2.53

Pratama, Y. P., Samudro, B. R., & Yogi, A. P. (2018). Breastfeeding : Gender and Socio-Economic Dimensions. *Ekuilibrium : Jurnal Ilmiah Bidang Ilmu Ekonomi*, *13*(1), 67. https://doi.org/10.24269/ekuilibrium.v13i1.897

Rahayu, D., & Yunarsih, Y. (2017). *Support System on Successful Exclusive Breastfeeding on Primipara Based on Theory of Maternal Role Attainment*. *2*(Hsic), 411–415. https://doi.org/10.2991/hsic-17.2017.63

Ratnasari, D., Paramashanti, B. A., Hadi, H., Yugistyowati, A., Astiti, D., & Nurhayati, E. (2017). Family support and exclusive breastfeeding among Yogyakarta mothers in employment. *Asia Pacific Journal of Clinical Nutrition*, *26*(March), S31–S35. https://doi.org/10.6133/apjcn.062017.s8

Rusyda, F., & Ronoatmodjo, S. (2021). The Relationship between Exclusive Breastfeeding and Diarrhea in Under Six Months Infants in 2017 (Analysis of Indonesian Health Demography Data Survey 2017). *Jurnal Epidemiologi Kesehatan Komunitas*, *6*(2), 333–340. https://doi.org/10.14710/jekk.v6i2.11815

Vidia Atika Manggiasih, Retno Palupi Yonni Siwi, Erma Retnaningtyas, & Tarpianie. (2023). Relationship between Family Support and Attitude of Postpartum Mothers in Exclusive Breastfeeding at Clinic Hj. Tarpianie A.Md. Keb. Prambon Sidoarjo. *STRADA Jurnal Ilmiah Kesehatan*, *12*(1), 71–77. https://doi.org/10.30994/sjik.v12i1.1049

Wallenborn, J. T., Valera, C. B., Kounnavong, S., Sayasone, S., Odermatt, P., & Fink, G. (2021). Urban-Rural Gaps in Breastfeeding Practices: Evidence From Lao People's Democratic Republic. *International Journal of Public Health*, *66*(September). https://doi.org/10.3389/ijph.2021.1604062

WHO. (2017). *The international code of marketing of breast - milk substitutes*. https://www.who.int/publications/i/item/9241541601

Wibowo, M. (2016). Dukungan informasi bagi ibu menyusui dalam memberikan ASI eksklusif. *Jurnal Kesehatan Masyarakat*, *11*(2), 8.

Winarti, Y., Ishal, I. T., Mukhlisa, N., Wiranto, W., & Wulandari, Y. A. (2020). The Correlation Between The Social Status And Successful Of Exclusive Breastfeeding Age 6 Months To 4 Years In Rempanga Village, Loa Kulu District, Kutai Kartanegara. *Jurnal Ilmu Kesehatan*, *8*(2), 82–88. https://doi.org/10.30650/jik.v8i2.1375

World Health Organization & United Nations Children's Fund (UNICEF). (2019). *increasing commitment to breastfeeding through funding and improved policies and programmes*. Global breastfeeding scorecard.

Yin, X. H., Zhao, C., Yang, Y. M., Shi, H. F., Wu, T. C., Xie, J. L., Niu, J. Q., Wang, X. L., & Fang, J. (2020). What is the impact of rural-to-urban migration on exclusive breastfeeding: a population-based cross-sectional study. *International Breastfeeding Journal*, *15*(1), 86. https://doi.org/10.1186/s13006-020-00330-8

Yorita, E., Yanniarti, S., & Istiarika, I. (2023). Oxytocin Massage Can Increase Breastfeeding

Production in Postpartum Mothers. *Contagion: Scientific Periodical Journal of Public Health and Coastal Health*, *5*(2), 673. https://doi.org/10.30829/contagion.v5i2.15428

Yorita, E., Yanniarti, S., Yulinda, Y., Rina, R., & Burhan, R. (2023). Improvement of Breastfeeding Efficacy Through Small Group Education of Cadres with Pregnant Women. *Contagion: Scientific Periodical Journal of Public Health and Coastal Health*, *5*(4), 1357. https://doi.org/10.30829/contagion.v5i4.18015