The Factors That Affecting Exclusive Breastfeeding In The Working Area Of Public Health Center Pabuaran, Serang District, 2020

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ABSTRACT

Health is one aspect of community life, quality of life, labor productivity, high morbidity and mortality rates in infants and children. Breastmilk (ASI) is the best food for babies, especially babies aged 0-6 months, whose function cannot be replaced by any food and drink. Breastfeeding is the fulfillment of the rights of every mother and child. The research used is a quantitative method with a "cross sectional" approach, with accidental sampling data collection techniques, using an instrument in the form of a questionnaire. The number of samples was 100 respondents. This study used univariate, bivariate and multivariate analysis with a confidence level of 95%. The results showed that of the 100 samples studied, there were mothers who gave exclusive breastfeeding as much as 45%. educate mothers who do not provide exclusive breastfeeding as much as 55%. based on the results of the study there is a significant relationship between maternal age, mother's education, mother's occupation, mother's parity and family income with exclusive breastfeeding. There are dominant factors that influence exclusive breastfeeding in the working area of Pabuaran Public Health Center, Serang Regency.

Keywords: Infants, exclusive breastfeeding, age, education, parity, work and income

Background

Encourage mothers to be successful in early initiation of breastfeeding (IMD), exclusive breastfeeding (only breast milk until the age of 6 months), and continue breastfeeding until the age of 2 years or more accompanied by appropriate complementary foods. In addition, the Ministry of Health also voiced that children always receive the right parenting pattern for optimal growth and development. Joint action is needed to achieve the World Health Assembly (WHA) target, which is a minimum of 50% exclusive breastfeeding for 6 months by 2025. faced to be able to breastfeed optimally, one of the biggest is the lack of support for parents in the workplace.

The benefits of breastfeeding will be optimal if breastfeeding is carried out exclusively without giving other complementary foods during the first 6 months of life. In line with this, the Indonesian government has established a policy of exclusive breastfeeding until the baby is 6 months old and continued until the child is 2 years old. 450/MENKES/IV/2004 The contents of the decree in the Minister of Health include exclusive breastfeeding for infants in Indonesia and stipulates that all health workers in health care facilities inform mothers who have just given birth exclusively to breastfeed. Exclusive breastfeeding is still a problem in the world. In America as many as 44% of infants are exclusively breastfed for 3 months and only 22% are given for 6 months. Globally, no more than 35% of infants are breastfed for less than four months, in Egypt 79% of infants under two months of age are breastfed. However, the proportion of exclusive breastfeeding decreases rapidly by the time the baby is 4-5 months old. About seven out of ten babies receive some form of supplementation (Febriyanti, H. 2018).

IMD status in urban areas (70.02%) is higher than in rural areas (64.05%). By province, the highest percentage of newborns receiving IMD in 2017 was Aceh Province (97.31%), while the lowest percentage was Papua Province (15%). If you look at the existing data, the implementation of IMD is closely related to the area of residence and community access to health services (BPS, 2017).

The lowest infant and under-five mortality rate in 2017 were 24 children and 32 children per 1,000 live births. Breast milk is the best food for babies. Nutrient components are available in an ideal and balanced form to be optimally digested and absorbed by babies. Breast milk alone is enough to maintain growth until the age of 6 months. As many as 94.56 percent of children under the age of two years (baduta) have been given breast milk (ASI). Undergraduates who were still breastfed were 83.53 percent. Based on data from the 2010 Basic Health Research (RISKESDAS), the overall exclusive breastfeeding at the age of 0-1 months was 45.4%. Breastfeeding aged 2-3 months is 38.3% and at the age of 4-5 months is 31%. This shows a decrease in breastfeeding at each age of the baby. This condition is still far from the national target for breastfeeding coverage, which is 80%. (Kemenpppa, 2018).

In Indonesia, the average length of breastfeeding for children under two is 10.41 months. This average is relatively higher in rural areas than in urban areas, which is 10.57 months compared to 10.26 months. Breast milk is the best food for babies. Nutrient components are available in an ideal and balanced form for optimal digestion and absorption by babies. Breast milk alone is enough to keep the baby growing until the age of 6 months. No other food is needed during this time. Breast milk is sterile, in contrast to other milk sources such as formula or other liquids prepared with water or materials can be contaminated in dirty bottles.

RESEARCH METHODS

The design in this study uses an analytical method with a "Cross Sectional" approach is a research (survey) to study the dynamics of the correlation between factors and effects, by approaching, observing or collecting data all at once (popint time approach) (Notoatmojo, 2012). In this case, the researchers analyzed the factors that influence exclusive breastfeeding for infants. in this case there are two variables, namely the independent variable (mother's age, mother's education, mother's parity, mother's occupation, and family income) and the dependent variable (exclusive breastfeeding for babies).

This research was conducted in the working area of Pabuaran Public Health Center, Serang Regency. This research was conducted in February 2020 – September 2020.

The population in this study were all mothers who had babies, as many as 133 people who resided in the working area of the Pabuaran Health Center, Serang Regency. The sample of this research is mothers who have babies who live in the Pabuaran Health Center Work Area, Serang Regency. The number of samples used were 100 respondents. The analysis used in this research is univariate analysis, bivariate analysis and multivariate analysis. Univariate Analysis To see the frequency distribution of each variable which includes exclusive breastfeeding for infants, age, parity, occupation, education and family income. Data analysis was carried out univariately with the aim of knowing the description of the distribution of respondents or variations of the variables studied. This analysis is used to describe the variables by making a frequency distribution table. Bivariate analysis was carried out with the aim of seeing the relationship between each dependent and independent variable which was presented in tabular form. The statistical test used is because the variables are categorical, the test used is Chi square, where the aim is to test the difference in the proportions of two or more sample groups.In this study using multiple logistic regression analysis which aims to determine the variables, multivariate analysis was carried out to determine which independent variables (age, parity education, occupation and family income) had the greatest influence on the dependent variable (exclusive breastfeeding for infants.

RESULT

Univariate Analysis Result

Exclusive Breastfeeding

Table 5.1 Frequency Exclusive Breastfeeding

Exclusive Breastfeeding	Frequency	
	N	%
Yes	45	45
No	55	55
Total	100	100

Based on table 5.1 shows that of the 100 mothers studied, 45 (45%) mothers gave exclusive breastfeeding and there were 55 (55%) mothers did not give exclusive breastfeeding.

Mother Age

Table 5.2

Frequency Of Mother Age

Mother Age	Frequency	
	N	%
<30 years	67	67
>=30 years	33	33
Total	100	100

Based on table 5.2 shows that of the 100 mothers studied there are 67 (67%) mothers who have an age < 30 years and there are 33 (33%) mothers have an age of > = 30 years.

Mother Education

Table 5.3

Frequency Of Mother Education

Mother Education	**Frequency**	
	N	**%**
High	46	46
Low	54	54
Total	100	100

Table 5.3 shows that of the 100 mothers studied, 46 (46%) had higher education and 54 (54%) had low education.

Mother Occupation

Tabel 5.4

Frequency Of Mother Occupation

Mother Occupation	**Frequency**	
	N	**%**
Working	53	53
Non-Working	47	47
Total	100	100

Based on table 5.4, it can be seen that of the 100 mothers studied there were 53 (53%) working mothers and 47 (47%) mothers who did not work.

Mother Given Birth

Tabel 5.5
Frequency Given Birth

Given Birth	Frekuensi	
	n	%
One Child	60	60
More than One Child	40	40
Total	100	100

Based on table 5.5, it can be seen that from the 100 mothers studied there were 60 (60%) mothers who had one child and there were 40 (40%) mothers who had more than one child.

Family Income

Tabel 5.6
Frequency Family Income

Family Income	Frequency	
	N	%
Low	61	61
High	39	39
Total	100	100

Based on table 5.6, it can be seen that from the 100 mothers studied there were 61 (61%) mothers who had low incomes and 39 (39%) mothers who had high incomes.

Bivariate analysis was carried out with the aim of looking at the relationship between each variable of Mother's Age, Mother's Education, Mother's Occupation, Mother's Parity, and Family Income with the variable of exclusive breastfeeding in the work area of the Pabaran Health Center, Serang Regency in 2020.;

Table Correlation Between Variable with Exclusive Breastfeeding

Mother Age	**Exclusive Breastfeeding**				**Total**		***P-Value***	***OR***
	Yes		**No**					
	f	%	f	%	**f**	**%**		
<30	37	55,2	30	44,8	**67**	**100**	0,005	3,85
>=30	8	24,2	25	75,8	**33**	**100**		
Mother Age								
Tinggi	27	58,7	19	41,3	**46**	**100**	0,015	2.84
Rendah	18	33,3	36	66,7	**54**	**100**		
Mother Occupation								
Non-Working	34	64,2	19	35,8	**53**	**100**	0,000	5,85
Working	11	23,4	36	76,6	**47**	**100**		
Given Birth								
One Child	38	63,3	22	36,7	**60**	**100**	0,000	8.14
More Than One Child	7	17,5	33	82,5	**40**	**100**		
Family Income								
Low	40	65,6	21	34,4	**61**	**100**	0,000	12,95
High	5	12,8	34	87,2	**39**	**100**		

Based on the table above, it shows that of the 67 respondents, most (55.2%) mothers aged <30 are giving exclusive breastfeeding to babies. Meanwhile, out of 33 respondents, a small portion (24.8%) gave exclusive breastfeeding to babies. .

Statistical test results obtained P-Value = 0.005 which means that there is a significant relationship between maternal age and exclusive breastfeeding. With an OR value = 3.85, which means that mothers who are <30 years old have a 3 times higher chance of giving exclusive breastfeeding compared to mothers who have an age of >=30 years.

On the mother's education factor, the results of the analysis showed that of the 46 respondents, the majority (58.7%) of mothers who had higher education gave exclusive breastfeeding. Meanwhile, out of 33 respondents, a small proportion (33.3%) of mothers with low education are giving exclusive breastfeeding to babies.

Statistical test results obtained P-Value = 0.015 which means that there

is a significant relationship between mother's education and exclusive breastfeeding. With an OR value of 2.84, it means that mothers who have higher education are 2 times more likely to give exclusive breastfeeding compared to mothers who have low education.

On the work factor of the mother, the results of the analysis showed that of the 53 respondents, the majority (64.2%) of mothers who did not work gave exclusive breastfeeding to infants.

The results of statistical tests obtained P-Value = 0.000 which means that there is a significant relationship between mother's work and exclusive breastfeeding. With OR = 5.85, which means that mothers who do not work have a 5 times higher chance of giving exclusive breastfeeding compared to mothers who work.

In terms of maternal parity, the results of the analysis showed that of the 60 respondents, most (63.3%) mothers who had one child gave exclusive breastfeeding to their babies. Meanwhile, of the 40 respondents, some (small 17.5%) mothers who have more than one child are giving exclusive breastfeeding to babies.

Statistical test results obtained P-Value = 0.000 which means that there is a significant relationship between maternal parity and exclusive breastfeeding. With an OR value = 8.14, it means that mothers who have one child have an 8 times higher chance of giving exclusive breastfeeding compared to mothers who have more than one child.

In the family income factor, the analysis shows that of the 61 respondents, the majority (65.6%) of low income are mothers who give exclusive breastfeeding to babies. Meanwhile, out of 39 respondents, a small portion (12.8%) of high income is the mother giving exclusive breastfeeding to the baby.

The results of statistical tests obtained P-Value = 0.000 which means that there is a significant relationship between maternal income and exclusive breastfeeding. With an OR value of 12.95, it means that mothers who have low incomes have a 12 times higher chance of giving exclusive breastfeeding compared to mothers who have high incomes.

MULTIVARIATE ANALYSIS RESULTS

Multivariate analysis aims to see the dominant factors in the independent variables that affect the dependent variable. With the following steps and analysis results;

Table Bivariate Selection

Table 5.8
Bivariate Selection Result

Sub variable	*P Value*	Note
Mother Age	0,004	Multivariate accepted
Mother Education	0,012	Multivariate accepted
Mother Occupation	0,000	Multivariate accepted
Given Birth	0.000	Multivariate accepted
Family Income	0,000	Multivariate accepted

From the table above, it can be seen that all variables are included in the multivariate analysis test, because all variables produce P-Value <0.25 on the variables of Mother's Age getting a value (0.004), Mother's Education (0.012), Mother's Work (0.000), Mother's Parity (0.000) and Family Income (0.000) So that all these variables can be entered into multivariate.

Multivariable Logistics Regression Modeling

In the multivariable stage, all variables that have passed the bivariate selection stage are analyzed together in the model. The modeling results are as follows.

Table 5.9
Regression Model

Sub variable	B	*P Value*	OR	(95%CI)	
				Lower	Upper
Given Birth	1.356	.014	3.882	1.311	11.496
Family Income	2.030	.001	7.611	2.413	24.007

From this table, it shows that both variables have P-Value <0.05. So then see changes in the OR value of more than 10% before and after the variables of Mother's Age, Mother's Education and Mother's Work are removed from the modeling. The results are as follows;

Table 5.13
Final Regression Model

Sub Variable	B	*P Value*	OR	(95%CI)	
				Lower	Upper
Mother Age	-.501	0.493	0.606	.145	2.539
Education Age	-.046	0.933	0.955	.330	2.764
Mother Occupation	.927	0.095	2.527	.852	7.497
Given Birth	1.209	0.040	3.350	1.056	10.633
Mother Income	2.019	.003	7.528	1.952	29.027

Based on the latest modeling, it shows that after the variables of Mother's Age, Mother's Education and Occupation are re-entered in the multivariate modeling, there is a dominant factor that affects exclusive breastfeeding for infants in the Pabuaran Health Center area, Serang Regency, namely the Family Income factor with an OR value of 7.52 in the sense of mothers with income Low has a 7 times higher chance of giving exclusive breastfeeding after being controlled by factors such as maternal age, mother's education and occupation.

DISCUSSION

Discussion of Research Results

Exclusive Breastfeeding

According to Utami Roesli (2000: 3), what is meant by exclusive breastfeeding or exclusive breastfeeding is that babies are only given breast milk, without the addition of other fluids such as formula milk, oranges, honey, tea water, water, and without the addition of solid foods such as bananas, team porridge, biscuit porridge, papaya, milk porridge. Exclusive breastfeeding is carried out from the time the baby is born until the age of 6 months and can be continued until the age of 2 years. Giving solid or additional food too early can interfere with exclusive breastfeeding and increase morbidity in infants. In addition, there is no evidence to support that solid or supplementary feeding at 4 or 5 months of age is more beneficial. On the other hand, it has a negative impact on the baby's health and has no positive impact on its growth development.

Exclusive breastfeeding is regulated in Government Regulation No. 33 of 2012. The regulation of exclusive breastfeeding aims to: 1) ensure the fulfillment of the baby's requirement to receive exclusive breastfeeding from birth to the age of 8 (six) months by taking into account growth and development; 2) provide protection to mothers in providing exclusive breastfeeding to their babies; and 3) increasing the role and support of families, communities, and government for exclusive breastfeeding.

Currently, the implementation of the best feeding pattern for babies from birth to the age of 2 (two) years has not been implemented properly, especially in terms of exclusive breastfeeding. Some of the obstacles in exclusive breastfeeding are

because the mother is not confident that she is able to breastfeed properly so that it can meet all the needs of the baby. This is partly due to the lack of knowledge of mothers, lack of family support and low public awareness about the benefits of exclusive breastfeeding. In addition, the lack of support from health workers, health service facilities, and baby food producers for the success of mothers in breastfeeding their babies (PP no. 33 of 2012).

Relationship between maternal age and exclusive breastfeeding

This research was conducted at Pabuaran Public Health Center, Serang Regency. the number of respondents as many as 100 people. The purpose of this study was to determine the factors that influence exclusive breastfeeding in the Pabuaran Public Health Center, Serangb District.

Statistical test results obtained P-Value = 0.005 which means that there is a significant relationship between maternal age and exclusive breastfeeding. With an OR value = 3.85, which means that mothers who are <30 years old have a 3 times higher chance of giving exclusive breastfeeding compared to mothers who have an age of >=30 years.

The results of the study are in accordance with the theory which says that the ideal breast milk production for breastfeeding mothers is 18-30 years old, while > 30 years of age is very influential on breast milk production, because breast milk production is decreasing. Age > 35 years is considered to have begun to decline in reproductive health. In mothers who are older, the ability of mothers to breastfeed and their milk production is lower than that of mothers who are younger (MOH, 2007).

This research is contrary to the research conducted by Yustina (2015) entitled "Factors that affect exclusive breastfeeding for infants at the Rewarangga Health Center". The results showed that there was no significant relationship between maternal age and exclusive breastfeeding in baby. However, this study is in line with the research conducted by Shohimah and Lestari (2017) entitled "Factors that affect exclusive breastfeeding in the Cilacap I Health Center Work Area" with the results of the study that there was a significant relationship between age (p-0.012) and breastfeeding. Exclusive.

The Relationship of Maternal Education Factors with Exclusive Breastfeeding

Based on the mother's education factor, the statistical test results obtained P-Value = 0.015 which means that there is a significant relationship between mother's education and exclusive breastfeeding. With an OR value of 2.84, it means that mothers who have higher education are 2 times more likely to give exclusive breastfeeding compared to mothers who have low education.

This research is in accordance with the theory which says that education can also affect human attitudes and behavior (Ministry of Health, 2001). The results of this study support the theory according to Roesli (2000) in Yustina (2015), which says that the higher a person's education level, the easier it is to receive information, in

this case information about the importance of exclusive breastfeeding, so that the more knowledge one has, on the contrary. lack of education will hinder attitudes towards newly introduced values, low knowledge about the benefits and objectives of exclusive breastfeeding can be the cause of the failure of exclusive breastfeeding to infants.

This study is in line with the research conducted by Pacifica (2015, with the title "Analysis of Factors Affecting Exclusive Breastfeeding for Babies at the Rewarngga Health Center" The results showed that there was a significant relationship between education (p-0.013) and breastfeeding. Exclusive.

Mother's low level of education results in a lack of knowledge of mothers in dealing with problems, especially in exclusive breastfeeding. This knowledge is acquired both formally and informally. Mothers who have a higher level of education are generally open to changes or things to maintain their health. Education will also encourage someone to be curious to seek experience so that the information received will become knowledge. The level of education in the family, especially the mother, can be a factor that affects the nutritional status of children in the family. The higher the education of parents, the knowledge of nutrition will be better than those with low education.

Relationship between Mother's Work and Exclusive Breastfeeding

Based on the mother's work factor, the statistical test results obtained P-Value = 0.000 which means that there is a significant relationship between mother's work and exclusive breastfeeding. With an OR value of 5.85, which means that mothers who do not work have a 5 times higher chance of giving exclusive breastfeeding compared to mothers who work.

This is in line with Saleha's theory (2009) in Savitri (2018), which states that working mothers will tend to leave their babies often, while mothers who do not work will stay at home more and tend to have more opportunities to exclusively breastfeed their babies.

However, this study contradicts the research conducted by Paschalia (2018) entitled "Factors that affect exclusive breastfeeding for infants at the Rewarangga Health Center". baby.

The Relationship of Parity with Exclusive Breastfeeding for Babies

Maternal parity factor, based on the results of the study. Statistical test results obtained P-Value = 0.000 which means that there is a significant relationship between maternal parity and exclusive breastfeeding. With OR value = 8.14, it means that mothers who have one child have an 8 times higher chance of giving exclusive breastfeeding compared to mothers who have more than one child.

According to the theory put forward by Suparmanto and Rahayu, (2001) in Shohimah,(2017) that parity is the number of children who have been born either alive or dead. In this study, the majority of mothers who had their first child tended to give exclusive breastfeeding. This is because mothers who have their first child are usually very enthusiastic in caring for and giving the best for their baby, including exclusive breastfeeding

according to the knowledge and information they get.

This study is in line with research conducted by Rahmawati (2010), with the research title "Factors that affect exclusive breastfeeding for breastfeeding mothers in the Pedalangan village, Banyumanik district, Semarang city". The results showed that there was a significant relationship between parity and exclusive breastfeeding in breastfeeding mothers.

However, this research contradicts the research conducted by Shohimah and Lestari (2017). The results of the analysis showed that there was no significant effect of maternal parity factor on exclusive breastfeeding (p value 1,000 > 0.05).

In research, young mothers or mothers who have one child tend to give exclusive breastfeeding to their babies. Mothers who have one child are related to the age level where mothers who have only one child are most likely to be relatively young. In this case, of course, the fertility rate in mothers who have just had children is very high compared to mothers who have more than one child. Therefore, breast milk must be given to babies exclusively.

The Relationship of Family Income with Exclusive Breastfeeding

The results of statistical tests obtained P-Value = 0.000 which means that there is a significant relationship between maternal income and exclusive breastfeeding. With an OR value of 12.95, it means that mothers who have low incomes have a 12 times higher chance of giving exclusive breastfeeding compared to mothers who have high incomes.

Family income factors affect exclusive breastfeeding as stated by Reksopryitno (2009) that family income is money received by someone from the company or others in the form of wages or salaries including health benefits and pensions. In this case, income is closely related to the purchasing power of the family. This includes the ability to buy food other than breast milk. The higher the family income, the greater the opportunity to buy food other than breast milk.

Based on the analysis in this study, low family incomes tend to give exclusive breastfeeding to their babies. One of the factors that determine the pattern of breastfeeding is the economic level of the family. In people's lives in general, the higher the economic level of the family, the less the prevalence of breastfeeding is due to the increasing purchasing power of the family to buy formula milk. Meanwhile, families with low incomes tend to breastfeed exclusively due to their lack of purchasing power, so they are less able to buy formula milk

This study is supported by research conducted by Paschalia (2015) entitled "Factors that affect exclusive breastfeeding for infants at the Rewarangga Health Center." The results showed that there was a significant relationship between family income and exclusive breastfeeding.

CONCLUSION

Based on research conducted in the Pabuaran Health Center Work Area, Serang Regency in 2020. with a sample of 100 breastfeeding mothers.

Based on the research, it can be concluded as follows;

1. There is a significant relationship between maternal age and exclusive breastfeeding at the Pabuaran Health Center, Serang Regency in 2020 (p-Value = 0.005).
2. There is a significant relationship between Mother's Education and Exclusive Breastfeeding at Pabuaran Health Center Serang Regency in 2020 (p-Value = 0.015).
3. There is a significant relationship between Mother's Work and Exclusive Breastfeeding at Pabuaran Health Center Serang Regency in 2020 (p-Value = 0.000).
4. There is a significant relationship between maternal parity and exclusive breastfeeding at the Pabuaran Health Center, Serang Regency in 2020 (p-Value = 0.000).
5. There is a significant relationship between Family Income and Exclusive Breastfeeding at Pabuaran Health Center Serang Regency in 2020 (p-Value = 0.000).
6. There is a dominant factor that affects exclusive breastfeeding for infants at the Pabuaran Health Center, Serang Regency in 2020, namely the family income factor value (OR = 7.5)

SUGGESTION

For health workers at Pabuaran Public Health Center, Serang Regency

It is recommended to Health Officers, both Midwives and Doctors at Pabuaran Public Health Center, Serang Regency to increase the intensity in providing information about exclusive breastfeeding to mothers, especially during Posyandu activities.

For respondents or breastfeeding mothers

For breastfeeding mothers, pay attention to nutritional intake so that fertility and the availability of breast milk are maintained so that the Exclusive Breastfeeding Program can run.

For further research

It is recommended for further research to further develop this research by adding other variables that can affect exclusive breastfeeding.

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