

## INTERNATIONAL JOURNAL OF HEALTH SCIENCE

Link Page: <https://ejurnal.politeknikpratama.ac.id/index.php/ijhs>

Page: <https://ejurnal.politeknikpratama.ac.id/index.php>

### Factors affecting Exclusive Breastfeeding At the Jambi City Health Center

Nazrina Safitri<sup>1</sup> M. Ridwan<sup>2</sup>

<sup>1</sup>. Public Health Science Study Program, Jambi University, Jambi

Correspondence Email : [safitrinazrina@gmail.com](mailto:safitrinazrina@gmail.com)

#### Abstract

Exclusive breastfeeding is the only good nutrition for the growth and development of babies aged 0-6 months. Based on data from the Central Statistics Agency, exclusive breastfeeding coverage in Jambi Province in 2021 was 71.37%. The achievement of exclusive breastfeeding at the Paal X Health Center in JCity in 2019 was 52.80%, so it is considered that it is still less than the target of the local government. This is due to several factors, namely limited knowledge, attitudes, education, duration of work and the age of the mother, greatly affecting exclusive breastfeeding. This research is a quantitative study with a cross-sectional design. The sample was selected by *accidental sampling* and obtained by 63 respondents. The data obtained from filling out the questionnaire and interviews were carried out univariate and bivariate analysis with *chisquare or Fisher exact* tests. The results of the statistical test obtained several variables related to the behavior of exclusive ASI distribution to babies at the Paal X health center in Jambi City are knowledge, attitudes, education, work with a p value of  $< 0.05$ . There is no relationship between the age of the mother and exclusive breastfeeding at the Paal x Health Center in Jambi City. Factors related to exclusive breastfeeding behavior at Puskesmas Paal X Jambi City are knowledge, attitudes, education, work. Meanwhile, the age factor is not associated with exclusive breastfeeding.

**Keywords :** Exclusive breastfeeding, knowledge, sikap, and maternal characteristics

#### BACKGROUND

An important food for newborns is breast milk commonly called breast milk. The impact of not being exclusively breastfed is that babies become susceptible to diseases such as diarrhea, obesity due to formula feeding, reduced immunity, stunted growth and development and loosening the emotional bonds of children and mothers. <sup>1</sup> Based on data from the World Health Organization in China at 29% in 2010, while Brazil is 40%, and South Africa is the country with the lowest coverage of exclusive breastfeeding, which is only 8% of exclusive breastfeeding<sup>2</sup>. Bayi who gets exclusive breastfeeding in Indonesia is 68.75%, in 2019 it is 67.74%. <sup>3</sup> and decreased in 2020 by 66.06 % <sup>4</sup>. The contribution of exclusive breastfeeding in

Jambi Province in 2019 was 56.01%.<sup>5</sup> and experienced an increase in PADA in 2020 of 65.48%.<sup>6</sup>

According to Green (1980) in Notoatmodjo (2012), there are several determinants that determine a person's behavior to make positive behavior changes, starting from triggers in the form of knowledge, attitudes, values, beliefs, traditions. Factors that drive the attitudes and behaviors of health officers n who are role models for the community, family, community leaders, peers, policymakers.<sup>7</sup>

In research Nurleli et al (2018) found that maternal knowledge and attitudes are related to exclusivebreastfeeding behavior. Mother's knowledge of exclusive breastfeeding is meaningfully related to exclusive breastfeeding ( $p < 0.05$ ), and maternal attitudes are also related to exclusive breastfeeding ( $p < 0.05$ ). Therefore, the more educated the mother, the better the knowledge, the better the behavior of breastfeeding the baby alone.<sup>8</sup>

The results of a similar studyalso conducted by Siahaan (2021) obtained results, namely most respondents, namely 26 respondents (57.8%) had less knowledge about exclusive breastfeeding, then almost half of respondents 19 respondents (42.2%).<sup>9</sup> According to research by Manik et al, 2019 states that some of the variables related to exclusive breastfeeding are knowledge, attitudes, age, education has a p value = 0.000 and the mother's employment status has a p value = 0.001 meaning the mother's employment status ( $p < 0.05$ ).<sup>10</sup>

According to data from the Health Office, in 2017 the Paal X Puskesmas area showed that the maternal breastfeeding coverage rate of 0-6 months reached 41.61%, an increase of 56.09% in 2018, and decreased again in 2019 by 52.80%. Based on a preliminary survey of researchers with 10 mothers aged 20-30 years, the majority of whom are housewives, only 7 out of 10 people have a good knowledge of exclusive breastfeeding. 3 people with low education backgrounds (SD) and 7 mothers with high formal education backgrounds (Diploma and Bachelor), this was also strengthened by an interview with the head of the nutrition section of the Paal X Health Center in Jambi City, it was found that several things were the cause of the failure of breast milk alone without other additional foods, namely knowledge, employment, low education, age and factors of breast milk production. From the above problems, it is necessary to study the factors that affect exclusive breastfeeding at the Pal X health center in Jambi City. The impact is expected so that interventions on mothers who do not provide exclusive breastfeeding can be carried out according to the problems faced.

## METHOD

This research is a quantitative study with a *cross-sectional* research design. Research with a *cross sectional* approach is to take measurements or observations on respondents at that time or called once upon a time. The population is all mothers who have babies aged 6-24 bulan are in the working area of the Paal X Health Center in Jambi City totaling 137 people in the upper acid and recognize the lower acid. The sample was 63 respondents. Data obtained from filling out questionnaires and interviews. Analysis used is univariate dan bivariate using *chi square* and *fisher exact* tests.

## RESEARCH RESULTS

### 1. Univariate Analysis

**Table 1 Distribution of Respondent Characteristics**

<b>Characteristics of Respondents</b>	<b>N</b>	<b>%</b>
<b>Education</b>		
Higher education (High School, Diploma and Bachelor)	51	81
Lower education (primary and junior high school)	12	19
<b>Work</b>		
Not working (Housewives)	33	52,4
Work (Employee, Civil Servant, Self-Employed)	30	47,6
<b>Usia</b>		
20-30 years	45	71,4
> 30 years	18	28,6
<b>Total</b>	<b>63</b>	<b>100</b>

Source : *primary data processed 2021*

Based on table 1 above, the results of the distribution of respondents based on maternal characteristics with exclusive breastfeeding in the work area of the Paal X Health Center in Jambi City obtained distribution based on education, the most respondents' education was higher education (equivalent high school, Diploma and Bachelor) 51 respondents with a percentage of 81% and the low education category (SD and SMP sederjat) was 12 repondents with a percentage of 19%.

The distribution of proportions on characteristic variables based on the work of themost respondents was the non-working category of 33 respondents with a percentage of 52% and furthermore, the working category of 30 respondents with a percentage of 47.6%.

The distribution of the proportion of independen characteristic variables based on the age of repondents with the most categories, namely 20-30 years as many as 45 respondents with a

percentage of 71.4% and the least, namely the age category of more than 30 years as many as 18 respondents with a percentage of 28.6%.

**Table 2 Distribution of Respondents By Variables**

No.	Variable	N	%	
1.	Knowledge	Good	49	77,8
		Less	14	22,2
2.	Attitude	Positive	39	61,9
		Negative	24	38,1
3.	Education	Tall	51	81
		Low	12	19
4.	Work	Work	33	52,4
		Not Working	30	47,6
5.	Age	20-30 years	45	71,4
		>30 years	18	28,6
6.	Breast milk exclusive	Exclusive breastfeeding	41	65,1
		No exclusive breastfeeding	22	34,9
<b>Total</b>		<b>63</b>	<b>100</b>	

*Source : primary data processed 2021*

Based on the table above, it shows that in the variable of respondent knowledge with the most categories, namely good knowledge as many as 49 respondents with a percentage of 77.8% and the least, namely the category of knowledge less as many as 14 respondents with a percentage of 22.2%. the attitude of the respondents who sangat a lot is a positive attitude 39 respondents with a percentage of 61.9% then a very small negative attitude of 24 respondents with a percentage of 38.1%.

The distribution of respondents' education was higher education (equivalent high school, diploma and bachelor) 51 respondents with a percentage of 81% and low education categories (elementary and junior high schools) with 12 respondents with a percentage of 19%. The distribution of the proportion on the respondent job variable that is the most is the non-working category of 33 respondents with a percentage of 52% and then the less, namely the working category of 30 respondents with a percentage of 47.6%.

The distribution of the proportion of respondent age variables with the most categories, namely 20-30 years, was 45 respondents with a percentage of 71.4% and the least, namely the age category over 30 years as many as 18 respondents with a percentage of 28.6%. The distribution of exclusive breastfeeding is the exclusive breastfeeding category of 41 respondents with a percentage of 65.1% and at least not exclusive breastfeeding as many as 22 respondents with a percentage of 34.9%.

## 2. Bivariate Analysis

**Table 3 Relationship between Knowledge, Attitudes, Education, Work, Age in Exclusive Breastfeeding for Infants at Puskesmas Paal X Jambi City**

Variable	Exclusive breastfeeding				Total		P. Value	PR (95% CI)
	Exclusive Breastfeeding		Not exclusive breastfeeding					
	N	%	N	%	N	%		
<b>Knowledge</b>								
Good	40	81,6	9	18,4	49	100	0.000	57,778 (6,672 – 500,329)
Less	1	7,1	13	92,9	14	100		
<b>Attitude</b>								
Positive	34	87,2	5	12,8	39	100	0.000	16,514 (4,560-59,805)
Negative	7	29,2	17	70,8	24	100		
<b>Education</b>								
Tall	39	76,5	12	23,5	51	100	0.000	16,25 (3,120-84,639)
Low	2	16,7	10	83,3	12	100		
<b>Work</b>								
Work	16	48,5	17	51,5	33	100	0,008	0,188 (0,058-0,611)
Not working	25	83,3	5	16,7	30	100		
<b>Age</b>								
20-30 years	30	66,7	15	33,3	45	100	0.900	1,273 (0,410-3,949)
>30 years	11	61,1	7	38,9	18	100		
<b>Total</b>	<b>41</b>	<b>65,1</b>	<b>22</b>	<b>34,9</b>	<b>63</b>	<b>100</b>		

Source : primary data processed 2021

Based on table 5 of the research results showed that the most dominant knowledge was well knowledgeable, out of 49 respondents, that 40 respondents (81.6%) gave good knowledge and 9 people (18.4%) did not exclusively breastfeed. Of the 14 respondents whose knowledge was

lacking, 1 person (7.1%) gave breast milk and 13 people (92.9%) did not exclusively breastfeed. The results of the *Chi square* statistical test cannot be done because there is 1 cell whose *expected count* value is less than 5 so using the *Fisher Exact* test obtained  $p = 0.000 < \alpha (0.05)$ . then  $H_a$  accepted means that there is a relationship between knowledge and exclusive breastfeeding by mothers in the work area of Puskesmas Paal X Jambi City with a PR value in the odds ratio line y 57,778 (95% CI : 6,672 – 500,329) . A PR score of 57,778 percent of respondents in the good knowledge category tended to be 57,778 times higher than respondents in the low knowledge category.

The attitude thatpal ing dominant is a positive attitude. Of the 39 respondents, 34 respondents (87.2%) had exclusive breastfeeding and 5 (12.8%) did not exclusively breastfeed. Of the 24 whose attitudes were negative, there were 7 (29.2%) mothers who gave breast milk and 17 (70.8%) who didnot breastfeed exclusively. Chi square statistical test results were obtained  $p = 0.000 < \alpha (0.05)$ . then  $H_a$  received means that there is a relationship between attitudes and exclusive breastfeeding by mothers in the work area of Puskesmas Paal X Jambi City with a PR value of 16,514 (95% CI: 4,560-59,805). A PR score of 16,514 means that respondents who are in the positive attitude category tend to be 16,514 times higher who breastfeed exclusively than respondents who are in the negative attitude category.

The most important educationis higher education, judging from 51 respondents, that 39 respondents (76.5%) have exclusive breastfeeding and 12 (23.5%) do not exclusively breastfeed. Of the 12 poorly educated respondents, 2 people (16.7%) gave exclusive breastfeeding and 10 (83.3%) did not exclusively breastfeed. The results of the *Chi square* statistical test cannot be done because there is 1 cell that has an *expected count* of less than 5, so the *exact fisher* test is used to obtain  $p = 0.000 < \alpha (0.05)$ . then  $H_a$  received means that there is a relationship between education and exclusive breastfeeding by mothers in the work area of the Paal X Health Center in Jambi City with a PR value of 16.25 (95%CI = 3,120 -84,639). A PR score of 16.25 means that resp onden who are in the higher education category tend to be 16.25 times higher who breastfeed exclusively compared to respondents who are in the low education category.

The most dominant respondents were non-working mothers. In33 respondents, 16 (48.5%) worked respondents gave exclusive breastfeeding and 17 (51.5%) did not exclusively breastfeed. Of the 30 respondents who did not have employment, 25 (83.3%) gave exclusive breastfeeding

and 5 (16.7%) did not breastfeed exclusively. The results of the *Chi square* statistical test were obtained  $p = 0.008 < \alpha (0.05)$  then  $H_a$  was received, meaning that there was a relationship between work and exclusive breastfeeding by mothers in the work area of puskesmas Paal X Jambi City with a PR value = 0.188 (95% CI = 0.058-0.611). A PR score of 0.188 means that respondents who are in the non-working category are 0.188 times greater than respondents who are in the category of working for breastfeeding.

The most dominant age of respondents was 20-30 years, of the 45 respondents aged 20-30 years who were exclusive breastfed as much as 30 (66.7%) and not exclusive breastfeeding as many as 15 (33.3%), then of the 18 respondents whose age was >30 years as many as 11 (61.1%) who gave exclusive breastfeeding and 7 (38.9%) who did not breastfeed exclusively. *Chi square* statistical test results were obtained  $p = 0.900 > \alpha (0.05)$  with a PR value of 1.273 and 95% CI : (0.410-3.949). then  $H_a$  rejected means that there is no relationship between age and exclusive breastfeeding by mothers in the working area of Puskesmas Paal X Kota Jambi. A PR score of 1,273 means that those in the age category of 20 to 30 years are 1,273 times more likely to breastfeed exclusively than respondents in the category of more than >30 years.

## DISCUSSION

### 1. The Relationship of Knowledge with Exclusive Breastfeeding in Infants at Puskesmas Paal X, Jambi City

Based on the results of the study, it showed that the most dominant knowledge was well knowledgeable, out of 49 respondents, that 40 respondents (81.6%) gave breast milk and 9 people (18.4%) did not exclusively breastfeed. Of the 14 respondents whose knowledge was lacking, 1 person (7.1%) gave breast milk and 13 people (92.9%) did not exclusively breastfeed. The results of the *Chi square* statistical test cannot be done because it can be 1 cell whose *expected count* value is less than 5 so using the *Fisher Exact* test obtained  $p = 0.000 < \alpha (0.05)$ . then  $H_a$  accepted means that there is a relationship between knowledge and exclusive breastfeeding by mothers in the work area of the Paal X Health Center in Jambi City with a PR value in the odds ratio line, namely 57,778 (95% CI : 6,672 – 500,329) . A PR score of 57,778 means that respondents who were in the good knowledge category were 57,778 times more likely to breastfeed exclusively than the den response in the low knowledge category. According to Green, 1980 in Notoatmodjo (2012), there are several determinants that determine a person's behavior to make positive behavior

changes, starting from triggers in the form of knowledge, attitudes, values, beliefs, traditions. factors that drive the attitudes and behaviors of health workers who are role models for the community, families, community leaders, peers, policymakers. <sup>7</sup>

The theory from Notoatmodjo (2012) states that knowledge is the most important part of forming a person's actions. From experience and research, it is evident that attitudes based on knowledge are more enduring than behaviors that are not based on knowledge. <sup>7</sup>

This theory is proven based on interviews with respondents, a number of mothers who provide exclusive breastfeeding explain that if they know something about breast milk obtained from health workers or other media, it will apply according to what is obtained at the posyandu, namely breast milk plays a role in the baby's life.

Supported by Pohan's research (2020) obtained a statistical value of  $p = 0.000$  ( $p < 0.05$ ) which means that there is a relationship between mothers' knowledge of exclusive breastfeeding and exclusive breastfeeding in Sei Serindan Village, Tanjungbalai District 2019. <sup>11</sup> In contrast to the results of Ramli's research (2020) shows that there is no relationship between knowledge and exclusive breastfeeding in Sidotopo village with a statistical value of  $p = 0.346 > 0.05$ . <sup>12</sup>

According to the results of Ramli's research (2020), some mothers who have good knowledge are not easy to apply the theory they got as well as mothers who are less knowledgeable. Things that affect include strong public trust and the rampant spread of formula milk advertisements circulating in the community so that it becomes an option to provide exclusive or non-exclusive breastfeeding. <sup>12</sup>

Of the 8 respondents whose knowledge was lacking, there was 1 who gave breast milk because the respondents experienced obstacles, namely the child always crying so that the mother's assumption was that breast milk was not enough to complete the baby's needs, it was difficult to sleep, and breast milk production was lacking. Actually, this can be overcome, namely by applying the material that has been obtained through the puskesmas which provides material to pregnant women about breast milk every Tuesday Wednesday, Thursday and held in the counseling room of the Paal X health center in Jambi City.

Well-informed mothers have the motivation and initiative to provide exclusive breastfeeding driven by a positive relationship with fellow mothers who have babies, mothers



become more enthusiastic because there is a dukungan from the surrounding environment, especially if mothers have friends who both come to posyandu.

## **2. Relationship of Attitude with Exclusive Breastfeeding for Babies at Puskesmas Paal X Jambi City**

Based on the results of the study, it shows that the most dominant attitude is a positive attitude. Of the 39 respondents, 34 (87.2%) had exclusive breastfeeding and 5 (12.8%) did not exclusively breastfeed. Of the 24 whose attitudes were negative there were 7 (29.2%) mothers who gave breast milk and 17 (70.8%) did not exclusively breastfeed. Chi square statistical test results were obtained  $p = 0.000 < \alpha (0.05)$ . then  $H_a$  received means that there is a relationship between attitudes and exclusive breastfeeding by mothers in the work area of Puskesmas Paal X Jambi City with a PR value of 16,514 (95% CI: 4,560-59,805). A PR score of 16,514 means that respondents who are in the positive attitude category tend to be 16,514 times higher who breastfeed exclusively than respondents who are in the negative attitude category.

According to Green, 1980 dalam Notoatmodjo (2012), a person's attitude depends on the response given to an object. Attitude consists of the first stage, namely a person will accept by paying attention to what he sees as an example, then respond by giving questions or answers related to what he sees, the third appreciates by inviting friends to go to the posyandu to discuss child nutrition and the fourth is to be responsible for what has been chosen with various risks to come.

7

Azwar (2016) describes a person's preparation when he will act in the sense that he has not acted openly (activities) called an attitude.<sup>13</sup> The results showed that respondents who had a positive attitude did not all provide exclusive breastfeeding, this happened because of other factors such as work that was related to a person's behavior in making decisions to act. As research from Sihombing (2018) says that a short leave period for working mothers has an influence on the success of exclusive breastfeeding for babies. Mom gives milk formula instead of breast milk.<sup>14</sup>

The results of Amalia's research (2018) show that attitudes have a relationship with exclusive breastfeeding niali  $p$  value = 0.021. Respondents gave an affirmative attitude that breast milk is a food with a complete nutritional content. So giving exclusive breastfeeding can make the

baby's weight growth good according to his age, breast milk can improve the inner relationship between mother and baby and is useful for reducing family bullying<sup>15</sup>

Based on interviews with a number of mothers that a positive attitude is born from good knowledge so that breastfeeding can be carried out by mothers while the negative attitude of mothers who choose not to breastfeed exclusively due to the influence of formula milk promotion, because of the information about the benefits of breast milk from friends, babies often cry so that the assumption of breast milk mothers is not enough. Research from Lubis (2017) that the number of disapproval attitudes of mothers is due to lack of information from friends and plus the lack of knowledge to provide exclusive breastfeeding.<sup>16</sup>

The results of the research found that the attitude of respondents who gave breast milk was in accordance with the theory and research above, when interviewed, most mothers gave a positive attitude regarding the questions asked. Respondents who agreed with the statement of giving breast milk only up to the age of 6 months and were ready to show attitudes such as inviting friends to go to the posyandu to control the nutrition of their babies and already knew the risks of the choice they chose to breastfeed their children exclusively.

### **3. The Relationship between Education and Exclusive Breastfeeding for Infants at Puskesmas Paal X, Jambi City**

Based on the results of the study, it shows that the most dominant education is higher education, judging from 51 respondents, that 39 respondents who have a higher education background are exclusive breastfeeding and 12 (23.5%) are not exclusive breastfeeding. Of the 12 poorly educated respondents, 2 people (16.7%) gave exclusive breastfeeding and 10 (83.3%) did not exclusively breastfeed. The results of the Chi square statistical test cannot be done because there is 1 cell that has an expected count of less than 5, so the *exact fisher* test is used to obtain  $p = 0.000 < \alpha (0.05)$ . then  $H_a$  received means that there is a relationship between education and exclusive breastfeeding by mothers in the work area of Puskesmas Paal X Jambi City with a PR value of 16.25 (95%CI = 3,120-84,639). A PR score of 16.25 means that respondents who are in the high education category are 16.25 times more likely to breastfeed exclusively than respondents who are in the low education category.

Nirvana (2014) mentioned that some of the benefits of breast milk are that those who give breast milk can avoid breast cancer and ovarian cancer, mothers will be slimmer if they breastfeed for six months; It is cost-effective because the cost of buying formula milk does not need to be spent, as well as breastfeeding equipment in the form of bottles that are carried at the time of competition so that it is practical. If this understanding has been understood by mothers through exclusive breastfeeding education activities, it will be easier to strive for exclusive breastfeeding.  
17

According to Notoadmodjo (2012) education is a process towards a change in people's behavior and will provide opportunities for individu to discover new values. Human attitudes and behaviors are influenced by education. <sup>12</sup>

The results of research in the working area of Puskesmas Paal X Jambi City showed that education affects respondents' understanding in providing exclusive breastfeeding. Based on an interview with one of the respondents using a questionnaire, respondents with higher education understand more about the importance of giving exclusive breastfeeding. This is evidenced by the mother's answer at the time of filling out the quizner.

In line with research conducted by Sihombing, (2018) that based on the statistic test, a p value =  $0.003 < 0.05$  was obtained, which means that education is related to exclusive breastfeeding in the working area of the Hinai Kiri Health Center in 2017. <sup>14</sup> It goes on to explain that parental education is an important factor for exclusive breastfeeding. Higher education levels will be able to implement new things as changes to maintain the health of the child especially exclusive breastfeeding. This is what drives mothers to search for information, seek experiences and apply them in life. <sup>14</sup>

Penelitian from Pohan, (2020) proves that the education that mothers have has an influence in digesting questions such as mothers who are poorly educated are more sukar in capturing information submitted by health workers than respondents who have higher education background. <sup>11th</sup>

#### **4. Employment Relationship with Exclusive Breastfeeding for Infants at Puskesmas Paal X Jambi City**

Based on the results of the study, it shows that the most dominant respondents are mothers who do not work. Of the 33 respondents, 16 (48.5%) worked exclusively breastfeeding and 17

(51.5%) did not exclusively breastfeed. Of the 30 respondents who did not have employment, 25 (83.3%) gave exclusive breastfeeding and 5 (16.7%) did not breastfeed exclusively. The results of the *Chi square* statistical test were obtained  $p = 0.008 < \alpha (0.05)$  then  $H_a$  was accepted, meaning that there was a relationship between work and exclusive breastfeeding by mothers in the work area of puskesmas Paal X Jambi City with a PR value = 0.188 (95% CI = 0.058-0.611). A PR score of 0.188 means that respondents who are in the non-working category are 0.188 times greater than respondents who are in the category of working for breastfeeding.

According to Budiarto and Dewi Anggraeni, (2002) the types of work will affect the frequency and spread of disease. This is because a lot of human life is spent in his place of work which has a different atmosphere and environment.<sup>18</sup> This means that most of the mother's time is spent working so that if the *pumping* of breast milk is not done before or between work breaks, the baby will lack breast milk. The environment in which the mother works also affects whether or not to give exclusive breastfeeding. The job force provides a gap between health information and practice in the form of encouraging a person to obtain information and act to avoid problems that exist in health.<sup>19th</sup>

The results of the study showed that employment status affects exclusive breastfeeding to babies. Mothers who are not working will have more time to breastfeed compared to working ones. This is in line with the statement of the Ministry of Health of the Republic of Indonesia (2012), namely that one of the reasons for providing exclusive breastfeeding is the mother's job.<sup>20</sup> Then supported by Sihombing's research (2018) that the time that mothers have to work for leave is short so they prefer to give formula milk, this is also due to the knowledge about proper breastfeeding, completeness of pumping breast milk and a lack of work environment.<sup>14</sup>

The same result was also found in Arifianti's research (2017) that the *Chi square p-value* test results were obtained  $< 0.05$  so that there was a relationship between the mother's work and the provision of exclusive breastfeeding to babies in Warnasari Village, Citangkil District, Cilegon City. In her research, she stated that the smallest proportion of breastfeeding is labor, this is due to the lack of availability of hours for mothers who work in the private sector and factories to breastfeed or just milk their milk.<sup>21</sup>

Based on the description above, the solution when mothers work to continue to provide breast milk is for the agency where the mother works to make policies, then breastfeeding mothers

can adjust the breastfeeding schedule so that the child can still breastfeed even though the mother works, still give time to read information from anywhere and follow counseling in health services. This is supported by research from Timporok et al (2018) which states that the least time for mothers with working status in giving breast milk to their babies can still be overcome by giving breast milk through dairy milk or pumping stored breast milk. <sup>22</sup>

## **5. Age Relationship with Exclusive Breastfeeding in Infants at Puskesmas Paal X Jambi City**

Based on table 9, it shows that the most dominant age of respondents is 20-30 years, of the 45 respondents aged 20-30 years who are exclusive breastfeeding as much as 30 (66.7%) and non-exclusive breastfeeding as many as 15 (33.3%), then of the 18 respondents whose age is >30 years as many as 11 (61.1%) who provide exclusive breastfeeding and 7 (38.9%) who are not exclusively breastfed. Chi square statistical test results were obtained  $p = 0.900 > \alpha (0.05)$  with a PR value of 1.273 and 95% CI: (0.410-3.949). then  $H_a$  rejected means that there is no relationship between age and exclusive breastfeeding by mothers in the work area of Puskesmas Paal X Jambi City. A PR score of 1,273 means that those in the age category of 20 to 30 years are 1,273 times more likely to breastfeed exclusively than respondents in the category of more than >30 years.

According to Budiarto and Dewi Anggraeni (2002) age is important because all reported morbidity rates and mortality rates are almost always age-related. Although in general death can occur in each age group, from various records it is known that the frequency of death in each age group is different, namely the highest mortality occurs in the 0-5 year group and the lowest mortality lies in the 15-25 year group and will increase again at the age of 40 years and above. <sup>18</sup> Mortality at the age of 0-5 years is high because the child experiences a period of growth where if the nutrition at that time has not been met then the risk of death will be high.

The older the age a person has physiological characteristics with his own responsibility. <sup>7</sup> The results showed differences with the theory above, that there is no relationship between age and exclusive breastfeeding in the work area of the Paal X Health Center in Jambi City. This research is in line with the results of research conducted by Arifianti (2017) she obtained no relationship between maternal age and exclusive breastfeeding in Warnasari village, Citangkil District, Cilegon ( $p > 0.05$ ). In contrast to the research of Manik et al (2019) in the working area of the Hutatinggi

Parmongan Sub-district Auxiliary Health Center in 2019, it obtained a p value = 0.000 < 0.05, which means that there is a relationship between age and exclusive breastfeeding. <sup>10</sup>

The results of this study are different because there are other factors that hinder mothers in providing exclusive breastfeeding such as the rampant promotion of formula milk in the mass media and the curiosity of different mothers in the age range of 20-30 years so that some mothers get information from the internet.

## CONCLUSIONS AND SUGGESTIONS

From the results of the study that 71.4% did exclusive breastfeeding and 20.6% did not run exclusive breastfeeding. Factors who have a relationship with exclusive breastfeeding are knowledge, attitudes, education and work of mothers with a p value of < 0.05, while those who do not have a relationship are maternal age factors with a p value of > 0.05. Advice to health agencies to provide information on how to launch breastfeeding milk or breast milk pumps for working mothers, not to promote formula milk and encourage breastfeeding mothers.

## REFERENCE

1. Kementerian Kesehatan Republik Indonesia. Berikan ASI untuk Tumbuh Kembang Optimal [Internet]. 2019. Available from: <https://www.kemkes.go.id/article/view/19080800004/berikan-asi-untuk-tumbuh-kembang-optimal.html>
2. WHO. Breastfeeding rates in central and western China in 2010: implications for child and population health. 2020.
3. Kementerian Kesehatan Republik Indonesia. Profil Kesehatan Indonesia 2018 [Indonesia Health Statistic 2018]. 2019. 207 p.
4. Kementerian Kesehatan Republik Indonesia. Profil Kesehatan Indonesia 2020. Vol. 48, IT - Information Technology. Jakarta; 2021. 1–480 p.
5. Kementerian Kesehatan Republik Indonesia. Data dan Informasi Kesehatan Indonesia 2019. Profil Kesehat Indones. 2020;8(9):1–213.
6. Dinas Kesehatan Jambi. Profil Kesehatan Provinsi Jambi Tahun 2020. 2021;(08):28–9.
7. Notoatmodjo S. Promosi Kesehatan dan Perilaku Kesehatan (Edisi Revisi 2012). Jakarta: Rineka Cipta; 2012.
8. Nurleli N, Purba JM, Sembiring R. Hubungan Pengetahuan Dan Sikap Ibu Dengan Tindakan Pemberian Asi Eksklusif Di Puskesmas Rambung Kecamatan Binjai Selatan Kota Binjai Tahun 2017. J Ris Hesti Medan Akper Kesdam I/BB Medan. 2018;3(1):1.
9. Siahaan VR. Gambaran Pengetahuan Ibu Hamil Tentang ASI Eksklusif. MJ (Midwifery J [Internet]. 2021;1(2):58–61. Available from: <http://jurnal.polkesban.ac.id/index.php/jkifn/article/view/99%0Ahttps://jurnal.polkesban.ac.id/index.php/jkifn/article/download/99/410>

10. Manik DS, Simaremare APR, Simorangkir SJ V. Hubungan Tingkat Pengetahuan Dan Sikap Ibu Tentang Air Susu Ibu Eksklusif Dengan Pemberian Air Susu Ibu Eksklusif Di Wilayah Kerja Puskesmas Pembantu Hutatinggi Kecamatan Parmonangan Tahun 2019. 2019;
11. Pohan RA. Hubungan Pengetahuan Ibu Menyusui tentang ASI Eksklusif dengan Pemberian ASI Eksklusif di Desa Sei Serindan Kota Tanjungbalai Tahun 2019. *J Ilm Maksitek*. 2020;5(1):25–31.
12. Ramli R. Correlation of Mothers' Knowledge and Employment Status with Exclusive Breastfeeding in Sidotopo. *J PROMKES*. 2020;8(1):36.
13. Saifuddin Azwar. Sikap Manusia Teori dan Pengukurannya. 2nd ed. Yogyakarta: Pustaka Pelajar; 2016.
14. Sihombing S. Hubungan Pekerjaan Dan Pendidikan Ibu Dengan Pemberian Asi Eksklusif Di Wilayah Kerja Puskesmas Hinai Kiri Tahun 2017. *Midwife J*. 2018;5(01):40–5.
15. Amalia R, Rizki LK. Faktor Faktor Yang Mempengaruhi Keberhasilan Ibu Bekerja Dalam Pemberian Asi Eksklusif. *Mandala Heal*. 2018;11(1):44.
16. Lubis I. Hubungan Karakteristik, Pengetahuan dan Sikap Ibu dengan Pemberian ASI Eksklusif di Wilayah Kerja Puskesmas Binjai Sebrangan Kecamatan Air Joman Kabupaten Asahan Tahun 2017. 2018.
17. Nirwana AB. ASI dan Susu Formula : Kandungan dan Manfaat ASI dan Susu Formula. Yogyakarta: Nuha Medika; 2014.
18. Budiarto E, Anggraeni D. Pengantar Epidemiologi. 2nd ed. Jakarta: Penerbit Buku Kedokteran EGC; 2002.
19. Soekidjo Notoatmodjo. Promosi Kesehatan dan Ilmu Perilaku. Jakarta: Rineka Cipta; 2007.
20. Depkes RI. Manajemen Laktasi : Buku Panduan Bagi Bidan dan Petugas Kesehatan di Puskesmas. Jakarta: Diit Gizi Masyarakat-Depkes RI; 2012.
21. Arifiati N. Analisis Faktor yang Mempengaruhi Pemberian ASI Eksklusif pada Bayi di Kelurahan Warnasari Kecamatan Citangkil Kota Cilegon. *Pros Semin Nas IKAKESMADA "Peran Tenaga Kesehat dalam Pelaks SDGs."* 2017;129–35.
22. Timporok AGA. Hubungan Status Pekerjaan Ibu Dengan Pemberian Asi Eksklusif Di Wilayah Kerja Puskesmas Kawangkoan. *J Keperawatan*. 2018;6(1):1–6.