

**FACTORS RELATED TO EXCLUSIVE BREAST FEEDING TO
MOTHERS WHO HAVE BABIES IN THE WORKING AREA OF
SEMERAP PUBLIC HEALTH CENTER
KERINCI DISTRICT 2022**

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ABSTRACT

The type of research used is cross-sectoral research, research conducted over a long period of time where this study is designed to study the correlation between exposure and consequences or effects at the same time. The sample size in this study is 65 people, the technique used in sampling is This study uses simple random sampling, which is a technique that has the same opportunity according to the proportion (regardless of the size of the population) in sampling. This study found that there is a relationship between knowledge, attitude and support of health workers towards exclusive breastfeeding for mothers who have babies and there is no relationship between exposure to information media and culture towards exclusive breastfeeding for mothers who have babies, P-Value knowledge < 0.05 (0.002), Attitude P-Value < 0.05 (0.028), statistical health worker support (P-Value=0.019), The factors related to exclusive breastfeeding are knowledge, attitudes and health workers and there is no relationship between exposure to information media and culture.

Keywords: Exclusive breastfeeding, knowledge, attitudes, health worker

ABSTRAK

Jenis penelitian yang digunakan adalah penelitian penelitian Cross Sectlonal penelitian yang dilakukan dalam jangka waktu yang lama dimana studi ini dirancang untuk untuk mempelajari korelasi antara eksposur dan konsekuensi atau efek sekaligus Besar sampel dalam penelitian ini adalah 65 orang, teknik yang digunakan dalam pengambilan sampel pada penelitian ini menggunakan simple random sampling yaitu teknik yang memiliki peluang yang sama sesuai proporsinya (terlepas dari ukuran populasinya) pada pengambilan sampel. Penelitian ini menemukan bahwa ada hubungan pengetahuan, Sikap dan dukungan tenaga kesehatan terhadap pemberian ASI Eksklusif pada ibu yang memiliki bayi dan Tidak ada hubungan antara keterpaparan media informasi dan budaya terhadap pemberian ASI Eksklusif pada ibu yang memiliki bayi diperoleh , pengetahuan P-Value < 0,05 (0.002), Sikap P-Value < 0,05 (0.028), dukungan tenaga kesehatan statistik (P-Value=0,019), Faktor-Faktor Yang Berhubungan Dengan Pemberian Asi Eksklusif Yaitu Pengetahuan, Sikap Dan Tenaga Kesehatan Dan Tidak Ada Hubungan Antara Keterpaparan Media Informasi Dan Budaya.

Kata Kunci : Asi Eksklusif, pengetahuan, sikap, tenaga kesehatan

INTRODUCTION

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Mother's Milk (ASI) is the best nutrition and contains many white blood cells, immunoglobulins, hormones and specific proteins as well as other nutrients that are very necessary for the continuity of the baby's growth and development. The source of nutrition contained therein also has a very good quality that babies get from exclusive breastfeeding alone. Exclusive breastfeeding will be given to babies directly from birth to 6 months after birth without providing additional food or other drinks. During the process of exclusive breastfeeding, many disturbances often occur due to lack of knowledge, self-confidence, family support and the surrounding environment.(Maryunani A 2019) diabetes and chronic digestive tract disease.(Fannysia Halim 2020) In achieving good equality in healthy behavior, exclusive breastfeeding is one of the indicators so that the degree of health can be achieved. There is a percentage of malnourished babies in Indonesia, which means there is a gap in our health status. In order for all babies to receive nutrition and vitamins, the mother needs support in providing vitamins such as exclusive breastfeeding so that the baby is healthy

Based on the Central Bureau of Statistics in 2021, the achievement of exclusive breastfeeding is around 71.58%. Based on the results of Jambi Province Health Profile Data in 2021, the rate of exclusive breastfeeding for babies aged 0-6 months only reached 71.37%, where the proportion of exclusive breastfeeding has reached the target set by the Ministry of Health of the Republic of Indonesia.(Risksdas 2018)

Based on data from the Kerinci District Health Office in 2021, the breastfeeding rate reached 81.81%. While at the Semerap Health Center the achievement rate for exclusive breastfeeding was 41.48%, this figure was very far from that set by the Jambi Provincial Health Office. From data from the Kerinci Regency Public Health Sector in 2019, out of the 22 existing puskesmas, the achievement target itself did not meet the achievement figure specified in the Strategic Plan for 2020-2024, namely 66.02%. 5 This is of course a health problem for the baby itself and can even cause death where when a newborn baby needs breast milk because it is very important that the vitamins that the baby needs are given through the breast milk itself. In line with the achievements set by the Indonesian Ministry of Health, at least the rate of exclusive breastfeeding for infants must reach 80% and of course this must be handled and become a problem that exists in society so that it continues to be improved to achieve a good degree of public health.(Direktorat jenderal mineral dan batubara kementerian energi dan sumberdaya mineral 2020)

Knowledge is one of the determinants of welfare behavior that arises from a person or society regardless of habits, beliefs, perspectives, etc. The accessibility of facilities and the attitudes and perspectives of welfare workers also play a role in supporting and strengthening behavior regulation. Knowledge as indicated by Lawrence Green's hypothesis is referred to as a predisposing factor along with belief, mentality, belief, and quality, while accessibility of facilities can be ranked as a supporting variable and the behavior and perspective of health workers as a driving component. These three variables influence individual welfare behavior.(Sari and Darmawansyih 2022)

Attitudes are influenced by various factors including personal experience, the influence of other people who are considered important, the influence of culture, the mass media, educational institutions and religious institutions, the influence of emotional factors. A person's

attitude can change by obtaining additional information about a particular object. Attitudes arise from various assessments, namely conditions and behavioral tendencies. Attitudes can also change from experience and innate factors as well

inducement for example by counseling or health education. Culture is a tradition or custom that applies in a certain place. With regard to exclusive breastfeeding, the culture in question is habits that can inhibit exclusive breastfeeding, such as giving honey, bananas and so on with the status of breastfeeding. In the research conducted by Husaini M (2020) the results showed that culture has a considerable influence on exclusive breastfeeding. Based on the respondents' answers, they stated that certain foods and drinks were given to newborns. The mother will stop breastfeeding if the baby has diarrhea and it is not a good habit.

Support of Health Workers and influencing breastfeeding. Lack of access to family information causes mothers to have low knowledge about breastfeeding so they are not motivated to give exclusive breastfeeding. Mothers who have access to information do not inhibit knowledge so they do not know the importance of breastfeeding their babies. They explain that poor access to information fosters mother's behavior to provide complementary foods for breastfeeding because of low knowledge about exclusive breastfeeding until the child is 6 months old. (Sari and Darmawansyih 2022)

Exclusive breastfeeding has an important role in the life of the baby. There are growth factors and antibody substances in breast milk. Growth factors in ASI function to help the process of organ and hormone maturation, while antibody substances function to help the process of maturing the immune system. The process of maturation of the immune system is very important because the newborn's immune system is not yet perfect. If breast milk is not given exclusively, the process of maturation of the immune system will be disrupted and make the baby susceptible to infection. Treatment of late infection will cause death. Then, the failure of exclusive breastfeeding can also interfere with the process of maturation of organs and hormones (Anggraini 2020)

Based on the results of an initial survey conducted in Semerap, Keliling Danau sub-district, Kerinci Regency, from mothers who were breastfeeding and it turned out that 7 mothers had provided complementary food to breast milk before the baby was 6 months old, only 1 mother managed to provide exclusive breastfeeding until the age of six months, p. This is related to the mother's ignorance about the benefits of exclusive breastfeeding. This knowledge is obtained from informal mother's education, lack of confidence of mothers in giving exclusive breastfeeding is influenced by working mothers, and mothers' breast milk that is not fluent causes failure of exclusive breastfeeding. (Fannysia Halim 2020)

Based on the description above, it is necessary to conduct research so that in the future the coverage of exclusive breastfeeding will be even better so as to support the birth of healthy generations with optimal development and based on the above background the researcher is interested in conducting research entitled "Factors Associated with Breastfeeding Exclusive for Babies in the Working Area of the Semerap Health Center, Kerinci Regency, in 2022".

METHOD

This research is a quantitative research with a cross-sectional research design. This

study aims to determine the factors related to exclusive breastfeeding for babies in the working area of the Semerap Health Center, Kerinci Regency, in 2022. The population in this study is all mothers who have babies aged 6-12 months, the number of samples obtained is 65 respondents, using The sampling technique is proportional random sampling.

RESULTS AND DISCUSSION

1. Univariate analysis

Table 1. Distribution of Exclusive Breastfeeding to Mothers Who Have Babies in the Work Area of the Semerap Health Center, Kerinci Regency, in 2022

| Variable | F | (%) |
|--------------------------------|----|-------|
| Exclusive Breastfeeding | | |
| No | 21 | 32.3 |
| Yes | 44 | 67.7 |
| Total | 65 | 100.0 |

Based on table 1. above, it can be seen that as many as 32.3% of mothers did not give exclusive breastfeeding, while the other 67.7% were mothers who gave exclusive breastfeeding to their babies.

Table 2. Distribution Variable knowledge of the respondent's mother

| Variable | F | (%) |
|-------------------------|----|------|
| Mother Knowledge | | |
| Not good | 25 | 38.5 |
| Good | 40 | 61.5 |

Based on table 2, it can be seen that the majority of mothers have good knowledge, namely 61.5%, while there are 38.5% of mothers who have good knowledge.

Table 3. Distribution of the attitude variable of the respondent's mother

| Variable | F | (%) |
|--------------------------|----|------|
| Mother's attitude | | |
| Not Good | 24 | 36.9 |
| Good | 41 | 63.1 |

Based on table 3., it can be seen that exclusive breastfeeding (63.1%), while there are 36.9% of mothers have an unfavorable attitude towards exclusive breastfeeding

Table 4. Variable distribution of health worker support

| Variable | F | (%) |
|------------------------|----|------|
| Health Workers Support | | |
| Less Support | 18 | 27.7 |
| Support | 47 | 72.3 |

Based on table 4, it can be seen that the majority of mothers who are less supportive is 27.7%, while those who support it are 72.3%

Table 5. Distribution of Respondents According to Knowledge Score, Attitude Score, and Health Worker Support Score

| Variable | Mean | Median | (95% CI) | SD | Min-Max |
|-----------------------------|-------|--------|-------------|-------|---------|
| Knowledge Score | 11.43 | 12.00 | 11.01-11.85 | 1.695 | 5-14 |
| Attitude Score | 27.15 | 27.00 | 26.34-27.97 | 3.289 | 7-35 |
| Health Worker Support Score | 25.40 | 26.00 | 24.86-25.94 | 2.18 | 20-29 |

Based on the table above, the average mother's knowledge score is 11.43 with a minimum score of 5 and a maximum of 14. The average mother's attitude score is 27.15 with the lowest score 7 and the highest score 35. The average score of and the highest score being 5. The average score for health worker support is 25.40 with the highest score being 20 and the lowest being 29.

2. Bivariate Analysis

Table 6. The Relationship between Mother's Knowledge and the Risk of Exclusive Breastfeeding for Mothers Who Have Babies in the Working Area of the Semerap Health Center, Kerinci Regency in 2022

| Variable | Exclusive breastfeeding | | | | <i>P-Value</i> | PR (CI 95%) |
|------------------|-------------------------|------|----|------|----------------|----------------------|
| | No | Yes | | | | |
| | N | % | n | % | | |
| Knowledge | | | | | | |
| Not Good | 14 | 56,0 | 11 | 44,0 | 0,002 | 6,000 (1.928-18.672) |
| Good | 7 | 17,5 | 33 | 82,5 | | |

Based on mother's knowledge, it was found that 56.0% of mothers had poor knowledge who did not give exclusive breastfeeding. Whereas for respondents who had good maternal knowledge, there were 17.5% of mothers who did not give exclusive breastfeeding. The results of the bivariate analysis showed that mothers who had poor knowledge had a 6 times higher risk of not giving exclusive breastfeeding to their babies compared to mothers who had good knowledge (PR = 6,000; 95% CI: 1,928-18,672) and proved significantly with P-Value < 0 .05 (0.002).

Table 7. The results of the relationship between mother's attitude and the risk of exclusive breastfeeding for mothers who have babies in the working area of the Semerap Health Center, Kerinci Regency, in 2022

| Variable | Exclusive breastfeeding | | | | P-Value | R (CI 95%) |
|------------------------|-------------------------|------|-----|------|---------|---------------------|
| | No | | Yes | | | |
| | N | % | N | % | | |
| Mother Attitude | | | | | | |
| Not good | 12 | 50,0 | 12 | 50,0 | 0,028 | ,556 (1.196-10.570) |
| Good | 9 | 22,0 | 32 | 78,0 | | |

Distribution based on mother's attitude, obtained as much as 50.0% of mothers have a bad attitude that does not provide exclusive breastfeeding. Meanwhile, among mothers who have a good attitude, there are 22.0% who do not give exclusive breastfeeding. The results of the analysis show that mothers who have a poor attitude are at risk of 3.6 times higher for not giving exclusive breastfeeding to their babies compared to mothers who have a good attitude (PR = 3.556; 95% CI: 1.196-10.570) and it is proven to be significant with the P-Value < 0.05 (0.028).

Table 8. Relationship between Health Worker Support and the Risk of Exclusive Breastfeeding for Mothers Who Have Babies in the Work Area of the Semerap Health Center, Kerinci Regency, in 2022

| Variabel | ASI Eksklusif | | | | R (95%) |
|-----------------------|---------------|-----|------|------|----------------|
| | Tidak | | Ya | | |
| | N | % | N | % | |
| Socio cultural | | | | | |
| Less Support | 10 | 5,6 | 14,4 | 19 | (1.297-12.907) |
| Support | 11 | 3,4 | 5 | 16,6 | |

The results of the analysis showed that there were 55.6% of mothers with unsupportive health workers who did not give exclusive breastfeeding. Meanwhile, among mothers with supporting health workers, there were 23.4% who did not give exclusive breastfeeding. The results of the analysis showed that mothers with unsupportive health workers had a 4.1 times higher risk of not giving exclusive breastfeeding to their babies compared to mothers with supportive health workers (PR=4.091; 95% CI: 1.297-12.907) and proved statistically significant (P-Value=0.019)

1. The relationship between knowledge and exclusive breastfeeding for mothers who have babies in the working area of the Semerap Health Center, Kerinci Regency, 2022

Research results at the level of knowledge from the results of bivariate analysis found that mothers with poor knowledge had a 6 times higher risk of not giving exclusive breastfeeding to their babies compared to mothers who had good knowledge (PR = 6,000; 95% CI: 1,928-18,672) and proved significantly with P-Value <0.05 (0.002) it can be concluded that there is a relationship between knowledge of exclusive breastfeeding. Mother's knowledge about exclusive breastfeeding can influence mothers in giving exclusive breastfeeding. The better the mother's knowledge about the benefits of exclusive breastfeeding, the mother will give exclusive breastfeeding to her child. Vice versa, the lower the mother's knowledge about the benefits of exclusive breastfeeding, the less mothers give exclusive breastfeeding. (Fauziah, Dewi Pertiwi, and Avianty 2022) From the explanation above, mother's knowledge about exclusive breastfeeding is very influential on children's health. Child health is related to how the mother's attitude in exclusive breastfeeding. So the mother's knowledge about exclusive breastfeeding can really influence the mother's attitude in giving exclusive breastfeeding according to the needs of her baby. The better the mother's knowledge about exclusive breastfeeding, the better the mother's attitude in giving exclusive breastfeeding to babies according to needs, it can be concluded that there is a relationship between knowledge and breastfeeding. Exclusive breastfeeding for mothers who have babies in the working area of the Semerap Health Center, Kerinci district, in 2022.

2. The relationship between attitudes towards exclusive breastfeeding for mothers who have babies in the working area of the Semerap Health Center, Kerinci Regency, 2022

Based on the research, the results of the analysis show that mothers who have a poor attitude are at risk of 3.6 times higher for not giving exclusive breastfeeding to their babies compared to mothers who have a good attitude (PR = 3.556; 95% CI: 1.196-10.570) and it is proven significantly with P -Value < 0.05 (0.028). there is a relationship between attitudes towards exclusive breastfeeding to mothers who have babies in the working area of the Semerap Health Center. Concurred with Rylas Chintya Aksamala et al entitled "Several factors influencing the practice of mothers in exclusive breastfeeding in the working area of the Pegandan Health Center, Semarang City, stating that there is a relationship between attitudes and exclusive breastfeeding practices. This research is in line with Rahman's research regarding the relationship of knowledge, attitudes, and the practice of exclusive breastfeeding in the working area of the Jumpandang Baru Health Center which states that there is a relationship between attitudes and the practice of exclusive breastfeeding. (Derma wani 2020)

From the results of the explanation above, the mother's attitude is very important for child development, it can be concluded that there is a relationship between attitudes towards exclusive breastfeeding for mothers who have babies in the working area of the Semerap Health Center, Kerinci district, in 2022.

3. The relationship between the support of health workers for exclusive breastfeeding to mothers who have babies in the working area of the Semerap Community Health Center, Kerinci Regency, 2022

The results of the analysis showed that mothers with unsupportive health workers had a 4.1 times higher risk of not giving exclusive breastfeeding to their babies compared to mothers

with supportive health workers (PR=4.091; 95% CI: 1.297-12.907) and proved statistically significant (P-Value=0.019).

In line with the opinion of Emi Sutrisminah et al 2022 entitled the relationship between the support of health workers and the provision of exclusive breastfeeding (EBF) to working mothers. The results of this study illustrate that there is a relationship between the support of health workers and the provision of Exclusive Breastfeeding to working mothers in Kudu Village, Genuk District, Semarang City 2021. Characteristics based on the type of work of the mother (41.7%) as casual/side workers, such as sweepers, household assistants, washing workers, and others. The percentage of exclusive breastfeeding for working mothers is lower than for those who give exclusive breastfeeding because they think that breast milk is not sufficient for the baby's needs when left at work so they prefer to give formula milk, and the duration of work for mothers who are not regular, some say the duration of work is up to 10-11 hours per day .(Sutrisminah, Hudaya, and Wahyuningsih 2022)

The support of health workers who assist in childbirth as a reinforcing factor for breastfeeding babies. Health workers, especially midwives, have something to do with breastfeeding in the first hour. Birth support is the main key to success in the first hour after giving birth (immediate breastfeeding) because during this period the role of the helper is still dominant. The uncomfortable conditions felt by the mother giving birth and the indifference of the health workers in the delivery room in providing attention and positive responses will make the mother uncomfortable and calm, which will hinder the process of expressing breast milk. If the helper motivates the mother to immediately hug her baby, then interaction between mother and baby is expected to occur. health workers by giving exclusive breastfeeding to infants aged 6-12 months in the working area of the Banjarsari Health Center in 201764(Lestari 2018)

Based on the explanation above, it can be concluded that the proportion of the group of mothers who do not provide exclusive breastfeeding receives less support than the group of mothers who receive support from good health workers. It can be concluded that there is a relationship between the relationship between health workers' support and exclusive breastfeeding to mothers. who have babies in the working area of the Semerap Health Center in Kerinci Regency in 2022

CONCLUSION

There is a relationship between knowledge, attitudes and the role of health workers towards exclusive breastfeeding for mothers who have babies in the working area of the Semerap Health Center in 2022.

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