



Factors Associated with Breastfeeding

Exclusive in the Working Area of Puskesmas Karang Tumaritis, Nabire Regency, Papua Province Year 2022

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Abstract

Background: Exclusive breastfeeding is the best food for babies during the first 6 months of life, which is natural and a source of safe ideal nutrition. However, the coverage of exclusive breastfeeding in Nabire Regency is still low, the trend for 2019-2021 is 45.2%, 64.2%, and 56.3%, this exclusive breastfeeding coverage is still below the Indonesian national target. Objective: to know the factors related to exclusive breastfeeding in the working area of the Karang Tumaritis Health Center, Nabire Regency in 2022. Methods: Type of quantitative research with a cross-sectional design approach, population in the study of 168 breastfeeding mothers, with a sample of 60 mothers, sampling using purposive sampling techniques.

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Data were collected using questionnaires and analyzed univariately and bivariately using chi-square analysis

Result: variables that are significantly related to exclusive breastfeeding sequentially are maternal education (p-value; 0,000.), maternal knowledge (p-value 0.016), Health Worker support (p-value 0,000), and culture (p-value 0,001). The variables that are not significant sequentially are age (p value 0,76), employment (p value 0,112), and parity (p value 0,792) in the working area of the Karang Tumaritis Health Center, Nabire Regency. Recommendation: Cultural factors need to be supported by health workers in Nabire.

Keywords: Exclusive breastfeeding; culture; officer support.

1. Introduction

Exclusive breastfeeding is the first, main and best food for babies to have a positive influence, both physically and emotionally on mother and baby [1] . Based on WHO data, there are about 5.6 million children under the age of 5 years die in the world where the risk of death is highest early in life (first 28 days) which reaches 2.6 million babies [2]. WHO data in 2016, the average rate of exclusive breastfeeding in the world is around 38%. In Indonesia, 42% of infants aged < 6 months receive exclusive breastfeeding [3]

Exclusive breastfeeding provides benefits for babies, including preventing infant malnutrition, increasing endurance, increasing cognitive intelligence in infants, preventing disease, and preventing the risk of death, exclusive breastfeeding also provides benefits for mothers [4].

2. Methods

Methods: Type of quantitative research with a cross-sectional design approach, population in the study of 168 breastfeeding mothers, with a sample of 60 mothers, sampling using purposive sampling techniques. Data were collected using questionnaires and analyzed univariately and bivariately using chi-square analysis.

3. Results

3.1 The Relationship between Education and Exclusive Breastfeeding

Table 1: Analisis chi square variable education and Exclusive Breastfeeding

Education	Exclusive Breastfeeding				Total		p-value CI 95%,
	No		Yes		n	%	
	n	%	N	%			
Low	13	100	0	0	13	100	0,000
High	17	36,2	30	63,8	47	100	
Total	30	50	30	50	60	100	

Source : Primer data,2022

The results of the analysis with the *Chi-square difference test value* obtained a p value with a CI of 95%, namely p value $0.000 < 0.05$ or the relationship between education is significant and exclusive breastfeeding in the working area of the Karang Tumaritis Health Center, Nabire Regency in 2022.

3.2. Maternal Knowledge Relationship with Exclusive Breastfeeding

Table 2: Analysis chi-square knowledge variable and Exclusive Breastfeeding

Knowledge	Exclusive breastfeeding				Total		p-value CI 95%,
	No		Yes		n	%	
	n	%	N	%			
Less	16	72,7	6	27,3	22	100	0,016
Good	14	36,8	24	63,2	38	100	
Total	30	50	30	50	60	100	

Source: Data Primer

The results of the analysis with the Chi-square difference test value obtained a p-value with a CI95% which is 0.016 or significant, it can be concluded that the relationship between knowledge is significant with exclusive breastfeeding in the Working Area of the Karang Tumaritis Health Center, Nabire Regency.

3.3. Age relationship with exclusive breastfeeding

Table 3: Chi-square. Analysis Age Variable and Exclusive Breastfeeding

Age	Exclusive breastfeeding				Total		p-value CI 95%,
	No		Yes		N	%	
	N	%	N	%			
>35 years	25	48,1	27	51,9	52	100	0,706
20 -35 years	5	62,5	3	37,5	8	100	
Total	30	50	30	50	60	100	

Source: Data Primer

The results of the analysis with the Fisher Exact difference test value obtained a p-value with a CI of 95%, which is 0.706 or insignificant, it can be concluded that the age relationship is not significant with exclusive breastfeeding in the working area of the Karang Tumaritis Health Center, Nabire Regency.

3.4. Employment relationship with exclusive breastfeeding

Table 4: Chi-square analysis Employment relationship with exclusive breastfeeding

Employment	Exclusive breastfeeding				Total		p-value CI 95%
	No		Yes				
	N	%	n	%	N	%	
No	4	100	0	0	4	100	0,112
Yes	26	46,4	30	53,6	56	100	
Total	30	50	30	50	60	100	

Source: Data Primer

The results of the analysis of the *Chi-square difference test value* obtained a p-value with a CI of 95%, which is 0.112 or insignificant, it can be concluded that the employment relationship is not significant with exclusive breastfeeding in the Working Area of the Karang Tumaritis Health Center, Nabire Regency.

3.5. Parity Relationship with Exclusive Breastfeeding

Table 5: Chi-square Analysis parity variable with Exclusive Breastfeeding

Parity	Exclusive Breastfeeding				Total		p-value 95%
	No		Yes				
	N	%	n	%	n	%	
Primipara	17	47,2	19	52,8	36	100	0.792
Multipara	13	54,2	11	45,8	24	100	
Total	30	50	30	50	60	100	

Source: Data Primer, 2022

The results of the analysis of the *Chi-square difference test value* obtained a p-value with a CI of 95%, which is 0.792 or insignificant, it can be concluded that the employment relationship is not significant with exclusive breastfeeding in the Working Area of the Karang Tumaritis Health Center, Nabire Regency.

3.6. The relationship between health worker support and exclusive breastfeeding

Table 6: Chi-square Analysis Health Worker support and exclusive breastfeeding

Health Support	Worker	Exclusive breastfeeding				Total		p-value CI 95%
		No		Yes		n	%	
		n	%	n	%			
No		12	92,3	1	7,7	13	100	0.001*
Yes		18	38,3	29	61,7	47	100	
Total		30	50	30	50	60	100	

Source: Data Primer

The results of the analysis with the *Chi-square difference test value* obtained a p-value with a CI of 95%, which is 0.001 or significantly related, it can be concluded that the relationship between health worker support is significant with exclusive breastfeeding in the working area of the Karang Tumaritis Health Center, Nabire Regency

3.7. Cultural relationship with exclusive breastfeeding

Tabel 7: Chi-square Analysis Cultural variable with Exclusive Breastfeeding

Culture	Exclusive breastfeeding				Total		p-value CI 95%
	No		Yes		n	%	
	N	%	n	%			
No Support	29	100	0	0	29	100	0.000*
Support	1	3,2	30	96,8	31	100	
Jumlah	30	50	30	50	60	100	

Source : Primer

The results of the analysis with the Chi-square difference test value obtained a p-value with a CI of 95%, which is 0.001 or significantly related, it can be concluded that the relationship between health worker support is significant with exclusive breastfeeding in the working area of the Karang Tumaritis Health Center, Nabire Regency.

4. Discussion

The relationship between education is significant with exclusive breastfeeding, the results of this study are the

same as the research of Kurnia in 2017 [5]. States that there is a relationship between educational variables and exclusive breastfeeding,

Education has an impact on increasing one's insight or knowledge, generally the higher the education, the easier it is to receive information so the more knowledge obtained. People who are highly educated will give a more rational response to the information that comes and reason to think how far the benefits they might get from the idea [6], therefore higher education will affect the mother's perspective on infant care, especially in exclusive breastfeeding.

Conceptually the factors that influence exclusive breastfeeding are based on the theory (Lawrence Green, 1980) in Notoatmojo [7], that the factor that influences behavior related to breastfeeding is maternal knowledge, the higher the results of tofu and this occurs after people sense a certain object. A person's knowledge of an object contains two aspects, namely the positive aspect and the negative aspect. These two aspects will determine a person's attitude. Mothers who have high knowledge about breast milk will breastfeed their children exclusively compared to mothers who have low knowledge [8]. Knowledge is a cognitive domain divided into six levels [7]. namely know, comprehension, application (application), analysis (analysis), synthesis (synthetics) and evaluation (evaluation)

A good level of maternal knowledge will influence the mother's attitude and behavior, changes in thinking patterns, and the right lifestyle so that mothers are not influenced by the culture that feeds before the child is six months old and is not affected by the very vigorous promotion of formula milk by producers because of the support of health workers in providing information about understanding, goals, benefits, advantages and disadvantages of exclusive breastfeeding so that mothers have good knowledge to provide still only exclusive breastfeeding to infants aged 0-6 months [9]

The support of health workers in providing information about exclusive breastfeeding to mothers who come to puskesmas or posyandu, information media facilities through WhatsApp, YouTube, advertisements, Facebook, Instagram posters, leaflets, and experiences of a breastfeeding mother, about exclusive breastfeeding can have an impact on knowledge that shapes the attitudes and behaviors of mothers to provide exclusive breastfeeding [10]. In addition to officer support in the form of providing information, early breastfeeding initiation is related to the provision of exclusive breast milk at Wangaya Skala Husada Hospital [11]. In this study, researchers assumed that the more a mother received information about exclusive breastfeeding, the better the mother's knowledge so that she could provide exclusive breastfeeding to her baby, so the researchers concluded that there was no age relationship with exclusive breastfeeding in the work area of the Karang Tumaritis Health Center, Nabire Regency.

Theoretically, it says that the work factor is one of the factors that influence a mother in providing exclusive breastfeeding, therefore one of the most often stated reasons for not breastfeeding is because they have to work. Based on the results of research conducted by researchers on the work of housewives 56 respondents of mothers who do not provide exclusive breastfeeding 26 (86.6%), this shows that work is not a reason for a mother to stop exclusive breastfeeding. Mothers as workers who do homework can manage time well so that they can provide exclusive breastfeeding, so researchers concluded that there is no working relationship with exclusive

breastfeeding in the work area of the Karang Tumaritis Health Center, Nabire Regency.

Rahayu (2014) found that exclusive breastfeeding is more common in multiparous mothers who have more than two children compared to primiparous mothers who have one child, and the influence of the experience of own mothers and others on knowledge of exclusive breastfeeding can influence maternal behavior in providing exclusive breastfeeding to current or later babies [12]. Dian Wahyuni and his colleagues, 2021, showed that mothers who have more than 2 children mostly provide exclusive breastfeeding, and mothers who have only 1 child mostly do not provide exclusive breastfeeding to their children so there is a parity relationship with exclusive breastfeeding [13]

Cultural factors that exist in the community influence the behavior of mothers in giving exclusive breastfeeding to their babies, this is in line with previous research by Virgiatusiawati [14]. Exclusive breastfeeding cannot be separated from the influence of habits colored by local customs (culture), the existence of a hereditary tradition to give bananas or honey to babies before the age of 6 months and this cultural factor is related to the failure of exclusive breastfeeding so that this affects the coverage of exclusive breastfeeding which is still low [15]. The results of this study are the same as the results of Rini's research in 2019. factors that affect the number of exclusive breastfeeding coverage such as family support, health worker support, regulations that have not been implemented properly, and education has not been optimal Rini Herdiani, N. U. [16].

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