The Relation between Several Factors That Influence the Inhibition of Exclusive Breastfeeding in Glugur Darat Healthcare

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Abstract: Background. Exclusive breastfeeding is not to give baby food or other drinks, including water. Exclusive breastfeeding will help inadequate growth in the first 6 months to get good nutritional status. The several factors that influence the inhibition of breastfeeding are educational factors, occupational factors, knowledge factors, maternal and child's health factors information factors, socio-cultural effect factors. Purpose. The purpose of this study was to examine the relationship between several factors related to non-exclusive breastfeeding Method. The research design used was analytic using cross-sectional.The population in this study were all mothers who gave and did not give exclusive breastfeeding. The sample in the study was 166 mothers in consecutive sampling. The research instrument was a questionnaire. Data analysis with univariate, bivariate, and multivariate analysis with logistic regression test.

1 INTRODUCTION

Exclusive breastfeeding according to the World Health Organization (WHO) is not to give babies food or other drinks, including water, other than breastfeeding (except drugs and drops of vitamins or minerals; milk is also permitted). Breast milk is the best and most appropriate food for babies. Breastfeeding the baby will prevent malnutrition because the nutrients contained in breast milk meet the needs of babies in an appropriate and efficient way to protect the baby against infection, therefore the immune substances contained in breast milk will be very useful to protect the baby (IDAI, 2013 The United Nation Children's Fund (UNICEF) and the World Health Organization (WHO) recommend that children should only be given breast milk (ASI) for at least 6 months, this aims to reduce morbidity and mortality in children (Indonesia Ministry of Health, 2018).

In Indonesia in 2010, the percentage of exclusive breastfeeding patterns in 0-month-old infants was 39.8% and the percentage of 1-month-old infants was 32.5%. The percentage decreases with increasing age groups of babies. However, the percentage of exclusive breastfeeding has a significant increase from 2012 to 2013, is from 42% to 54.3%, with the highest percentage being in West Nusa Tenggara Province at 79.7%. However, the percentage such as in Papua is 31.5% and in Maluku is 25.2%. Efforts are needed to increase the coverage of exclusive breastfeeding because based on the report above, there is no even distribution of percentage figures between provinces (Indonesia Ministry of Health, 2014).

Based on the 2016 Indonesia Health Profile Report, the percentage of infants aged 0-5 months who received exclusive breastfeeding was 54%, referring to the 2016 strategic plan target of 42%. Nationally, the coverage of exclusive breastfeeding for babies under the age of 6 months was 54% reaching the target. However, the percentage of infants receiving exclusive breastfeeding up to 6 months is still low at 29.5% (Sumatera Utara Dept of Health, 2016). Data from the Profile of the North Sumatra Health Office in 2015 stated that the percentage of coverage of exclusive breastfeeding from 2011-2015 tended to show a substantial increase from 26.67% to 44.59%. In 2015 experienced a significant increase of around 10% compared to 2014, from 34.56% to 44.59%. However, a report from the Profile of the North Sumatra Provincial Health Office in 2016 saw a sharp decline compared to 2015 and did not reach the national target of less than 40%, a percentage of 29.6% (Sumatera Utara Dept of Health, 2015).

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The purpose of this study was to determine the factors that influence exclusive breastfeeding at Glugur Darat Health Center, East Medan. The benefit of this research is to become a source of information and increase the insight of breastfeeding mothers about the benefits of breastfeeding so that they can change the way the application of breastfeeding that is still not right.

2 METHOD

This research was conducted with analytical survey methods, with analytic cross-sectional design, namely observing or measuring variables at one time to determine the relationship of independent variables (factors of education, occupation, knowledge, maternal and child health, education, information, socio-culture effects) on the dependent variable (inhibition of breastfeeding) in the work area of Glugur Darat Health Center, East Medan. This study uses primary data by measuring questionnaires and by measuring interviews.

The study was conducted in March to December which included the submission of titles, library searches, reading of proposals, data collection and processing, and reading of results. The research was conducted in the working area of the Glugur Darat Public Health Center. A population is a large number of subjects that have certain characteristics.

The population in this study were all mothers, who gave exclusive breastfeeding and mothers who did not exclusively breastfeed in the work area of Glugur Darat Health Center, East Medan. The sample is part of the population chosen in a certain way until it is considered to represent the population. The sample in this study was taken using the Slovin formula in this case with five independent variables, the sample that is used in this study was 166 people.

Inclusion criteria are the general characteristics of the research subjects in the target population and in the affordable population. The sample inclusion criteria in this study were mothers who gave exclusive breastfeeding and who did not exclusively breastfeed, were in good health and could understand the questions well. Exclusion criteria were some subjects who met the inclusion criteria and had to be excluded from the study for various reasons. The exclusion criteria for this study were mothers who were not willing to become respondents.

Sampling in this study used the Consecutive Sampling method, that is, all subjects who came in sequence and fulfilled the selection criteria were included in the study until the required number of subjects was fulfilled.

Data collection is done by collecting primary data by giving questionnaires to sample subjects in the work area of Glugur Darat Health Center, East Medan. The questionnaire is a technique of data collection carried out by giving respondents a set of written questions to answer.

This study uses univariate, bivariate, and multivariate analysis methods. Univariate, namely by collecting the frequency data of the independent variable on the dependent variable. Bivariate, that is by finding the relationship of each independent variable with the dependent variable, using the chi-square hypothesis test. Multivariate, which is a method of analyzing data that involves more than one independent variable and one or more dependent variables. Hypothesis testing is logistic regression test because the independent variables (factors of education, occupation, knowledge, maternal and child health, education, maternal and child health, information, socio-culture effects) and dependent variables (inhibition of breastfeeding) are nominal.

3 RESULTS AND DISCUSSION

3.1 Univariate and Bivariate Analysis

The univariate analysis aims to systematically describe the actual and accurate facts of a population or field. Variable frequency of distribution data can be seen in Table 1.

Table 1: Frequency Distribution of Univariate and Bivariate Analysis.

Variable	Measurement results	Breastfeeding		
		Non-exclusive breastfeeding	exclusive breastfeeding	P *value*
Education	Elementary	1	1	0.564
	Secondary	57	48	
	College	37	22	
Occupation	Unemployed	41	47	0.003
	Employed	54	24	
Knowledge	Well	39	26	0.329
	Enough	41	38	
	Less	15	7	
Maternal and children health	Well	18	68	0
	Enough	48	2	
	Less	29	1	
Information	Well	34	63	0
	Enough	36	5	
	Less	25	3	
Socio-culture effect	Well	5	35	0
	Enough	44	33	
	Less	46	3	

The bivariate analysis aims to determine the relationship between independent variables and dependent variables, using the *chi-square* test. This analysis was also the first step in the selection of variables included in multivariate analysis. The relationship between risk factors and the inhibition of exclusive breastfeeding is indicated by the value of $p < 0,05$. Based on table 1, it was known that out of the six independent variables tested with the chi-square test, four variables were related ($p < 0,05$) and two variables that were not significantly related ($p > 0,25$) with the dependent variable were education variables and knowledge variable.

Table 2: Effect Between Independent Variables and Dependent Variables Using Logistic Regression Test (Enter Method).

Independent variable	B	Wald	Sig	Exp (B)	95% CI for EXP (B)	
					Lower	Upper
Education	0.366	1,121	0.290	0.714	0.383	1,331
Occupation	0.948	8,481	0.004	0.388	0.205	0.734
Knowledge	0.033	0.020	0.888	1,033	0.655	1,629
Maternal And children health	3,740	43,003	0,000	42,083	13,762	128,682
Information	1,844	29,146	0,000	6,233	3,237	12,351
Socio-Culture Effect	2,234	38,734	0,000	10.214	4,913	21,233

3.2 Multivariate Analysis

Before multivariate analysis, the independent variables were tested first one by one with the enter logistic regression test method to get the variables that were significantly related to the dependent variable and continued to multivariate analysis. The requirement for this variable selection is if the *p-value* obtained from the one-by-one variable test is obtained> 0.25.

Based on table 2, it was known that of the six independent variables tested by entering method logistic regression, there were four related variables (sig <0.25) and two variables that were not significantly related (sig > 0.25) with the dependent variable namely the education variable and knowledge variable.

There are four independent variables related to the dependent variable, namely the variable Occupation, Maternal and Children Health, Information, and the Socio-Culture effect which are jointly included in the calculation of the enter logistic regression test method.

Table 3: Independent Variables Tested by the Logistic Regression Test (Enter Method).

Independent variable	B	Wald	Sig	Exp (B)	95% CI for EXP (B)	
					Lower	Upper
Occupation	1,462	5,353	0.021	0.232	0.067	0800
The health of both mother and child	2,955	22,110	0,000	19,192	5,601	65,762
Information	1.411	10.323	0.001	4.102	1,734	9,703
Effect of Socio-Culture	1977	14.258	0,000	7.223	2,588	20.158

In the employment variable, the p-value of the employment variable is 0.021 (p <0.05), and Exp (B) is 0.232, this means that mothers who work 0.232 times more influence the inhibition of exclusive breastfeeding. This is due to the busy life of the mother and lack of knowledge of the mother to give milk. This is in accordance with the theory proposed by Prasetyono that for working mothers, efforts to give exclusive breastfeeding often experience obstacles due to the short period of maternity and childbirth working holiday. Before exclusive breastfeeding ends perfectly she must return to work. The activities or work of the mother is often used as an excuse not to give exclusive breastfeeding, especially those who live in urban areas. As a result, if the mother is required to return to full employment before the infant becomes six months old, this exclusive breastfeeding does not work as it should, then followed by physical and mental conditions of tired of having to work all day and adding an inadequate diet will result in non-fluency of breastmilk production. Working holidays regulation after delivery was only last for 3 months which makes many mothers have to prepare their babies with breastmilk supplementary food before the cut-out period is finished, so exclusive breastfeeding is not successful.

On maternal and children health variables, the *p-value* of maternal and children health variables is 0,0001 (*p* <0.05) and Exp (B) of 19,192, which means that maternal and children health problems will affect 19,192 times greater inhibition of breastfeeding. exclusive. The condition of the mother's breast has a role in the success of breastfeeding such as drowning, flattening or putting too large nipples can interfere with the breastfeeding process. In another study, almost all mothers did not experience breast abnormalities but began to be able to breastfeed after the second or third day. More milk production is determined by the frequency of suction, the stronger the suction power of the baby, the more milk is produced. Mothers will not be deficient in breastmilk, because breastmilk will continue to be produced, provided the baby continues to suck (Lumbanraja, 2015).

In the information variable, *the p-value* of the information variable is 0.001 (*p* <0.05) and Exp (B) is 4.102, this means that information will have an effect of 4.102 times greater on the inhibition of exclusive breastfeeding. In the results of interviews, mothers who gave exclusive breastfeeding received information about exclusive breastfeeding and how to breastfeed through health workers at the health center when conducting pregnancy control, while mothers who were well informed but did not give exclusive breastfeeding due to health reasons or mothers who work. While some newborns were given formula milk by midwives or hospitals because mother's milk did not come out on the first day, then followed by the tendency of mothers to buy formula milk because promotion or advertising of formula milk looked attractive. Increased efforts by milk factory to promote formula milk interfere with the success of exclusive breastfeeding. This is in accordance with Rahmawati's research which showed that there was a significant influence between the support of health workers and exclusive breastfeeding. Health workers are the main components that play a role and will make a very important contribution to the success of efforts to promote and promote breastfeeding, these health workers have a big contribution in efforts to increase the use of breast milk in addition to the factors that exist in society. Strong commitment from health workers or *health providers* (doctors, midwives, nurses, hospital management, etc.) in breastfeeding information or promotion is very necessary because those who can directly contact the community and have many opportunities to provide explanations and counseling about breast milk. Thus, health workers play a key role in this matter, especially in the case of exclusive breastfeeding in hospitals or maternity homes (Rahmawati, 2010). The results of this study were also supported by the results of Lumbanraja's study which said that the place of birth had an influence on exclusive breastfeeding for infants because it was the starting point for mothers to choose whether to continue giving their babies exclusive breastfeeding or giving formula milk provided by health or non-health workers before Mother's milk is called out (Lumbanraja, 2015) .

In the socio-cultural effect variable, the *p-value* of the socio-cultural effect variable is 0,000 (*p* <0,05) and Exp (B) is 7,223, this means that the socio-cultural effect is 7,223 times greater than the inhibition of exclusive breastfeeding. On the results of interviews in collecting samples, mothers believe that exclusive breastfeeding can change breast shape and can increase body weight, and mothers believe that newborns can be given honey. The hereditary tradition is a factor that supports the emergence of the assumption that breast milk alone is not enough for infant food, as a result, the mothers provide other forms of liquid or soft food such as formula milk, pulverized bananas, pulverized rice as complementary food before the infant reaches the age of 6 months. This is consistent with the observation of Alfan *et al*., that during the study there were still

many mothers who had good knowledge who should give ASI to their infants, this might be due to hereditary habits of providing food or drink to infants under 6 months with bananas, eel, honey, and coconut water. Some mothers consider a weak baby suction makes the mother afraid that the baby is not full if only breastfed is given, and modernization such as the use of formula milk and the assumption that formula milk is better and more practical than da ASI (Alfan, Astuti & Bangsawan, 2014).

4 CONCLUSIONS

Based on the results of this study, the conclusion is that there is a relationship between maternal employment status, maternal and children health, information, socio-cultural effect with the inhibition of breastfeeding. There is no significant relationship between knowledge and education with the inhibition of exclusive breastfeeding. In this study, maternal and children health was the most significant variable influencing the inhibition of exclusive breastfeeding at the Puskesmas Glugur Darat.

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