

Analysis of Factors Affecting the Behavior of Exclusive Breastfeeding in the Work Area of Werwaru Puskesmas Moa Lakor District

Magdalena Akse^{1,*}, Indar², Amran Razak², Balqis², Wahiduddin³, Syamsuar Manyullei⁴, Anwar Mallongi⁴

Magdalena Akse^{1,*}, Indar², Amran Razak², Balqis², Wahiduddin³, Syamsuar Manyullei⁴, Anwar Mallongi⁴

¹Students of the Postgraduate Study Program in Public Health, Faculty of Public Health, Hasanuddin University, INDONESIA.

²Department of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, INDONESIA.

³Department of Epidemiology, Faculty of Public Health, Hasanuddin University, INDONESIA.

⁴Department of Environmental Health, Faculty of Public Health, Hasanuddin University, INDONESIA.

Correspondence

Magdalena Akse

Students of the Postgraduate Study Program in Public Health, Faculty of Public Health, Hasanuddin University, INDONESIA.

E-mail: magdalenaakse@gmail.com

History

- Submission Date: 20-06-2023;
- Review completed: 25-07-2023;
- Accepted Date: 02-08-2023.

DOI : 10.5530/pj.2023.15.158

Article Available online

<http://www.phcogj.com/v15/i5>

Copyright

© 2023 Phcogj.Com. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International license.

ABSTRACT

Exclusive breastfeeding is not only the best food for babies, but is important for the health of breastfeeding mothers and provides optimal growth for babies. Exclusive breastfeeding for babies aged 0 to 6 months and continued until the child is 2 years old can encourage healthy growth and development. This study aims to analyze the factors that influence exclusive breastfeeding behavior in the working area of the Werwaru Health Center, Moa Lakor District. This type of research is a quantitative analytic study with a cross sectional design. Respondents in this study were obtained using the proportional sampling method as many as 73 toddlers aged 6-24 months from the Werwaru Health Center, Moa Lakor District, which consisted of 6 villages (Werwaru, Klis, Pakty, Upyour, Syota, and Comfort) using a questionnaire and measuring instruments. anthropometry. Data processing was carried out using SPSS and for data analysis using statistical tests using univariate, bivariate and multivariate analysis tests. The results showed that internal factors that had an effect partially were knowledge while simultaneously namely perceptions of exclusive breastfeeding behavior in the Working Area of the Werwaru Health Center, Moa Lakor District. Meanwhile, external factors that have a partial effect are work and those that have a simultaneous effect are the support of the closest people to the behavior of exclusive breastfeeding in the Working Area of the Werwaru Health Center, Moa Lakor District. Suggestions for the government of Southwest Maluku Regency through the Werwaru Health Center, Moa Lakor District, to be able to improve the exclusive breastfeeding program by disseminating information on the benefits of exclusive breastfeeding in the morning for pregnant and lactating women so that mothers' knowledge increases.

Key words: Exclusive breastfeeding, Toddlers, Health centers.

INTRODUCTION

The growth and development of the baby requires a very important food intake, namely breast milk (ASI). According to the United Nations Children's Funds and the World Health Organization, children should only be given breast milk for six months and solid food given after the child is six months old and continue to be given breast milk until the child is two years old. According to WHO, data on exclusive breastfeeding globally has not increased significantly, namely around 44% of infants aged 0 to 6 months worldwide who received exclusive breastfeeding during the period 2015 to 2018 of the 50% target of breastfeeding.¹ The rate of breastfeeding mothers in the world who give exclusive breastfeeding is only 64.7%. WHO and UNICEF report that in 2018, globally the rate of exclusive breastfeeding is quite low, namely 41%. In Indonesia, the Basic Health Research data conducted in 2018 showed that the rate of exclusive breastfeeding only reached 37%.²

Exclusive breastfeeding is not only the best food for babies but is important for the health of breastfeeding mothers and provides optimal growth for babies. Nutrition has an important role in brain development from conception to 3 years of age. WHO (2019),¹ noted that in 2016, around 45% of children died due to malnutrition, 155 million children under 5 years of age were stunted or short in stature, 52 million children were wasted and around 41 million children were overweight. WHO

further explained that providing optimal nutrition according to the child's age will reduce morbidity and mortality and reduce the risk of disease infection.

Exclusive breastfeeding for babies aged 0 to 6 months and continued until the child is 2 years old can encourage healthy growth and development.¹ The first two years of life are referred to as the most critical period of human survival because growth and development as well as human health are strongly influenced by nutritional intake. According to a report by the World Health Organization (WHO), there are around 1.5 million children who die due to improper feeding, 15% of babies worldwide are only given exclusive breastfeeding for 4 months and are often accompanied by inappropriate and inappropriate complementary feeding. safe. Nearly 90% of under-five deaths that occur in developing countries and 40% more deaths are caused by diarrhea and acute respiratory infections, where these diseases can be prevented by exclusive breastfeeding.

Factors that can influence mothers in giving ASI are age, level of education, factors of lack of knowledge of mothers about breastfeeding and child health factors, factors of socio-cultural changes such as working mothers, increased promotion of formula milk as a substitute for ASI, factor of lack of staff health so that people are less informed about the benefits of breastfeeding. To solve this problem, breastfeeding mothers must know the importance of the benefits of breastfeeding. Therefore, counseling

Cite this article: Akse M, Indar, Razak A, Balqis, Wahiduddin, Manyullei S, et al. Analysis of Factors Affecting the Behavior of Exclusive Breastfeeding in the Work Area of Werwaru Puskesmas Moa Lakor District. *Pharmacogn J.* 2023;15(5): 829-832.

is needed for breastfeeding mothers, including counseling and giving leaflets about the benefits of breastfeeding.

Nationally, the coverage of babies receiving exclusive breastfeeding in 2019 was 67.74%, with the highest percentage of coverage of exclusive breastfeeding in the province of West Nusa Tenggara (86.26%), while the province of Maluku was 43.35%. In 2019, nationally the percentage of newborns who received early initiation of breastfeeding (IMD) was 75.58%, with the highest percentage of newborns receiving IMD being Southeast Sulawesi (94.92%) while Maluku province was 34.97%.³

This shows that the exclusive breastfeeding program in Maluku province has not been implemented optimally, and one of the factors that are still low in exclusive breastfeeding is the low number of babies getting IMD. Even though exclusive breastfeeding and IMD have been regulated by the government in Government Regulation Number 33 of 2012. This government regulation instructs regional governments and the private sector to work together to support exclusive breastfeeding and early breastfeeding initiation (IMD). Through this regulation, the government formalizes women's right to breastfeed (including in the workplace) and prohibits the promotion of breastmilk substitutes. Exclusive breastfeeding and IMD aims to meet the nutritional needs of infants and prevent malnutrition in toddlers. The government advises regions to provide special facilities for breastfeeding mothers in the workplace so that mothers can continue to breastfeed their babies.³

Based on data from the Indonesian Ministry of Health, babies who received exclusive breastfeeding in 2019 in Maluku province amounted to 43.35%, with the percentage of newborns receiving IMD of 34.97% (Kemenkes RI, 2020). In Southwest Maluku Regency, the number of babies who were exclusively breastfed was 209 (34.1%) out of 613 babies, while there were 404 (65.9%) babies who were not exclusively breastfed (BPS Maluku Barat Daya, 2019). Based on data from the Werwaru Health Center, the number of babies who received exclusive breastfeeding was 14 people (14.43%) while those who did not get exclusive breastfeeding were 83 people (85.57%) so efforts were needed to increase the success of the exclusive breastfeeding program. The low coverage of exclusive breastfeeding can be caused by a lack of public understanding and even health workers about the benefits and importance of exclusive breastfeeding for infants aged 0-6 months, there is intensive promotion of formula milk, lack of support from family or closest people, monitoring is difficult, recording and inaccurate reporting, there is still a lack of ASI counselors in the field and there is still a low level of Early Breastfeeding Initiation (IMD) (Profil Dinkes Kabupaten MBD, 2019).

The mother's perception of a lack of milk production on the grounds that she is tired from work is known as the ASI syndrome. ASI syndrome can inhibit exclusive breastfeeding which causes the mother to switch from breast milk to tea water. Maternal health conditions are also the cause of low exclusive breastfeeding. The high number of breastfeeding mothers whose health conditions are impaired has resulted in low exclusive breastfeeding.

MATERIALS AND METHODS

The type of research used in this study was a quantitative research method with a cross-sectional design to analyze the factors that influence exclusive breastfeeding behavior in the working area of the Werwaru Health Center, Moa Lakor District. The research implementation time is planned to be carried out for four months starting from the research proposal seminar to completing the report. The sample in this study were 73 toddlers aged 6-24 months from the Werwaru Community Health Center, Moa Lakor District, which consisted of 6 villages (Werwaru, Klis, Pakty, Upyour, Syota, and Comfortable). The research instruments used were questionnaires and anthropometric measuring instruments. Data analysis used statistical tests using univariate analysis tests, bivariate analysis tests, and multivariate analysis tests.

RESULTS

Univariate analysis

Based on the table above the frequency distribution of the knowledge variable is good as many as 29 (39.7%) of respondents, while those that are not good are 44 (60.3%) of respondents. Furthermore, the good perception variable was 32 (43.8%), while those who assessed the perception as unfavorable were 41 (56.2%) respondents. Furthermore, the work variable, as many as 21 (28.8%) respondents who did not work and 52 (71.2%) who worked. Then for the support variable of the closest person, as many as 19 (26.0%) of the respondents who received support, while those who did not receive the support of the closest person, were as many as 54 (74.0%) of the respondents.

Bivariate analysis

The effect of patient knowledge on exclusive breastfeeding behavior in the working area of the Werwaru health center, Moa Lakor district: Based on Table 2 above, it shows that respondents who did not provide exclusive breastfeeding with a sufficient level of knowledge were 25 respondents (34.2%) greater than respondents with less knowledge of 23 respondents (31.5%). Respondents who gave exclusive breastfeeding with a sufficient level of knowledge were 4 respondents (5.5%) smaller when compared to respondents with less knowledge of 21 respondents (28.8%).

The results of the chi square test obtained a p value of 0.006 (<0.05) so that there was a significant relationship between education level and exclusive breastfeeding in the working area of the Werwaru Health Center, Southwest Maluku Regency.

The influence of patient perceptions on exclusive breastfeeding behavior in the working area of the Werwaru health center, Moa Lakor district: Based on Table 3 above, it shows that the respondents who did not give exclusive breastfeeding with a negative perception of 34 respondents (46.5%) were greater than the respondents with a

Table 1: Univariate analysis.

Variable	Frequency	Percentage (%)
Knowledge		
Good	29	39,7
Not Good	44	60,3
Perception		
Positive	32	43,8
Negative	41	56,2
Job		
Doesn't work	21	28,8
Work	52	71,2
Close Person Support		
Support	19	26,0
Does not support	54	74,0
Amount	73	100

Source: Primary Data, 2023.

Table 2: The effect of patient knowledge on exclusive breastfeeding behavior in the work area of the Werwaru health center, Moa Lakor district.

Knowledge	Exclusive breastfeeding				Amount		Statistic test
	Not Exclusive Breastfeeding		Exclusive breastfeeding		N	%	
	n	%	N	%			
Good	25	34,2	4	5,5	29	39,7	p= 0,006
Not Good	23	31,5	21	28,8	44	60,3	
Amount	48	65,7	25	34,3	73	100,0	

SSource: Primary Data, 2023.

Table 3: The effect of patient perceptions on exclusive breastfeeding behavior in the work area of the Werwaru health center, Moa Lakor district.

Perception	Exclusive breastfeeding				Amount		Statistic test
	Not Exclusive Breastfeeding		Exclusive breastfeeding		N	%	
	n	%	N	%			
Positive	14	19,2	18	24,7	32	43,8	p= 0,001
Negative	34	46,5	7	9,6	41	56,2	
Amount	48	65,7	25	34,3	73	100	

Source: Primary Data, 2023.

Table 4: The effect of patient occupation on exclusive breastfeeding behavior in the work area of the Werwaru health center, Moa Lakor district.

Job	Exclusive breastfeeding				Amount		Statistic test
	Not Exclusive Breastfeeding		Exclusive breastfeeding		N	%	
	n	%	N	%			
Doesn't work	9	12,3	12	16,4	21	28,7	p= 0,019
Work	39	53,4	13	17,8	52	71,3	
Amount	48	65,7	25	34,2	73	100	

Source: Primary Data, 2023.

Table 5: The effect of closest person support on exclusive breastfeeding behavior in the working area of Werwaru health center, Moa Lakor district.

Close Person Support	Exclusive breastfeeding				Amount		Statistic test
	Not Exclusive Breastfeeding		Exclusive breastfeeding		N	%	
	n	%	N	%			
Support	0	0	19	26,0	19	26	p= 0, 000
Does not support	48	65,7	6	8,2	54	74	
Amount	48	65,7	25	34,2	73	100	

Source: Primary Data, 2023.

Table 6: Multivariate analysis results.

No	Variable	Nilai B	aRP	95% CI	P
Internal factors					
1	Knowledge	-1,482	0,227	0,063-0,813	0,023
2	Perception	1,622	5,065	1,656-15,491	0,004
	Constant	0,719	2,052		
External Factors					
1	Job	1,846	6,333	0,848-47,309	0,072
2	Close Person Support	41,502	0,000	0,000	0,998
	Constant	-5, 632	0,004		

positive perception of 14 respondents (19.2%). Respondents who gave exclusive breastfeeding with a negative perception of 7 respondents (9.6%) were smaller when compared to respondents with positive perceptions of 18 respondents (24.7%).

The results of the chi square test obtained a p value of 0.001 (<0.05) so that there is a significant relationship between mother's perceptions and exclusive breastfeeding in the working area of the Werwaru Health Center, Southwest Maluku Regency.

The influence of the patient's occupation on the behavior of exclusive breastfeeding in the working area of the Werwaru health center, Moa Lakor district: Based on Table 4 above, shows that 9 respondents (12.3%) did not provide exclusive breastfeeding and did not work, compared to 39 respondents (53.4%) who worked. Respondents who gave exclusive breastfeeding and did not work as many as 12 respondents (16.4%) were smaller when compared to respondents who worked, namely as many as 13 respondents (17.8%).

The results of the chi-square test obtained a p-value of 0.019 (<0.05) so that there is a significant relationship between work and exclusive breastfeeding in the working area of the Werwaru Health Center, Southwest Maluku Regency.

The effect of the support of the closest people on the use of ARV treatment in HIV patients at the Ambon city health center: Based on Table 5 above, shows that there were 40 respondents (65.7%) who did not give exclusive breastfeeding and stated that the people closest to them supported exclusive breastfeeding. Respondents who gave exclusive breastfeeding and stated that health workers supported exclusive breastfeeding were 6 respondents (8.2%) when compared to respondents who stated that health workers did not support exclusive breastfeeding as many as 19 respondents (26.0%). The results of the chi-square test obtained a p-value of 0.000 (<0.05) so that there is a significant relationship between the support of the closest people and exclusive breastfeeding in the working area of the Werwaru Health Center, Southwest Maluku Regency.

Multivariate analysis

Table 6 shows that for internal factors, the knowledge variable has a p-value of 0.023 (<0.05), which means that knowledge affects exclusive breastfeeding with an RP value of 0.227. The perception variable has a p-value of 0.004 (<0.05), which means that perception has an effect on exclusive breastfeeding with an ARP value of 5.065. For external factors, together they do not affect exclusive breastfeeding.

DISCUSSION

Effect of patient knowledge on exclusive breastfeeding behavior

Based on bivariate analysis, there is a relationship between knowledge and exclusive breastfeeding with a p-value of 0.006 (<0.05). The results of this study are in line with Nurleli's research (2017) and Wahyuningsih's research (2020)⁴ (in Qomarasari, 2023) which shows that there is a relationship between knowledge and exclusive breastfeeding behavior. The results of this study are also supported by the results of Qomarasari's research (2023) which states that there is a significant relationship between knowledge and exclusive breastfeeding behavior where the p value is 0.005.

According to Notoatmodjo (2007)⁵ states that knowledge basically comes from experience, but can also come from information conveyed by people and other media. Knowledge is very important for the formation of one's actions. Knowledge about exclusive breastfeeding and motivation to give exclusive breastfeeding which is still lacking greatly influences the mother's behavior. This is because mothers still use local cultural knowledge about feeding babies.

The influence of perceptions on exclusive breastfeeding behaviour

Based on bivariate analysis, there is a relationship between perception and exclusive breastfeeding with a p-value of 0.001 (<0.05). This is in accordance with the research of Yuliana *et al* (2022)⁶ which states that there is a significant relationship between mothers' perceptions and exclusive breastfeeding in the working area of the Cahya Maju Lempung Health Center OKI in 2021.

The mother's perception of the insufficiency of breast milk to satisfy her baby causes the mother to stop breastfeeding her baby. Wrong perceptions about exclusive breastfeeding can affect the behavior of exclusive breastfeeding. Insufficient milk production causes the baby to experience dissatisfaction after breastfeeding, crying or being fussy is the main reason for mothers not to give exclusive breastfeeding. To avoid insufficient milk production, mothers often provide additional food in the form of formula milk.

Effect of work on exclusive breastfeeding behavior

Work is an activity that must be carried out primarily to support self-life and family life. One of the most frequently cited reasons for not breastfeeding is because they have to work. Women were always working, especially during their childbearing years, so it was always a problem finding ways to care for babies. Working does not only mean work that is paid and done in an office, but can also work in the fields, for rural communities.

The results of data analysis using the chi square test obtained a pvalue of 0.019 (<0.05), which means there is a relationship between the mother's occupation and the behavior of exclusive breastfeeding. This research is in line with the results of Arintasari's research (2016),⁷ which states that there is a significant relationship between mother's work and exclusive breastfeeding.

According to Ulfah (2020),^{8,9} it is possible for working mothers to continue to provide exclusive breastfeeding with expressed breast milk. Working mothers tend to have a lot of knowledge about exclusive breastfeeding so they are motivated to continue giving exclusive breastfeeding to their babies until they are 6 months old with expressed milk. This only applies to mothers who work in the formal sector.^{8,9}

Based on the results of research in the working area of the Werwaru Health Center, breastfeeding mothers work as vegetable sellers so they tend not to give exclusive breastfeeding. This is because they have a lot of working time so they are exhausted from work and decide not to continue exclusive breastfeeding and replace it with additional food such as formula milk.

The effect of the support of the closest people on the behavior of exclusive breastfeeding

Based on bivariate analysis, there is a relationship between the support of the closest people and exclusive breastfeeding (p-value 0.000), which means that there is a significant relationship between the support of the closest people to the results of this study in line with Yuliana's research (2022),⁶ which shows that there is a significant relationship between the support of the closest people with the success rate of exclusive breastfeeding in the Work Area of the OKI Cahya Maju Lempuing Health Center in 2021.

Husband's support is one of the closest people who greatly influences mothers to properly breastfeed their babies. Husband's support is the father's role in helping the mother to be able to breastfeed comfortably so that the milk produced is maximized. However, not all husbands will support breastfeeding. For example, a husband feels uncomfortable when his wife breastfeeds.

The views of husbands who feel uncomfortable when their wives breastfeed are the main reasons mothers choose to give formula milk. One way that can help a husband to support his wife in giving ASI is breastfeeding fathers, in which the father helps the mother to be able to breastfeed comfortably so that the milk produced is maximized. Not fathers who breastfeed, but fathers who are very supportive of successful breastfeeding.

If the mother feels supported, loved and cared for, then positive emotions will appear which will increase the production of the hormone oxytocin, so that milk production runs smoothly. Approximately 80% of milk production is determined by the emotional state of the mother.¹⁰ The husband's very important role in the success of breastfeeding and parenting is the result of cooperation between mother, baby and father.

Among them are helping mothers take care of their children (including baby siblings or other children), holding babies, helping bathe babies, change diapers, and invite them to play.

CONCLUSIONS AND RECOMMENDATIONS

The results showed that internal factors that had an effect partially were knowledge while simultaneously namely perceptions of exclusive breastfeeding behavior in the Working Area of the Werwaru Health Center, Moa Lakor District. Meanwhile, external factors that have a partial effect our work and those that have a simultaneous effect are the support of the closest people to the behavior of exclusive breastfeeding in the Working Area of the Werwaru Health Center, Moa Lakor District. Based on the results of the research and discussion, it can be suggested that the government of Southwest Maluku Regency through the Werwaru Health Center, Moa Lakor District, can improve the exclusive breastfeeding program by disseminating information on the benefits of exclusive breastfeeding in the morning for pregnant and lactating women so that mothers' knowledge increases.

REFERENCES

1. WHO. Nutrition Exclusive breastfeeding for optimal growth, development and health of infants. 2019. https://www.who.int/elena/titles/exclusive_breastfeeding/en/
2. UNICEF. Breastfeeding during the Corona Covid-19 Virus outbreak. Diakses melalui. 2020. <https://www.unicef.org>
3. Kementerian Kesehatan RI. Profil Kesehatan Indonesia Tahun 2015. Jakarta: Kementerian Kesehatan RI. 2016.
4. Wahyuni. Determinants of adolescent's high-risk sexual behavior in SMK 8 and Mega Rezky Health Vocational School Makassar. *Enferm Clin.* 2020;30(Suppl 4):273-7.
5. Notoatmodjo S. Metodologi Penelitian Kesehatan. Jakarta: Rineka Cipta. 2010.
6. Yuliana E, Murdiningsih, dan Putu Lusita Nati Indriani. Hubungan Persepsi Ibu, Dukungan Suami, dan Dukungan Tenaga Kesehatan terhadap Pemberian Asi Eksklusif pada Ibu Menyusui di Wilayah Kerja Puskesmas Cahya Maju Lempuing Oki Tahun 2021. *J Ilmiah Universitas Batanghari Jambi.* 2021;22(1).
7. Arintasari F. Faktor-faktor yang berhubungan dengan pemberian asi eksklusif di Puskesmas Tegalrejo Yogyakarta Tahun 2015. *J Medika Respati.* 2016;9(2).
8. Ulfah HR. Hubungan Usia, Pekerjaan, dan Pendidikan Ibu dengan Pemberian ASI Eksklusif, *Jurnal Ilmiah Keperawatan, Boyolali: STIKES Estu Utomo.* 2020.
9. Ulfa M. Effect of education media on improvement visual acetate acid inspection at Sudiang community health center. *Enferm Clin.* 2020;30(Suppl 4):439-43.
10. Khasanah N. ASI atau Susu Formula Ya? Flash Books. Yogyakarta. 2013.
11. Anonim. Data sekunder dan primer Puskesmas Werwaru Kec Moa Alor. 2022.
12. BPS. Diakses melalui. 2016.
13. BPS. Profil Kesehatan Ibu dan Anak. BPS. Jakarta. 2020.
14. Fauzan. Factors related to quality of life of elderly victims of natural disasters in Palu City. *Enferm Clin.* 2020;30(4):178-81.
15. Kementerian Kesehatan RI. Riset Kesehatan Dasar 2013. Jakarta: Kementerian Kesehatan RI. 2013.

Cite this article: Tlau L, Lalawmpuii L, Lalthanpuii PB, Lalchhandama K. Analysis of the Phytochemical and Antibacterial Properties of the Indigenous Mizo Medicinal Plant, *Helicia Excelsa*. *Pharmacogn J.* 2023;15(5): 829-832.