

DETERMINANT FACTORS OF SUCCESS EXCLUSIVE OF BREASTFEEDING IN THE WORK AREA OF PUSKESMAS LANGSA LAMA, LANGSA CITY

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Abstract

Background: Breast milk is the best food for babies. Therefore, breast milk should be given to babies at least until the age of 6 months and until two years. Exclusive breastfeeding coverage in Langsa City in 2021 reaches the target of 80%, which is 83,8%. Various efforts by the Langsa City Health Center are classes for pregnant women and health education about exclusive breastfeeding.

Research Objectives: to determine the determinants of the success of exclusive breastfeeding in the working area of the Langsa Community Health Center in Langsa City in 2022.

The Research: This type of research is analytic with a cross-sectional approach. The sample in this study was 75 pregnant women. The research was carried out on 21-25 June 2022; the data analysis was univariate and bivariate.

The Results: The result showed that there was a relationship between health education and exclusive breastfeeding with a p-value 0,002, with an OR 5.079, and there is a relationship between the class of pregnant women and exclusive breastfeeding with a p-value 0,002 with OR 5.464, there is a relationship between early initiation of breastfeeding exclusive breastfeeding with p value 0,009 with a OR of 3.949.

Conclusion: There is a relationship between health education, antenatal classes, and early initiation of breastfeeding. It is hoped that further research will improve research on exclusive breastfeeding by adding variables such as family support and cultural factors and the cohort method.

Keywords: determinant factors, success, exclusive of breastfeeding

INTRODUCTION

Breast milk is the best food for babies because it contains good nutrition for babies; therefore, breast milk must be given to babies at least until the age of 6 months and can be continued until two years. ¹ Benefits of breast milk for babies include, among other things, the fact that breast milk contains protective substances, faster psychomotor development, and supports development. cognitive supports the development of vision, strengthens the inner bond between mother and child, and is the basis for developing warm emotions and a confident personality.²

The impact of babies who do not consume exclusive breast milk will be susceptible to nutritional deficiencies, susceptible to diseases such as diarrhea, ear infections, respiratory

diseases and obesity. Breastfeeding is important for the baby's physical, mental and intellectual growth and development process, so breastfeeding must receive attention from the mother. Success factors in breastfeeding are influenced by the mother's commitment to breastfeeding. Apart from that, the data is also influenced by health education factors, classes for pregnant women and early initiation of breastfeeding.³

The government's efforts to increase the success of exclusive breastfeeding are by holding health programs, namely health education which is carried out every month, classes for pregnant women which are held every month regularly and early initiation of breastfeeding⁴. Providing health education about exclusive breastfeeding

can increase mothers' knowledge about the benefits and methods of breastfeeding and can motivate mothers to exclusively breastfeed their babies. Mothers who receive health education about breast milk and breastfeeding are twice as likely to provide exclusive breastfeeding as mothers who do not receive health education.⁵

The class of pregnant women is one of the factors that influence the success of breastfeeding. Pregnant women who attend prenatal classes are 1.8 times more likely to provide exclusive breastfeeding compared to mothers who do not attend prenatal classes. The class for pregnant women is prepared to become parents so that they are able to adapt and plan during pregnancy, during labor and the postnatal period as well as how to care for the baby.⁶

The success of exclusive breastfeeding can be influenced by early initiation of breastfeeding. Early initiation of breastfeeding has an important meaning in stimulating breast milk production and strengthening the baby's sucking reflex. Early initiation of breastfeeding is beneficial for the continuation of breastfeeding, babies who undergo early initiation of breastfeeding have 3 times the chance of receiving exclusive breast milk compared to babies who do not initiate early breastfeeding.⁷

According to World Health Organization (WHO) data, in 2020 coverage of exclusive breastfeeding throughout the world was only 36% and Southeast Asia was 23.1%.⁸ Babies who received exclusive breastfeeding from the age of 0-6 months in Indonesia in 2020 amounted to 61.1 % with a national target of 40%. Factors that influence the success of exclusive breastfeeding are providing health education to pregnant and breastfeeding mothers, providing facilities for breastfeeding and expressing breast milk in public places, classes for pregnant women and implementing early breastfeeding initiation.⁹

Exclusive breastfeeding coverage in Aceh Province is based on data from the Aceh Provincial Health Service. In 2020 the number of

babies receiving exclusive breastfeeding was 59%, this coverage increased slightly compared to 2019 which was 55%. Langsa City is one of the cities/regencies with the highest exclusive breastfeeding coverage of 71%.¹⁰

Data from the Langsa City Health Service in 2021, the coverage of exclusive breastfeeding was 83.84% with a target of 80%. The highest breastfeeding coverage was at Langsa Lama Health Center at 87%, East Langsa at 86.85%, West Langsa at 86.54%, Langsa City at 83.88% and Langsa Baru at 70.94%. The high coverage of exclusive breastfeeding in Langsa City is due to the existence of health programs, namely health education which is carried out every month, holding classes for pregnant women and implementing early breastfeeding initiation for newborns.¹¹

The results of the initial study that the author conducted by taking data from the Langsa Lama Health Center, Langsa City for the period January to December 2021, the number of babies aged 0-6 months was 631 people, 548 babies who received exclusive breast milk (87%) and those who did not receive exclusive breast milk as many as 83 people (13%). The number of babies aged 7-12 months for the period January to May 2022 is 295 people.¹²

Based on the problems mentioned above, it is necessary to conduct research on the determinants of the success of providing exclusive breastfeeding in the Langsa Lama Health Center Working Area, Langsa City in 2022.

Methods

This type of research is analytical using a cross-sectional approach, that is, each research subject is only observed once, and variables are measured during the examination.¹³ This research was conducted in the Langsa Lama Public Health Center Working Area, Langsa City, on 17-25 June 2022. Population in the study These are 295 mothers with children aged 7-12 months from January to May 2022. The samples

taken in this study were mothers who had children aged 7-12 months who received exclusive breast milk in the Langsa Lama Health Center Working Area, Langsa City. The number of samples in this study was 75 people. The sampling technique is the Proportional Random Sampling technique. Namely, sampling is carried out by providing an equal opportunity for each member of the population to become a research sample by using lottery numbers. Data was collected directly from respondents by interview using a questionnaire, while secondary data was

obtained indirectly from the Community Health Center regarding baby data and exclusive breastfeeding data as well as from other information sources such as monthly reports¹⁴

Result

1. Univariate analysis
 - a. Exclusive of breastfeeding

This study found that 41 babies (54.7%) of 75 breastfeeding mothers gave exclusive breast milk (appropriate care).

Table 1. Distribution frequency of Exclusive Breastfeeding

No	Exclusive Breastfeeding	f	%
1	Appropriate care	41	54,7
2	Inappropriate care	34	45,3
Total		75	100

b. Health Education

Table 2 illustrates that of the 75 breastfeeding mothers, 46 (61.3%) received health education

about exclusive breastfeeding during pregnancy and breastfeeding.

Table 2: Health Education related to breastfeeding

No	Health Education	f	%
1	Accepted	46	61,3
2	No accepted	29	38,7
Total		75	100

c. Antenatal class

Table 3 shows that from 75 breastfeeding mothers, 50 people (66,7 %) attend antenatal

class during their pregnancy, and 25 mothers (33,3%) abstain.

Table 3: Attending to antenatal class during pregnancy

No	Antenatal class	f	%
1	Attend	50	66,7
2	Abstain	25	33,3
Total		75	100

d. Early Initiation of Breastfeeding
 The study found that most babies accepted early Initiation of Breastfeeding after birth (appropriate care), namely 40 babies (53,3%).

Meanwhile, 35 babies (46,7%) did not accept early initiation of breastfeeding (inappropriate care).

Table 4: Distribution Frequency of Early Initiation of Breastfeeding

No	Early Initiation of Breastfeeding	f	%
1	Appropriate care	40	53,3
2	Inappropriate care	35	46,7
Total		75	100

2. Bivariate analysis

a. The Relationship between Health Education and Exclusive Breastfeeding.

Table 5 shows the relationship between health education related to breastfeeding and Exclusive Breastfeeding in the working area of the Puskesmas Langsa Lama. The results show that the number of mothers who accepted health education related to breastfeeding and gave exclusive breastfeeding to their babies was 32 (69,6%), and the number of mothers who

accepted health education and did not give exclusive breastfeeding to their babies was 14 (30,4%).

The Chi-Square test results showed that P-Value = 0.002 (< 0.05) and OR: 5.079, meaning that there was a relationship between health education related to breastfeeding and exclusive breastfeeding. The mothers receiving health education were five times more likely to provide exclusive breastfeeding than those without health education.

Table 5: The Relationship between Health Education and Exclusive Breastfeeding

No	Health Education	Exclusive of Breastfeeding				Total	P Value	OR	
		Yes		No					
		f	%	f	%				
1	Accepted	32	69,6	14	30,4	46	100	0,002	5,079
2	Not accepted	9	31	20	69	29	100		
Total		41	54,7	34	45,3	75	100		

b. The relationship between antenatal class and exclusive breastfeeding

The bivariate analysis results regarding the relationship between antenatal class and exclusive breastfeeding showed that 34 (68%) of breastfeeding mothers attended antenatal classes and received exclusive breastfeeding, and 18

(72%) mothers who did not attend antenatal classes did not receive exclusive breastfeeding. The Chi-Square test results show P Value = 0.002 (< 0.05), with an OR of 5.464, meaning a relationship exists between antenatal class and exclusive breastfeeding. Hence, mothers who take part in antenatal class are five times more

likely to give exclusive breastfeeding compared to mothers who do not take antenatal class.

Table 6. The relationship between antenatal class and exclusive breastfeeding

No	Antenatal Class	Exclusive of Breastfeeding				Number		P Value	OR
		Received		Did not receive		f	%		
		f	%	f	%				
1	Attend	34	68	16	32	50	100	0,002	5,464
2	Did not attend	7	28	18	72	25	100		
Total		41	54,7	34	45,3	75	100		

c. Relationship between Early Initiation of Breastfeeding and Exclusive Breastfeeding

Table 7 shows that there were 28 (70%) breastfeeding mothers who initiated early initiation of breastfeeding and also provided exclusive breastfeeding and 22 (62.9%) mothers who initiated breastfeeding but did not provide exclusive breastfeeding. The results of the Chi-

Square test show P-Value = 0.009 (< 0.05), with an OR of 3.949, meaning that there is a relationship between early initiation of breastfeeding and exclusive breastfeeding so that mothers who initiate early initiation of breastfeeding have three times the chance of giving exclusive of breastfeeding compared to mothers who not initiating early breastfeeding.

Table 6. The relationship between Initiation of breastfeeding and exclusive breastfeeding

No	Initiation of Breast Feeding	Exclusive of breastfeeding				Number		P Value	OR
		Provided		Did not provide		f	%		
		f	%	f	%				
1	Provided	28	70	12	30	40	100	0,009	3,949
2	Did not provide	13	37,1	22	62,9	35	100		
Total		41	54,7	34	45,3	75	100		

DISCUSSION

1. Relationship between Health Education and Exclusive Breastfeeding

The study shows a relationship between health education and exclusive breastfeeding with a p-value of 0.002 and OR 5.079, meaning that mothers who accepted health education are

five times more likely to provide exclusive breastfeeding than mothers who did not. Health education is an effort to provide information and skills related to the health of individuals, groups, and communities. Health education is an effort to educate and provide information, knowledge, and skills to improve the quality of health at the individual, group, and community level so that people care and are aware of environmental, physical, and social health; health education seeks to help individuals control their health.¹⁶

Health education through counseling cannot be separated from activities or efforts to convey health messages to communities, groups, or individuals. With these messages, it is hoped that communities, groups, or individuals can gain better knowledge about health. It forms of health education to the community are examples of community empowerment that increase the community's knowledge component. This knowledge is ultimately expected to influence behavior; in other words, the promotion is expected to impact changes in target behavior.¹⁷

The study conducted by Mardhika concluded that providing health education to pregnant women about exclusive breastfeeding can increase mothers' knowledge about the benefits and methods of breastfeeding and can motivate mothers to give exclusive breastfeeding to their babies. Mothers who receive health education about breast milk and breastfeeding are twice as likely to provide exclusive breastfeeding as mothers who do not receive health education.⁵

The results of this study show that health education carried out in the Langsa Community Health Center (Puskesmas) working area provided six times a year can increase exclusive breastfeeding because health education about the benefits of breast milk motivates mothers to give breast milk to their babies exclusively. Most pregnant women receive health education

from village health centers (Polindes) and community health centers (Puskesmas).

2. The relationship between antenatal class and exclusive breastfeeding

The research results show a relationship between the antenatal class and exclusive breastfeeding. The p-value is 0.002 and OR 5.464, meaning that mothers who take part in antenatal classes are five times more likely to provide exclusive breastfeeding than mothers who do not take part in antenatal classes.

The antenatal class is a mother's study group with a minimum of 10 participants. In the pregnant women's class, group learning, discussions, and exchange of experiences regarding maternal and child health are carried out comprehensively and systematically. This class is held on a scheduled and continuous basis. Classes for pregnant women are facilitated by midwives or health workers using a class package for pregnant women, which consists of the maternal child health book (buku KIA).⁶

The benefits of antenatal classes are increasing knowledge, changing mothers' attitudes and behavior to understand pregnancy, body changes, complaints during pregnancy, pregnancy care, childbirth, postpartum care, family planning, newborn care, and exclusive breastfeeding.¹⁴ The success of exclusive breastfeeding in the pregnant women's class is because the pregnant women's class is prepared to become parents so that they can adapt and plan during pregnancy, during labor and the postnatal period as well as how to care for the baby. ⁶ The resulting study conducted by Pertiwi shows that there is a relationship between the antenatal class and exclusive breastfeeding with a p-value of 0.026, and there is a relationship between family social support and breastfeeding with a p-value of 0.007.¹³

Based on researchers' assumptions, pregnant women's classes, which are held every

month and regularly, can increase exclusive breastfeeding because pregnant women's classes are provided with material and health education about breast milk, how to give exclusive breast milk, so that it can increase mothers' knowledge about the benefits of breast milk. The antenatal classes are held regularly once a month.

3. Relationship between Early Initiation of Breastfeeding and exclusive breastfeeding

The results of the study show that there is a relationship between early initiation of breastfeeding and exclusive breastfeeding with a p-value of 0.009, with an OR of 3.949, meaning that mothers who initiate early breastfeeding are three times more likely to provide exclusive breastfeeding compared to mothers who do not initiate early breastfeeding.

Early initiation of breastfeeding is the beginning of early breastfeeding or the baby starting to breastfeed immediately after birth. The way babies initiate early breastfeeding is called breast crawling, looking for the breast. Early initiation of breastfeeding is very helpful in continuing exclusive breastfeeding and breastfeeding for a long time so that the baby's nutritional needs will be met until the age of 2 years and prevent the child from becoming malnourished. The Indonesian government supports WHO and UNICEF policies that recommend early initiation of breastfeeding as a life-saving measure because early initiation of breastfeeding can save 22% of babies who die before the age of one month.¹⁸

Mawaddah (2018) states that mothers who provide exclusive breastfeeding are mothers who initiate early breastfeeding, so there is a relationship between early initiation of breastfeeding and exclusive breastfeeding with a p-value of 0.001.7 Research conducted by Sariati (2017) concludes that the success of exclusive breastfeeding can be influenced by initiation—

early breastfeeding. Early initiation of breastfeeding has an essential meaning in stimulating breast milk production and strengthening the baby's sucking reflex. Babies who receive early initiation of breastfeeding have three times higher chances of receiving exclusive breast milk compared to babies who do not receive early initiation of breastfeeding.¹⁹

According to researchers' assumptions, there is a relationship between early initiation of breastfeeding and exclusive breastfeeding. The results of this study show that the majority of mothers who provide exclusive breastfeeding are mothers who provide early initiation of breastfeeding to their babies. Mothers who initiate early breastfeeding tend to give exclusive breast milk because these mothers have smooth milk production. After all, the baby's sucking triggers breastfeeding hormones to produce breast milk.

CONCLUSION

1. There is a relationship between health education and exclusive breastfeeding with a P value of 0.002, with an OR of 5.079.
2. There is a relationship between antenatal class and exclusive breastfeeding with a P value of 0.002, with an OR of 5.464.
3. There is a relationship between early initiation of breastfeeding and exclusive breastfeeding with a P value of 0.009, with an OR of 3.949.

CONFLICT OF INTEREST DECLARATION

The authors stated that this study does not have a conflict of interest and also does not create a conflict of interest against the agency in connection with the research that has been carried out, either based on authorship or publication.

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