



Original Research

The Analysis of Factors Influencing Exclusive Breastfeeding Given By Working Mothers

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Abstract

Breast milk is a food source for infants with essential nutrition for their health, growth, and development. Breast milk has various benefits including preventing children from a variety of conditions that can inhibit their growth and development such as malnutrition. Malnutrition is associated with 45% of deaths and illnesses of children. Exclusive breastfeeding is considered to be able to help overcome nutritional problems such as stunting and malnutrition. A report from the Ministry of Health Republic of Indonesia in 2015 showed that 18.8% of toddlers suffer from malnutrition while 12.7% experience stunting. This study aimed to analyse factors influence breastfeeding given by working mothers. This was a quantitative descriptive study with a cross-sectional approach. The study involved 101 respondents who were working mothers of children aged 7-24 months old. The respondents were selected using questionnaire measurement tools. Data analysis used the Chi-Square test with an alpha value of 0.05. The results show that there was no relationship between knowledge of breastfeeding and exclusive breastfeeding. However, there was a significant relationship between family support and exclusive breastfeeding. Good knowledge must be followed by a good attitude and family support, especially from the husband, so that the mother will give exclusive breastfeeding to the baby.

INTRODUCTION

The benefits of breast milk should be known by every mother. Breast milk is a food source for babies with essential nutrition for the health, growth, and development of infants. The content of breast milk cannot be replaced with any type of baby food since its contents, such as anti-oxidants, some vitamins, and inflammatory agents are very beneficial for babies. Moreover, breast milk is a natural food that is easily digested with a balanced nutritional composition¹⁻³.

Breast milk is not only beneficial for babies but also the mothers. The benefits of breast milk for mothers and babies include preventing some diseases, obesity in children, asthma, allergies, hypertension, and diabetes in children and their mothers, as well as increasing infants' cognitive abilities.⁴ WHO reports that 800,000 toddlers can be saved every year if breastfeeding is given optimally from ages 0-23 months. Breast milk has many benefits that can reduce the morbidity and mortality rates of infants and children.⁵ Meanwhile,

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other benefits of breast milk include preventing obesity in children, providing antibodies and emotional closeness between mother and baby to improve the psychomotor development and social abilities of the baby.

Kudus Regency is an industrial regency where there are many industries with a high number of female employees. Exclusive breastfeeding for 6 months cannot be given especially from female workers in Indonesia due to the company policy where the workers are only given 1 – 3 months of maternity leave. Besides, the lack of knowledge regarding the importance of exclusive breastfeeding also influences the decision of the mothers to not give exclusive breastfeeding to their infants. is supported by ignorance about management about the condition and lack of knowledge of the importance of breastfeeding. Several studies explain that infants who do not get exclusive breastfeeding will have a lower nutritional status and cognitive function.

Malnutrition is associated with 45% of deaths and illnesses of children.^{5,6} Exclusive breastfeeding is considered to be able to help overcome nutritional problems such as stunting and malnutrition in toddlers, which also occur in Indonesia according to a report from the Indonesia Ministry of Health in 2015.⁷

Research conducted by the Millenium Challenge Account (MCA-Indonesia) in 10 provinces in 2014 showed that 55 % of mothers in Indonesia did not provide exclusive breastfeeding for a variety of reasons. 43 % of mothers still considered breast milk is not enough to provide the nutrition of their children. Meanwhile, if not resolved, stunting will have a broad impact on children's growth and development. Stunting is associated with suboptimal intelligence or, from an economic perspective, stunting is also associated with a decrease in productivity of up to 20 %.⁷

This study aimed to determine the factors that influence exclusive breastfeeding in working women. These factors are analyzed to find a solution to improve the lack of exclusive breastfeeding in working women.

METHODS

This was a quantitative descriptive study with a cross-sectional approach, where the cause and effect variables that occurred in the research object were measured and collected simultaneously. This was a quantitative descriptive study with a cross-sectional approach. The study involved respondents who were obtained by purposive sampling techniques using a questionnaire consisting of sociodemographic of the mothers (age, education level, and employment status), respondent's level of knowledge, and the support of their spouse. The study involved 101 respondents who were working mothers of children aged 7-24 months old and live in the working area of Ngemplak Health Center. The respondents were selected using questionnaire measurement tools. Data analysis used the Chi-Square test with an alpha value of 0.05. The study was conducted in June 2019.

RESULTS

The result of this study explains respondents characteristics, namely working mothers with children under 2 years consist of the respondent's age, respondent's educational background, respondent's occupation and the age of the last child owned by the respondent. Table 1 shows that more than half of respondents aged between 21-30 years as many as 52 respondents (51.4%), age <20 years and age > 40 years is the age with the lowest %age of respondents as much as 2 respondents or 2% and age 31-40 years as many as 45 (44.6%) respondents. The educational background of most respondents was high school education by 40 respondents or 43.6%, elementary school education 38 (37.6%) respondents

and only 18.8% or 19 respondents had a university education. The types of work owned by the most respondents were labourers (44.6%) or 45 respondents and the occupation with the lowest %age was farmers namely 5 (5%) respondents while self-employed and other occupations were 29 respondents or 28.7% and 13 (12.9%), followed with work as teachers as many as 9 (8.9%) respondents. Most children's age of respondents was 13-24 months (55.5%) or as many as 56 respondents and aged 7-12 months were 45 respondents or 44.5%.

Table 1
Respondents Characteristics (n=101)

Indicators	f	%
Age		
<20 years old	2	2
21 – 30 years old	52	51.4
31 – 40 years old	45	44.6
> 40 years old	2	2
Educational background		
Elementary school	38	37.6
High School	44	43.6
University	19	18.8
Occupation		
Labor	45	44.6
Entrepreneur	29	28.7
Farmer	5	5
Teacher	9	8.9
Other	13	12.9
Toddler's age		
7 - 12 months old	45	44.5
13 - 24 months old	56	55.5

Table 2 is a table about exclusive breastfeeding analysis, which was obtained from 101 respondents 52 respondents (51.5%) gave exclusive breastfeeding and 48.5% or 49 respondents did not give exclusive breastfeeding. While the respondent's knowledge about exclusive breastfeeding 96 (95%) of respondents was well-informed and only 5 (5%) of respondents were adequate-informed. Most family support that is owned by respondents is enough family support as many as 48 respondents or 46.5%, 44 respondents or 43.5% of respondents get good family support, while a small proportion of respondents namely 9 respondents or 9% have less family support.

Table 2
Exclusive Breast Feeding Analysis (n=101)

Indicators	f	%
Exclusive breastfeeding		
Given	52	51.5
Not given	49	48.5
Knowledge of breastfeeding		
Adequate	5	5
Good	96	95
Family support		
Poor	9	9
Moderate	48	46.5
Good	44	43.5

Table 3 will explain the analysis of factors that influence exclusive breastfeeding for working mothers, where the results show that the factors that influence exclusive breastfeeding are family support with significant value. While respondents' knowledge about exclusive breastfeeding does not affect exclusive breastfeeding in working mothers with significant values.

Table 3
Influence Factors Analysis (n=101)

Indicators	Exclusive breastfeeding		p
	Given	Not given	
Knowledge of breastfeeding	Adequate	40%	0.672
	Good	52.1%	
Family support	Poor	22.2%	0.001
	Moderate	37.5%	
	Good	72.7%	

DISCUSSION

The results show that most of the respondent (52.1%) with good knowledge of breastfeeding gave exclusive breastfeeding. The Chi-Square analysis results obtained a P-Value of 0.672 which was higher than $\alpha=0.005$, meaning there was no significant relationship between the knowledge of breastfeeding with exclusive breastfeeding.

The finding is in line with previous research where the results showed that there was no influence of knowledge of breastfeeding and the mothers' behaviour of giving exclusive breastfeeding in Padalangan village,

Banyumanik District, Semarang with a P-value of 0.300.⁸

Mother's behaviour in exclusive breastfeeding is influenced by knowledge and is supported by a good attitude. This is consistent with Green's theory that knowledge will form good behaviour if it is based on a good attitude and self-awareness.

Another study also obtained similar results where there was no relationship between knowledge and exclusive breastfeeding of mothers in the community health centre in Sebatpai, Pemangkat District, Sambas Regency, with a P-value of 0.054.⁹

Other factors that influence exclusive breastfeeding are occupation and mother's age. In this study, most working mothers who have babies aged 12-24 months are labourers (44.6%) aged 21-30 years old. This is in line with the research that found the age of the child and mother influence the exclusive breastfeeding in the legal Amazon and Northeast, Brazil.¹⁰

The results show that the majority of respondents who gave exclusive breastfeeding (72.2%) had good family support. The Chi-Square test results obtained a p-value of 0.001, which means that there was a significant relationship between family support and exclusive breastfeeding.

Previous research explains that most mothers who gave exclusive breastfeeding had good family, superior, and coworker supports, with the %age reached 75.5%, 65.7%, and 68.8%, respectively. Their study found that factors that influence the exclusive breastfeeding of working mothers are age, knowledge, attitude, availability of facilities, as well as support from family, superiors, and coworkers.¹¹

Another study conducted obtained similar results where the majority of mothers who gave exclusive breastfeeding (75.4%) had

good family support with a P-value of 0.000.¹²

Family support, especially from the husband, and community support for nursing mothers include providing advice and space for mothers to breastfeed quietly. Lack of family support can cause mothers to be less motivated in breastfeeding and switch to infant formula or other complementary feedings.¹³

Another research conducted found that there was a significant relationship between family support and exclusive breastfeeding with a p-value of 0.003.¹⁴

The form of husband support to a breastfeeding mother includes motivating and accompanying the mother while breastfeeding, giving praise, taking care of the baby, and looking for information on breastfeeding. These will make the wife motivated and enthusiastic about breastfeeding.¹⁵

Another research conducted in 2013 found that there is a relationship between the support of closest people with exclusive breastfeeding in the working area of Tuladenggi community health centre in Telaga Biru Sub-district with a p-value of 0.016.¹⁶

CONCLUSION

There was no significant relationship between the knowledge of breastfeeding and the exclusive breastfeeding given by mothers working. There was a significant relationship between the family support and the exclusive breastfeeding given by mothers.

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CONFLICTS OF INTEREST

Neither of the authors has any conflicts of interest that would bias the findings presented here.

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