



**THE RELATIONSHIP BETWEEN MOTHER'S CHARACTERISTICS AND
EXCLUSIVE BREASTFEEDING IN TUAH NEGERI SUB-DISTRICT,
MUSI RAWAS DISTRICT**

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ABSTRACT

Exclusive breastfeeding is carried out from the time the baby is born until the baby is 6 months old. Exclusive breastfeeding coverage for infants 0-6 months in Musi Rawas District in 2021 was 54.1%. The low coverage of breastfeeding in Musi Rawas Regency is thought to be due to various factors including mother's characteristics, such as age, education, occupation, economic status and parity. This study aims to see the relationship between mother's characteristics (age, education, employment, social status and parity) with exclusive breastfeeding practice in Tuah Negeri District, Musi Rawas Regency. This study is a descriptive correlation study with a cross-sectional design. The research sample were 50 mothers who have 0-6 months old baby, which were taken with total sampling technique. The research instrument used was a questionnaire with that were filled out directly by respondents. This research was conducted in Tuah Negeri District, Musi Rawas Regency. Univariate data analysis used percentages and bivariate analysis used Chi Square. The results showed that there was a relationship between age ($p=0.000$), economic status ($p=0.023$), and number of parities ($p=0.023$) with exclusive breastfeeding in Tuah Negeri District, Musi Rawas Regency. In addition, it is also known that there is no relationship between mother's education and employment with exclusive breastfeeding in Tuah Negeri District, Musi Rawas Regency. Health workers are expected to provide exclusive breastfeeding counseling to all communities.

Keywords: Age, education, occupation, socioeconomic status, parity, exclusive breastfeeding.

Introduction

Exclusive breast milk is the only food and drink a baby needs for the first six months. Usually no other food or drink, such as water, is needed during this period. Exclusive breastfeeding until the baby is 6 months old can protect the baby from various diseases that cause infant mortality.¹ Infants who are exclusively breastfed have lower risk of death from diarrhea by 3.9 times and acute respiratory infections (ARI) by 2.4 times. Breastfed infants have a 25 times lower chance of dying in their first month of birth compared to non-breastfed infants.² In addition to benefiting infants, exclusive breastfeeding also benefits mothers through reducing postpartum hemorrhage, reducing blood loss during menstruation, accelerating the process of mothers gaining pre-pregnancy weight back, reducing the risk of breast cancer, and uterine cancer.¹

Breastfeeding means providing high nutritional value substances needed for the baby's growth and development of nerves and brain, providing immune substances against some diseases

and building the emotional bond between mother and the baby.³ The UNICEF report presents a new analysis of breastfeeding worldwide and provides key recommendations for governments, the private sector, civil society and communities in low-, middle- and high-income countries to improve breastfeeding rates. The report found that more than 1 in 5 babies in high-income countries are never breastfed, compared to 1 in 25 babies in low- and middle-income countries.⁴

According to the Basic Health Research (RISKESDAS) 2021 data, 52.5% or only half of the 2.3 million infants aged less than 6 (six) months are exclusively breastfed in Indonesia.⁵ Based on BPS (Central Statistics Agency) data, breastfeeding coverage in South Sumatra increased from 68.06% in 2020 to 70.46% in 2022.⁶ Data from the South Sumatra Provincial Health Office shows that the coverage of infants < 6 months who received exclusive breastfeeding in Musi Rawas Regency in 2021 was 54.1%.⁷ Although exclusive breastfeeding is very beneficial, there are still mothers who do not provide optimal breastfeeding. According to Purba (2020), there is a relationship between age ($p = 0.001$), parity ($p = 0.0001$), knowledge ($p = 0.002$) and attitude ($p = 0.001$) of respondents with exclusive breastfeeding.⁸

Therefore, it is necessary to conduct further research to analyze the relationship between mother's characteristics and exclusive breastfeeding in Tuah Negeri District, Musi Rawas Regency.

Methods

This study is a descriptive correlation study with a cross-sectional design conducted on breastfeeding mothers of 0-6 months baby in Tuah Negeri District, Musi Rawas Regency. The research sample was 50 breastfeeding mothers tasken with total sampling technique. The research instrument used a questionnaire with were directly filled out by respondents. Characteristic data included: mother's age (categorized into ≤ 35 years and ≥ 35 years), mother's occupation, mother's education, economic status, and parity. Data were analyzed using SPSS version 20 for univariate and bivariate analysis. This study has received ethical approval from the Health Research Ethics Commission of the Faculty of Public Health with an ethics certificate Number: 305/UN9.FKM/TU.KKE/2023.

Results

Univariate Analysis

Respondent Characteristics

Based on Table 1. above, it was found that the age proportion of respondents was mostly <35 years old (39 respondents, 78%). The majority of mothers' occupations were unemployed (43 respondents, 86%). The percentage of mothers who have low education is 50% and mothers who have high education is 50%. The majority of mothers' economic status is low (78%), the number of

parity of mothers is mostly multiparous (78%) and the majority of mothers do not provide exclusive breastfeeding (52%).

Table 1. Characteristics of Respondents

Variabel	Frequency	Percentage
Age		
<=35 Years	39	78
>=35 Years	11	22
Total	50	100
Mother's Occupation		
unemployed	43	86
employed	7	14
Total	50	100
Mother's Education		
Low	25	50
High	25	50
Total	50	100
Economic Status		
Low	39	78
High	11	22
Total	50	100
Parity		
Primiparous	11	22
Multiparous	39	78
Total	50	100
Exclusive breastfeeding		
No	26	52
Yes	24	48
Total	50	100

Bivariate Analysis

The results of the bivariate analysis of the relationship between mother's characteristics and exclusive breastfeeding are shown in Table 2 below:

Table 2 shows that, out of 39 mothers aged <=35 years, there were 20 (51.3%) mothers who did not provide exclusive breastfeeding, and 19 (48.7%) mothers who provided exclusive breastfeeding. Out of the 11 mothers aged >=35 years, there were 6 (54.5%) mothers who did not provide exclusive breastfeeding, and 5 (45.5%) mothers who provided exclusive breastfeeding. Out of 43 unemployed mothers, 23 (53.5%) mothers did not provide exclusive breastfeeding, out of 7 employed mothers, 4 (57.1%) mothers provided exclusive breastfeeding. Out of the 25 mothers who had low education, 14 (56.0%) mothers did not provide exclusive breastfeeding, and out of the 25 mothers who had high education, there were 13 (52%) mothers who provided exclusive breastfeeding. There were 21 (53.8%) mothers with low economic status who did not provide exclusive breastfeeding, and 6 (54.5%) mothers with high economic status who provided exclusive breastfeeding. Out of the 11 mothers who had primiparous parity type, there were 6 (54.5%) mothers who provided exclusive breastfeeding, and out of the 39 mothers who had multiparous parity type, there were 21 (53.8%) mothers who did not provide exclusive breastfeeding.

Table 2. Relationship between mother's characteristics and exclusive breastfeeding

Variables	Exclusive breastfeeding				Total		p (value)	PR (95% CI)
	No		Yes		n	%		
	n	%	n	%				
Age							0,000	0,877
<=35 Years	20	51,3	19	48,7	39	100		(0,229-3,359)
>=35 Years	6	54,5	5	45,5	11	100		
Mother's Occupation							0,697	1,533
Unemployed	23	53,5	20	46,5	43	100		(0,306-7,690)
Employed	3	42,9	4	57,1	7	100		
Mother's Education							0,080	1,379
Low	14	56,0	11	44,0	25	100		(0,453-4,197)
High	12	48,0	13	52,0	25	100		
Economic Status							0,023	1,400
Low	21	53,8	18	46,2	39	100		(0,365-5,365)
High	5	45,5	6	54,5	11	100		
Parity							0,023	0,714
Primiparous	5	45,5	6	54,5	11	100		(0,186-2,737)
Multiparous	21	53,8	18	46,2	39	100		

Discussion

Based on research conducted in Tuah Negeri District, Musi Rawas Regency, it was found that there was a relationship between age ($p=0.000$), economic status ($p=0.023$), and number of parities ($p=0.023$) with exclusive breastfeeding in Tuah Negeri District, Musi Rawas Regency. In addition, it is also known that there is no relationship between mother's education and mother's employment with exclusive breastfeeding in Tuah Negeri District, Musi Rawas Regency.

Based on the results of the analysis using the chi-square test, the p-value is 0.000 ($p<0.05$), thus can be concluded that there is a relationship between mother's age and exclusive breastfeeding in Tuah Negeri District, Musi Rawas Regency. The results of this study are in line with the research of Triseptinora (2019) who found that there is a significant relationship between age and exclusive breastfeeding at the Kenali Besar Health Center in Jambi City with a p-value of 0.011.⁹

The majority of age of mothers who provide exclusive breastfeeding in this study is ≤ 35 years, which is 48.7%. According to Atabik (2014) the age of the mother determines mother's health because it is related to the conditions of pregnancy, childbirth and postpartum, as well as how to care for and breastfeed her baby. Mothers who are less than 20 years old are still immature and not physically and socially ready to face pregnancy, childbirth, and breastfeeding. At the age of 35 years and above, hormone production is relatively reduced, resulting in a decreased lactation process. Meanwhile, at the age of 20 and below, the physical, psychological, and social development is not ready, thus disrupting psychological balance and can affect breast milk production. The age of 20-35 years is the healthy and mature age for reproduction that can support exclusive breastfeeding, while the age of 35 years is considered dangerous, even if the baby have good nutritional status, because both the reproductive organs and the mother's physique have been

much reduced and decreased. There can also be congenital risks to the baby and increases difficulties in pregnancy, childbirth, and postpartum.¹⁰

Bivariate analysis between mother's employment and exclusive breastfeeding in this study were analysed with the chi square test, but because of the conditions for its use were not met (there were >20% cells (50%) which had an expected count <5). Therefore, the fisher exact test was used, and obtained a p-value of 0.697 (>0.05), thus can be interpreted that there is no significant relationship between mother's employment and exclusive breastfeeding in Tuah Negeri District, Musi Rawas Regency.

According to Salamah's research (2019), there is no significant relationship between mother's employment status and exclusive breastfeeding with a p-value of 0.788. Most mothers who do not provide exclusive breastfeeding are mothers who do not work, this is due to various reasons including laziness to breastfeed and fear of breast damage.¹¹ Home chores that drains time and energy is also a cause of mothers not providing exclusive breastfeeding.¹²

In addition, a mother's work outside the home can result in multiple burdens for breastfeeding mothers, such as stress from completing household tasks and caring for infants or toddlers, as well as stress from doing productive work outside the home to earn money. In fact, this burden causes employed breastfeeding mothers to face various problems related to the implementation of reproductive rights, especially exclusive breastfeeding for their children.¹³

The results of statistical analysis using the chi-square test showed that there was no relationship between mother's education and exclusive breastfeeding in Tuah Negeri District, Musi Rawas Regency. The number of mothers with high education is the same as the number of mothers with low education with 25 mothers each.

The results of this study are in line with research by Pitaloka (2018) with the significance value 0.252 ($\text{sig} > 0.05$). This shows that mother's education is not associated with exclusive breastfeeding in infants 6-12 months. The level of education is a standard that shows a person can behave in a scientific way. A person with a low level of education will find it difficult to understand the message or information conveyed.¹⁴

The results of statistical analysis using the chi-square test showed that there was a relationship between economic status and exclusive breastfeeding in Tuah Negeri District, Musi Rawas Regency with a p-value of 0.023. This is in line with the results of Wati's research (2020) that there is a significant relationship between socioeconomic status and exclusive breastfeeding in infants aged 6-12 months at the Posyandu of the Harapan Baru Samarinda Health Center Working Area.¹⁵

Mothers who have low income will be more dominant in providing exclusive breastfeeding than mothers with high income. This is because low economic circumstances will choose

breastfeeding over buying formulas. Whereas mothers with high income will be motivated to give formula milk, meaning that they have a lower chance to exclusively breastfeeding.

The results of statistical analysis using the chi-square test showed that there was a relationship between parity and exclusive breastfeeding in Tuah Negeri District, Musi Rawas Regency.

According to Purba (2020), mother's parity affects the experience and health of mothers in providing exclusive breastfeeding. Mothers who have good experience in breastfeeding their first child will breastfeed their next child correctly. However, if in the first child the mother does not provide exclusive breastfeeding and it turns out that the child is still healthy, then for the next child the mother might think that the child does not have to be exclusively breastfed. This shows that low-parity mothers do not have experience in breastfeeding. Besides that, some mothers assume that breast milk production in the first and second child is not optimally productive, until they had the third child where breast milk production is finally optimal. Thus, the possibility of mothers providing exclusive breastfeeding is better in the third child.⁸

Conclusion

Based on the research that has been conducted, it can be concluded that there is a significant relationship between age, economic status, and number of parities with exclusive breastfeeding in Tuah Negeri District, Musi Rawas Regency.

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Reference

1. WHO. Breastfeeding [Internet]. 2022 [cited 2023 Sep 5]. p. 1–30. Available from: https://www.who.int/health-topics/breastfeeding#tab=tab_1
2. Surinati IDAK. Meningkatkan Pemahaman Ibu tentang ASI Eksklusif Melalui Pendidikan Kesehatan dan Bimbingan Cara Menyimpan ASI di Wilayah Kerja Puskesmas Sukawati I Tahun 2018. *J Pengabmas Masy Sehat* [Internet]. 2019 Apr 2 [cited 2023 Sep 11];1(2):104–9. Available from: <https://ejournal.poltekkes->

- denpasar.ac.id/index.php/JPMS/article/view/JPMS1205/247
3. Kementerian Kesehatan RI. Manajemen Laktasi. Jakarta: Direktorat Bina Gizi Masyarakat, Direktorat Jendral Bina Kesehatan Masyarakat; 2015.
 4. UNICEF. Breastfeeding [Internet]. 2018 [cited 2023 Sep 5]. Available from: <https://www.unicef.org/reports/breastfeeding>
 5. WHO. Joint News Release. 2022 [cited 2023 Sep 5]. Pekan Menyusui Sedunia: UNICEF dan WHO serukan dukungan yang lebih besar terhadap pemberian ASI di Indonesia seiring penurunan tingkat menyusui selama pandemi COVID-19. Available from: <https://www.who.int/indonesia/id/news/detail/31-07-2022-world-breastfeeding-week--unicef-and-who-urge-greater-support-for-breastfeeding-in-indonesia-as-rates-decline-during-covid-19>
 6. Badan Pusat Statistik. Persentase Bayi Usia Kurang Dari 6 Bulan Yang Mendapatkan Asi Eksklusif Menurut Provinsi (Persen), 2020-2022 [Internet]. 2022. Available from: <https://www.bps.go.id/indicator/30/1340/1/persentase-bayi-usia-kurang-dari-6-bulan-yang-mendapatkan-asi-eksklusif-menurut-provinsi.html>
 7. Dinas Kesehatan Provinsi Sumatera Selatan. Dinas Kesehatan Provinsi Sumatera Selatan. 2022 [cited 2023 Sep 5]. PROFIL KESEHATAN PROV SUMSEL 2021.pdf - Google Drive. Available from: <https://drive.google.com/file/d/1ddnB2m52ZgPyI1wOFZ4cgxqZOBBU6PPZ/view>
 8. Purba EM, Manurung HR, Sianturi N. Hubungan Karakteristik Ibu Dengan Pemberian Asi Eksklusif Di Wilayah Kerja Puskesmas Korpri Kecamatan Berastagi Kabupaten Karo Tahun 2019. CHMK Heal J [Internet]. 2020 Apr 24 [cited 2023 Sep 5];4(2):149–57. Available from: <http://cyber-chmk.net/ojs/index.php/kesehatan/article/view/788>
 9. Triseptinora R. Hubungan Umur Pengetahuan Dan Pekerjaan Ibu Dengan Pemberian Asi Eksklusif Di Puskesmas Kenali Besar Kota Jambi Tahun 2018. Sci J [Internet]. 2019 May 23 [cited 2023 Sep 19];8(1):294–304. Available from: https://www.researchgate.net/publication/336851294_Hubungan_Umur_Pengetahuan_Dan_Pekerjaan_Ibu_Dengan_Pemberian_ASI_Eksklusif_Di_Puskesmas_Kenali_Besar_Kota_Jambi_Tahun_2018
 10. Atabik A. Faktor Ibu Yang Berhubungan Dengan Praktik Pemberian Asi Ekklusif Di Wilayah Kerja Puskesmas Pamotan. Unnes J Public Heal [Internet]. 2014 [cited 2023 Sep 15];3(1). Available from: <https://journal.unnes.ac.id/sju/index.php/ujph/article/view/3534>
 11. Salamah U. Faktor-Faktor Yang Mempengaruhi Kegagalan Ibu Dalam Pemberian ASI Eksklusif. J Kebidanan Malahayati [Internet]. 2019 [cited 2023 Sep 15];5(3):199–204. Available from: <https://ejournalmalahayati.ac.id/index.php/kebidanan/article/view/1418/pdf>
 12. Timporok, A.G.A; Wowor, P.M; Rompas S. Hubungan Status Pekerjaan Ibu Dengan

- Pemberian ASI Eksklusif Di Wilayah Kerja Puskesmas Kawangkoan. *J Keperawatan* [Internet]. 2018 [cited 2023 Sep 15];6(1). Available from: <https://ejournal.unsrat.ac.id/v3/index.php/jkp/article/view/19474/19025>
13. Amir A, Widyansyah A, Gizi J, Kesehatan Kemenkes P, Prodi D-IV A. Faktor-Faktor Yang Mempengaruhi Pemberian ASI Pada Bayi Neonatal Di Rsia Pertiwi Makassar. *Media Gizi Pangan* [Internet]. 2018 [cited 2023 Sep 15];25. Available from: <https://media.neliti.com/media/publications/265337-faktor-faktor-yang-mempengaruhi-pemberia-f2492f88.pdf>
 14. Ayu Pitaloka D, Abrory R, Deni Pramita A. Hubungan antara Pengetahuan dan Pendidikan Ibu dengan Pemberian ASI Eksklusif di Desa Kedungrejo Kecamatan Waru Kabupaten Sidoarjo. *Amerta Nutr* [Internet]. 2018 Aug 27 [cited 2023 Sep 19];2(3):265–70. Available from: <https://e-journal.unair.ac.id/AMNT/article/view/9025>
 15. Mira, Wati; Asthiningsih NWW. No Title. *Borneo Stud Res* [Internet]. 2021;2(2). Available from: <https://journals.umkt.ac.id/index.php/bsr/article/view/1551>.