

## Influential Factors against Exclusive Breast Feeding In Working Area of Wania District Health Center of Mimika Regency

Eka Setyaning Suci<sup>1</sup>, A. L. Rantetampang<sup>2</sup>, Bernard Sandjaja<sup>3</sup>, Anwar Mallongi<sup>4</sup>

<sup>1</sup>Magister Program of Public Health, Faculty of Public Health, Cenderawasih University, Jayapura.

<sup>2,3</sup>Lecturer of Master Program in Public Health Faculty of Public Health, Cenderawasih University, Jayapura

<sup>4</sup>Environmental Health Department, Faculty of Public Health, Hasanuddin University, Makassar, Indonesia

Corresponding Author: Eka Setyaning Suci

### ABSTRACT

**Background:** Scientific facts prove that babies can grow healthier and smarter when given breast milk exclusively in the first 6 months of life. The low success of exclusive breastfeeding in Indonesia is a problem that requires serious treatment, given the importance of breastfeeding for infant health status that will affect the quality of life of the baby.

**Objective:** To know the factors that have an effect on exclusive breast feeding in Wania District of Mimika Regency. **Method:** In this study using quantitative analytic method with cross sectional design of total sample 76 respondents, analysis of data was done using Chi-Square with significance level ( $\alpha$ ) <0,05.

**Results:** The results of the research variables related to the inclusion of exclusive are age, education, knowledge, parity, socioeconomic, attitude, husband support, health officer support with P value <0,05. While the factors that are not related to the giving of exclusive are the work, socio-cultural, distance to health facilities, abnormality breast. After the test with multivariate obtained P value = 0.298, PR = 1.821 and sig numbers 0.298 so there is no relationship between breast abnormalities with exclusive breast feeding.

**Keywords:** Factor, Exclusive breast feeding, Puskesmas Wania

### 1. INTRODUCTION

ASI is useful for sensory and cognitive development, preventing infants from infectious and chronic diseases. Breastfeeding especially exclusively breastfeeding decreases infant mortality and the incidence of childhood illness that is

diarrhea or pneumonia, and helps cure of the disease.

Breastfeeding especially exclusively breastfeeding decreases infant mortality and the incidence of childhood illness that is diarrhea or pneumonia, and helps cure of the disease. Various scientific facts prove that babies can grow healthier and smarter when given breast milk exclusively in the first 6 months of life. Infants who get exclusive Asi will get all the advantages of breastfeeding and fulfilled their nutritional needs to the maximum, so the baby will be healthier, more resistant to infection, not susceptible to allergies and less sick. Exclusive breastfeeding in Indonesia from baseline national health research data (Riskesmas) in 2013 at ages 0-6 months (45%), 2-3 months (38.3%) and 4-5 months (31.0%) of data that exclusive breastfeeding in infants aged 0-6 months is higher in rural areas than urban areas of 5,760 children (Ministry of Health RI, 2014).

World Health Organization (WHO) reports 45% of infant and under-five mortality in developing countries due to malnutrition and interactive effects on diseases, which can actually be prevented by exclusive breastfeeding, supplementary feeding and immunization (WHO, 2016). Based on data obtained from Profile of Dinas Kesehatan Provinsi Papua, exclusive ASI coverage Year 2014 (48%) and 2015 (53,9%). The profile of the Mimika Regency Health Office shows that the coverage of exclusive breastfeeding in 2015 was 45.8% and in 2016 was 46.7%. Viewed from the above coverage, there is a sharp

decline in exclusive breastfeeding coverage in Mimika district. Although the figure is already above the national figure, it is still far from the national target of exclusive breastfeeding (Dinkes Kab Mimika, 2016).

Family support, especially husbands can determine the success or failure of breastfeeding, because the support of husbands creates a sense of comfort to the mother, so that will affect the production of breast milk and improve the spirit and comfort in breastfeeding. In addition, local beliefs affect failure in exclusive breastfeeding (Yulianah et al, 2013).

## **2. MATERIALS AND METHODS**

This research is an observational analytic research. Observational analytic research is a study that aims to find relationships between variables by conducting an analysis of the data that has been collected. This research uses Cross Sectional approach (cross sectional) that is by performing independent variable measurement and dependent variable only once at the same time (Notoatmodjo, 2012). This research was conducted in April - May 2018 located in Mimika Regency, Papua Province. The population in this study were all mothers who brought their babies to posyandu aged 6 - 12 months in puskesmas Wania district of Mimika counted 76 people. Methods of collecting data from questionnaires in the patient's contents while maintaining the confidentiality of data. Univariate analysis Performed against each research variable to see the frequency distribution of each variable. The bivariate analysis in this study used Chi square test to test the research hypothesis among independent variables i.e. mother's age, education, knowledge, occupation, husband support, health officer support, breast abnormality. Dependent / dependent variable is exclusive.

## **3. RESULTS**

Univariate Analysis Characteristics of respondents

### **1. Age**

Age is divided into two categories ie risky and not risky. Respondents with risky age were 23 respondents (30.3%) and age was not at risk as much as 53 respondents (69.7%).

### **2. Education**

Education is divided into two categories namely low and high. Respondents with low education were 25 respondents (32.9%) and high parity 51 respondents (67.1%).

### **3. Knowledge**

Knowledge is divided into two categories i.e. less and good. Respondents with less knowledge are as much as 26 respondents (34.2%) and good knowledge as much as 50 respondents (65.8%).

- **Job status**

The job status is divided into two categories: work and not work. Respondents worked as many as 18 respondents (23.7%) and did not work as many as 58 respondents (76.3%).

- **Parity**

Parity is divided into two categories namely low and high. Respondents with low parity were 31 respondents (40.8%) and high parity of 45 respondents (59.2%).

- **Revenue**

Revenue is divided into two categories ie low and high. Respondents with low socio-economic as many as 34 respondents (44.7%) and high social economy as much as 42 respondents (55.3%).

- **Socio-cultural**

Social culture is divided into two categories namely less and good. Respondents with social culture less as much 35 respondents (46,1%) and social culture good as much 41 respondents (53,9%).

- **Mother's attitude**

Mother's attitude is divided into two categories i.e. less and good. Respondent with mother attitude less 30 respondents (39,5%) and attitude of good mother counted 46 respondent (60,5%).

- **Husband Support**

Husband's support is divided into two categories ie less and good. Respondents with husband support were less than 37 respondents (48.7%) and husband support was good as many as 39 respondents (51.3%).

- **Distance of Health Services**

Distance of health services is divided into two categories, which are far and near. Respondent with distance of health service as much as 57responden (75%) and close service distance counted 19 respondents (25%).

- **Health Officer Support**

Healthcare support is divided into two categories that are less and good. Respondents with health care support were less than 57 respondents (75%) and health care support was good as much as 19 respondents (25%).

- **Breast abnormalities**

Breast abnormality is divided into two categorical that is problematic and not problematic. Respondents with problematic breasts as many as 31 respondents (40.8%) and breast are not problematic as much as 45 respondents (59.2%).

### **Multivariate Analysis**

Multivariate analysis was aimed to estimate the relationship between age, education, knowledge, employment status, parity, income, socio-cultural, attitudes, husband support, health facility distance, health officer support, breast abnormalities against exclusive breastfeeding. The analysis used was multiple logistic regression with 95% confidence level (95% CI).

- Multivariate logistic regression of independent sub variables age, education, knowledge, employment status, parity, income, socio-cultural, attitudes, husband support, health facility distance, health officer support, breast abnormalities.
- Selection of Modeling Candidate Variables

**Table 1. Selection Result of Candidate Variable to be included in Multivariate Analysis**

No	Variables	Sig.	Notes
1	Age	0,007	Candidate
2	Education	0,001	Candidate
3	Knowledge	0,000	Candidate
4	Working Status	0,333	Not Candidate
5	Parity	0,014	Candidate
6	Income	0,007	Candidate
7	Socioculture	0,272	Not Candidate
8	Attitude	0,000	Candidate
9	Husband support	0,012	Candidate
10	Distance of health facilities	0,506	Not Candidate
11	Health staff support	0,012	Candidate
12	Breast abnormality	0,298	Not Candidate

If the result of bivariate analysis between independent and dependent variables yields p-value <0.25, then the independent variable is entered into multivariate analysis stage.

## **4. DISCUSSION**

- **Age**

The results showed that breastfeeding mothers exclusively more in adult age (69.7%) than in young mothers (30.3%). Based on the age of the young mother 45,7% non ASI Exclusively, while the mothers aged 54.3% non ASI Exclusive. The result of chi square statistic test obtained p-value 0,014 which stated there is influence of age to exclusive breastfeeding in Wania District of Mimika Regency.

- **Education**

The results obtained that there is an influence of education on Exclusive breastfeeding in the region Wania District Health Center Mimika. Low educated mothers 32.9% and 67.1% higher education whereas low educated mothers were 11.5% non Exclusive breastfed and mothers with high education 23.5% non exclusive breastfeeding.

- **Knowledge**

The results obtained there is the influence of knowledge on Exclusive breastfeeding in the Wania district of Mimika district. Whereas the less knowledgeable mother was 34.2% exclusive breastfed and well-informed mother of 65.8% exclusive breastfeeding. This shows that the percentage of mothers who have good knowledge give more Exclusive Breast Milk compared with mothers who

have less knowledge.

- Work

The results showed that there was no influence between the work with Exclusive breastfeeding in the Wania district of Mimika district. The results obtained that the mother who worked as much as 29.3% Exclusive breastfeeding and as many as 17.1 non Exclusive breastfeeding. While mothers who do not work as much as 38.2% non ASI Exclusive and as much as 38.2% provide Exclusive Breast Milk.

- Parity

The results showed that there was a relationship between parity and exclusive breastfeeding in the Wania District of Mimika District. Where a mother with high parity 59,2% gave exclusive breastfeeding and mother with low parity 40,8% non ASI Exclusive.

- Revenue

The results obtained that there is influence between income with Exclusive breastfeeding in the region Wania District Health Center Mimika. Where mothers with high socioeconomic rates were more exclusive (55.3%) and mothers with low social rates who did not provide exclusive breastfeeding (44.7%).

- Socio-cultural

Based on the research result, it is found that there is no relation between social culture with Exclusive breast feeding in Wania District of Mimika Regency. Where is the mother with good social culture as much as (53,9%) non ASI Exclusive and mother with social culture less as much (46,1%) give Exclusive Breast Milk.

- Mother attitude

The result of this research shows that there is influence of attitude toward Exclusive Breast Feeding in Wania District of Mimika Regency. Where mothers who are lacking (39.5%) do not give Exclusive breastfeeding and good mothers (60.5%) provide Exclusive Breast Milk.

- Husband's support

The results obtained that there is influence of husband support to Exclusive breastfeeding in the region Wania District

Health Center Mimika. Whereas the mother who lacked the support of husband as much as (48,7%) did not give Exclusive Breast Milk while mother who get support of husband as much (51,3%) give Exclusive Breast Milk.

- Distance of Health Facilities

The result of research shows that there is no influence of distance of health facility with exclusive breast feeding in Wania District of Mimika Regency. Where mothers who have a distant jail with health facilities (75.0%) give exclusive breastfeeding and mothers with close proximity to health facilities (25.0%) non exclusive breastfeeding.

- Health Officer Support

The result of this research shows that there is influence of health officer support to exclusive breast feeding at Wania Health Center of Mimika Regency. Where mothers who had less health support (48.7%) were exclusively non-breastfed and mothers who received good health support (51.3%) gave Exclusive Breast Milk.

- Breast abnormalities

The results obtained that there is no effect of breast abnormalities with exclusive breastfeeding in the area of health centers Wania Mimika regency. Where the value of P value = 0.298, PR = 1.821 and sig numbers 0.298 so there is no relationship between breast abnormalities with exclusive action.

- Dominant factors

Multivariate test results obtained that knowledge is a dominant factor that affects exclusive breast feeding, where knowledge is the dominant factor of the highest value p = 0,000 with the number PR = 7.778 so it is said there is a relationship of knowledge with the giving of exclusive action

## 5. CONCLUSION

- There was a meaningless influence between the age of thousands on exclusive breastfeeding in the Wania district of Mimika district

- There is a significant effect of maternal education on exclusive breastfeeding in the Wania district of Mimika district
- There is a significant influence between mother's knowledge on exclusive breastfeeding in the Wania district of Mimika district
- There is an insignificant influence between the mother's employment status on exclusive breastfeeding in the Wania district of Mimika district
- There is a significant influence between mother's parity on exclusive breastfeeding in the Wania district of Mimika district
- There is a non-significant influence between the socio-economic mother on exclusive breastfeeding in the Wania district of Mimika district
- There is a meaningless influence between the social culture of the mother on exclusive breastfeeding in the Wania district of Mimika district
- There is a significant influence between the mother's attitude toward exclusive breastfeeding in the Wania district of Mimika district
- Significant influence between husband support for exclusive breastfeeding in the Wania district of Mimika district
- There was a non-significant influence between the distance of health services to exclusive breastfeeding in the Wania district of Mimika district.
- Significant effect of health workers on exclusive breastfeeding in the Wania district of Mimika District
- There was no significant effect between breast abnormalities on exclusive breastfeeding in the Wania District of Mimika district
- Knowledge is a dominant factor that affects the mother in exclusive breastfeeding in the area of puskesmas Wania Mimika district

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