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The Practice of Exclusive Breastfeeding among Mother in Bulili Public Health Center of Palu City, Indonesia

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Abstract -- The purpose of this research is to analyze the factor which influence the practice of giving exclusive breastmilk on toddler mothers at Bulili Community Health Center. The research method used was quantitative method with cross sectional approach. The population in this research were all mothers who had kids age 7-24 months and 75 samples were selected through purposive stratified random sampling. The research results show that mothers with exclusive breastmilk were 35 respondents (46,7%), mothers who were not exclusive breastmilk 40 respondents (53,3%). The result of bivariate analysis shows that there is significant correlation between knowledge level ($p= 0,000$), job ($p=0,046$), family support ($p=0,000$), support from medical staff ($p=0,002$), promotion of formula milk ($p=0,000$), and parity ($p=0,008$) towards the practice of giving exclusive breastmilk. The dominant factor of exclusive breastfeeding failure is low family support, mothers' low knowledge about exclusive breastmilk, and strengthened by the reason of busy working until exclusive breastfeeding is replaced by formula milk. The implication of this research is that breastmilk support community is necessary to give social support to mothers and families, minimize the promotion of formula milk, and increase the education about exclusive breastmilk to the mothers.

Keywords: Exclusive Breastmilk, Mothers' Knowledge, Family Support, Formula Milk Promotion

I. INTRODUCTION

Breastmilk (henceforth; ASI) is the first natural food for the baby which provides all vitamins, nutrition, and mineral needed by the baby for the growth of the first six months. There is no other liquid or food necessary, breastmilk is always available for partial or all needs. Beside that, ASI supports antibody from the mother which helps fighting the disease. ASI in sufficient number is the best food for the baby and it can fulfill the nutrition needs for the first six month (Damayanti, 2017).

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Infant Mortality Rate (AKB) is the health level indicator in Sustainable Development Goals (SDGs) and National Midterm Development Plan (RPJMN) 2015-2019. The third SDGs Goal is Good Health and Well-being explaining one of expected impact which is decreasing the number of infant mortality rate through the prevention targeted in 2030. All countries are expected to participate in decreasing neonatal mortality rate to be 12/1.000 KH and toddler mortality rate 25/1.000 KH. Exclusive breastfeeding can decrease infant mortality rate in Indonesia (Kusumawardani & Handayani, 2018). The coverage of breastmilk in Indonesia in 2018 reached 37,3%.

The lowest ASI coverage is in West Nusa Tenggara Province with percentage 20,3% while the highest ASI coverage is in Bangka Belitung Province with percentage 56,7%. Compared to the national target of exclusive ASI coverage in the minimal service standard of exclusive ASI coverage in Indonesia still does not achieve the target in the amount of 80% (Ministry of Health of Republic of Indonesia, 2018). Based on the data obtained from Bulili Community Health Center about the coverage of giving exclusive ASI, there is decrease in the last three years; in 2016 Exclusive ASI coverage was 49,3%. Beside that, it decreased in 2017, Exclusive ASI coverage was 38,3%, and in 2018 experienced drastic decrease in which the coverage of Exclusive ASI was 36,25%, while the target coverage must be achieved which is 80% (Puskesmas Bulili, 2018).

The preliminary study which the writer conducted in the work area of Bulili Community Health Center Palu City was by interviewing 5 mothers owned kids aged 7-24 months and obtained data that 2 of them gave Exclusive ASI while 3 others did not give Exclusive ASI. Based on the interview results with the mothers who gave Exclusive ASI to their babies, there were some factors which made them do so such as the support from their family, support from the medical staffs, while for mothers who did not give Exclusive ASI to their babies because of their low knowledge about Exclusive ASI, formula milk promotion that did not run well yet and the mothers' job. The purpose of this research is to analyze the factors which influence the practice of giving Exclusive ASI to toddler mothers in Bulili Community Health Center.

II. METHOD

The research type used was quantitative research with cross sectional approach. The research location was at Bulili Community Health Center Palu City in 2019. The research samples were the mothers who had kids aged 7-12 months residing at Bulili Community Health Center Palu City. Total samples that would be used in this research were 75 respondents. The technique of selecting the samples were proportionate stratified random sampling which used stratified technique. Data analysis was by using SPSS with Chi-Square Statistics Test and the significant level was $p < 0,05$.

III. RESULT & DISCUSSION

Table 1 shows that all independent variables have significant correlation towards giving Exclusive Breastmilk with p value $< 0,05$ and the practice of not giving Exclusive ASI is quite high 53,5%. Nowadays Exclusive ASI becomes one of the health problem which has not been resolved yet. The baby needs of nutrients is extremely high to survive their needs, and those needs can be fulfilled through exclusive breastfeeding to babies for the first six months since they were born because breastmilk is the ideal food for babies which contain all nutrition substance for their growth and provides needed energy.

Mothers' Knowledge About Exclusive Breastmilk

The results of this research show that there is an extremely significant correlation between knowledge and exclusive breastfeeding at Bulili Health Center with p value = 0,000, until low knowledge has influence towards low intensity of Exclusive Breastfeeding. Based on the questions in the questionnaire of this research in which most of respondents said that formula milk has the same content and benefits to Exclusive Breastmilk, they also said that their babies are not full if only given Exclusive Breastmilk, beside that they also feel that ASI only is not enough. Until the respondents gave ASI and formula milk, and make breastfeeding is not exclusive anymore, this is also because the respondents did not really understand about the importance of breastfeeding for their babies. Knowledge extremely influences the practice of exclusive breastfeeding in which the mothers with less average knowledge do not give exclusive breastmilk to their babies and only use formula milk as the supplementary of ASI (Mensah et al., 2017).

Table 1. Bivariate Analysis

Variables	Exclusive Breastfeeding				Total		P Value
	Not Exclusive		Exclusive		N	%	
	ASI	%	ASI	%			
Knowledge							
Good	4	12,1	29	87,9	33	44,0	0,000
Low	36	85,7	6	14,3	42	66,0	
Job Status							
Employed	24	66,7	12	33,3	36	48,0	0,046
Unemployed	16	41,0	23	59,0	39	62,0	
Family Support							
Supporting	10	23,8	32	76,2	42	66,0	0,000
Less supporting	30	90,9	3	9,1	33	44,0	
Support from Medical Staffs							
Supporting	21	40,4	31	59,6	52	69,3	0,002
Less supporting	19	82,6	4	17,4	23	30,7	
Formula Milk Promotion							
There is no promotion	3	11,1	24	88,9	27	36,0	0,000

There is promotion	37	77,1	11	22,9	47	64,0	
Parity							
1 kid	27	69,2	12	30,8	39	52,0	0,008
>1 kid	13	36,1	23	63,9	36	48,0	
Total	40	53,3	35	46,7	75	100	

Respondents' low knowledge are caused by lack of information, less clear information and lack of ability to understand the information accepted. Based on the questions in the questionnaire of this research, the respondents said that the babies who accepted exclusive breastmilk do not easily get sick such as diarrhea, according to them the giving of formula milk makes the baby easily suffers diarrhea, sometimes the babies are not suitable with the formula milk until they tend to choose to do exclusive breastfeeding. Respondents who give exclusive breastmilk to their babies because they know and understand the benefits and importance of ASI compared to formula milk.

Increasing the mothers' knowledge and understanding about ASI, either in the case of benefits or excellence or everything related to the lactation management in emergency situation, will make the mothers motivated to give ASI through the right way and thereby will increase the giving of ASI to her baby. Beside that, it is also important for the mothers and the family that exclusive breastfeeding in emergency situation still must be continued to minimize the health risk of not exclusive breastfeeding (Rasyika Nurul Fadjriah et al., 2020).

The Job Status of Toddler Mothers

The results of this research show that there is correlation between job status and Exclusive Breastfeeding at Bulili Community Health Center with p value = 0,046 in which the respondents with employed status have bigger opportunity of not giving Exclusive Breastmilk. Based on the interview results that had been conducted, it is found out that most of respondents put their babies at their family when they go to the market until their babies only obtained formula milk so that the baby does not cry when looked after by their family. This is also influenced by the factor of mother's less knowledge about ASI benefits, respondents also said that it is more practical to give their babies formula milk compared to ASI. The main modifiable factors that lead to exclusive breastfeeding among mothers in Palu are socio-culture followed by practice and formula milk commercials (Rahman et al., 2017).

Another research shows that the reason of not giving exclusive breastmilk by employed mothers are the feeling of troubled, high job burden, limited leave time, lack of facilities such as there is no daycare (TPA) and ASI delivery (ASI courier) and demands of family economy (Haryani et al., 2014). Motivation/awareness of mothers in exclusive breastfeeding is still low and the support at work is also less become the factor of low exclusive breastfeeding practice for employed mothers (Anggraeni & Putriningrum, 2019). Beside that, daycare shows there is no effect of the success of exclusive breastfeeding in this case caused by the mothers'

commitment for keep doing exclusive breastfeeding by utilizing breastmilk delivery service (Nuraini, 2018).

The Family Support

The result of this research shows that there an extremely significant correlation between family support and Exclusive Breastfeeding with p value = 0,00 in which the respondents with the family that does not support them have bigger opportunity of not doing exclusive breastfeeding. Based on the question in the research questionnaire and the interview result conducted, it is found out that the mother with the category of not supporting family because the family especially the husband provides more cost for giving formula milk, the respondents said that after the labor, ASI is difficult to come out until respondents give formula milk and the mothers' psychological condition is unstable to give exclusive breastmilk, in which the family does not really support the respondents to give exclusive breastmilk.

Respondents with category supporting family because the family always entertain the mothers when they encounter difficulty in giving breastmilk, the family also suggest to the mothers to meet medical staffs when facing difficulty in breastfeeding. The family support, emotion, and material support are the most dominant factors towards the practice of exclusive breastfeeding (Oktalina et al., 2015).

The Support from Medical Staffs

The research results show that there is significant correlation between the support from medical staffs and the practice of exclusive breastfeeding with p value = 0,002. Respondents with less support from medical staffs show high failure of exclusive breastfeeding. Based on the questions in the questionnaires of this research, it is found out that many respondents were at first difficult in breastfeeding after the labor and less medical treatment in the effort of assisting the process of producing ASI, until respondents choose to give exclusive breastmilk. This research is not in line with another research which shows that professional support from medical staffs has no significant correlation. The support from health professionals and family are not significant related to the practice of exclusive breastfeeding in this research is probably because of the significant contribution and social culture towards mothers' breastfeeding behavior (Rahman et al., 2017).

Formula Milk Commercials

The research results show that there significant correlation between formula milk commercials and the practice of exclusive breastfeeding with p value = 0,00. Respondents exposed to formula milk commercials tend to not giving exclusive milk to their baby in the amount of 37 respondents (77,1%). Based on the research results obtained that 48 respondents out of 75 respondents ever saw formula milk commercials which means most of respondents had been exposed to formula milk commercials. The commercials are also seen from various media especially TV advertisement. Media displays the benefits of formula milk usage until the mothers are interested to buy the formula milk advertised. In general, formula milk commercial is certain effort done by a company to attract the interest and reminds that consumers need the product from that company.

Incessant advertisement of formula milk can influence the mothers' interest in formula milk. Many mothers who are active in commercial activity such as working at office or factory, running their own business as additional income which takes lots of time outside the house, are interested in using formula milk because it

is considered more profitable. Massive milk advertisements cause many mothers consider that formula milk is not only food, but also as medicine for the babies (Yumni & Wahyuni, 2018). This is trusted by the mothers who have less knowledge about breastmilk and consider that formula milk is better than breastmilk because it is economic and contains important nutrients as written in the formula milk commercials (Prasetyono, 2012).

Parity

The result of this research shows that there is significant correlation between mothers' parity and the practice of Exclusive Breastfeeding with p value = 0,008. Respondents who have kids >1 have bigger opportunity of giving Exclusive Breastmilk. The knowledge of Multipara mother because of experience factor in breastfeeding. Through experience, then someone can have better knowledge compared to those who do not have experience yet. Based on the interview results, it is found out that primipara parity does not do breastfeeding because they do not have breastfeeding experience, lack of knowledge about Exclusive Breastmilk and assumes that breastfeeding will make their breast saggy.

Parity has an extremely strong influence towards the acceptance of someone's knowledge, the more mothers' experience then the acceptance of knowledge becomes easier. In which something experienced by someone will add the knowledge they get. Respondents who have owned more than two kids called as multipara predominantly have many experiences in case of giving breastmilk to her babies.

The majority of mothers who breastfeed the baby who is their first kid own the process of ineffective breastfeeding compared to the mothers who breastfeed their baby who is the third or the fourth kid (Lestari, 2012). Experience plays an important role in improving the knowledge towards the implementation of lactation. The mother experience in this case is seen from the number of their kids. The mothers who give birth to more than one kid tend to breastfeed their baby (Wulandari, 2007).

IV. CONCLUSION

The practice of Exclusive Breastfeeding is included into low which is only 46,7% on toddler mothers at Bulili Community Health Center Palu City. The dominant factors of the failure in Exclusive Breastfeeding are low support from the family, low knowledge of the mothers about Exclusive Breastmilk and strengthened by the reason of busy working until Exclusive Breastfeeding is replaced by formula milk.

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