



Factors influencing exclusive breastfeeding practice in Sleman, Yogyakarta

Analisis faktor yang berhubungan dengan keberhasilan pemberian ASI eksklusif di Sleman, Yogyakarta

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Abstract

The determinant of children's nutritional problems in Indonesia is exclusive breastfeeding practice. Sleman Regency has a prevalence of stunting that is higher than the target to achieve in 2024, and the number of exclusive breastfeeding coverage is still low. This study aimed to analyze the factors influencing the success of exclusive breastfeeding in Sleman Yogyakarta. Method, analytical cross-sectional research was conducted under the area of Gamping I Community Health Center, Sleman Regency, in June 2023. The participants were selected using a purposive sampling technique. Chi-square analysis was performed to determine the association and odds ratios between the two variables. Results, from the 100 participants who met the inclusion criteria, this study found that three factors that influenced exclusive breastfeeding practice were the history of Initiation of Early Breastfeeding (IEB) ($p = 0,001$), mothers' knowledge level ($p = 0,000$), and mothers' lactation management skills ($p = 0,000$). Mothers who previously had IEB, good knowledge, and good lactation management were more likely to exclusively breastfeed, respectively. Conclusions, IEB improves mothers' confidence and fosters positive perceptions of breastfeeding. Having good knowledge and good lactating management enhances mothers' ability to handle breastfeeding challenges and prevent breastfeeding dropout before the baby reaches six months of age.

Keywords: Exclusive Breastfeeding, Initiation of Early Breastfeed, Knowledge, and Lactation Management

Abstrak

Salah satu determinan permasalahan gizi anak di Indonesia yaitu Pemberian ASI Eksklusif. Kabupaten Sleman memiliki prevalensi stunting yang lebih tinggi dari target yang ingin dicapai pada tahun 2024 dan jumlah cakupan ASI eksklusif yang masih rendah. Untuk itu, studi ini dilakukan untuk menelaah faktor-faktor yang mempengaruhi keberhasilan ASI Eksklusif di Sleman, Yogyakarta. Metode penelitian analitik cross-sectional dilakukan di wilayah Puskesmas Gamping I Kabupaten Sleman pada bulan Juni 2023. Pemilihan partisipan dilakukan dengan teknik *purposive sampling*. Analisis *Chi-square* dilakukan untuk mengetahui hubungan dan odds rasio kedua variabel. Hasil, dari 100 partisipan yang memenuhi kriteria inklusi, penelitian ini menemukan bahwa tiga faktor yang mempengaruhi praktik pemberian ASI eksklusif adalah riwayat Inisiasi Menyusui Dini (IMD) (p -value 0,001), tingkat pengetahuan ibu (p -value 0,000), dan keterampilan ibu dalam manajemen laktasi (p -value 0,000). Ibu dengan riwayat IMD,



pengetahuan yang baik, dan manajemen laktasi yang baik memiliki kemungkinan lebih tinggi untuk memberikan ASI secara eksklusif. Kesimpulan, IMD meningkatkan rasa percaya diri ibu dan menumbuhkan persepsi positif terhadap menyusui. Memiliki pengetahuan dan manajemen laktasi yang baik akan meningkatkan kemampuan ibu dalam menangani tantangan selama menyusui dan mencegah putus ASI Eksklusif sebelum bayi berusia 6 bulan.

Kata Kunci: ASI Eksklusif, Inisiasi Menyusu Dini, Pengetahuan, dan Manajemen Laktasi.

Introduction

Malnutrition presents a complex challenge that affects individuals at various life stages and contributes to a cycle of morbidity. The first six months of a baby's life are categorized as particularly vulnerable to malnutrition, as they still rely on their caregivers to fulfill their needs. Babies that do not exclusively breastfeed are prone to infectious morbidity, including otitis media, gastroenteritis, and pneumonia. Moreover, later in life, children who do not receive breast milk have an elevated risk of childhood obesity, type 1 and type 2 diabetes, leukemia, and sudden infant death syndrome (SIDS). It is estimated that 45% of child mortality is associated with undernutrition, and 16% of child mortality is caused by inadequate breastfeeding. While breastfeeding is an exclusive proportion globally, it is only 48% (Global Breastfeeding Collective et al., 2023; World Health Organization, 2023a).

Based on a survey from 2016 to 2022, 46% of newborns do not receive breastfeeding within one hour of birth (Global Breastfeeding Collective et al., 2023). Delays in accessing nutrients, antibodies, and skin-to-skin contact with their mother during the first hour of life not only lower the baby's survival but also hamper milk production and decrease the likelihood of exclusive breastfeeding (UNICEF, 2016).

Breast milk is an essential source of nutrition with bioactive content that supports the baby's immune system at the beginning of life in all types of infectious and chronic diseases. The benefits of exclusive breastfeeding are related to the prevention of nutritional problems, such as wasting, stunting, and obesity (WHO & UNICEF, 2020); WHO and UNICEF recommend early initiation of breastfeeding within one hour of birth, breastfeeding exclusively for the first six months of life, and continuing breastfeeding and introducing nutritionally adequate

complementary food from six months old until two years of age or beyond (Global Breastfeeding Collective et al., 2023; World Health Organization, 2023a).

National Basic Health Research 2018 reported that the average exclusive breastfeeding practice in Indonesia was 74,5%. Although it is above the target to be achieved by 2030, mothers' ability to maintain exclusive breastfeeding in Indonesia needs to be improved because breastfeeding practices decrease as babies age. The exclusive breastfeeding practice rate was 81,0% at 0 months of age and then decreased to 62,2% at five months old (Ministry of Health of the Republic of Indonesia, 2019). Several studies examining the nutritional needs of children have emphasized that the problem of exclusive breastfeeding dropout must be addressed. Fulfilling nutrition through exclusive breastfeeding is vital to protect children from dietary concerns. (Gayatri, 2021; Paramashanti et al., 2022).

Exclusive breastfeeding practices were reported as determinants of children's Nutritional Problems in Indonesia, besides other determinants such as health insurance, birth at health facilities, family planning, early initiation of breastfeeding, birth weight, birth height, vitamin A, Immunization, sanitation, and children infection issues, while the Indonesian Nutritional Status Study reported that the Special Region of Yogyakarta Province had a lower prevalence of stunting from 21,0% in 2019 to 17,3% in 2021. Sleman Regency is an area under the Special Region of Yogyakarta with a stunting prevalence of 16% and still has many things to improve to achieve the reducing stunting target to 14% in 2024. The coverage of Breastfeeding Practices in Sleman District is still low and only reached 87,4% in 2022 (Sleman District Health Service, 2022; Ministry of Health of the Republic of Indonesia, 2021). This study aimed to analyze the factors influencing the success of exclusive breastfeeding in Sleman Yogyakarta.

Methods

Analytical cross-sectional research was conducted in June 2023 in the working area of the Gamping I Community Health Center, Gamping Sub-district, Sleman Regency, Yogyakarta Special Region Province. This area was selected based on the Sleman Regency Health Profile 2020, which states that the Gamping Sub-District has many nutritional problems, such as anemia in pregnant women, low exclusive breastfeeding coverage, and a high ratio of wasting and stunting (Sleman District Health Office, 2020).

The participants were selected from the total population of breastfeeding mothers based on non-probability sampling using a purposive sampling technique. The inclusion criteria in the sample selection were mothers who had children aged 6-23 months, were physically and mentally healthy, could read and write, and had a good understanding of Indonesian. Meanwhile, the exclusion criteria were mothers with children with congenital abnormalities that could affect the breastfeeding process, a history of preterm birth, a history of Neonatal Intensive Care after birth, and a history of postpartum complications that interfere with the process of exclusive breastfeeding. Minimum sample calculations were based on Lemeshow's formula, and it was found that the minimum sample size of this study was 42. A total of 100 samples met the inclusion criteria and agreed to participate in the study.

The questionnaire was an adaptation and modification of a scientific article on a similar topic (Li et al. 2022). The structured questionnaire contained questions regarding sociodemographic characteristics, obstetric history, knowledge about exclusive breastfeeding, and lactation management. The participants provided informed consent before starting to complete the questionnaire and explained their withdrawal rights. The participants were informed that the information they provided during the data collection process would not negatively impact them, and that their privacy was kept confidential. The process of completing the questionnaire takes 10-20 minutes. To objectively assess the mothers' knowledge about Exclusive Breastfeeding and Lactation Management, the evaluation was carried out by adding the scores of correct answers to the questions on the questionnaire.

The results of the descriptive analysis are presented in the frequency distribution and cross-tabulation sections below. Analytical analysis was performed using the chi-square test to determine the odds ratio and association between the two variables. The two variables were considered significant if the p-value was $< \alpha$ ($\alpha = 0,005$). Good knowledge was categorized if the mothers' scores were higher than the mean score of the entire sample. Poor knowledge was categorized if the mothers' scores were lower than the mean of the entire sample score. This study was approved by the Health Research Ethics Committee of the Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta (reference number No. 093/EC-KEPK FKIK UMY/I/2023).

Result and Discussion

Table 1 presents the study participants. The respondents were age 20-34 years (80,82%), had received primary and secondary education (basic level) (71,0%), were unemployed (75,0%), and were primiparous (68,0%). Additionally, the respondents had an excellent ANC history, that is, \geq six times during pregnancy (96,0%), and had an account of the successful Initiation of Early Breastfeeding (IEB) (62,0%).

In Table 2, the factors that significantly influenced successful exclusive breastfeeding were a history of IEB ($p = 0,001$), mothers' knowledge level ($p = 0,000$), and mothers' lactation management skills ($p = 0,000$). Maternal characteristics such as age, education level, work status, parity, and ANC history were not found to be statistically significant factors influencing the success of exclusive breastfeeding ($p > 0,05$).

Even though the results showed that mothers' age, educational level, work status, parity, and ANC history were not statistically significant, the odds ratio of each variable can still be considered clinically. Mothers aged 20 - 34 years are 1,4 times more likely to breastfeed exclusively. Multiparous mothers are 1,5 times more likely to breastfeed exclusively. Al-Thubaity (2023) mentioned that being a housewife, being highly educated, having breastfeeding experience, and being multiparous are positive predictors of high breastfeeding self-efficacy. Experience of breastfeeding improves the likelihood of mothers exclusively breastfeeding their babies.

Table 1. Characteristics of the subject study

Characteristics	f	%
Age		
<20 years and > 35 years	29	19,18
20 – 34 years	71	80,82
Level of Education		
Basic Education	71	71,0
Higher Education	29	29,0
Work		
Not Working	75	75,0
Work	25	25,0
Parity		
Multiparous	32	32,0
Primiparous	68	68,0
ANC History		
< 6 times during pregnancy	4	4,0
≥ 6 times during pregnancy	96	96,0
IEB History		
Not IEB	39	38,0
Successfully IEB	61	62,0

The IEB practice that is conducted during the first hour of the baby’s life ensures that the baby receives adequate nutrition containing colostrum. IEB practice is a unique opportunity where the baby is placed on the mother’s chest, and skin-to-skin contact makes it easier for the baby to move toward the breast and start breastfeeding. IEB practice was found to be higher in mothers who gave birth in health facilities, gave birth vaginally, and in babies who were born in healthy conditions. Joint care support at health facilities allows mothers to interact with their babies for longer (Ahmed et al., 2019; Mary et al., 2021).

Mothers who received the IEB practice right after birth have odds of 3,9 times higher

being successfully breastfed. Mothers' early adaptation to interacting with the baby can increase their self-confidence related to breastfeeding practices (Ahmed et al., 2019). Support for IEB practice, joint care between mothers and their babies, and breastfeeding assistance from health facilities are believed to be protective factors that increase mothers’ ability in the early breastfeeding period (Ahmed et al., 2019; Khan & Kabir, 2021; Oyedele et al., 2020).

IEB history can increase mothers’ perception of the adequacy of breast milk production and increase their self-confidence to meet the nutritional status of their child through exclusive breastfeeding (Ahmed et al., 2019; World Health Organization, 2023b). Mothers’ good perception and confidence during the first hour after birth is the foundation of a positive perception of breastfeeding, better self-efficacy abilities, and improved intention to provide exclusive breastfeeding (De Roza et al., 2019).

The beginning of birth is a sensitive period, in which the baby must adapt quickly to survive. Giving breast milk in the first hour, when the baby has high catecholamines (adrenaline and noradrenaline), can increase the baby's ability to hone rooting and sucking reflexes. Full-term babies can move towards the mother's nipple and begin to learn to breastfeed effectively. Ethologists believe that the first hour of birth is the ideal time to start eating (Karimi et al., 2019). The importance of IEB needs to be highlighted, implemented, and supported by every healthcare facility to prevent nutritional problems in children's health from the beginning of life (Mary et al., 2021).

Table 2. Influence of maternal factors on exclusive breastfeeding

Characteristics	Not Exclusive Breastfeeding		Successfully Exclusive Breastfeeding		Total	p-value	OR	95%CI
	f	%	f	%				
Age								
< 20 years and ≥ 35 years	16	55,2	13	44,8	29	0,430	1,417	0,595 – 3,375
20 – 34 years	33	46,5	38	53,5	71		1	
Level of education								
Basic education	36	50,7	35	49,3	71	0,594	1,266	0,532 – 3,013
Higher education	13	44,8	16	56,2	29		1	
Employment								
Work	13	52,0	12	48,0	25	0,729	1,174	0,474 – 2,904
Not Working	36	48,0	39	52,0	75		1	
Parity								
Primipara	18	56,3	14	43,8	32	0,320	1,535	0,659 – 3,576

Multiparous	31	45,6	37	54,4	68		1	
ANC history								
< 6 times during pregnancy	2	50,0	2	50,0	4	0,967	1,043	0,141 – 7,707
≥ 6 times during pregnancy	47	49,0	49	51,0	96		1	
IEB History								
Not IEB	27	69,2	12	30,8	39	0,001	3,989	1,692 – 9,403
Successfully IEB	22	36,1	39	63,8	61		1	
Knowledge Level								
Poor	31	63,3	2	3,9	33	0,000	41,19	9,150 – 194,6
Good	18	36,7	49	96,2	67		1	
Lactation Management Skills								
Poor	46	93,9	4	7,8	50	0,000	180,17	38,2 – 849,8
Good	3	6,1	47	92,2	50		1	

A mother's self-confidence at the beginning of the breastfeeding period can be a foundation for the mother to face breastfeeding problems during the first six months of her child's life. A mother's persistence in providing exclusive breastfeeding for six months is influenced by many modifiable factors, such as the mother's level of knowledge, positive attitude towards breastfeeding, and lactation management skills in resolving problems during breastfeeding (Al-Thubaity et al., 2023; Brockway et al., 2023).

Table 2 shows that mothers with good knowledge were 42 times more likely to exclusively breastfeed successfully than mothers with poor knowledge. Mothers with good lactation management skills were 180 times more likely to successfully exclusively breastfeed than mothers with poor lactation management skills. A study conducted in Ghana found that exclusive breastfeeding dropout was caused by mothers' poor knowledge and low skills in managing lactation problems during the first week of the breastfeeding period. The study also mentioned that support from family was low, which caused the dropout rate of breastfeeding to increase (Ganle & Bedwei-Majdoub, 2020). A study conducted in Ghana found that exclusive breastfeeding dropout was caused by the mother's low level of knowledge regarding exclusive breastfeeding, experiencing breastfeeding problems in the first week at the start of breastfeeding, the mother's low level of confidence in breastfeeding, and the low level of support the mother had from the surrounding family (Ganle & Bedwei-Majdoub, 2020). A study conducted in an urban setting in Singapore found that the practice of exclusive breastfeeding was higher among mothers who

had a positive perception of breastfeeding, better self-efficacy abilities, a high intention to provide exclusive breastfeeding, previous experience of breastfeeding with children, and support from the surrounding environment (De Roza et al., 2019).

The success of exclusive breastfeeding consists of many factors that can be modified from pregnancy until the baby is six months old. Healthcare facilities are responsible for promoting the benefits of breastfeeding exclusively for both mothers and babies, supporting the Early Initiation of Breastfeeding practices, and promoting open access for mothers to consult on all lactation problems after discharge (Ahmed et al., 2019; Brockway et al., 2023; Oyedele et al., 2020). Providing support from healthcare facilities since pregnancy and the early breastfeeding period after birth can strengthen mothers' self-confidence and increase their positive perception regarding the adequacy of breast milk production. Meanwhile, the mother's ability to continue providing exclusive breast milk after discharge could be improved through social support. Establishing healthy eating patterns in society is a shared responsibility that begins with the formation of policies to support Early Breastfeeding Initiation in health facilities, promotion of exclusive breastfeeding since pregnancy, access to breast care during the postpartum period in health facilities, and access to breastfeeding consultants in primary healthcare facilities (Ganle & Bedwei-Majdoub, 2020; Global Breastfeeding Collective et al., 2023).

This study had limitations in providing results on the factors that affected exclusive breastfeeding. This study did not mention the

effects of mothers' social support and culture, which can affect exclusive breastfeeding practices. Thus, recommendations for further analysis should be made in future research.

Conclusion

This study found that IEB, good knowledge, and good lactation management skills influence exclusive breastfeeding practices. These three factors influenced the mothers' ability to maintain exclusive breastfeeding, which is essential to fulfill nutritional needs during the first six months of life. Mothers' knowledge of exclusive breastfeeding and lactation management can be provided during antenatal and postnatal care.

Healthcare support for mothers to manage their lactation period from after the baby's birth until the baby is six months old is needed to protect the mothers from exclusive breastfeeding dropout.

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