

# Factors Associated with Exclusive Breastfeeding at the Lubuk Buaya Health Center, Padang

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## ABSTRACT

**Background:** The purpose of this study was to look at the factors related to exclusive breastfeeding in the working area of the Lubuk Buaya Health Center, Padang, in 2022.

**Methods:** This study used a cross-sectional design. The sample in this study consisted of 88 mothers with babies aged 6-12 months who were selected using the proportional stratified random sampling method. Data analysis used bivariate analysis with chi-square and multivariate analysis using multiple logistic tests. Data analysis using the SPSS program

**Results:** The results showed that knowledge (p-value 0.001), education (p-value 0.043), belief in breastfeeding (p-value 0.004), perceptions of insufficient breastfeeding (p-value 0.018), family support (p-value 0.012), promotion of formula milk (p-value 0.001), economic status (p-value 0.040), and employment (p-value 0.029) with exclusive breastfeeding. The dominant variable related to exclusive breastfeeding is Knowledge of OR = 43.715

**Conclusion:** From this study, knowledge is the most dominant variable in implementing exclusive breastfeeding in the Lubuk Buaya Health Center, Padang City, working area.

**Keywords:** Exclusive breastfeeding, knowledge, breastfeeding self-efficacy, perceptions of insufficient breastfeeding

## INTRODUCTION

One of the 2030 sustainable development goals (DGs) is to reduce malnutrition in children by maintaining nutrition in the first

1000 days of life. One of the prevention efforts is exclusive breastfeeding. However, not all mothers understand the importance of exclusive breastfeeding [1].

Exclusive breastfeeding is breastfeeding without additional food or other drinks except for drops or syrup containing vitamins, supplements, and medicines from newborn to 6 months of age [2]. The World Health Organization (WHO) recommends mothers breastfeed for the first six months of their baby's life. Proven to have many benefits for mothers, babies, and families [1], [3].

Exclusive breastfeeding worldwide is still low, namely, 44% of babies worldwide [4]. In 2021 exclusive breastfeeding is 71.58%, which is still below the Ministry of Health's target of 80%. Exclusive breastfeeding in West Sumatra in 2021 is 74.16% [5]. In the city of Padang, for the last three years, exclusive breastfeeding has decreased. In 2021, exclusive breastfeeding in Padang was 69.9%, and Lubuk Buaya Public Health Center has the lowest percentage of exclusive breastfeeding, namely 34.1% [6]. Low exclusive breastfeeding due to mothers stopping breastfeeding less than six months. The failure of exclusive breastfeeding can be due to several factors, namely internal factors (knowledge, education, breastfeeding beliefs, perceptions of insufficient breastfeeding and parity) and external factors (family support, socio-economic, and employment) [7].

Confidence in breastfeeding is one of the main factors causing the failure of exclusive breastfeeding. Mothers with high confidence in breastfeeding will tend to give exclusive breastfeeding even though there are challenges to exclusive breastfeeding. The perception of insufficient breastfeeding often occurs in mothers who have babies with normal behavior, such as babies who scavenge for a long time, often wake up at night, have changes in the frequency of feedings, and babies who are restless so that mothers tend to give additional food to babies so they can calm down [8], [9].

Family support, knowledge, and perceptions are also a factor in exclusive breastfeeding. Mothers with good family support, positive perceptions, and knowledge tend to give exclusive breastfeeding [10]. Besides that, the high level of education will make mothers not continue counseling about exclusive breastfeeding [2].

The purpose of this study was to determine the factors associated with exclusive breastfeeding in the working area of the Lubuk Buaya Padang Health Center.

## MATERIALS & METHODS

### Study Design and Research Sample

This research was conducted using a cross-sectional design. The population in this study were all mothers who had babies aged 6-12 months in the working area of Lubuk Buaya Public Health Center, with a sample of 88 people. The sampling technique used proportional stratified random sampling.

### Operational definition

The variables in this study consisted of knowledge, education, parity, age, belief in breastfeeding, perceptions of insufficient breastfeeding, family support, promotion of formula milk, economic status, and employment. The dependent variable in this study is exclusive breastfeeding.

### Data collection technique

The data in this study were collected using questionnaires and interviews. This study was approved by the ethics committee of the medical faculty at Universitas Andalas.

## STATISTICAL ANALYSIS

Data descriptions are written as frequencies and percentages - bivariate test using Chi-Square test and multivariate analysis using multiple logistic regression test. If the p-value <0.05, it will be considered statistically related. Data were analyzed using SPSS.

## RESULT

The results of the univariate data description can be seen as follows (Table 1)

**Table 1: Univariate Data Frequency Distribution**

Exclusive breastfeeding	f	%
Not exclusive breastfeeding	54	64,4
Exclusive breastfeeding	34	38,6
Total	88	100
Knowledge	21	23,9
Less knowledge	67	76,1
Good knowledge	88	100
Total		
Education		
Low education	25	28,4
Higher education	63	71,6
Total	88	100
Parity		
Multipara	64	72,7
Primipara	24	27,3
Total	88	100
Age		
<20 years and > 35 years	19	21,6
20 – 35 years	69	78,4
Total	88	100
Breastfeeding self-efficacy		
Low	36	40,9
Hight	52	59,1
Total	88	100
Perceptions of insufficient breastfeeding		
High	55	62,5
Low	33	37,5
Total	88	100
Family support		
Not support	28	31,8
Support	60	68,2
Total	88	100
Promotion of Formula Milk	f	%
No effect	37	42,0
Take effect	51	58,0
Total	88	100
Economic Status		
Low economy	31	35,2
High economy	57	64,8
Total	88	100
Work		
Working	26	29,5
Not working	62	70,5
Total	88	100

Table 1 shows that more than half of the respondents (64.4%) did not exclusively breastfeed, had good knowledge (76.1%), higher education (71.6%), multipara (72.7%), aged 20- 35 years old (78.4%),

increased confidence in breastfeeding (59.1%), high perception of insufficient breastfeeding (62.5%), supportive family (68.2%), influenced by promotion of formula milk (58.0%), increased economic

status (64.8%), and mothers who do not work (70.5%).

Factors related to exclusive breastfeeding in the working area of the Lubuk Buaya Health Center, Kotta Padang, are as follows (Table 2)

Table 2: Factors Associated with Exclusive Breastfeeding in the Work Area of the Lubuk Buaya Health Center, Padang

Variable	Exclusive Breastfeeding						p Value
	Not Exclusive		exclusive breastfeeding		Total		
	n	%	n	%	n	%	
<b>Knowledge</b>							
Less knowledge	20	95,2	1	4,8	21	100	0,001
Good knowledge	34	50,7	33	49,3	67	100	
Total	54	61,4	34	38,6	88	100	
<b>education</b>							
Low education	20	80,0	5	20,0	25	100	0,043
Higher education	34	54,0	29	46,0	63	100	

Total	54	61,4	34	38,6	88	100	
<b>Parity</b>							
Multipara	36	56,3	28	43,8	64	100	0,173
Primipara	18	75,0	6	25,0	24	100	
Total	54	61,4	34	38,6	88	100	
<b>Age</b>							
<20 years and > 35 years	14	73,7	5	26,3	19	100	0,213
20 – 35 years	40	58,0	29	42,0	69	100	
Total	54	61,0	34	38,6	88	100	
<b>Breastfeeding self-efficacy</b>							
Low	29	80,6	7	19,4	36	100	0,004
High	25	48,1	27	51,9	52	100	
Total	54	61,4	34	38,6	88	100	
<b>Perceptions of insufficient breastfeeding</b>							
High	26	78,8	7	21,2	33	100	0,018
Low	28	50,9	27	49,1	55	100	
Total	54	61,4	34	38,6	88	100	
<b>Family support</b>							
Does not support	23	82,1	5	17,9	28	100	0,012
Support	31	51,7	29	48,3	60	100	
Total	54	61,4	34	38,6	88	100	
<b>Promotion of Formula Milk</b>							
No effect	39	76,5	12	23,5	51	100	0,001
Take effect	15	40,5	22	59,5	37	100	
Total	54	61,4	34	38,6	88	100	
<b>Economic Status</b>							
Low economy	30	52,6	27	47,4	57	100	0,040
High economy	24	77,4	7	22,6	31	100	
Total	54	61,4	34	38,6	88	100	
<b>work</b>							
Working	21	80,8	5	19,2	26	100	0,029
Not working	33	53,2	29	46,8	62	100	
Total	54	61,4	34	38,6	88	100	

Table 2 shows a relationship between knowledge, education, breastfeeding self-efficacy, perceptions of insufficient breastfeeding, family support, promotion of formula milk, economic status, and employment ( $p < 0.05$ ). However, there is no relationship between parity and age and breastfeeding exclusivity.

Based on the results of the bivariate test, it was obtained that all research variables,

namely knowledge, education, parity, breastfeeding self-efficacy, perceptions of insufficient breastfeeding, family support, promotion of formula milk, economic status, and employment, had a p-value of  $< 0.25$ , which could be continued with analysis. Multivariate.

Table 3. Multivariate Modeling at the Final Stage of Multivariate Analysis

Variables	p-value	OR	95% CI	
			Lower	Upper
Economic Status	0,001	10,849	2,746	42,867
Knowledge	0,001	43,715	4,401	434,268
Family Support	0,013	6,225	1,477	26,234
Breastfeeding self-efficacy	0,014	5,061	1,392	18,400

Table 3 shows that the most dominant factor in the provision of exclusive AI in the work area of the Lubuk Buaya Health Center is knowledge (OR 43.715)

## DISCUSSION

Based on the results of the study, it was found that there was a relationship between knowledge, education, beliefs about breastfeeding, perceptions of insufficient breastfeeding, family support, promotion of formula milk, economic status, and employment with exclusive breastfeeding.

This study shows that knowledge is significantly related to exclusive breastfeeding. These results are comparable to Lindawati's study in 2019, where there is a relationship between knowledge and exclusive breastfeeding ( $p = 0.028$ ) [11]. Research by Nukpezah 2018 et al. states that there is a relationship between knowledge and exclusive breastfeeding. Mothers with good knowledge tend to give exclusive breastfeeding than mothers without knowledge [12].

This study also shows a relationship between education and exclusive breastfeeding. Exclusive breastfeeding will increase if the mother is highly educated. Mothers who have higher education tend to give exclusive breastfeeding to their babies. This is to research conducted by Laksono et al. in 2021, which found a relationship between education and exclusive breastfeeding [13].

In this study, there is a relationship between breastfeeding beliefs and exclusive breastfeeding. This research aligns with Awaliyah et al. in 2019, namely that there is a relationship between breastfeeding beliefs and exclusive breastfeeding ( $p=0.001$ ) [14]. The emergence of a mother's confidence in exclusive breastfeeding is caused by the

mother's high motivation and ability to control the environment physically and psychologically during breastfeeding [15]. Besides that, in this study, the perception of insufficient breastfeeding was also significantly related to exclusive breastfeeding. A study by Huang et al. in 2022 found that more than 50% of breastfeeding mothers reported stopping giving exclusive breastfeeding due to the perception of insufficient milk. The perception of inadequate breastfeeding is the leading cause of the failure of exclusive breastfeeding. The main factors are early initiation of breastfeeding and knowledge of breastfeeding. The initial process of the emergence of this perception is the baby's crying caused by a lack of baby nutrition [16].

In addition, this study also obtained a relationship between family support and exclusive breastfeeding. This research aligns with Lailatussu'da et al. in 2018, namely that there is a relationship between family support and exclusive breastfeeding. Mothers with family support are 7.64 times more likely to provide exclusive breastfeeding. Family support can be in the form of the husband's attention in the breastfeeding process, assisting psychological work, and imparting knowledge [17].

This study obtained the relationship between the promotion of formula milk and exclusive breastfeeding. This study is in line with the study of Duan et al. in 2022, where there is a relationship between the promotion of formula milk and exclusive breastfeeding ( $p=0.001$ ). A quarter of mothers with babies under six months have been exposed to formula milk promotion directly proportional to exclusive breastfeeding. If the rise of formula milk is low, then exclusive breastfeeding increases [18].

This study also found a relationship between economic status and exclusive breastfeeding. Mothers with low incomes provide exclusive breastfeeding more than mothers with high incomes. This is because

it can reduce the cost of buying baby food [19].

The results of this study show that there is a relationship between work and exclusive breastfeeding. The results of this study align with Fauzi's in 2019, where there is a relationship between labor and exclusive breastfeeding; working mothers do not give exclusive breastfeeding due to lack of time to breastfeed [20]. Two factors influence exclusive breastfeeding for working mothers, namely the main factors (knowledge and experience), work environment factors (maternity leave, duration of work, work agency support, and family support)[21]

The results of the multivariate analysis in this study show that the dominant factor associated with exclusive breastfeeding is knowledge. Knowledge is the principal capital for mothers to know something and judge whether it is good. So that in exclusive breastfeeding, mothers with high knowledge are more likely to give exclusive breastfeeding.

## CONCLUSION

The conclusions in this study were knowledge, education, beliefs about breastfeeding, perceptions of insufficient breastfeeding, family support, promotion of formula milk, economic status, and work related to exclusive breastfeeding. Among these factors, knowledge is the most dominant factor that affects exclusive breastfeeding.

### Declaration by Authors

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**Conflict of Interest:** The authors declare no conflict of interest.

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