



The Unsuccessful Factors in Implementing Exclusive Breastfeeding Program in the Health Services Area of the Samatiga Community of West Aceh District – Indonesia

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Abstract

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BACKGROUND: Exclusive breastfeeding for babies from birth to 6 months is still not in accordance with the expected target. This happens because there are many factors that influence and are the background of the success of exclusive breastfeeding in the working area of the Samatiga Public Health Center in West Aceh Regency, Indonesia.

AIM: Analyzing the non-efficacy factors of exclusive breastfeeding in the Community Health Center Work area in Samatiga, West Aceh District, Indonesia.

METHODS: The study design used cross-sectional which was successfully carried out in September–December 2019 involving a population of breastfeeding mothers with infants aged between 7 and 12 months in the Samatiga Community Health Center, West Aceh District. The determination of the sample was chosen by purposive sampling technique to 98 breastfeeding mothers. The data analysis uses univariate and bivariate using Chi-square statistical test.

RESULTS: Based on the Chi-square correlation test, there was a significant relationship between the knowledge of breastfeeding mothers and the failure of exclusive breastfeeding ($0.000 < \alpha < 0.005$, RP = 39.952), breast problems ($0.000 < \alpha < 0.005$, RP = 39.8000), and maternal occupation ($0.000 < \alpha < 0.005$, RP = 3.878). The role of health workers ($0.000 < \alpha < 0.005$, RP = 2.18333), maternal health history ($p = 0.000 < \alpha < 0.05$, RP = 33.000), infant health history ($0.000 < \alpha < 0.005$, RP = 92.400), and myths develop in the community ($0.000 < \alpha < 0.005$, RP = 252.000).

CONCLUSION: Factors related to the failure of exclusive breastfeeding in the work area of the Samatiga Health Center, West Aceh Regency include knowledge of breastfeeding mothers, breast problems, maternal work, the role of health workers, maternal health history, child health history, and myths that was developed in the community.

Introduction

Provision of exclusive breastfeeding Indonesia is still not according to the expected target. Riskesdas data for 2017 show that the coverage of exclusive breastfeeding increased twice as high as in 2015, from 15.3% to 38% [1]. The data have not met the target of exclusive breastfeeding, which is $\geq 67\%$. Nationally, there are only 73 districts or cities out of 497 districts or cities in Indonesia, around 14.7%, who have achieved the target of exclusive breastfeeding [2]. The low level of exclusive breastfeeding is one of the triggers for the low nutritional status of infants and toddlers. Children's nutritional status is important and needs to be considered during their growth and development. Breastfeeding is exclusively beneficial for protecting children from a variety of acute and chronic diseases. The provision of exclusive breast milk must be accompanied by supplementary feeding of breast milk. Complimentary food mother's water plays a role to meet the nutritional needs of children who can no longer be fulfilled with breast milk alone. The provision and types of complementary foods

ASI are adjusted to the child's ability to digest so that malnutrition does not occur [3]. The practice of providing breast milk and MP-breast milk with nutritional status is closely related to the lack of food availability at the household level, care patterns, and inadequate health services. Another factor that is very influential on a child's nutritional status is the level of knowledge related to nutrition and the importance of nutrition maintenance since the fetus or the period of the first 2 years of life [4]. Some factors that influence the process of exclusive breastfeeding by mothers to infants are knowledge, education, income, and support of mythical health workers that develop in the community's attitude toward exclusive breastfeeding. Data from the West Aceh District Health Office revealed that there were 122 babies aged 7–12 months in 2016, who received 48 exclusively breastfed breast milk, while 81 were not exclusively breastfed. Furthermore, in 2017 there will be 120 babies aged 7–12 months, who receive exclusive breast milk of 54 babies and not exclusive breast milk of 56 babies [5]. The low level of exclusive breastfeeding is a serious problem in West Aceh district. For this reason, it is important to conduct a study to see the causes of the failure to

provide exclusive breastfeeding in the working area of the district of West Aceh. The purpose of this research was to analyze the determinants of maternal failure in exclusive breastfeeding in the Samatiga Community Health Center, West Aceh District.

Methods

This study used a cross-sectional design method this study used a cross-sectional design. The research was conducted from September to December 2019.

The population of this study mother who was breastfeeding infants aged 7–12 months became the population in the working area of Samatiga Health Center, West Aceh District, while the selection of samples with purposive sampling techniques for 98 breastfeeding mothers. As for the sample criteria, breastfeeding mothers who have babies 7–12 months old, do not get exclusive breast milk and are willing to be respondents in this study. Data analysis uses univariable, and bivariable using Chi-square statistical test.

Results

Univariate analysis

The univariate analysis aims to describe the characteristics of each research variable and the results obtained are the frequency distribution and percentage of each variable. The results of data collection in this study are as follows (Table 1).

Table 1: Frequency distribution of mother's knowledge level of exclusive breastfeeding in the work area of Samatiga Health Center, West Aceh Regency in 2019

Variable	Indicators	Frequencies	%
Knowledge level category	Less	49	50.0
	Medium	19	19.4
	Better	30	30.6
Breast problem	Yes	59	60.2
	No	39	39.8
Maternal work	Yes	58	59.2
	No	40	40.8
	Total	98	100
Breastfeeding Myth	Yes	58	59.2
	No	40	40.8
7			
Maternal health Condition	Yes / Sick	55	56.1
	No	43	43.9
	Total	98	100
Baby Health Condition	Yes/ sick	61	62.2
	No	37	37.8
Medical Roles (midwife)	Receive advice	38	38.8
	No	60	61.2
The failure of exclusive breastfeeding	No	60	61.2
	Exclusive	38	38.8
	Total	98	100

The knowledge of breastfeeding mothers about the most exclusive breastfeeding is quite good knowledge

of 49 respondents (50.0%). Mothers with breast problems during breastfeeding were 59 respondents (60.2%). The number of working breastfeeding mothers as many as 58 respondents (59.2%), while the mother had history of illness as many as 55 respondents (56.1%). Mothers who believed in myth were 58 respondents (59.2%). Infants who have a history of disease as many as 61 respondents (62.2%), the majority of mothers never received guidance from health workers (midwives), especially about exclusive breastfeeding as many as 60 respondents (61.2%). Most of the mothers did not give exclusive breast milk 60 (61.2%).

Bivariate analysis

Bivariate analysis was performed on two variables that allegedly had a relationship. In this study, the variables used are unpaired category variables so the bivariate analysis used is the Chi-square test (Table 2).

There is a significant relationship between breastfeeding mothers' knowledge and the exclusion of exclusive breast milk, as evidenced by the Chi-square test results obtained $p = 0.000$ ($p = 0.000 < \alpha = 0.005$). There is a significant relationship between breast problems with the failure of exclusive breastfeeding proven by the Chi-square test results obtained value of $p = 0.000 < \alpha = 0.005$. Respondents who did not have breast problems had a 39.8000-fold chance of avoiding non-exclusive babies compared to respondents who had breast problems. There is a significant relationship between the work of mothers with the failure of exclusive breastfeeding proven by the Chi-square test results obtained value of $p = 0.000 < \alpha = 0.005$. The existence of a significant relationship between the role of health workers with the failure of exclusive breastfeeding is evidenced by the Chi-square test results obtained ($p = 0.000 < \alpha = 0.005$). There is a significant relationship between maternal health history and the failure of exclusive breastfeeding, as evidenced by the Chi-square test results obtained $p = 0.000 < \alpha = 0.005$. The existence of a significant relationship between a child's health history with the failure of exclusive breastfeeding is evidenced by the Chi-square test results obtained ($p = 0.000 < \alpha = 0.005$). There is a significant relationship between myths and the failure of exclusive breastfeeding proven by the Chi-square test results obtained value of $p = 0.000 < \alpha = 0.005$.

Discussion

Factors related to the failure of exclusive breastfeeding in the Samatiga Public Health Center Working Area of West Aceh Regency include knowledge of breastfeeding mothers, breast problems, maternal work, the role of health workers, maternal health

Table 2: Analysis of Relationship between maternal knowledge, breast problems, occupation, the role of health workers, maternal health history, child health history, and myths to the failure of exclusive breast milk

Variable	The success of exclusive breastfeeding				Total	p-value	RR CI 95%	
	Not exclusive		Exclusive					
	n	%	n	%				
Knowledge								
Less	42	42.9	7	7.1	49	50.0	0.000	39.952
Plenty	13	13.3	6	6.1	19	19.0		
Better	5	5.1	25	25.5	30	30.6		
Breast Problem								
Yes	59	60.2	0	0	59	60.2	0.000	39.8000
No	1	1.0	38	38.8	39	39.8		
Maternal Work								
Yes	43	43.9	15	15.3	58	59.2	0.000	3.878
No	17	17.3	23	23.5	40	40.8		
The Role of Health Officers								
No	59	60.2	1	59	60	61.2	0.000	2.18333
Yes	1	1.0	37	37.8	38	38.8		
Total	60	61.2	38	38.8	98	100		
Maternal Health History								
yes	50	51.0	5	5.1	55	56.1	0.000	33.000
No	10	10.2	33	33.7	43	43.9		
Baby Health History								
Yes	56	57.1	5	5.1	61	62.2	0.000	92.400
No	4	4.1	33	33.7	37	37.8		
Myth								
Yes	56	57.1	2	2.0	58	59.2	0.000	252.000
No	4	4.1	36	36.7	40	40.8		

history, child health history, and myths that develop in the community. Maternal knowledge is related to the failure of exclusive breast milk $p = 0.000 < \alpha 0.005$ and the value of $RP = 39.952$. Knowledge about the benefits of breastfeeding strongly influences the start and period of breastfeeding of a mother [6]. Lack of maternal knowledge about feeding practices for infants and children is one of the causes of the large number of babies weaned before the age of 6 months [7]. Mother's nutritional knowledge level is related to the child's nutritional status. Mothers with good knowledge tend to have children with good nutritional status because mothers know the nutritional needs of children, types, and sources of food to meet nutritional needs [8]. Good mother's knowledge is related to the success of exclusive breastfeeding for up to 6 months, although there are other factors that also influence [9], [10]. A person's level of nutritional knowledge influences attitudes and behaviors in choosing food, which determines whether or not someone easily understands the benefits of the nutritional content of the food consumed. Good nutritional knowledge is expected to influence good food consumption so that it can lead to normal nutritional status [11]. There is a positive relationship between knowledge and attitude in exclusive breastfeeding, which shows that if the mother has good knowledge, her attitude will be more especially positive in exclusive breastfeeding [12], [13]. There is a significant relationship between breast problems of breastfeeding mothers with the failure of exclusive breast milk where the results of $p = 0.000 < \alpha 0.005$ $RP = 39.8000$. The main cause of failure to provide breast milk is a problem in the breast. One of the problems that are often complained of by postpartum nursing mothers is the occurrence of blisters on nipples. The condition of the wounded nipples causes pain and even the blisters will bleed. Nursing mothers with excessive concern about body shape have a lower intention to provide exclusive breastfeeding [14]. A woman's

shame when breastfeeding in front of others or in public places (public feeding) and their worry about changes in breast size (enlarged breasts) can cause a lack of duration of breastfeeding [15]. Breastfeeding mothers work is related to the failure of exclusive breastfeeding where the value of $p = 0.000 < \alpha 0.05$, $RP = 3.878$. Working mothers have a tendency not to exclusively breastfeed [16], [17]. This is partly due to the short time off work, unsupported work environment, and short time off at work. An unsupported work environment is the factor most often associated with the high number of women workers who leave their obligations as a mother to breastfeed their children [18]. Mothers who do not work do have plenty of time to give exclusive breastfeeding but working mothers can also provide spare breast milk at home so that babies continue to get breast milk until the age of 6 months. A lactation-friendly work environment can help and create a sense of comfort for mothers to fulfill their obligations in taking care of the household when working, such as milking breast milk while working [19]. Health workers are associated with the failure of exclusive milk with a value of $0.000 < \alpha (0.005)$, $RP = 2.18333$. The longer duration of exclusive breastfeeding is significantly associated with the support of health workers in providing appropriate breastfeeding techniques [20]. The support of a capable husband and health worker increases the mother's confidence in her ability to provide adequate breast milk for her child [21]. Most who influence breastfeeding are mothers' perceptions of their husband's attitude [22]. Husbands and wives who join together during breastfeeding counseling can increase success in exclusive breastfeeding when compared to only involving mothers [23]. Maternal health history is related to the failure of exclusive breastfeeding with a value of $p = 0.000 < \alpha = 0.005$. Physical preparation is important to prepare during breastfeeding. Mothers should do physical preparation to reduce the possibility of not releasing breast milk, adequate breast milk

production, and prevent abnormalities in the breast. The Myth of Breastfeeding Mothers is related to the failure of exclusive breastfeeding where the results are $p = 0.000 < \alpha 0.005$, $RP = 252.000$. Myth often influences the failure of breast milk. There are a number of myths such as the mother believes that small breast size can cause a small amount of breast milk to come out. You also still believe that breastfeeding can change the shape of the breast and believe that breast milk that first comes out is dirty breast milk. The development of incorrect and inaccurate information in the community can make mothers less confident and decrease their enthusiasm for breastfeeding [24]. The health condition of babies is related to the failure of exclusive breastfeeding where the p-value results ($0.000 < \alpha 0.005$), $RP = 92.400$. Health conditions of a baby can affect breastfeeding exclusively as babies have diarrhea every time they get breast milk, babies who suffer from congenital diseases because they cannot receive lactose, and babies born with physical conditions such as cleft lip, cleft palate sky, and others [25].

Conclusion

There are factors that are related to the failure of the provision of exclusive breastfeeding in the Samatiga Health Center Work Area, West Aceh Regency, namely, knowledge of breastfeeding mothers, breast problems, mother's work, the role of health workers, maternal health history, child health history, and myths that develop in the community.

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