

Research Article



## The Factors of Failure to Exclusively Breastfeed In the BLUD UPTD Working Area of the Kandai Public Health Center of Kendari City

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### ABSTRACT

**Background:** Mother's milk (ASI) is a baby's need which is very necessary for the baby's growth and development. However, if exclusive breastfeeding is not provided, it can cause problems with the baby's growth and development

**Methods:** This type of research is quantitative research using a cross-sectional study design, where the type of research emphasizes measuring/observing the independent and dependent variables only once at a time. This research involved 90 respondents.

**Results:** In this study, the results showed that there was no relationship between working mothers and failure to provide exclusive breastfeeding in the Kandai Community Health Center working area with a Fisher's Exact Test value = 0.450 > 0.05. There is a relationship between social support and failure to provide exclusive breastfeeding in the Kandai Health Center working area with a calculated  $X^2$  value >  $X^2$  table. and there is a relationship between the promotion of formula milk and failure to provide exclusive breastfeeding in the Kandai public Health Center working area, the value of  $X^2$  calculated >  $X^2$  table.

**Conclusions:** Promotion of formula milk, social support and no relationship between working mothers and the failure of exclusive breastfeeding in the Kandai Health Center working area. So it is necessary to pay attention to mothers who have babies <6 months to be able to provide exclusive milk to maintain the baby's growth and development well.

**Keywords :** *Working mothers, promotion, formula milk, social support, exclusive breastfeeding.*

## INTRODUCTION

The Millennium Development Goals (MDGs) in 2015 will be continued with the Sustainable Development Goals (SDGs), with the aim of strengthening the involvement of the international community in alleviating poverty and hunger. In the SDGs, the importance of food security and nutrition is a crucial issue. One of the goals of SDGs is to reduce infant mortality. The target for infant mortality in 2015 based on the MDGs is 17 per 1000 live births. The infant mortality rate (IMR) in Indonesia reached 23 per 1000 live births in 2012. This is still far from the 2015 MDGs target of 17 per 1000 live births. One of the efforts to reduce morbidity and infant mortality is by providing exclusive breastfeeding (1).

Breast milk (ASI) is a source with a balanced composition for the growth and development needs of babies. Apart from that, breast milk is also the main source of life, so efforts are made for babies to only drink breast milk without any other additions such as formula milk, tea water, honey, water and without other complementary foods or often referred to as exclusive breast milk (2). Exclusive breastfeeding is a factor that can influence the stability of growth in babies. So the chances of babies getting exclusive breast milk have the potential to grow normally 1.62 times greater than babies who get non-exclusive breast milk (3).

*World Health Organization* (WHO), states that around 10 million babies die, and around 60% of these deaths should be treated, one of which is by breastfeeding, because breast milk has been proven to improve the health status of babies so that 1.3 million babies can be saved. To reduce

child morbidity and mortality rates, the United Nations Children Found (UNICEF) and WHO recommend that children should be breastfed only breast milk for at least 6 months. Solid food should be given after the child is 6 months old, and breastfeeding will be continued until the age of two years(4);(5).

Data published by the World Health Organization (WHO) in 2018, states that exclusive breastfeeding coverage throughout the world is only around 47.8%(6). Global figures for exclusive breastfeeding coverage include: 25% in Central Africa, 47% in South Asia, 32% in Latin America and the Caribbean, 30% in East Asia, and 46% in other developing countries. Based on the latest data obtained from WHO in 2019, it was reported that only 41% of babies aged 0-6 months were exclusively breastfed. So this shows that the exclusive breastfeeding coverage rate is still said to be low when compared to the target in the 2025 Global Nutrition Targets for exclusive breastfeeding, which is at least 50% and the target in 2030, which is 70% (5).

Basic Health 2018, Research data shows that the percentage of babies who have received exclusive breast milk until they are six months old in Indonesia is 37.3%. This shows that the implementation of exclusive breastfeeding is still far from the target of exclusive breastfeeding, namely 100% (7). Data from the 2021 Southeast Sulawesi Provincial Health Profile shows that the rate of exclusive breastfeeding for babies 0-6 months in Southeast Sulawesi tends to fluctuate. A significant increase was reported in 2015 with coverage of 54.15% or an increase of 21.25% from the previous

year, but in 2016 it fell again to 46.63%, in the last three years it increased again to reach 62.03% in 2019, while in 2021 it fell again to 55.30%. So it has not reached the Southeast Sulawesi Province target of 85%. It was recorded that North Konawe had the highest coverage of exclusive breastfeeding, namely 73.29% and the lowest was in Bombana Regency, namely 16.77%. The fluctuating achievements indicate that there has been no program increase in exclusive breastfeeding coverage carried out by the relevant technical programs (7).

Low levels of exclusive breastfeeding are a health problem in society because of its broad impact on the nutritional status and health of babies. Based on the data obtained, the Kandai Community Health Center is one of 15 Community Health Centers in the city of Kendari, Southeast Sulawesi Province with the lowest rate of achieving exclusive breastfeeding in 2022. It is reported that only 30.8% of babies aged 0-6 months receive exclusive breastfeeding. This shows that the data is still far from the expected national target of 50% (7).

Data on mothers who have babies aged  $\geq 6$  months in the Kandai Community Health Center area for the last three years are as follows; In 2020, there were 119 mothers who had babies aged  $\geq 6$  months who were exclusively breastfed, 83 people or 70% and 36 babies who did not receive exclusive breast milk or 30%. In 2021, 104 mothers who had babies aged  $\geq 6$  months were exclusively breastfed or 52% and 97 babies who did not receive exclusive breast milk or 48%. Meanwhile, in 2022 there will be 252 mothers who have babies aged  $\geq 6$  months who are exclusively breastfed, 137 people or 54% and 115 babies who do not receive exclusive breast milk or 46%. So the still high percentage of non-exclusive

breastfeeding coverage shows that mothers have not fully breastfed their babies exclusively for 6 months and have not achieved the Southeast Sulawesi Province target of 85% (7).

Babies who are not exclusively breastfed are at higher risk of developing respiratory infections and digestive tract infections compared to babies who are exclusively breastfed. Apart from that, babies who do not receive exclusive breast milk can easily get immune-related diseases (8) (9); (10). Social support for mothers is an important factor in providing exclusive breastfeeding. support for breastfeeding influences confidence in providing breast milk. A mother's self-confidence is obtained through social support around her, whether from family support, support from someone who is considered important or support from her husband and support from health workers. The role of the closest family and support from people around the mother also determines the mother's success in providing exclusive breastfeeding. If the mother feels happy and the surrounding environment is calm, then the mother can feel comfortable in providing exclusive breastfeeding. So the lack of social support for mothers causes many to fail in providing exclusive breastfeeding (11); (12)

Based on the background above, researchers are interested in conducting research with the title "Factors Associated with the Failure of Exclusive Breastfeeding in the Kandai Public Health Center BLUD UPTD Work Area"

## METHOD

This type of research is quantitative research using a Cross-Sectional Study design, where the type of research

emphasizes measuring/observing the independent and dependent variables only once at a time. This research aims to determine the factors associated with failure to provide exclusive breastfeeding in the BLUD UPTD Work Area of the Kandai Health Center, Kendari City. The population in this study was all mothers who had children aged 6-12 months, totaling 115 mothers in the BLUD UPTD Work Area of the Kandai Community Health Center. The sample size was determined using the Slovin formula and a total of 90 samples were involved in the research.

This research uses a measuring tool in the form of a questionnaire. For the breastfeeding failure variable, failure occurs if the mother gives exclusive breast milk for <6 months, while it is successful if the mother gives exclusive breast milk until the age of 6 months. Meanwhile, in the questionnaire, if the mother is working, if the respondent is a government employee, laborer or private employee. Not working, if

the respondent is not a government employee, laborer or private employee. social support variable if support is good; If the respondent's answer score is 76-100%. Support is sufficient if the respondent's answer score is 56-75. Support is lacking if the respondent's answer score is <56%. Meanwhile, for the Formula Milk Promotion variable, it is not affected by promotion if the answer score, while the effect of promotion is if the respondent's answer score is <50%. Univariate analysis in this study was carried out on each research variable including the characteristics of the research respondents. Bivariate analysis is used to determine the relationship between the independent variable and the dependent variable using the Chi Square statistical test using a significance limit of  $\alpha = 0.05$ . Before carrying out the research, the research team submitted research approval to the Ethics Committee of Mandala Waluya University and was approved to carry out the research.

## RESULTS

### Characteristics of Respondents

Respondent characteristics based on baby's age, education, and respondent's occupation in the Kandai Community Health Center BLUD UPTD Working Area table: Table 1. The distribution of respondents in this Table 1 shows that of the 90 respondents, in the maternal age variable the majority was 26-30 years old, 33 respondents (36.7%), and the least respondents were 41-45 years old, 3 people. (3.3%). Regarding the characteristics of respondents based on the age of the baby, the majority was 9 months old, 35 respondents (38.9%), and the baby's age was at least 8 months old, 15 respondents (16.7%). Regarding the characteristics of respondents based on maternal education, the majority, namely 34 (37.8%) had junior high school education, and the least was D-3, namely 2 mothers (2.2%). Regarding the characteristics of respondents based on work, 77 respondents worked as housewives (85.6%) and the lowest was 3 respondents (3.3%).

**Table 1. The Distribution Of Respondents**

Respondent characteristics	Age Category (Years)	n	%
Mother age	20-25	24	26,7

Respondent characteristics	Age Category (Years)	n	%
	26-30	33	36,7
	31-35	21	23,3
	36-40	9	10,0
	41-45	3	3,3
Baby age	10 months	24	26.7
	9 months	35	38.9
	8 months	15	16.7
	7 months	16	17.8
Mother's Education	S1	19	21.1
	S2	2	2.2
	SMA/SMK	31	34.4
	Junior High School	34	37.8
	elementary school	4	4.4
Work	Housewife	77	85.6
	Self-employed	5	5.6
	Honorary	3	3.3
	Government employees	5	5.6

Based on table 2. it shows that of the 90 respondents, the majority of mothers did not work, namely 77 respondents (85.6%). Regarding social support, 80 respondents received sufficient social support (88.9%). Most respondents did not influence the promotion of formula milk, namely 59 people (65.6%). In Exclusive Breastfeeding, the majority of respondents failed in exclusive breastfeeding, namely 74 people (82.2%).

**Table. 2. Frequency Distribution Of Working Mothers, Social Support, And Promotion Of Formula Milk In The Failure Of Exclusive Breastfeeding, In The Kandai Public Health Center BLUD UPTD Work Area In 2023.**

Respondent characteristics	Categories	n	%
Mother works	Work	13	14.4
	Doesn't work	77	85.6
Social support	Good	19	21.1
	Enough	2	2.2
	Not enough	31	34.4
Promotion of formula milk	Not affected	59	65.6
	Influenced	31	34.4
Exclusive Breast Milk Cleaning	Succeed	16	17.8
	Fail	74	82.2

**The Relationship between Working Mothers and the Failure of Exclusive Breastfeeding in the Work Area of BLUD UPTD Kandai Health Center, Kendari City**

Tests of the relationship between working mothers and failure to provide exclusive breastfeeding can be seen in the table below.

**Table 3. Distribution of Working Mothers Based on Failure to Provide Exclusive Breastfeeding**

Breastfeeding Exclusive	Mother works				Total		Mark	
	Work		Doesn't work					
	n	%	n	%	n	%	Fisher's Test	Exact
Succeed	1	6.3	15	93.8	16	100	$p = 0.450$ $\phi = 0.108$	
Fail	12	16.2	62	83.8	74	100		
Total	13	14.4	77	85.6	90	100		

Based on table 3 above, it shows that from 90 respondents it was found that 74 (14.4%) respondents experienced failure in providing exclusive breastfeeding, including 12 (16.2%) respondents who were working mothers and 62 (80.5%) respondents who were mothers. mother who doesn't work. This means that respondents who do not work are more likely to fail to provide exclusive breastfeeding compared to respondents who work.

**Table 4. Distribution of Social Support Based on Failure to Provide Exclusive Breastfeeding**

Breastfeeding Exclusive	Social support						Total		Mark	
	Good		Enough		Not enough					
	n	%	n	%	n	%	n	%		
Succeed	7	43.8	9	56.3	0	0.0	16	100	$X^2 \text{ Count}_g = 35,356$ $X^2 \text{ Table} = 5,991$ $\phi = 0.627$	
Fail	0	0.0	71	95.9	3	4.1	74	100		
Total	7	7.8	80	88.9	3	3.3	90	100		

Table 4 shows that of the 90 respondents, there were 74 respondents who experienced failure in providing exclusive breastfeeding, of which there were 0 (0.0%) respondents who received good social support, 71 (95.9%) respondents who received sufficient social support.



Respondents and respondents who received sufficient social support were 3 (4.1%). This means that more respondents who received sufficient social support failed to provide exclusive breastfeeding compared to respondents who received less social support.

**Table 5. Distribution of Formula Milk Promotion Based on Failure to Provide Exclusive Breastfeeding**

Breastfeeding Exclusive	Promotion of Formula Milk				Total		Mark
	No effect		Influential				
	n	%	n	%	n	%	
Succeed	16	100	0	0.0	16	100	X <sup>2</sup> = 8.4 Count 53
Fail	43	58.1	31	41.9	74	100	X <sup>2</sup> = 3.8 Table 41
Total	59	65.6	31	34.4	90	100	$\phi = - 0.337$

Table 5 shows that of the 90 respondents there were 74 respondents who experienced failure in providing exclusive breastfeeding, including 43 (58.1%) mothers who were not affected by the promotion of formula milk and 31 (41.9%) mothers who were affected by the promotion of formula milk. respondents who failed to provide exclusive breastfeeding. This means that respondents who were not influenced by the promotion of formula milk were more likely to fail to provide exclusive breastfeeding compared to respondents who were influenced by the promotion of formula milk.

## DISCUSSION

### The Relationship between Working Mothers and the Failure of Exclusive Breastfeeding in the Work Area of BLUD UPTD Kandai Health Center, Kendari City

Work is an activity that a person does to earn income to meet daily needs. Maternal employment is one of the factors that influences the success and failure of exclusive breastfeeding (13). On the one hand, women must carry out their duties as working mothers, on the other hand, they must fulfill their child's right to receive breast milk to fulfill the child's nutritional intake so that the child grows and develops well.(14).

The research results in the table above show that of the 90 respondents in the category of failure to provide exclusive breastfeeding, 12 of them were working

mothers (16.2%). The results of the statistical test show that the Fisher's Exact Test value = 0.450 > 0.05, which means H<sub>0</sub> is accepted and H<sub>a</sub> is rejected, which means there is no relationship between working mothers and failure to provide exclusive breastfeeding in the Kandai Health Center working area.

The results of this research are in line with research conducted by Fatimah (2018) with a value of 0.133. Similar research conducted by Ramli (2020) stated that there was no relationship between maternal employment and exclusive breastfeeding (*P value* = 0.052 >  $\alpha$  0.05). These results show that more mothers do not work than do work. The research also states that the majority of mothers who do not work choose not to breastfeed their babies (645). Meanwhile, only 13 mothers (36%) work and continue to breastfeed their babies aged 0-6 months (15).

Factors that can hinder the success of breastfeeding in working mothers are short time off work, lack of support received from the workplace, short rest time at work (not enough time to express breast milk) and the absence of room to express breast milk, conflict with the mother's wishes. between maintaining work performance and breast milk production (16). Meanwhile on Mothers who do not work cannot breastfeed exclusively due to various factors, including feeling lazy about breastfeeding, the perception that breasts are small so they cannot meet the baby's nutritional needs, fear of damaging the breasts so that they are no longer beautiful, mothers' lack of knowledge about exclusive breastfeeding and lack of support and participation. mother's family to provide exclusive breast milk to her baby (17).

### **The Relationship between Social Support and Failure to Provide Exclusive Breast Milk in the Working Area of the BLUD UPTD Kandai Health Center, Kendari City**

Exclusive breastfeeding will have a big impact on the entire family, ideally on the husband, older siblings, husband or wife's parents, therefore support from those closest to you is very meaningful for mothers in providing exclusive breastfeeding (18). There is support from the closest people given to the mother to strengthen one's attitudes and behavior. With this support, the closest people are expected to be able to encourage changes in the mother's behavior in providing exclusive breastfeeding (19).

The research results obtained showed that of the 90 respondents in the category of failure in providing exclusive breastfeeding, there were 71 (95.9%) respondents who received sufficient social support and there

were no respondents who received good social support. The results of the Chi-Square test showed that  $X^2_{counted} > X^2_{table}$  which means that  $H_0$  was rejected and  $H_a$  was accepted, which means that there is a relationship between social support and the failure to provide exclusive breastfeeding in the working area Public Health Center of the Kandai.

This is in line with research conducted by Pratiwi (2023) showing that there is a relationship between the level of social support and exclusive breastfeeding with a *p value*  $< 0.05$ . Social support can be grouped into four categories. This support consists of information support, emotional support, instrument support, and assessment support. Information support includes providing advice, suggestions or input, explanations, and how someone behaves. Making support recipients feel valuable, comfortable, safe and loved is a form of emotional support. The form of instrumental support is in the form of facilities such as food, drinks, giving money, goods and time to lighten someone's burden. Assessment support takes the form of building self-esteem, self-confidence and feeling of value. This support is related to how to appreciate someone's efforts (20).

### **The Relationship between Formula Milk Promotion and the Failure of Exclusive Breastfeeding in the BLUD UPTD Working Area of the Kandai Health Center, Kendari City**

Promotion of formula milk is a form of sales communication, the use of formula milk products obtained by mothers through advertising, samples given to babies, as well as pictures or verbal communication received. Formula milk advertising and wrong assumptions about breastfeeding can encourage failure in exclusive breastfeeding,



so that exposure to formula milk advertising becomes a challenge in exclusive breastfeeding. Implementation studies on the success of exclusive breastfeeding state that one of the failures of exclusive breastfeeding is the promotion of formula milk (21).

The research results in the table above show that of the 90 respondents in the category of failure to provide exclusive breastfeeding, there were 31 (41.9%) respondents who had an influence on the promotion of formula milk. The results of the Chi-Square test show that  $X^2_{\text{calculated}} > X^2_{\text{table}}$ . This is in line with research conducted by Aulia et al (2023), showing that there is a relationship between the promotion of formula milk and the failure to provide exclusive breastfeeding to babies aged 0-6 months at the UPTD of the Bojo Baru Health Center, Barru Regency in 2022, with a  $p$ -value = 0.000. This is in line with research conducted by Aulia et al (2023), showing that there is a relationship between the promotion of formula milk and the failure to provide exclusive breastfeeding to babies aged 0-6 months at the UPTD of the Bojo Baru Health Center, Barru Regency in 2022, with a  $p$ -value = 0.000. The more often mothers are exposed to formula milk advertisements plus attractive formula milk packaging and promotional prizes given by milk advertising producers and the contents contained in milk packaging such as additional nutritional content, plus formula milk is easy to obtain and the price is cheap, it will make mothers more interested and decided to buy it and give it to his son (22). so the benefits of exclusive breastfeeding are actually drowned out by the incessant promotion of formula milk, so that more mothers and families actually believe they should give formula milk because they think

that formula milk is more nutritious than breast milk (23-26).

## CONCLUSIONS

Based on the research results, it was found that there was no relationship between working mothers and failure to provide exclusive breastfeeding, but social support and promotion of formula milk were related to failure to provide exclusive breastfeeding in the Kandai Health Center working area.

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