Relationship between Sociodemographic Factors and Mother's Participation in Breast Feeding Support Group with Exclusive Breastfeeding Success in Banyuwangi

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ABSTRACT

Background: Exclusive breastfeeding for 6 months is every baby's right as it can save the baby's life and have a good impact on mother's health. The coverage of exclusive breastfeeding in Banyuwangi in 2015 was 78.7%. This study aims to explain the relationship between age, parity, education, occupation, household assistant (ART), mother participation in maternal breast support group (KP-ASI) and exclusive breastfeeding success.
Subjects and Methods: This was an analytic observational study with *cross sectional* design. The study was conducted in 3 Puskesmas (community health center) in Banyuwangi. The study time was August to September 2017. The sample size was 120 subjects, selected by *simple random sampling* technique with the total of case group 40 and control group 80. The dependent variable was the exclusive breastfeeding (ASI) success. Independent variables were age, parity, education, occupation, ART, mother participation in KP-ASI. The data was analyzed using multiple logistic regressions.
Result: Mother's age (OR = 3.99; 95% CI = 1.08 to 14.64; p = 0.037), parity (OR = 7.15; 95% CI = 2.19 to 23.33; p = 0.001), education (OR = 1.30; CI95% = (OR = 0.99; 95% CI = 0.16 to 2.35; p = 0.488), household assistant (OR = 8.99; 95% CI = 2.32 to 34.88; p = 0.001); mother's participation in breastfeeding (OR = 5.32; 95% CI = 1.79 to 15.76; p = 0.003) was related to exclusive breastfeeding success.
Conclusions: The exclusive breastfeeding success is related to mother's age, parity, household assistant, and mother's participation in breastfeeding, but not significantly related to mother's education and employment.

Keywords: Exclusive breast feeding, Sociodemographic factors, KP-ASI

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BACKGROUND

Maternal and child health is one of the goals or objectives in *Sustainable Development Goals* (SDGs) but until now there have been still a lot of health problem that is still high maternal and infant mortality rate (Fikawati and Syafiq, 2010). One of the SDGs'objectives is on the third goal of "Good Health" with one of the targets of ending infant and toddler deaths that can be prevented by all countries trying to reduce neonatal mortality by 12 per 1,000 live births and under-five mortality rates 25 per 1,000 KH (Director General of Nutrition and Maternal Child Health, 2015).

Infants with 0-24 months are a period of rapid growth and development, so that it is said to be a golden period as well as a critical period. The golden period can turn into a critical period that can interfere with the growth and baby development, both at

this time and in the future (Kristiyanasari, 2011). One of the best ways to improve the quality of the nation's next generation of human resources is through breastfeeding exclusively until 6 months and continued until 2 years old with appropriate supplementary feeding (Kristiyanasari, 2011).

Exclusive breastfeeding for 6 months is every baby's right because it can save the baby's life and have a good impact on mother's health. Breastfeeding can reduce the infection risk such as diarrhea, pneumonia, ear infections, *Haemophilus influenza*, meningitis, urinary tract infections and protecting babies against chronic diseases such as type 1 diabetes, ulcerative colitis, Crohn's disease, lowering the obesity risk and infant's overweight in adulthood later (Horta et al., 2007). Breastfeeding also reduces the incidence of *Sudden Infant Death Syndrome*and improves the baby's cognitive development and intelligence (Gartner et al., 2015; Victora et al., 2016). Besides giving some advantages to the children, for breastfeeding women, breast milk provides protection against breast cancer and increases birth spacing, and may also protect against ovarian cancer and type 2 diabetes (Victora et al, 2016).

In Southeast Asia, exclusive breastfeeding achievement shows a small different number. Coverage in India reached 46%, in Philippines 34%, in Vietnam 27% and in Myanmar 24% and in Indonesia 27.1% (MOH RI, 2012). Exclusive Breastfeeding Coverage in Indonesia by 2015 based on data from Indonesia's health profile in 2015 was 55.7%. East Java Province had coverage of 74.1% (Indonesia Health Profile Year 2015). In 2015, the exclusive breastfeeding coverage in Banyuwangi reached 78.7%, but when viewed from the report of puskesmas in Banyuwangi, there were still some puskesmas that had not fulfilled the target of 75% of exclusive breastfeeding coverage yet (Banyuwangi District Health Profile 2015).

The low coverage of exclusive breastfeeding is generally influenced by several factors including the lack of the successfull breastfeeding stepsincluding the involvement of breastfeeding support groups, the infant not getting the Early Breastfeeding Initiation (IMD), the number of counselors who are inconsistent with the number of health service facilities, formula milk, and not all agencies and public places provide means of breastfeeding room. In addition to these factors, the mother's level of knowledge about the importance of exclusive breastfeeding, husband and family support, community support and health care providers are also factors that greatly influence the success of the breastfeeding process (Banyuwangi District Health Profile 2015).

Study conducted by Rizqi (2010) shows that factors related to the failure of breastfeeding exclusively include lack of mother's knowledge, no subject motivation on exclusive breastfeeding, absence of hospital outpatient facilities, maternal influences from subjects and infant quacksalver, erroneous habits, promotion of infant formula through health care workers and maternal and infant health problems. This habit, if it is ongoing, can be a serious threat to the preservation and increased use of breastfeeding.

Other studies have identified several factors that influence the success of exclusive breastfeeding are maternal age ≥25 years, multiparous mother, physical factors (maternal health), maternal psychosis (confidence in breastfeeding production), high maternal education level, mother's knowledge of exclusive breastfeeding which is true, mother's high

socioeconomic status, family support, and breastfeeding counseling from health workers (Fahriani et al, 2014).

The purpose of this study was to analyze the relationship between age, parity, education, occupation, household assistant (ART), mother participation in maternal breast support group (KP-ASI) and an exclusive breastfeeding success.

SUBJECTS AND METHOD

1. Study Design

Study method in this study is observational analytic study, with *cross sectional* design approach. The study was conducted in three puskesmas in Banyuwangi: Mojopanggung Community Health Center, Tembokrejo Health Center, and Pesanggaran Health Center of Banyuwangiin 2017. The implementation was from August to September 2017.

2. Population and Sample

The population in this study was all breastfeeding mothers with infants aged 6-24 months recorded in Mojopanggung Community Health Center, Tembokrejo Health Center, Pesanggaran Health Center of Banyuwangi in 2017.

The sample in this study was 120 subjects using a ratio of 1: 2 with control group 2 times (80) of case group (40). Sampling technique used in quantitative study was *purposive sampling* then *proportional random sampling* by determining the number of sample proportionin each puskesmas used as a place of study and the determination of subject by using *simple random sampling* because all population had the same chance as the subject (Murti , 2013).

3.Study Variables

There are seven variables in this study consisting of dependent and independent variables. Dependent variable was the exclusive breastfeeding success. Independent variables were age, parity, education, occupation, ART, and mother participation in KP-ASI.

4.Variable Operational Definition

The operational definition of the age variable is the age of the breastfeeding mother in the year counted from birth to the last birthday at the time of study. Parity was the number of children who had been born either deador alive. Education was the last formal education level saved by health personnel. Work was the work done by the mother well before delivery to the time of the study. Home assistant was a person who works in the household only and also takes care of the baby.

The participation of mothers in the breast milk support group was the status of maternal participation in the breastfeeding support group community in the area where it ranges from the time of pregnancy to the infancy of 6 months and / or up to 2 years. KP-ASI meetings are conducted every month so it is said that the status of active mother's participation if the mother always attend the meeting once every month.

The exclusive breastfeeding success is the mother's success rate for exclusive breastfeeding for 6 months giving only breast milk to infants without additional food or drinks except drops or syrups containing vitamins, mineral supplements or medicines if necessary.

5. Instruments

The study instrument used in this study was a questionnaire. Questionnaires were used to obtain primary data from breastfeeding mothers. The questionnaire is a questionnaire that had been tested for validity and reliability by previous researchers.

6. Data Analysis

Data analysis included univariate, bivariate, and multivariate analysis. Multivariate data

analysis in this study used multiple logistic regressions.

The analysis of univariate quantitative data was performed to present characteristic and descriptive data of study variables, bivariate analysis to analyze the relationship of exogenous variables with endogenous variables using Chi Square test, and multivariate analysis with multiple logistic regression analysis was used to predict the dependent variable relationship of some independent variables.

RESULTS

The results described the characteristics of the study subjects covering maternal age, parity, education, occupation, household assistant (ART), and maternal participation in breast milk support groups (KP-ASI).

Table 1. Study subject characteristic

Characteristic	Case		Control	
	N	(%)	N	(%)
Mother's age (year)				
<20 years atau ≥35 years	27	67.5	31	38.8
20 – 34 years	13	32.5	49	61.2
Parity				
Primipara	27	67.5	32	40.0
Multipara	13	32.5	48	60.0
Education				
Low	23	57.5	32	40.0
High	17	42.5	48	60.0
Job				
Unemployed	10	25.0	56	70.0
Employed	30	75.0	24	30.0
House wife				
Yes	18	45.0	5	6.2
No	22	55.0	75	93.8
KP-ASI Participation				
Passive	28	70.0	21	26.2
Active	12	30.0	59	73.8

Table 1 showed mother's age <20 years or ≥35 years dominated in case group of 67.5% while mother's age 20-34 years dominated in the control group of 61.2%. Parity with primipara dominated in the case group by 67.5% and parity with multipara dominated the control group by 60%. Education with low education dominated the case group by 57.5% and education with higher education dominated the control group by 60%. At work, unemployed mothers or housewives dominated the control group by 70% while the employed mother dominated the case group by 75%. In the ownership of household assistants, both groups were dominant in the absence of a household assistant in the case group of 55% and the control group of 93.8%. The participation of mothers who are not active in KP-ASI dominated in case group of 70% while active mother participation dominated in control group of 73.8%.

Univariate analysis results showed that more than half of respondents aged 20-34 years old was 51.7%. Mothers who had given birth more than once or multipara in this study more than half of respondents was 50.8%. The education level for the respondents more than half of them educated ≥SMA was 54.2%. More than half of the respondents were a housewife general work outside the home by 55%. Most of the respondents did not

use household assistant to care for their babies by 80.2% and more than half of respondents actively participated in the activity of KP-ASI by 59.2%.

Table 2.Univariate Analysis

Variable	n	%
Age		
<20 or≥35 years	58	48.3%
20-34 years	62	51.7%
Parity		
Primipara	59	49.2%
Multipara	61	50.8%
Education		
<Senior	55	45.8%
≥Senior	65	54.2%
Job		
Unemployed	66	55%
Employed	54	45%
Household Asistent		
Yes	23	19.2%
No	97	80.8%
KP-ASI Participation		
Passive	49	40.8%
Active	71	59.2%

There was a statistically significant relationship between mother's age (OR = 3.28; 95% CI = 1.47 to 7.30; p = 0.003); parity (OR = 3.11; 95% CI = 1.40 to 6.92; p = 0.005); job (OR = 0.14; 95% CI = 0.06 to 0.33; p <0.001); household assistant (OR = 12.27; 95% CI = 4.09 to 36.83; p <0.001); and mother participation in breastfeeding (OR = 6.56; 95% CI = 2.83 to 15.18; p <0.001) with exclusive breastfeeding success.

There was no statistically significant relationship between mother's education (OR= 2.03; 95% CI= 0.94 to 4.38, p= 0.070) with exclusive breastfeeding success.

Mother's age 20-34 years had 3.99 times increased the possibility of exclusive breastfeeding success compared to mothers aged <20 years or ≥35 years. The relationship was statistically significant (OR = 3.99; 95% CI = 1.08 to 14.64; p = 0.037).

Table 3. Bivariat Chi Square analysis of age, parity, education, occupation, household assistant (ART), and mother's participation in breastfeeding support group (KP-ASI) with successful exclusive breastfeeding

Variable	OR	95% CI		p
		Lower	Upper	
Age	3.28	1.47	7.30	0.003
Parity	3.11	1.40	6.92	0.005
Education	2.03	0.94	4.38	0.070
Job	0.14	0.06	0.33	<0.001
Household Asistent	12.27	4.09	36.83	<0.001
KP-ASI Participation	6.56	2.83	15.18	<0.001

Mothers who hadborn more than once or multiparously were 715 times more likely to increase exclusive breastfeeding success than first-time or primiparous mothers. This relationship was statistically signi-

ficant (OR = 7.15; 95% CI = 2.19 to 23.33; p = 0.001).

Mother's education level had no relationship to the exclusive breastfeeding success, but the educated mother is more than equal to senior having the possibility of 1.30 times improving the success of breastfeeding.

Exclusive than mothers who had not more than senior education. The relationship was not statistically significant (OR = 1.30; CI95% = 0.45 to 3.78; p = 0.624).

Table 4. Results of logistic regression of age, parity, education, occupation, ART, and mother's involvement in breastfeeding with successful exclusive breastfeeding

Variables	OR	95% CI		p
		Lower	Upper	
Age	3.99	1.08	14.64	0.037
Parity	7.15	2.19	23.33	0.001
Education	1.30	0.45	3.78	0.624
Job	0.62	0.16	2.35	0.488
Household Asistent	8.99	2.32	34.88	0.001
KP-ASI Participation	5.32	1.79	15.76	0.003

Mother's occupations had no relationship between the success of exclusive breastfeeding, but working mothers had a 1/2 chance of decreasing the success of exclusive breastfeeding rather than unemployed or housewives. The relationship was not statistically significant (OR = 0.62; CI95% = 0.16 to 2.35; p = 0.488).

Mothersnot having a household assistant were 8.99 times more likely to increase exclusive breastfeeding success than mothers with household assistants. The relationship was statistically significant (OR = 8.99; 95% CI = 2.32 to 34.88; p = 0.001).

Mothers active in KP-ASI activities were 5.32 times more likely to increase the success of exclusive breastfeeding than women passive participating in breastfeeding activities. The relationship was statistically significant (OR = 5.32; CI95% = 1.79 to 15.76; p = 0.003).

DISCUSSION

1. Relationship between mother's age and exclusive breast milk success

The results showed that mother's age had a relationship with the success of exclusive breastfeeding. Mothers aged 20-34 years can increase exclusive breastfeeding success in their infants almost 4 times than mothers <20 years old or ≥35 years old.

The study results were in line with Arintasari (2016) study indicating that mothers with age ≤ 30 years had a 41% proportion of exclusive breastfeeding, while mothers with> 30 years of age had a 37.2% proportion of exclusive breastfeeding. Age 20-34 years is the ideal reproductive age so that at that age, mother's desire to give exclusive breastfeeding is so great.

The study resultswere also in line with study conducted by Prehatni (2009) which states there was a significant relationship between age with exclusive breastfeeding. Mothers in the 20-34 year age range were new families wanting their children to be healthy so all are in need of all information about health and always take time to come to posyandu and health facilities to check the baby's health status (Somiet al, 2014). In mothers aged <20 years rely more on infant health information than in-laws or parents so easily influenced by information that may not improve the health of infants, while at age ≥ 35 years despite having

previous parenting experience but the process of exclusive breastfeeding is often hampered because milk production began to decrease.

2. Relationship between parity and the exclusive breastfeeding success

The results showed that parity had a relationship with the success of exclusive breastfeeding. This suggests that mothers who have given birth to children more than once or multiparously are 7.15 times more likely to give exclusive breastfeeding than first-time mothers or primiparas.

The results of this study are consistent with studies suggesting that in women with second or more pregnancies it is possible to breastfeed 3 times higher (Hashim et al. 2017). In Proveravati's study (2010), said that in breast milk produced more in mothers who have given birth was more than 1. In addition, the number of deliveries can also provide experience in breastfeeding to infants. The more mother's parity, the more experienced she will be in breastfeeding and knowing how to increase milk production and reduce the things that inhibit the decrease in milk production so that it will also reduce the emergence of problems in the process of exclusive breastfeeding.

Another study in line with is Mursyida (2012) study that mothers who had parity more than 1 times were 2.33 times more likely to exclusively breastfed than mothers who had parity once, prevalence of exclusive breastfeeding increased with the increasing number of children. In primiparous mothers who do not exclusively breastfeed because the mother has not been experienced in giving exclusive breastfeeding, and known the correct breastfeeding techniques yet. In contrast to multiparous mothers aged over 35 years can not exclusively breastfeed because the amount of breast milk that comes out is not sufficient.

3. The relationship between education and the exclusive breastfeeding success

The results showed no relationship between education with the success of exclusive breastfeeding. However, educated mothers more than equal to high school had a chance of 1.30 times to increase the success of exclusive breastfeeding.

The results of Arintasari (2016) indicated that there is a significant relationship between mother's last education to increase exclusive breast feeding (OR = 3.08; p = 0.005). Mothers with a higher education level are three times more likely to exclusively breastfeed than mothers with low levels of education. Highly educated people tend to have broad access to information because they always want to find out health information including exclusive breastfeeding so that the higher a person's education the better his knowledge.

Other study results from Jordan make it clear that lower-educated women tend to breastfeed than highly educated women (Khassawneh et al., 2006). This may be the case because a highly educated mother usually has more out-of-home activities, so the chance to meet her baby is less. While low-educated mothers morestay at home and have a chance to breastfeed their babies (Amraeni and Amiruddin, 2010).

4. Relationship between Employment and Exclusive Breastfeeding Success

The results showed that there was no relationship between the work and the success of exclusive breastfeeding. However, mothers who work out of home have a half chance to decrease the success of exclusive breastfeeding rather than unemployed mothers. The unemployed

mother is a housewife who performs her role as a housewife and spends much of her time at home without any work out of home.

The results of this study are in line with Mekuria and Edris (2015) which showed that unemployed mothers have a probability of 1.98 times more likely to breastfeed exclusively than working mothers AOR= 1.98. According to Roesli (2008), work is not a reason to stop exclusive breastfeeding. Mother's activity during breastfeeding affects the intensity of mother and baby's meeting. Working mothers tend to have little time to breastfeed their babies due to busy work, this situation causes the mother to stop breastfeeding. While mothers who do not work have a lot of time to breastfeed their children (Rahmawati and Burhanuddin, 2013).

This result is in lineVijayalakshami (2015) which states that housewives have a better awareness of exclusive breastfeeding because it can be more focused than working women. Mothers who work also can still provide breast milk to the baby even more so now there are many places of work that provide space for breastfeeding (Lactation Corner) so that they can breastfeed directly to the baby, the mother can also pump breast either by hand or pumping equipment.

5. Relationship between home assistants and the exclusive breastfeeding success

The results showed that there was a relationship between the household assistant and the success of exclusive breastfeeding. Mothers who do not have a household assistant may raise 8.99 times in exclusive breastfeeding success than mothers with household assistants. This housekeeper is someone not a family member who is involved in doing or assisting with housework including caring for the baby.

A study conducted by Abdullah (2013) which suggests that mothers who have caregiver support are more likely to breastfeed exclusively than those who do not get support. Babysitters are groups that can not be separated by exclusive breastfeeding success. Therefore, in providing education on exclusive breastfeeding should also prepare educational strategies for this group. A household assistant is the one who can relieve the mother's burden on babysitting so she will not feel tired both physically and emotionally.

Mothers who use household assistants indicate that mothers will leave their babies more often for outside activities, thus reducing opportunities for contact with their babies and increasing the chances of decreasing the process of exclusive breastfeeding.

6. Relationship between mother's participation in breastfeeding and successful exclusive breastfeeding

The results showed that there is a relationship between mother participation in KP-ASI with the exclusive breastfeeding success. Mothers who actively participated in KP-ASI activities increased 5.32 times in the exclusive breastfeeding successrather than mothers who were not actively participating in KP-ASI activities.

The results of Ichsan et al (2015) showed that there was a significant difference between knowledge and attitude about exclusive breastfeeding from active and inactive mothers as members of mother's support group programs. Mother's Support Groups are established as a way for mothers to solve problems encountered and as sharing experiences and motivating other mothers in the process of pregnancy, childbirth and breastfeeding (Astuti, 2013). Mothers who are active in KP-ASI activities

can interact and share questions and share experiences related to the breastfeeding process, the difficulties that occur during breastfeeding and the support of fellow mothers to be able to exclusively breastfeed.

This study is in line with Lakshmi (2011) study which states that mother's support groups significantly improve exclusive breastfeeding behavior. Mothers who are increasingly active in participating in the group will have a 2-times chance of exclusively breastfeeding. This finding supports the social cognitive theory proposed by Albert Bandura which suggests that social and cognitive factors as well as principal factors play an important role in learning. According to Bandura, one's treatment is the result of the interaction of factors within the self (cognitive) and the environment.

The interaction of breastfeeding mothers in KP-ASI is one means to establish positive behavior in the process of exclusive breastfeeding.

Based on the results of the study, it can be concluded that the exclusive breastfeeding successis positively associated with age, parity, education, household assistant, and mother participation in KP-ASI and negatively related to mother's work.

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