

# 8. Factors that Influence the Provision of Breastfeeding

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## RESEARCH ARTICLE

URL of this article: <http://heanoti.com/index.php/hn/article/view/hn30303>**Factors that Influence the Provision of Breastfeeding****Teta Puji Rahayu<sup>1(CA)</sup>, Ayesha Hendriana Ngestiningrum<sup>2</sup>**<sup>1(CA)</sup>Department of Midwifery, Poltekkes Kemenkes Surabaya, Indonesia; [tetapujirahayu@gmail.com](mailto:tetapujirahayu@gmail.com)<sup>2</sup>Department of Midwifery, Poltekkes Kemenkes Surabaya, Indonesia; [tetapujirahayu@gmail.com](mailto:tetapujirahayu@gmail.com)**ABSTRACT**

Exclusive breastfeeding is one form of health behavior that provides great benefits to babies, mothers and the state. The purpose of the study analyzed the relationship between age, education, occupation, parity, mother attitude and husband support to exclusive breastfeeding. Type of cross-sectional study. The study sample of 88 mothers with infants aged 6-12 months in Magetan District, with cluster random sampling technique for the sub-district, while for kelurahan, posyandu, and respondents were taken by simple random sampling. Variables of age, education, occupation and parity were taken using questionnaires, maternal attitude variable and husband support were measured by Likert scale 1-5. Analysis was carried out using path analysis, with T value >1.96 and path coefficients <0.05 for each predictor variable. Test analysis using path analysis to find the value of each variable. There was no significant association between mothers who gave exclusive breastfeeding with no exclusive breastfeeding for age, education, employment, and mother (T value <1.96). Parity and husband support are significantly associated between mothers who exclusively breastfed with mothers who did not give exclusive breastfeeding. The most dominant variable contributing to exclusive breastfeeding behavior is husband support.

**Keywords:** Mother's attitude, Husband support, Exclusive breastfeeding**INTRODUCTION****Background**

Exclusive breastfeeding reduces infant mortality and the incidence of illness in children, namely diarrhea or pneumonia, and helps recovery from illness.<sup>(1)</sup> Various scientific facts prove that babies can grow healthier and smarter when given breast milk exclusively during the first 6 months of life.<sup>(2)</sup> However, currently breastfeeding in Indonesia is not as expected, especially exclusive breastfeeding.

Based on the 2012 SDKI report, the achievement of exclusive breastfeeding was 42% while, based on reports from the provincial Health Office in 2013, the coverage of breastfeeding from 0-6 months was only 54.3%. According to Magetan Regency Health Profile in 2015, the exclusive coverage of ASI in Magetan District, respectively from 2014 to 2015 was 66.9% and 68.1%. Judging from this coverage, there is an increase in exclusive breastfeeding coverage in Magetan district but has not met the 80% target. Although this figure is above the national figure, this is still far from the national target for exclusive breastfeeding.<sup>(3)</sup> To improve the success of exclusive breastfeeding, various optimal efforts are needed. One effort that can be done is to review and analyze the factors or variables that influence the success of exclusive breastfeeding.

**Purpose**

Knowing the factors related to exclusive breastfeeding in Magetan Regency in 2017. Identify exclusive breastfeeding. Identifying factors of age, education, employment status, parity, attitude, and husband's support for exclusive breastfeeding. Analyze the relationship between factors of age, education, employment status, parity, attitude, and husband's support for exclusive breastfeeding.

## METHODS

This research was analytical with a cross sectional approach. The target population in this study were mothers who breastfed babies aged 6-12 months in Magetan Regency. The sample size was calculated based on the purpose of the study, which was to assess the positive behavior of exclusive breastfeeding, with a 95% confidence level. The sample size was calculated by consensus (rule of Thumb).<sup>(4)</sup> The samples size was 88 respondents, with cluster random sampling technique for the sub-district, while for village, posyandu, and respondents were taken by simple random sampling. Variables of age, education, occupation and parity were taken using questionnaires, maternal attitude variable and husband support were measured by Likert scale 1-5. Statistical analysis method uses computerized program assistance (SPSS 17 software program and smartPLS 2). The analysis was carried out using path analysis, with T value >1.96 and path coefficient <0.05 against each predictor variable. Test analysis using path analysis to find the value of each variable.

## RESULTS

### Characteristics of Breastfeeding Mothers in Magetan Regency

Table 1. Distribution of characteristics of breastfeeding mothers in Magetan Regency in 2017

| Characteristics        | Breastfeeding               |      |                         |      | Total |     |
|------------------------|-----------------------------|------|-------------------------|------|-------|-----|
|                        | Not Exclusive Breastfeeding |      | Exclusive breastfeeding |      |       |     |
|                        | n                           | %    | n                       | %    | n     | %   |
| Age                    |                             |      |                         |      |       |     |
| Unhealthy reproduction | 15                          | 62.5 | 9                       | 37.5 | 24    | 100 |
| Healthy reproduction   | 33                          | 51.6 | 31                      | 48.4 | 64    | 100 |
| Education              |                             |      |                         |      |       |     |
| Basic                  | 20                          | 57.1 | 15                      | 42.9 | 35    | 100 |
| Middle class           | 20                          | 57.1 | 15                      | 42.9 | 35    | 100 |
| High                   | 8                           | 44.4 | 10                      | 55.6 | 18    | 100 |
| Occupation             |                             |      |                         |      |       |     |
| Work                   | 12                          | 37.5 | 20                      | 62.5 | 32    | 100 |
| Does not work          | 36                          | 64.3 | 20                      | 35.7 | 56    | 100 |
| Parity                 |                             |      |                         |      |       |     |
| Primipara              | 19                          | 57.6 | 14                      | 42.4 | 33    | 100 |
| Multipara              | 29                          | 52.7 | 26                      | 47.3 | 55    | 100 |
| Mother's attitude      |                             |      |                         |      |       |     |
| Negative               | 27                          | 69.2 | 12                      | 30.8 | 39    | 100 |
| Positive               | 21                          | 42.9 | 28                      | 57.1 | 49    | 100 |
| Husband's support      |                             |      |                         |      |       |     |
| Does not support       | 47                          | 90.4 | 5                       | 9.6  | 52    | 100 |
| Support                | 1                           | 2.8  | 35                      | 97.2 | 36    | 100 |

Path Analysis on Variables of Maternal Age (U), Maternal Education (Pd), Maternal Occupation (Pk), Maternal Parity (Pr), Maternal Attitudes (SI) And Husband's Support (DS) For Breastfeeding

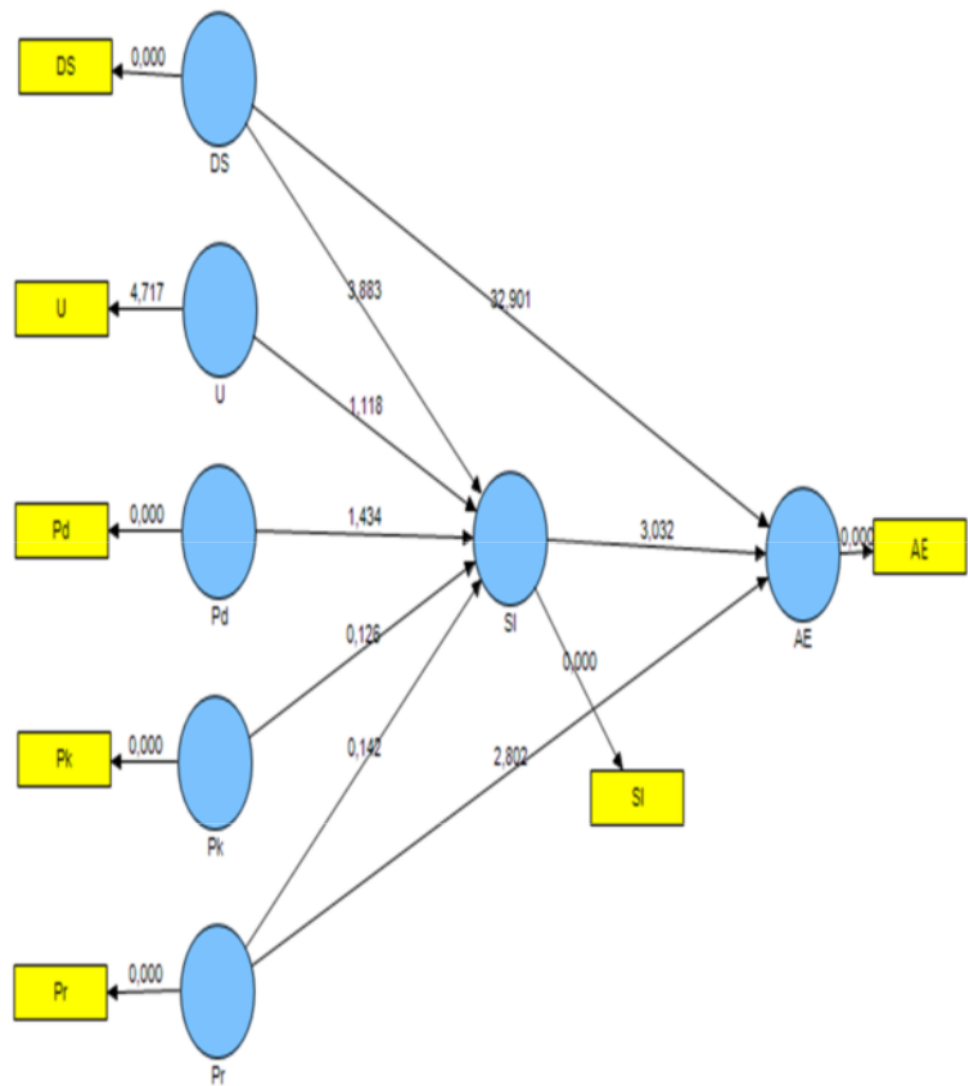


Figure 1. Path Phase 1 T Value Factors Affecting Breastfeeding

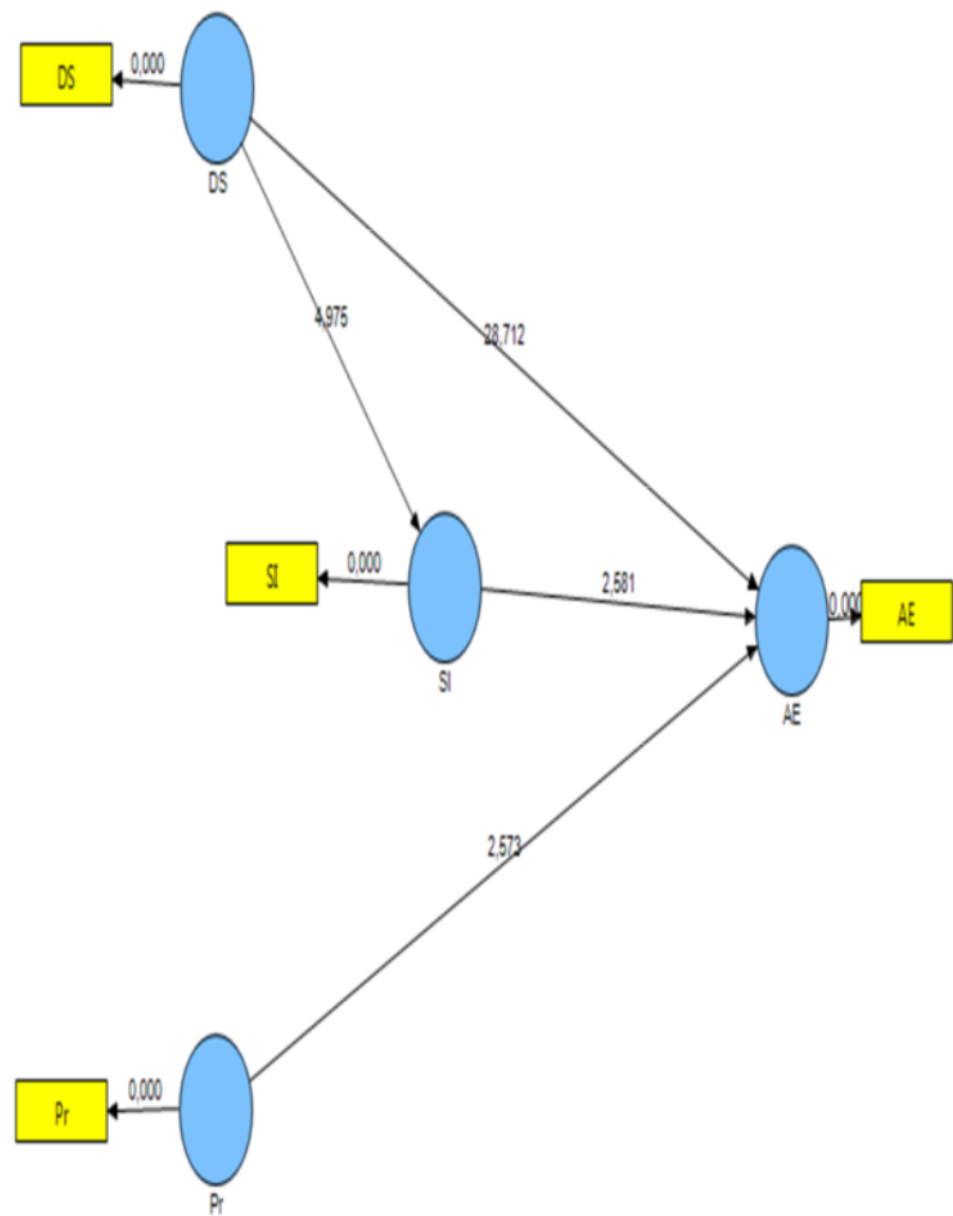


Figure 2. Path Phase 2 T Value Factors Affecting Breastfeeding

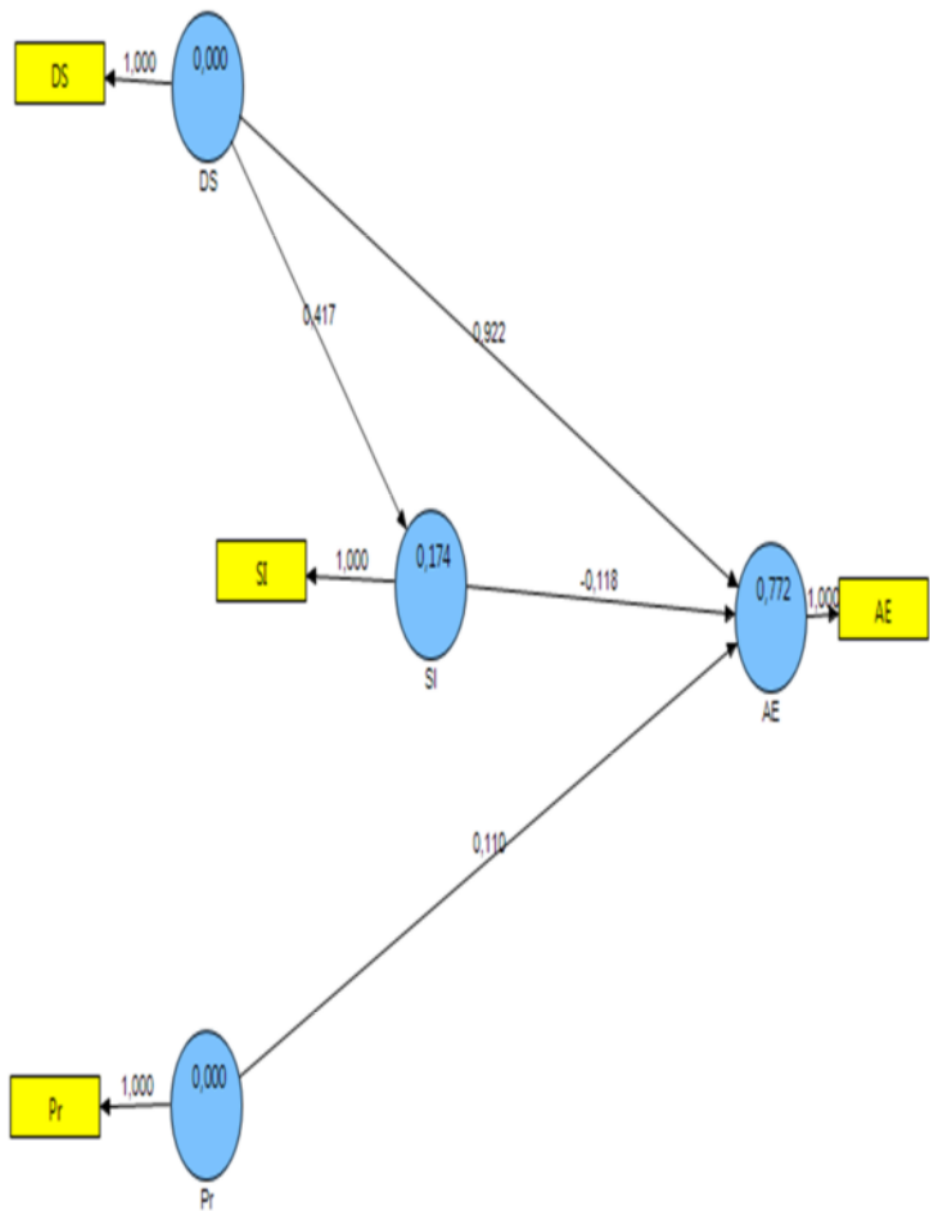


Figure 3. Pathway Stage 2 Coefficient of Path Factors Affecting Breastfeeding

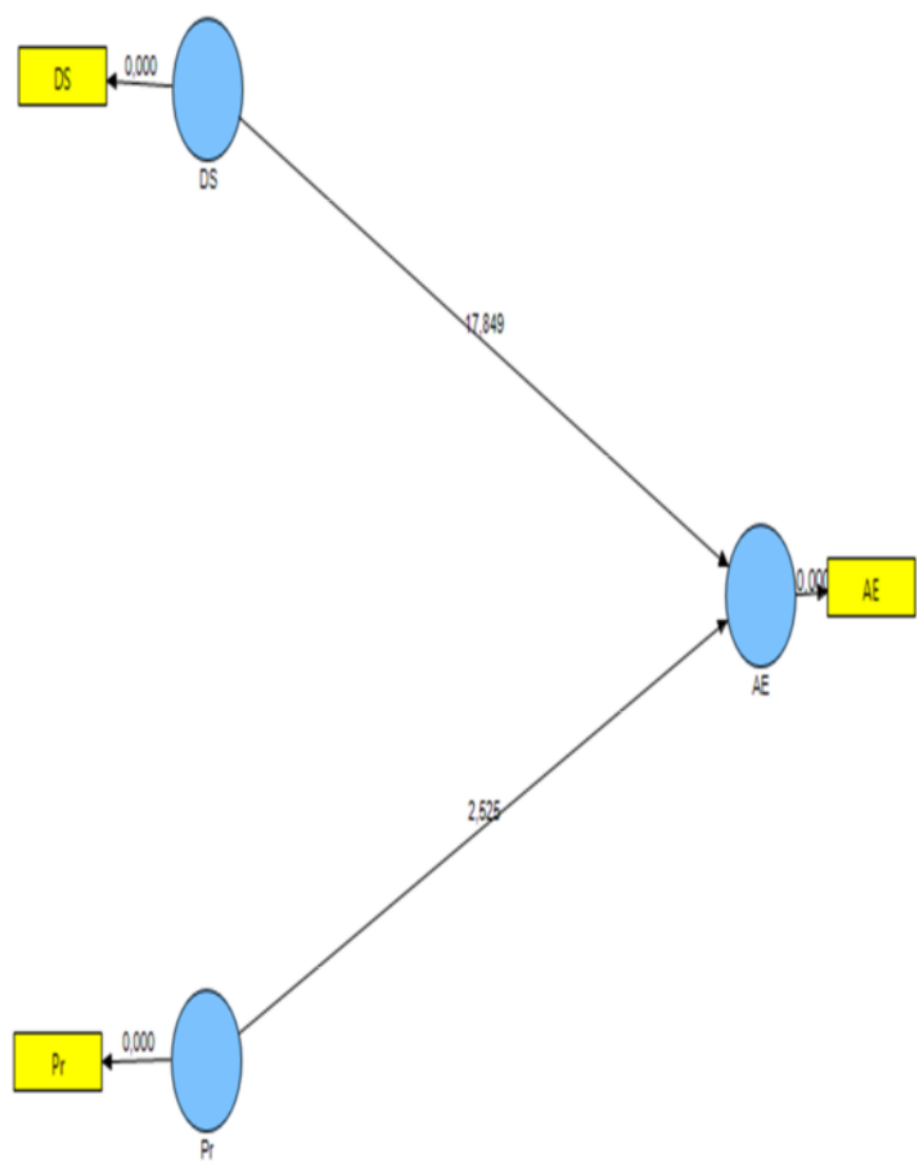


Figure 4 Path Phase 3 T Value Factors Affecting Breastfeeding

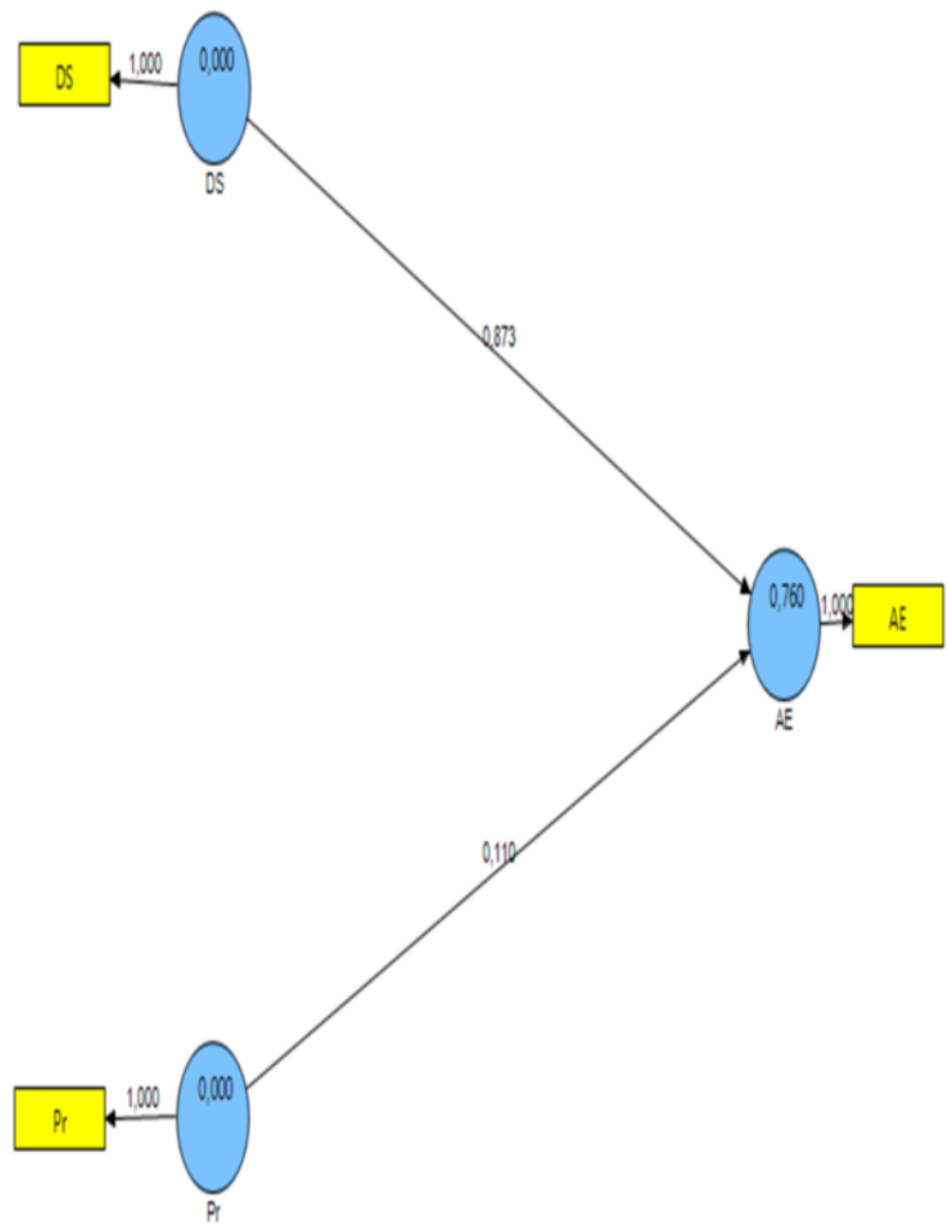


Figure 5 Path Phase 3 Path Coefficient Factors Affecting Breastfeeding



## DISCUSSION

Figure 1 (Phase 1) path analysis of stage 1 shows that there is no significant relationship (score = 1.118, 1.434, 0.126, and 0.142) between the age of the mother, maternal education, the work of mothers, and parity with the attitude of the mother in giving exclusive breastfeeding, so that the path must be removed from the model. There is a significant relationship (T value: 3.883, Path coefficient: 0.000), between husband's support with the attitude of the mother in giving exclusive breastfeeding. There is a significant relationship (T value: 32.901, 3.032, and 2.802, Path coefficient: 0.000), between husband's support, the attitude, and parity with giving exclusive breastfeeding. Figure 2 and 3 (phase 2) shows that there is a significant relationship (T value: 2.582, path coefficient: -0.118), between the attitudes of mothers with exclusive breastfeeding, so that the path must be removed from the model, because having a negative direction is not in accordance with the theoretical basis which states that attitudes have a positive influence on health behavior. There is a significant relationship (T value: 28.712, 2.581, and 2.573, Path coefficient: 0.000), between husband's support and the attitude of the mother in giving exclusive breastfeeding, husband's support and parity with giving exclusive breastfeeding. Figure 4 and 5 (phase 3) shows that there is a significant relationship (T value: 17.849 and 2.525, Path Coefficient: 0.000), between husband's support and parity with giving exclusive breastfeeding. From the two paths that were significant based on the T value, they were then interpreted about meaningfulness based on the path coefficient values. Both of these pathways had a less coefficient of path value than 0.05 so it was concluded that the two pathways were meaningful.

This is consistent with the research conducted by Tan KL which states that multipara women 2 (two) times more likely to give exclusive breastfeeding compared to primiparous women (OR = 1.68: 95% CI: 1.17, 2.42). The process of breastfeeding in primipara is the first experience, and often has problems when breastfeeding like abrasions, and this results in cessation of exclusive breastfeeding. But this can be overcome with support from health workers, family support and preparation during pregnancy.<sup>(5)</sup> In Magetan district, the average pregnant woman has done antenatal care (ANC) to health workers so that when conducting ANC they have been provided with lactation preparation and various information about exclusive breastfeeding.

The results of this study are in accordance with research from Hector et al., Which stated that one of the effective factors in the practice of breastfeeding was the presence of husband's social support.<sup>(6)</sup> A similar study was carried out by Arora et al., Who also stated that one of the factors supporting breastfeeding mothers was the presence of family support (husband).<sup>(7)</sup> Bins et al explained that one of the successes of mothers to breastfeed is the support of their husbands.<sup>(8)</sup> This statement was corroborated by Sinclair et al who stated that mothers who received support from their partners (husbands) gave longer breastfeeding than mothers who did not get support from their partners (husbands). Support from their husbands and families would increase breastfeeding to their babies. Conversely, social support is lacking, breastfeeding decreases.<sup>(9)</sup> According to Reeves et al., Mothers gave ASI because they received support from their husbands 46.3%.<sup>(10)</sup> Another study that supports this research is Tan KL's research which states that mothers who get support from their husbands have 4 times greater opportunity to exclusively breastfeed compared to mother who did not get her husband's support (OR = 4.20: 95% CI: 1.12, 15.75). Social support is a form of social support relationship that includes emotional, informational, instrumental and appraisal. Emotional support can be in the form of empathy, love, trust and motivation. Informational support in the form of providing information to increase the knowledge of mothers in exclusive breastfeeding. While instrumental support is the availability of facilities and funds that facilitate mother's behavior in breastfeeding such as giving opportunities and opportunities. Appraisal support in the form of appreciation for the efforts that have been made by the mother.<sup>(5)</sup>

## CONCLUSION

There are two determinants of ASI behavior in Magetan Regency, namely husband's support as the main determinant and parity as the second determinant. Age, education, occupation, and maternal attitudes do not have an influence on exclusive breastfeeding.

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