

Factors that Influence of Exclusive Breastfeeding in the First Month of Breastfeeding

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Abstract: Breast milk is the most important food for babies, that can provide protection against the risk of chronic and acute diseases. The World Health Organization (WHO) and UNICEF recommend exclusive breastfeeding until the baby is six months old. The practice of exclusive breastfeeding not only provides many benefits to the baby but also provides many benefits for the mother. Although breast milk has many benefits for babies, the prevalence of exclusive breastfeeding remains low. The same is true for the first month of breastfeeding. This is due to factors that influence exclusive breastfeeding. Thus this paper purposes to analyze the factors related to the practice of exclusive breastfeeding, especially in the first month. This study uses a cross-sectional research design, with sampling techniques with consecutive sampling, the number of samples in this study were 46 respondents. The results showed that there were several factors related to exclusive breastfeeding in the first month. Health support and information is needed that suits the needs of breastfeeding mothers.

Keywords: exclusive breastfeeding, duration

1. Introduction

Various studies show the benefits of breastfeeding for babies that can provide protection against the risk of chronic and acute diseases [1]. The provision of exclusive breastfeeding means that the baby only receives breast milk, without the presence of fluids or other solid substances even water, except oral rehydration salts, or syrup vitamins, minerals or medicines [2]-[3]. The World Health Organization (WHO) and UNICEF recommend exclusive breastfeeding until the baby is six months old [4].

Research shows that exclusive breastfeeding not only provides many benefits to the baby but provides many benefits for mothers. Benefits for babies are able to reduce the rate of morbidity and mortality caused by digestive infections, as well as high body resistance. While the benefits for the mother are to reduce the risk of breast cancer, ovarian and premenopausal cancer, speed up the return of weight as before pregnancy, improve the process of bone mineral ion recovery, and lower risk of depression, and type 2 diabetes [4]-[5].

A lot of research shows that breast milk has many benefits for baby, the prevalence of exclusive breastfeeding remains low. The same is true for the first month of breastfeeding [6]-[7]-[8]-[9]. The factors that influence exclusive breastfeeding have previously been studied, including education level, age, smoking habits, and obesity. In addition to these factors, the problem of breastfeeding is also linked as one of the factors that influence early termination of exclusive breastfeeding [10]-[11]. Therefore, this study aims to analyze the factors that influence the practice of exclusive breastfeeding, especially in the first month.

2. Methods

This research is an analytic observational research using cross-sectional research design with the aim to determine the relationship between the dependent variable and the

independent variables identified at one time. The sampling technique used was non-probability sampling with consecutive sampling, with a total sample of 46 respondents. The instrument used in this study is a questionnaire. Primary data is obtained by direct interview with respondents using a questionnaire.

2.1. Statistical Analysis

Univariate data analysis is presented in the form of frequency distribution tables, while bivariate data analysis is performed using a Chi-Square test. Statistical analysis was carried out using the SPSS 17.0 program.

3. Results and Discussion

3.1 Univariate analysis

Characteristics of respondents in this study consisted of age, parity, type of labor, education, occupation and breastfeeding problems. Characteristics of respondents are shown in Table 1. Referring to Table 1 shows that as many as 34 respondents (73.9%) had an age range of <20-30 years, and as many as 12 respondents (26.0%) had an age range >30 years. Judging from the parity, as many as 18 respondents (39.1%) were primipara and 28 respondents (60.9%) were multiparous. Judging from the type of labor, there were 36 respondents (78.3%) with normal types of childbirth, and 9 respondents (19.6%) with the type of labor with surgery / SC.

Referring to education status, 43 respondents (93.4%) were highly educated, and 3 respondents (6.52%) with low-level education. Judging from the status of the work, there were 21 respondents (45.6%) with working status and 25 respondents (54.3%) with no working status. Judging from the problem of breastfeeding, as many as 23 respondents (50%) had problems with nipplepain/trauma, 10 respondents (21.7%) with low milk supply, and 13 respondents (28.2%) with breast engorgement.

Table 1. Characteristics of respondents

Variable	Frequency	Percentage (%)
Age		
<20-30 th	34	73.9
>30 th	12	26.0
Total	46	100
Paritas		
Primipara	18	39.1
Multipara	28	60.9
Total	46	100
Type of Labor		
Normal	36	78.3
SC	9	19.6
Total	46	100
Education		
Higher	43	93.4
Low	3	6.52
Total	46	100
Occupation		
Work	21	45.6
Doesn't work	25	54.3
Total	46	100
Problem of breastfeeding		
Low milk supply	10	21.7
Nipple pain/trauma	23	50
Breast engorgement	13	28.2
Total	46	100

3.2 Bivariate analysis

The results of bivariate analysis of the factors that influence the success of breastfeeding are shown in Table 2. Referring to Table 2, it shows that age and parity variables have no effect on exclusive breastfeeding with p-value > 0.005. This is different from previous studies which showed that age and parity affect the success of exclusive breastfeeding.

Table 2: Bivariate analysis

Variable	Frequency	Percentage (%)	P value
Age			0.436
<20-30 th	34	73.9	
>30 th	12	26.0	
Total	46	100	
Paritas			0.140
Primipara	18	39.1	
Multipara	28	60.9	
Total	46	100	
Type of Labor			0.001
Normal	36	78.3	
SC	9	19.6	
Total	46	100	
Education			0.000
Higher	43	93.4	
Low	3	6.52	
Total	46	100	
Occupation			0.000
Work	21	45.6	
Doesn't work	25	54.3	
Total	46	100	
Problem of breastfeeding			0.010
Low milk supply	10	21.7	
Nipple pain/trauma	23	50	
Breast engorgement	13	28.2	

Judging from maternal age variables, research shows that maternal age has a strong and consistent influence on breastfeeding activity and is a demographic variable that is strongly associated with the duration of breastfeeding [12]. Whereas in terms of parity variables, research shows that mothers who have previous breastfeeding experience will consistently continue to perform exclusive breastfeeding activities at subsequent births compared to mothers who are breastfeeding for the first time [13]-[14].

Judging from this study, although age and parity variables are not related to the success of breastfeeding, research shows that breastfeeding success is the result of self-quality, determination, confidence in self-efficacy to continue breastfeeding, and supported by support that you receive from your family and health workers [15].

Referring to the variable type of labor, education, work, and breastfeeding problems obtained p-value <0.005. This shows that the four variables have an influence on exclusive breastfeeding. Referring to the variable type of labor, this study shows that the type of normal and SC delivery is positively related to the success of exclusive breastfeeding with p-value = 0.001. This is in line with other studies which show that women who give birth normally or with SC can still successfully breastfeed their babies. Women who undergo cesarean surgery can breastfeed for a long time as well as mothers with normal labor. Because women who undergo labor with cesarean are treated longer in the hospital, allowing them to get more information and get support from health workers in breastfeeding activities [12]-[16].

Referring to the education variable, this study shows that this type of education is positively related to the success of exclusive breastfeeding with p-value = 0.000. This is in line with other studies which show that maternal education level influences the intention of exclusive breastfeeding [17]. It is also shown in other studies, that women who have a higher level of education do breastfeeding activities more often with a longer period of time [12].

Referring to the job variable, this study shows that work is positively related to the success of exclusive breastfeeding with a p-value = 0.000. This is in line with other studies that show that work can relate to socioeconomic conditions and time to care for babies. Research shows that women with low income will experience a decrease in breastfeeding activities that are directly related to the duration of breastfeeding. Because the termination of breastfeeding is more common and is more common in low-income women [12]. But other research shows that women with low incomes do not always fail in breastfeeding. Research conducted in a country (Ontario) with low-income women still succeeds in breastfeeding and has characteristics similar to high-income (prosperous) women [18].

Referring to the variable problem of breastfeeding, this study shows that breastfeeding problems have a negative effect on the success of exclusive breastfeeding with p-value = 0.010. This is in line with other studies that show that most women stop breastfeeding in the first month due to breastfeeding

problems they experience [6]-[7]-[8]-[9]-[19].

The results of this study indicate that the most dominant problem of breastfeeding (50%) experienced by respondents is nipple pain/trauma. This is in line with research which states that the incidence of abrasions is between 34-96%. nipple pain/trauma usually peak on the third day until the seventh day, but not a few also experience nipple pain/trauma until the second week or even up to one month of breastfeeding, this is one of the causes of the mother's reason to stop breastfeeding [20]-[22]-[22].

4. Conclusion

The results showed that the variables of age and parity did not have a relationship with exclusive breastfeeding. While the type of labor, job, education, and breastfeeding problems indicate a relationship with the sustainability of exclusive breastfeeding in the first month of breastfeeding. The most dominant problem of breastfeeding experienced by respondents is nipple pain/trauma.

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