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Exclusive breastfeeding behavior among mothers aged <20 years old

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ABSTRACT

The number of adolescent pregnancies in Indonesia was still high. This study aimed to find out the exclusive breastfeeding behavior among mothers aged <20 years old. This study was a quantitative used cross-sectional approach. The sample in this study was mothers aged <20 years who had babies aged 6-24 months in Karangmojo, Semanu, Semin, Gunung Kidul Regency in 2019. Minimal sample calculation by Lemeshow was 45 respondents. Data collected by a structured questionnaire. Data analysis involved univariate, bivariate analysis using the chi-square test and fisher's exact test, while multivariate analysis used logistic regression. The results showed that 75.5% of adolescent mothers aged <20 years old practice exclusive breastfeeding. Bivariate analysis showed that occupational factors (p-value = 0.001), parity (p-value = 0.001), pregnancy status (p-value = 0.010), family support (p-value = 0.002) and husband support (p-value = 0.003) were correlated to exclusive breastfeeding. Multivariate analysis showed husband support (p-value = 0.005; OR = 26.591). Husband support as the most influential factor to exclusive breastfeeding behavior among mothers <20 years old.

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INTRODUCTION

The data of the World Health Organization (WHO) in 2016 showed that the average of exclusive breastfeeding in the new world is around 38%.(1) According to Food and Nutrition Technical Assistance (FANTA) III in 2014 exclusive breastfeeding (EBF) in Cambodia reached 74%, East Timor 54%, Burma 24%, Vietnam 17%, and Indonesia 41% (Chaparo *et al*, 2014). Based on the data collected by International Baby Food Action Network (IBFAN) 2014, Indonesia ranks third in the bottom of 51 of the world's countries taking part in the assessment of the status of policy and programs on Infant-Young Child Feeding.

Based on the 2017 Health Office report, the percentage of EBF in Yogyakarta was 74.90%. Gunung Kidul is one of the districts that have coverage of EBF in the second low; 66.75% in 2017, 65.28% in 2016, and 60.87% in 2015. The coverage of EBF in Gunung Kidul has increased from year to year. Based on the data of Gunung Kidul Health Office, Public Health Center (PHC) Semin 1 ranks first in the coverage of the lowest EBF in 2017 around 31.25%.(2)

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Some studies state that factors were influencing EBF. Mogre and other states that those factors are mother's education, knowledge of exclusive breastfeeding, and mother's attitude.(3) It has been identified that the factors influencing early cessation of EBF are the age of mother that is still young, grandmother's influence, lack of breastfeeding technique knowledge, antenatal care that is less than 6 times, and cracked nipple. Teenage mother's perception of the benefits of exclusive breastfeeding and breastfeeding problems affects the practice of EBF.(4)

The practice of EBF should be done by all mothers in all age groups, including teenage mothers. The number of teenage mothers is greatly influenced by the high level of early marriage. Based on the National Socio-Economic Survey of Statistics Indonesia in 2012 the level of teenage marriage is still high. There are 25% of women get married before the age of 18, 5.4% get married before 16, and 2% before 15. Other data states that there are 7,61% of women get married before the age of 16 and 17.66% in the age of 17-18 in Yogyakarta in 2014.(5)

The high rate of early marriage will affect the high rate of teenage pregnancy as well. Developing countries have a higher proportion of teenage pregnancies compared to developed countries. Ninety percent of teenage pregnancies occur in developing countries. Indonesia ranks fifth in the world's top ten countries with the highest number of teenage pregnancies.(6) Based on the Basic Health Research in 2013 pregnancy in the population aged <15 is 0.02% and pregnancy at the age of 15-19 is 1.97%. Pregnancy in the 15-19 age groups has increased by 0.03% from the previous year.(7)

The high rate of teenage pregnancy will give an impact on the high rate of childbirth. 1.71% of teenage childbirth occurs in Yogyakarta in 2017. The number decreases from the previous year; 1.80%. The same thing happens in Gunung Kidul Regency in 2017 as 3.50% decreases from the previous year by 4.05% but the coverage of teenage childbirth in Gunung Kidul is the highest in Yogyakarta.(8)

The low coverage of EBF certainly affects the health of mothers and babies. WHO in 2010 has recommended that newborn babies should be given EBF until the age of 6 months. EBF is capable of reducing mortality by 13%. Another study states that the risk of infant death due to diarrhea and other infections can be prevented by practicing EBF Children who received exclusive breastfeeding had a decreasing incidence of infectious diseases 2,00 times greater than non-exclusive breastfeeding. (5)(6)(7) (8) (9)

Infant Mortality Rate (IMR) in the ASEAN such as Singapore is 3 per 1000 live births, Malaysia 5.5 per 1000, Thailand 17 per 1000, Vietnam 18 per 1000, and Indonesia 27 per 1000. One of the causes of the baby dying after birth is hyperbilirubinemia which is mostly found in newborns in the first week of life (Putri dan Mexitalia, 2014). A study conducted by Tazami, Mustarim, Syah (2013) finds that the number of hyperbilirubinemia incidence increases in the case of neonates with preterm compared to term neonates, and EBF less than 8 times/day (72%) compared to the frequency of EBF that more than 8 times/day (27.97%). It shows that the frequency of EBF also affects the IMR. Breastfeeding exclusively can reduce infant mortality due to infection by 88%. Besides, breastfeeding exclusively can also contribute to reducing the risk of stunting, obesity, and chronic diseases in the future. (5)(6)(7) (8) (9)

The result of the preliminary study conducted in Semanu and Semin, Gunung Kidul in 2019 shows the number of mothers aged <20 as many as 56 persons. The purpose of this research is to find out the description of the behavior of mothers aged <20 in exclusive breastfeeding in Karangmojo, Semanu, Semin in Gunung Kidul Regency in 2019. The benefits of this research are expected to broaden the insight and knowledge especially of midwifery related to EBF in mothers aged <20. The scope of this research is the Maternal and Child Health Service.

METHODS

This study was quantitative research with a cross-sectional design. The population/sample collection technique used in this research was proportional sampling. Minimal sample size calculation by Lemeshow used 45 mothers aged <20 who had babies aged 6-24 months and who are willing to become respondents known by signing the informed consent. This research was conducted in the working area of Karangmojo 1 PHC, Semanu 1 PHC, Semin 1 PHC in 2019. The variables examined in this research are the attitude of EBF, characteristics of respondents including education, occupation, parity, and description of husbands' and families' supports. The instrument of data collection used in this research was the questionnaire. The results of this research were analyzed univariate, bivariate analysis using chi-square test and fisher's exact test, while multivariate analysis used logistic regression.

RESULTS

This study of 45 mothers aged <20 years in Karangmojo 1 PHC, Semanu 1 PHC, Semin 1 PHC Januari – Juni 2019, the result showed:

Table 1. Univariate Analysis Respondents' Distribution Frequency

Characteristics	n	%
Age		
16	2	4.5
17	10	22.2
18	12	26.6
19	21	46.7
Level of Education		
Basic	37	82.2
Middle	8	17.8
High	0	0
Occupation		
Working	3	6.67
Not Working	42	93.3
Parity		
1 child	42	93.3
≥2 children	3	6.67
Pregnancy Status		
Intended pregnancy	29	64.4
Unintended pregnancy	16	35.6
Husband Support		
Good	24	53.3
Poor	21	46.7
Family Support		
Good	26	57.8
Poor	19	42.2

Table 1 shows that the majority (64.7%) respondents are at the age of 19, the majority of mothers (82.2%) are educated in basic educations, and the majority of mothers (93.3%) are not working. Based on the number of children it can be discovered that the majority (64.4%) are planned.

Based on the husband's support, the majority (53%) of mothers aged <20 feel that they have good supports from their husbands in practicing exclusive breastfeeding. Meanwhile, according to family support, 57.8% of teenage mothers feel that they have family supports in practicing exclusive breastfeeding.

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Table 2. Univariate Analysis Respondents' Distribution Frequency on the EBF Practice among Mother <20 Years-Old

Exclusive Breastfeeding	n	%
Yes	34	75.5
No	11	24.5
Total	45	100

Table 2 shows that the majority of respondents (75.5%) practice EBF.

Table 3. Bivariate Analysis on Attitude with Respondents' Characteristic in Practicing EBF in Semanu, Karangmojo, and Semin, Gunung Kidul in 2019

Characteristic	Attitude				Amount		p-value
	Exclusive Breastfeeding		Non-Exclusive Breastfeeding				
	n=34	%	n=11	%	n=45	%	
Age							
16	1	50	1	50	2	100	0.838
17	3	30	7	70	10	100	
18	9	75	3	25	12	100	
19	21	100	0	0	21	100	
Education							
Basic	29	76.3	9	23.7	38	100	0.761
Middle	5	71.4	2	28.6	7	100	
High	0	0	0	0	0	0	
Occupation							
Working	1	33.3	2	66.7	3	100	0.001
Not working	33	78.6	9	21.4	42	100	
Parity							
1 child	33	78.6	9	21.4	42	100	0.001
≥ 2 children	1	33.3	2	66.7	3	100	
Pregnancy Status							
Intended pregnancy	21	72.4	8	27.6	29	100	0,010
Unintended pregnancy	13	81.2	3	18.8	16	100	
Husband Support							
Good	22	91.7	2	8.3	24	100	0.003
Poor	12	57.1	9	42.9	21	100	
Family Support							
Good	24	92.3	2	7.7	26	100	0.002
Poor	10	52.6	9	47.4	19	100	

Based on Table 3 the proportion of respondents who practice EBF has a 19-year-old characteristic with a percentage of 100%. Meanwhile, respondents who do not practice EBF have 17-year-old characteristics with a percentage of 70%. The test result of the relation between mothers' age and the practice of EBF obtained p-value on 0.838, where the result is bigger than 0.05 (CI 95%) so that statistically there is no relation between maternal age and EBF for mothers aged <20. In terms of education, proportions of respondents who practice EBF are majority basic educated as many as 76.3% and respondents who do not practice EBF are majority middle educated around 28.6%. Furthermore, the results of the statistical test Chi-Square find that there is a p-value of 0.761. This value is more than 0.05 so that statistically there is no relation between education and the practice of EBF to mothers aged <20.

Based on the occupation, proportions of respondents who practice EBF are not-working mothers around 78.6% and respondents who do not practice EBF majority are working mothers around 66.7%. The test result of the relationship between occupation and the practice of EBF finds p-value 0.001, which is less than 0.05% so that statistically there is the relationship between occupation and the practice of exclusive breastfeeding in

mothers aged <20. In terms of parity, proportions of respondents who practice EBF are mothers who have 1 child as many as 78.6% and most of the respondents who do not practice EBF have children ≥2 with the percentage of 66.7%. The result of statistical tests with Chi-Square shows a p-value of 0.001%, this result is less than 0.05 so that statistically there is a relation between parity and the practice of EBF in mothers aged <20. Based on pregnancy status, proportions of respondents who practice EBF are unplanned pregnancy of 81.2% and most of the respondents who do not practice EBF are those with planned pregnancy; 27.6%. The test result of the relation between pregnancy status and the practice of EBF shows p-value 0.010, this is more than 0.05 so that statistically there is a relation between occupation and the practice of EBF to < 20-year-old mothers.

Based on the support, proportions of respondents who practice EBF are mothers who receive their husbands' support as much as 91.7%. Meanwhile, respondents who do not practice EBF are mothers without their husbands' supports with a percentage of 42.9%. The results of related tests between husband support and EBF practice were obtained p-value 3.003, it is less than 0.05 so that statistically there is a relation between occupation and EBF practice in mothers aged <20. In terms of family support, respondents who practice exclusive breastfeeding are mothers who get supports of their families; 92.3%, while the respondents who do not practice EBF are mothers having no support of their families as many as 47.7%. The results of related tests between family support and EBF practice obtains p-value 0.002, this result is less than 5.05 so that statistically there is a relationship between family supports and the practice of EBF among < 20-year-old mothers.

The analysis used to determine the most dominant factor in this research was multivariate analysis with logistic regression test. Variables tested in multivariate analysis were variables that have p-values <0.25 in bivariate analysis. These variables include occupation, parity, pregnancy status, husband and family support. The final results of multivariate analysis are as follows:

Table 4. Multivariate Analysis

Variable	p-value	OR	(CI 95%)
Husbands' support	0,005	26,591	(2,678-263,984)

The results of multivariate analysis showed that the variable of husband support in mothers aged <20 years as the most related factor on exclusive breastfeeding with p-value = 0.005. Mothers <20 years old who feel they have good support from their husbands are more likely to give EBF around 26.60 times compared to mothers who feel less support from their husbands in giving breastfeeding. The probability of a mother aged <20 years who feels she has good support from her husband to provide EBF is 99.2%.

DISCUSSION

This research showed that the practice of EBF was 75.5%. This percentage is above the percentage of EBF practice in the world which is around 38%, but the percentage is still below the target of EBF in Gunung Kidul Regency which is 80%. (1),(2) For 24.5% of respondents who do not practice EBF stated that they provide foods/drinks in the form of infant formula, water, bananas, honey, porridge, and biscuits. Other research showed that 13.3% of the respondents do not practice EBF because of the provision of foods/drinks other than breast milk such as infant formula, water, and sugar water. (14)

This shows that only by giving water and honey can prevent babies from getting EBF. The definition of EBF according to WHO is feeding babies with breast milk only without food or other fluids including infant formula except for drugs and vitamins. (10) Regulation regarding the practice of EBF is regulated in article 128 of Law No. 36 of 2009 concerning Health which reads:

1. Every baby has the right to get exclusive breast milk from birth until 6 months, except for medical indications.

2. During the breastfeeding, the family, government, local government, and community must fully support the baby's mother by providing special time and facilities.
3. Provision of special facilities as referred in paragraph (2) shall be held in workplaces and public facilities

The correlation between parity and the exclusive breastfeeding practice shows p-value=0.838 which is bigger than 0.005 so that statistically there are no relations between age and EBF practice in < 20-year-old mothers. EBF based on age characteristics shows the distribution of respondents' age majority in the age group of 19 years old and in this age the majority of respondents practice EBF around 100%. Meanwhile, the respondents who do not practice EBF are the majority in the age group of 17 years old as many as 70%. This research was different from the study of Kingston, Heaman, and Chalmers that state mothers aged 15-19 have low coverage of practicing EBF at 34.1%. Also with the research conducted by Maulida in teenage mothers (20 y.o), the resulting state that there are only around 46.7% of teenage mothers who practice EBF.(11)(12) Mothers who are still young in the stage of forming body image and sexual identity. Changes that occur due to pregnancy, childbirth, and childbed often make young mothers refuse those kinds of changes and then refuse to breastfeed their babies. (13) The low coverage of EBF practice by teenage mothers is also because they are not ready to accept a new role as a mother. As stated by Cooke, Schmied, and Sheehan that women with the high achievement of maternal role would continue to breastfeed their babies, even though they might experience breastfeeding problems, compared to women with low achievement. (14)

The correlation between education and exclusive breastfeeding practice shows that statistically there is no relationship between education and exclusive breastfeeding practice in mothers aged <20. This result is in line with the research conducted by Yilmaz *et al* (2016) stating that there is no relation between the education level of < 20-year-old mothers with exclusive breastfeeding practice. (15) Based on the educational characteristics most of the mothers who practice exclusive breastfeeding (EBF) have basic education at 76.3%. While most mothers who do not practice EBF are those who middle educated at 28.6%. This result is by Rahmawati's research which shows that mothers who practice EBF are those who low educated at 45.5%. (16) This is also in line with Yilmaz *et al* who states that there is no relationship between education levels of teenage mothers and EBF practice.(15) According to Mogre, Dary, and Gaa mothers with higher education levels will be more able to understand the benefits of practicing EBF for both infant and the mother, so they will be more motivated to practice it.(3) Mothers with higher education levels tend to be easier in accepting new information, they are active to find useful information for their babies such as EBF.(17)

The correlation between occupation and EBF practice shows that there is a relation between occupation and EBF practice in mothers aged <20. This result is in line with another study that states that there is a relation between occupation and EBF practice in mothers aged <20. Based on occupation characteristics, the majority of mothers who practice EBF in this research were those who are not-working around 78.6%. While mothers not practicing it was those who are working as many as 66.7%. This research is in line with Rahmawati that shows 57.9% of the not-working respondents practice EBF.(16) This is also by the theory of Varney stating that mothers who have full-time work will be able to reduce their breastfeeding duration when compared to mothers who do not work outside the home.(18) Working mothers have limited time to take care of their babies and are divided into work affairs so they cannot be fully involved in childcare.(19)

The test result of bivariate relation between parity and exclusive breastfeeding practice shows p-value=0.001 smaller than 0.005 so that statistically there is a relation between parity and exclusive breastfeeding practice in < 20-year-old mothers. According to parity, the majority of mothers who practice EBF in this research were those who have 1 child with a percentage of 78.6%. While mothers who did not practice EBF majority are those who have ≥2 children as many as 66.7%. This research is in line with Nuraini's

research which shows that most mothers who breastfeed exclusively are those who have 1 child (54.2).(20) Mothers who have low parity tend to learn something so their knowledge and behavior can be better when compared to mothers who have high parity. Mothers with low parity will learn more about the things related to maternal and infant health including EBF. The tendency of practicing EBF will increase in mothers with the number of parity 1 because the number of parity is the application of breastfeeding experience that is discovered by media or by other breastfeeding mothers.

This study showed there is a correlation between pregnancy status and EBF practice in < 20-year-old mothers. This result is by Wahyudi's research (2013) which states that there is a relation between pregnancy status and EBF practice. Based on the characteristic of pregnancy status, the majority of mothers who practice EBF in this research are those whose pregnancy status unplanned around 81.2%. This research was not in line with the research conducted by Wahyudi that states there is a relation between pregnancy status and the practice of EBF.(21) Mothers who plan their pregnancy have a 2.83 times greater to breastfeed exclusively compared to mothers who do not plan it. The research of Pulley (2002) showed that the proportion of breastfeeding mothers is 61% bigger in planned pregnancy than unplanned pregnancy as many as 39%.

The correlation between husband support and EBF practice shows p-value=0.003 fewer than 0.05 so that statistically there is a relation between husband support and EBF practice in mothers aged <20. This research is in line with Ramadani (2010) who states that husband support relates to the practice of EBF. Mothers who get their husbands' supports are twice as likely to give EBF compared to mothers without their husbands' supports.(19)

Based on the result of multivariate analysis in this research, the variable of husband support is the most dominant factor affecting EBF for mothers aged <20 with the value of p-value=0,005 PR=3,281 CI 95%=2,678-263,984. Less than 20 y.o mothers who feel they have good support from their families have about 3.281 times to practice EBF compared to < 20-year-old mothers who feel less support from their husbands. According to the characteristic of husband support, the majority of teenage mothers who have good support from their husbands practice EBF about 91.7%, while around 42.9% of teenage mothers who have lack of husband support do not practice EBF. This is as stated by Godbout *et al* (2016) that husbands who provide support in EBF tend to influence mothers' decisions in breastfeeding. So the mothers' decision to give exclusive breastfeeding also depends on husbands in providing support, both informative support and, assessment, physical, and emotional support. This is more firmly stated by Roesli that husband support which is given in any form can affect the mother's emotional condition which affects the production of breast milk.(22)

Bivariate analysis showed that family support and exclusive breastfeeding there is a correlation between family support and exclusive breastfeeding practice in < 20-year-old mothers p-value=0,002. Based on characteristics of family support, teenage mothers who feel they have good support from their families practice EBF about 92.3%, otherwise, the majority of teenage mothers who have lack of family support do not breastfeed exclusively with the percentage around 47.4%. This result is by Ida who states that family support is the most dominant factor in the practice of EBF.(23)

The family has an important role, especially for teenage mothers. The main function of the family as stated by Friedman in Sudiharto (2007) is effective i.e. a place to fulfill psychosocial needs, nurture one another, give love, accept and support one another. Therefore family support is very important especially for teenage mothers. Being a teenage mother is certainly not an easy thing, this often creates conflict between the task of adolescent development and the task of parenthood. Therefore adolescent mothers need support from their closest people, especially families to help them in achieving the role of mothers. One of them is practicing exclusive breastfeeding.(24)

CONCLUSION

Breastfeeding attitude in the majority of mothers aged <20 who had babies aged 6-24 months practiced EBF. The largest number of respondents was 19 years old, basic educated, not working, having 1 child, planned pregnancy status, having a husband and family support. The majority of respondents who practiced EBF were 19 years old, basic educated, not working, having 1 child, planned pregnancy status, receiving husband and family support. While respondents who did not practice EBF were 17 years old, middle educated, working, having ≥2 children, planned pregnancy status, not receiving husband and family support.

There were relations between occupation, parity, pregnancy status and the practice of exclusive breastfeeding in < 20-year-old mothers in Semanu, Karangmojo, and Semin in Gunung Kidul Regency. There was no relation between age and parity in EBF practice in < 20-year-old mothers. The most dominant factor affecting the practice of exclusive breastfeeding in mothers aged <20 in Sub-district Semanu, Karangmojo and Semin was husband support.

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