



ANALYSIS OF FACTORS AFFECTING EXCLUSIVE BREASTFEEDING AT KIA POLYCLINIC ROYAL PRIMA HOSPITAL MEDAN

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ABSTRACT

This study aims to evaluate the factors that influence exclusive breastfeeding practices at the MCH clinic of Royal Prima Hospital Medan in 2024. Breast milk is an essential source of nutrition for infants due to its balanced composition, providing optimal support for their growth and development. In this study, the method used was non-experimental quantitative research with a descriptive approach and associative analysis. The study population included 144 individuals, with 110 respondents taken as samples through an incidental sampling technique based on predetermined criteria. Data analysis used univariate, bivariate, and multivariate approaches to evaluate independent variables such as Age, Education Level, Employment Status, Knowledge, Attitude, and Family Support on the dependent variable, exclusive breastfeeding. The analysis showed that all independent variables had a significant association with exclusive breastfeeding, with a p -value ≤ 0.05 , which rejected the null hypothesis. Notably, the knowledge variable had the highest Odds Ratio (OR), indicating that a higher level of knowledge in mothers was associated with a greater chance of exclusively breastfeeding their infants. In conclusion, a better understanding of the benefits of exclusive breastfeeding could be an essential factor in improving exclusive breastfeeding practices in the community.

KEYWORDS: Exclusive Breastfeeding, Balanced Nutrition, Factor Analysis, Knowledge Level, Odds Ratio

BACKGROUND

Health organizations such as WHO, AAP, AAFP, and IDAI recommend exclusive breastfeeding up to 6 months of age to reduce infant morbidity and mortality. Breast milk provides optimal nutrition protection against disease and supports the baby's immune system. Mothers must understand and follow these recommendations for their baby's health (Lindawati 2019). The coverage of exclusive breastfeeding in Indonesia in 2019 reached 67.74%, exceeding the strategic plan target of 50%, showing a significant improvement in this practice. West Nusa Tenggara recorded the highest percentage, reflecting local governments' successful promotion and support. Based on Riskesdas 2018, breastfeeding patterns vary: exclusive breastfeeding 37.3%, partial breastfeeding 9.3%, predominant breastfeeding 3.3%. Exclusive breastfeeding is higher in urban areas (40.7%) than rural areas (33.6%), influenced by access to information and health support. East Nusa Tenggara leads the way in breastfeeding, reflecting provincial efforts and local government support (Ratnasari et al. 2021).

Breast milk is a balanced source of essential nutrients for a baby's growth. WHO set a 50% exclusive breastfeeding target for six months by 2025, reducing infant morbidity and mortality. It needs to be promoted for a healthier generation (Radharisnawati, Kundra, and Pondaag 2017). Although breast milk is considered ideal for babies, challenges in practice still exist. One of them is the mother's knowledge and awareness of

exclusive breastfeeding. Accurate information support and a conducive environment are essential for successful breastfeeding. Previous research (Ratnasari, 2021) identified education, knowledge, perception, and husband support as factors that influence exclusive breastfeeding, with perception being the dominant factor (Ratnasari et al., 2021). From the description above, researchers are interested in researching Factors Affecting Exclusive Breastfeeding at KIA Polyclinic Royal Prima Hospital Medan in 2024.

RESEARCH METHODS

This research is quantitative and non-experimental, with a descriptive approach (cross-sectional survey) and associative analysis. Quantitative methods are based on positivism, collect data from populations/samples using research instruments, and test hypotheses. A descriptive approach is used to observe independent variables without making comparisons to obtain data corresponding to the research problem and draw a conclusion. This research was conducted at the KIA Polyclinic of Royal Prima Hospital Medan in January 2024. This study's population is all mothers with children under three years old at the KIA Polyclinic of Royal Prima Hospital Medan in 2024, with as many as 144 people. Determination of the sample using the Slovin formula $n = 105.8$ was adjusted by the researcher to 110 respondents, a synthetic technique. The data analysis used in this study was univariate, bivariate, and multivariate.



RESEARCH RESULTS

Table 1. Chi-Square Test Table of Exclusive Breastfeeding Variables at the MCH Polyclinic of Royal Prima Hospital Medan in 2024.

Variable	Category	Exclusive breastfeeding		Total	Df	p-value
		Yes	Not			
Age	<35 years	62	8	70	1	0.011
		56%	7%	64%		
	>35 years	18	22	40		
		16%	20%	36%		
Total		80	30	110		
		73%	27%	100%		
Education Level	School	49	18	67	1	0.008
		45%	16%	61%		
	No School	31	12	43		
		28%	11%	39%		
Total		80	30	110		
		73%	27%	100%		
Employment Status	Work	23	12	35	1	0.012
		21%	11%	32%		
	Not Working	57	18	75		
		52%	16%	68%		
Total		80	30	110		
		73%	27%	100%		
Knowledge	Good	63	26	89	1	0.002
		57%	24%	81%		
	Bad	17	4	21		
		15%	4%	19%		
Total		80	30	110		
		73%	27%	100%		
Attitude	Good	62	22	84	1	0.001
		56%	20%	76%		
	Bad	18	8	26		
		16%	7%	24%		
Total		80	30	110		
		73%	27%	100%		
Family Support	Exist	72	18	90	1	0.000
		65%	16%	82%		
	Not	8	12	20		
		7%	11%	18%		
Total		80	30	110		
		73%	27%	100%		

Source: Primary Data processed in 2024



Based on Table 1, the Chi-Square test obtained the Age variable; there are two categories, namely <35 years and >35 years. In the <35 years category, 62 respondents gave exclusive breastfeeding, and eight respondents did not provide exclusive breastfeeding, while in the >35 years category, 18 respondents provided exclusive breastfeeding, and 22 did not. The statistical test results showed a p-value of 0.011, indicating a significant relationship between Age and Exclusive Breastfeeding. Furthermore, for the Education Level variable, the School category had 49 respondents who provided exclusive breastfeeding and 18 respondents who did not offer exclusive breastfeeding. In comparison, the Not School category had 31

respondents who provided exclusive breastfeeding and 12 respondents who did not offer exclusive breastfeeding. The p-value for this variable is 0.008, indicating a significant relationship between Education Level and Exclusive Breastfeeding. Likewise, for the variables Employment Status, Knowledge, Attitudes, and Family Support, the statistical test results showed significant p-values, namely 0.012, 0.002, 0.001, and 0.000, respectively, indicating that these variables had an essential relationship with exclusive breastfeeding. The data source used is Primary Data processed in 2024.

Table 2 Enter Method Logistic Regression Test Table, Research Variables Determinants of Exclusive Breastfeeding at the MCH Polyclinic of Royal Prima Hospital Medan in 2024.

Variable	B	S.E.	Wald	Df	Sig.	OR
Age	-3,393	0,647	23,506	1	0,003	2,987
Education Level	-1,526	0,469	10,600	1	0,891	-0,138
Employment Status	-2,219	0,538	17,012	1	0,954	0,057
Knowledge	-2,618	0,528	24,557	1	0,000	4,149
Attitude	-3,778	0,689	22,125	1	0,009	2,741
Family Support	-2,626	0,534	19,504	1	0,012	2,024

Source: Primary Data processed in 2024

Based on Table 2, a multivariate test with a logistic regression method using an enter approach shows that the knowledge variable has the highest Odds Ratio (OR) of 4,149. This indicates that the higher the level of knowledge a mother has about the benefits of exclusive breastfeeding, the 4,149 times the chance of exclusive breastfeeding for her baby.

DISCUSSION

The Chi-square test results showed an age variable p-value of 0.011 (< 0.05), showing a statistically significant relationship between age and exclusive breastfeeding at the KIA Polyclinic of Royal Prima Hospital Medan in 2024. The most optimal age for pregnancy, childbirth, and breastfeeding for mothers is 20 years - 35 years and is usually referred to as healthy reproductive age. This is because, at this time, the reproductive organs and psychology of the mother are ready to accept the presence of the baby. So, this age is the right age to give breast milk exclusively. The success rate of breastfeeding practice for six months is higher in young mothers than in old age. In addition, the increasing age of the mother is associated with increasing experience in breastfeeding, maturing mindset, and working. Mothers of healthy reproductive age can produce more milk compared to mothers aged >35 years. The age of <20 years is associated with not being psychologically ready to become a mother and at risk of depression, and breast milk does not come out when breastfeeding.

The results of the Chi-square statistical test obtained a variable p-value of education level of 0.008 with a sig of 0.05. So statistically, the variable level of education has a significant

relationship with exclusive breastfeeding at the KIA Polyclinic of Royal Prima Hospital Medan in 2024. Success factors in breastfeeding include maternal commitment, Early Initiation, correct breastfeeding position, breastfeeding at the baby's request, and exclusive breastfeeding. The level of education affects a person's ability to make decisions, especially related to exclusive breastfeeding in infants 0-6 months. Higher education provides more significant knowledge about the benefits of breastfeeding, thereby increasing commitment and rational response to the challenges faced. In comparison, lower education can hinder understanding of the message or information conveyed and reduce the commitment required to breastfeed exclusively.

The results of the Chi-square statistical test show the p-value of the Job Status variable of 0.012, which is smaller than the significance level (sig) of 0.05. This means, statistically, the Employment Status variable has a significant relationship with Exclusive Breastfeeding at the KIA Polyclinic of Royal Prima Hospital Medan in 2024. The results of this study are in line with Rochmayani's research (2019), which states that statistically, there is a significant relationship between the level of maternal education and the practice of exclusive breastfeeding (p-value 0.01 < 0.05) in the Ngaliyan District of Semarang City in 2019 (Rochmayani 2019). Chi-square statistical test results obtained a p-value Knowledge variable of 0.002 with a sig of 0.05. So statistically, the Knowledge variable has a meaningful relationship with Exclusive Breastfeeding at the KIA Polyclinic of Royal Prima Hospital Medan in 2024. Respondents' lack of knowledge about



breastfeeding has been linked to exclusive breastfeeding, which aligns with Lawrence Green's theory, which highlights knowledge as a predisposing factor that influences a person's behavior. Knowledge of exclusive breastfeeding includes the mother's understanding of breastfeeding during the first six months and the importance of breastfeeding immediately after birth to obtain antibody-rich colostrum. This illustrates that correct knowledge influences the mother's decision to breastfeed exclusively, following health recommendations.

The knowledge that mothers have about exclusive breastfeeding is very influential on the decision to give exclusive breastfeeding to their babies. The better a mother's knowledge of exclusive breastfeeding, the more likely she is to breastfeed her baby exclusively. Conversely, if the mother's knowledge about exclusive breastfeeding is low, then the possibility of exclusive breastfeeding is also low. In addition to education, other factors influencing the mother's decision to breastfeed exclusively are the mother's age and occupation. Exclusive breastfeeding is breastfeeding to babies without complementary foods for 0-6 months. Some reasons that may make mothers not provide exclusive breastfeeding include problems with breast milk not running smoothly or the release of milk in small quantities, as well as issues with nipples that tend to go inside. To overcome this, it is essential to teach breast care to mothers so that they understand the concept and importance of exclusive breastfeeding (Rumiyati 2011).

Chi-square statistical test results obtained a *p-value* Attitude variable of 0.001 with a sig of 0.05. So statistically, the Attitude variable has a meaningful relationship with Exclusive Breastfeeding at the KIA Polyclinic of Royal Prima Hospital Medan in 2024. This study's results align with the research of Sabrina et al. (2022), which found a significant relationship between mothers' knowledge and attitudes toward exclusive breastfeeding at RSIA Makassar City in November 2021 (Sabrina et al. 2022). Mothers' positive attitudes towards exclusive breastfeeding practices do not always have an impact on the actual actions of exclusive breastfeeding of their babies. Attitudes need to be supported by external factors such as support from health workers, family, or those closest to the mother so that it can be manifested in concrete actions. Knowledge plays a vital role in shaping a person's attitude, as knowledge can influence a positive or negative attitude toward an action. Good attitude conditions tend to approach and support an object, while negative attitudes tend to stay away from and not support the object. It can be concluded that the negative attitude of respondents towards exclusive breastfeeding is most likely related to the low level of knowledge.

Chi-square, statistical test results, obtained *p-value*. The family support variable is 0.000 with a GIS of 0.05. So, statistically, the family support variable significantly correlates with exclusive breastfeeding at the KIA Polyclinic of Royal Prima Hospital Medan in 2024. The results of this study are consistent with Oktalina's research (2016), which showed a significant relationship between family support and exclusive breastfeeding for mothers of KP-ASI members in the Working Area of Megaluh Health Center, Megaluh District, Jombang

Regency in 2015, with a *p-value* of 0.011 (Oktalina, Muniroh, and Adiningsih 2016). Family support is a form of motivation and assistance given to mothers to breastfeed their babies up to 6 months of age exclusively. This includes psychological support, preparation of balanced nutrition, and essential family functions such as meeting psychosocial needs, nurturing, giving love, and mutual support. The husband and other family members can actively provide emotional support and practical assistance to support the mother in breastfeeding. Family support falls within the broader concept of social support, which includes material, emotional, and informational assistance that affects an individual's well-being. This social support involves essential people in an individual's life, such as family, friends, companions, co-workers, and loved ones, to help individuals in need feel supported, valued, and loved.

CONCLUSION

Based on the results of research conducted in Labuan Regency, especially at the KIA Polyclinic of Royal Prima Medan Hospital in 2024, it can be concluded that there is a significant relationship between several variables and exclusive breastfeeding. The variables Age, Education Level, Employment Status, Knowledge, Attitudes, and Family Support have a *p-value* of ≤ 0.05 with a significance level of 0.05. This shows that these factors play an essential role in exclusive breastfeeding. Multivariate analysis also revealed that the knowledge variable had the highest Odds Ratio (OR) of 4.149. This indicates that the higher a mother's level of knowledge about the benefits of exclusive breastfeeding, the more her chances of exclusive breastfeeding of her baby increase by 4,149 times. Thus, it can be concluded that maternal knowledge plays a significant role in exclusive breastfeeding. Efforts to increase maternal knowledge about the benefits of exclusive breastfeeding can be an effective strategy in improving the coverage of exclusive breastfeeding in the community. Family support is also an essential factor in supporting the practice of exclusive breastfeeding, as support from the family can motivate mothers to carry out the practice better.

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