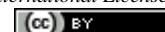


The Relationship between Age, Education, and Maternal Employment with Exclusive Breastfeeding in Children Aged 6 - 23 Months in Kalirejo, Malang Regency

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ABSTRACT

The target percentage of infants under 6 months old receiving exclusive breastfeeding is 40%. However, in 2020, in Kalirejo Sub-district, the number was 9.04%. This was presumably caused by the high number of working mothers. Therefore, this study was conducted to analyze the relationship between age, education, and occupation of mothers regarding exclusive breastfeeding in children aged 6-23 months in Kalirejo Sub-district, Malang Regency. The study design employed in this research was observational analytics with a cross-sectional design. The research population consisted of mothers residing in Kalirejo Sub-district, Malang Regency. The required sample size was 66 individuals. A questionnaire was used to collect research data. The required data was processed using SPSS software with the Chi-Square Test analysis technique. The result showed that 78.8% mothers were in the age group of 20-35%, and 21.2% were in the age group of >35 years. Based on the highest education level attained by the respondents, 1.5% had completed elementary school, 15.2% had completed junior high school, 57.6% had completed high school, and 25.8% had completed tertiary education. About 51.5% of respondents were employed, while 48.5% were not employed. The number of respondents' children receiving exclusive breastfeeding was 50%. The analysis indicated a relationship between occupation and exclusive breastfeeding with a p-value of 0.049 and a strength of relationship between the two variables at 0.236.

1. Introduction

The improvement of Indonesia's human resources quality is carried out based on the President's Mission for the year 2020 - 2024, as outlined by the Ministry of Health. Two out of four of these missions for the year 2020 - 2024 are to reduce the stunting rate among toddlers and reduce maternal and infant mortality. These missions are further detailed into strategic targets, which include improving the health of mothers, children, and community nutrition. One of the strategies used to achieve these objectives is by increasing the coverage of exclusive breastfeeding. Exclusive breastfeeding refers to the practice of feeding infants with breast milk alone, without adding any other

foods or liquids, for the first six months after birth. To accomplish this mission, the government is implementing healthcare programs following the guidelines of Government Regulation Number 33 of 2012 on Exclusive Breastfeeding [1].

The government supports exclusive breastfeeding programs because breast milk has numerous benefits and is the sole source of nutrition in the early stages of an infant's life. Breast milk is rich in nutrients and antibodies that help boost the baby's immune system. Additionally, breast milk contains growth factors crucial for infant development. Meeting nutritional needs during the first 1000 days of life is critical for a child's well-being, and breast milk can fulfill these requirements. Insufficient breastfeeding can have

adverse effects on infants, increasing the risk of diarrhea, other infections, and malnutrition, ultimately impacting growth and potentially leading to neonatal mortality (Issa A.T and Tahergorabi R, 2019; World Health Organization, 2022) [2], [3].

The practice of exclusive breastfeeding is influenced by various factors, categorized as external and internal factors. External factors include formula milk promotion, healthcare personnel, family or spousal support, and sociocultural aspects. Internal factors consist of those originating from the mother, including her knowledge, education, occupation, age, health condition, psychological state, and adequacy of breast milk, as well as factors originating from the baby, such as prematurity, low birth weight, illness, and the need for special care [4].

According to the Ministry of Health Performance Report for the year 2020, the target percentage of infants under 6 months old receiving exclusive breastfeeding is set at 40%. The national achievement in 2020 was 66.1%. In East Java, the achievement of exclusive breastfeeding was 61%. However, this achievement has declined compared to the previous three years due to the COVID-19 pandemic, which reduced the number of targets assessed. According to the 2020 Kalirejo Sub-district Health Profile, the percentage of infants aged 0-6 months receiving exclusive breastfeeding was as low as 9.04% in Kalirejo Sub-district. This figure is significantly below the national target. Survey results conducted by the research team among breastfeeding mothers in RW 6 and 7 suggest that the low achievement of exclusive breastfeeding may be due to the high number of working mothers who are unable to provide continuous breastfeeding [5].

The issues identified in Kalirejo Sub-district align with internal factors of mothers that can affect exclusive breastfeeding, including age, education, occupation, knowledge, health condition, psychological state, and breast milk adequacy. Mothers' ages are categorized into two groups: those of reproductive age (20 - 35 years) and those at risk (<20 years or >35 years). Mothers of reproductive age are considered more physically and psychologically prepared to accept a baby. Younger mothers may face challenges due to their lack of breastfeeding experience and psychological readiness, while older mothers may experience issues related to reduced breast milk production compared to younger mothers. Education serves as an indicator of a person's ability to engage in scientific behavior. Mothers with lower education levels are at higher risk of struggling to understand information, which can affect their comprehension of exclusive breastfeeding theory and practice. Working mothers face difficulties in providing exclusive breastfeeding due to the short maternity leave period [6], [7].

Therefore, it is necessary to conduct research on the relationship between the age, education, and occupation of mothers and the number of exclusive breastfeeding to children aged 6-23 months in Kalirejo Sub-district, Malang Regency. This research is expected to provide information on the relationship between the age, education, and occupation of mothers and the low number of exclusive breastfeeding, ultimately increasing public awareness of the importance of exclusive breastfeeding.

2. Research Method

This research is an observational analytic study with a cross-sectional design, conducted in collaboration with the midwives of Kalirejo Sub-district, Malang Regency. The research sample consisted of mothers who reside in Kalirejo Sub-district, Malang Regency who met the inclusion criteria, which include mothers with biological children aged 6-23 months and mothers who have been residing in Kalirejo Sub-district for a minimum of 1 year. Then, the collected data was processed using SPSS software, and analyzed using the chi-square test analysis technique.

3. Result and Discussion

3.1. Result

The research on the relationship between the age, education, and occupation of mothers and the exclusive breastfeeding to children aged 6-23 months in Kalirejo Sub-district, Malang Regency was conducted from May 22, 2022, to May 28, 2022. A total of 78 respondents were given questionnaires, but only 66 respondents met the inclusion criteria for the study. The characteristics of the 66 respondents who met the inclusion criteria are shown in Table 1.

Table 1. Criteria Distribution

Respondent Characteristics	Total (n=66)	Percentage (%)
Age Group (years)		
20-35	52	78,8
>35	14	21,2
Education Level		
Elementary	1	1,5
Middle School	10	15,2
High School	38	57,6
Higher Education	17	25,8
Working		
Yes	34	51,5
No	32	48,5

Table 1 shows that respondents in the age group of 20-35 years represented the majority of respondents, with a total of 52 people or 78.8%. Mothers with a high school education level also constituted the majority of respondents, with a total of 38 people or 57.6%. Out of the 66 respondents, there was a nearly equal distribution between working and non-working mothers, with 34 and 32 people, respectively shown in Table 2.

Table 2. Distribution of Respondents' Job

Job	Total (n=34)	Percentage (%)
Labor	6	17,6
Teacher	4	11,8
Employee	14	41,2
Merchant	5	14,7
Researcher	1	2,9
Tailor	1	2,9
Nurse	3	8,8
Working Hours per Day (hour)		
Mean \pm SD		7,74 \pm 1,504
Median (min – max)		8 (4-11)

Several types of jobs held by the 32 working respondents. The occupation as an employee was the most common, with 14 individuals or representing 21.2% of all 66 respondents. The average working hours for all working mothers were 7.74 hours (SD = 1.504). Working hours ranged from 4 to 11 hours shown in Table 3.

Table 3. Characteristic of Respondents' Children

Characteristic	Total (n=66)	Percentage (%)
Gender		
Male	6	17,6
Female	4	11,8
Age (months)		
Mean \pm SD		15,94 \pm 5,150
Median (min – max)		17 (6-23)

Out of the total 66 respondents, mothers with both male and female children aged 6-23 months numbered the same, which is 33 individuals each, or 50% respectively. The age distribution of children ranged from 6 to 23 months, with the highest number, 7 children or 10.6%, falling into the 17 and 18-month age group shown in Table 4.

Table 4. Distribution of Exclusive Breastfeeding

Exclusive Breastfeeding	Total (n=66)	Percentage (%)
Yes	33	50
No	33	50
Reasons for Not Providing Exclusive Breastfeeding (n=33)		
No Breast Milk Production	18	54,5
Medical Reason	5	15,2
Working	5	15,2
Wanted to Try Alternative Feeding	2	6,0
Low Breast Milk Production	3	9,1

Table 4 shows the number of respondents' children who received exclusive breastfeeding, with 33 children in each category or 50% of all respondents. Various reasons for not providing exclusive breastfeeding to their children can be seen in Table 4. A total of 18 individuals or 27.3% of all respondents cited reasons such as no breast milk production, 5 individuals or 7.6% had medical reasons, 5 individuals or 7.6% cited work-related reasons, 2 individuals or 3% wanted to try alternative feeding, and 3 individuals or 4.5% mentioned having low breast milk production and had to supplement with other foods.

Among the 33 respondents who did not provide exclusive breastfeeding to their children, the most

common alternative or additional food and drinks were formula milk, porridge, plain water, sweetened water, and rice water were also given as substitutes or supplements, but only by a small fraction of the respondents shown in Table 5.

Table 5. Distribution of Alternative Feeding

Alternative Food/Drinks	Total (n=33)	Percentage (%)
Formula Milk	33	50,0
Porridge	33	50,0
Plain Water	18	54,5
Sweetened Water	5	15,2
Working	5	15,2
Rice Water	2	6,0

There is a balance between the two age groups of mothers who provide and do not provide exclusive breastfeeding to their children. The variable of maternal age group with exclusive breastfeeding for children was calculated using the chi-square test formula, and a p-value of 1,00 was obtained, indicating that the two variables have an insignificant relationship shown in Table 6.

Table 6. The Relationship between Maternal Age Groups and Exclusive Breastfeeding

Maternal Age Groups	Exclusive Breastfeeding			P-Value
	Yes	No	Total	
20-35 Year Old	26 (50%)	26 (50%)	52 (100%)	1,000
>35 Year Old	7 (50%)	7 (50%)	14 (100%)	
Total	33 (50%)	33 (50%)	66 (100%)	

Mothers with an elementary school education did not provide exclusive breastfeeding to their children, while a balanced number was found among mothers with a middle school education who did and did not provide exclusive breastfeeding. More mothers with a high school education did not provide exclusive breastfeeding, whereas among mothers with a college education, more provided exclusive breastfeeding. The variable of the mother's final education level and exclusive breastfeeding in children was calculated using the Mann-Whitney test formula, and a p-value of 0.419% was obtained, indicating that the two variables have an insignificant relationship shown in Table 7.

Table 7. The Relationship between Mother's Education Level and Exclusive Breastfeeding

Education Level	Exclusive Breastfeeding			P-Value
	Yes	No	Total	
Elementary	0 (0%)	1 (100%)	1 (100%)	0,419
Middle School	5 (50%)	5 (50%)	10 (100%)	
High School	18 (47,4%)	20 (52,6%)	38 (100%)	
Higher Education	10 (58,5%)	7 (41,2%)	17 (100%)	
Total	33 (50%)	33 (50%)	66 (100%)	

The variable of maternal employment with exclusive breastfeeding in children was calculated using the chi-

square test formula, and a p-value of 0.049 was obtained, which means that there is a relationship between the two variables. This relationship implies that when mothers are employed, they tend to be less likely to provide exclusive breastfeeding to their children, whereas mothers who are not employed tend to be more likely to provide exclusive breastfeeding to their children. However, the strength of the relationship between the two variables is only 0.236, indicating that it is weak shown in Table 8.

Table 8. The Relationship between Maternal Employment and Exclusive Breastfeeding

Working	Exclusive Breastfeeding		
	Yes	No	Total
Yes	13 (38,2%)	21 (61,8%)	34 (100%)
No	20 (62,5%)	12 (37,5%)	32 (100%)
Total	33 (50%)	33 (50%)	66 (100%)
P-Value	0,049		
Contingency Coefficient	0,236		

3.2. Discussion

Age is one of the predisposing factors that drive individual behavior. Age is also related to pregnancy, childbirth, postpartum period, infant care, and breastfeeding methods, all of which significantly impact maternal health. The age variable is divided into three categories according to Table 5.2. Respondents in the age group <20 years amounted to 0%, the age group 20-35 years accounted for 78.8%, and the age group >35 years accounted for 21.2%. These results align with the findings of Asdi's research, where the majority of respondents were in the 20-35 years age group. Women in this age group are considered women of reproductive age (WRA), indicating that they are physically, reproductively, and mentally mature to care for their newborns, including breastfeeding [8].

Out of the total respondents in the 20-35 years age category, 26 (50%) of them practiced exclusive breastfeeding. Similarly, in the >35 years age category, 7 (50%) of the respondents practiced exclusive breastfeeding. From this data, there doesn't appear to be a trend indicating that older mothers are more likely to practice exclusive breastfeeding. Conversely, there doesn't seem to be a trend indicating that younger mothers are more likely to practice exclusive breastfeeding. Additionally, the statistical test yielded a p-value of 1.00 ($p < 0.05$), suggesting that there is no significant relationship between age and exclusive breastfeeding. This result is consistent with Kusumayanti's study, which found no relationship between maternal age and exclusive breastfeeding in rural areas. Age is associated with a person's emotional and behavioral maturity, and thus, it is not a direct factor influencing exclusive breastfeeding [9].

These research findings are inconsistent with Rahayu et al.'s study, which stated that mothers delivering at a healthy reproductive age (20-35 years) are more likely to provide exclusive breastfeeding compared to mothers delivering at a risky reproductive age (<20 or >35 years). In women aged >35 years, breast milk production decreases due to hormonal changes. The growth period for women, including their breasts and reproductive organs, is typically during their younger years (<20 years). Reproductive organs weaken and decrease in function after the age of 35, which can lead to suboptimal breastfeeding ability. However, in terms of psychological or mental development, women over the age of 35 tend to have better psychological or mental development [10], [11], [12], [13].

One of the factors contributing to the lack of a relationship between maternal age and exclusive breastfeeding is the perception of insufficient breast milk. Some mothers feel that the breast milk they provide is insufficient, causing their babies to be dissatisfied. The perception of inadequate breast milk is one of the most common causes of exclusive breastfeeding failure. Ultimately, mothers may supplement their babies' diets with other foods or drinks. Another influencing factor is maternal experience. Mothers over the age of 30 who have had multiple children often state that their previous children who were not exclusively breastfed were still healthy, influencing their continued behavior in breastfeeding subsequent children. In contrast, younger mothers tend to gather more information by following online platforms and social media developments [13], [14], [15].

Another factor is the low breast milk production. Irregular breast milk production is one of the common causes of exclusive breastfeeding failure. The expression of breast milk involves mechanical stimulation, nerves, and various hormones, especially oxytocin and prolactin. The age at the time of pregnancy can determine the volume of breast milk produced. Generally, mothers aged 19-23 years can produce enough breast milk compared to mothers aged 30 years. Obstacles often occur in the first week after childbirth because mothers are emotionally sensitive at that time. Breast milk flow is also affected by cultural dietary restrictions, which are commonly applied by women aged >35 years. These restrictions involve avoiding foods high in nutrients such as eggs, meat, seafood, sprouts, spinach, and papaya. This can disrupt the recovery process and the mother's health during breastfeeding. However, irrational and unfounded cultural practices are usually not accepted by younger mothers [16], [17], [18].

The level of education refers to the highest level of education attained by an individual. The level of education can be an indicator of whether someone is more likely to behave scientifically or not. Individuals with lower levels of education tend to face difficulties

in understanding and processing information, which can hinder their understanding of the theory and practice of exclusive breastfeeding [19].

Out of a total of 66 respondents, 1 respondent (1.5%) had completed elementary school education, 10 respondents (15.2%) had completed middle school education, 38 respondents (57.6%) had completed high school education, and 17 respondents (25.8%) had completed education at the college level. In sequence, there was 1 out of 1 respondent with elementary school education who provided exclusive breastfeeding (100%), 5 out of 10 respondents with middle school education who provided exclusive breastfeeding (50%), 18 out of 38 respondents with high school education who provided exclusive breastfeeding (47.4%), and 10 out of 17 respondents with college-level education who provided exclusive breastfeeding (58.8%). The statistical analysis results between maternal education and exclusive breastfeeding in Kelurahan Kalirejo show that there is no significant relationship between these two variables. The findings of this study are consistent with research indicating that there is no relationship between maternal education level and exclusive breastfeeding. Information has become easily accessible to everyone regardless of their educational background, in line with the development of information technology. Additionally, with the emergence of the women's equality movement, mothers with higher levels of education tend to not breastfeed their babies because they are working. Other research also states that factors such as knowledge, income, and occupation are not related to exclusive breastfeeding [7], [20].

Contrary to the findings in this study, a bivariate regression analysis was conducted using data from the 2017 Nutrition Status Monitoring survey released by the Indonesian Ministry of Health. The results of the research show a relationship between maternal education level and exclusive breastfeeding in toddlers. Mothers who have completed elementary school education are 1.2 times more likely to provide exclusive breastfeeding to their babies than mothers who have no education at all. Younger mothers with lower levels of education are also more likely to stop exclusive breastfeeding before their babies are 6 months old. Other research supports these findings. It states that there is a relationship between maternal education level and exclusive breastfeeding. The number of mothers not providing breast milk decreases significantly with the increasing level of maternal education [21], [22].

Regarding the variable of maternal employment and exclusive breastfeeding in children, a p-value of 0.049 was obtained using the chi-square test, indicating a relationship between the two variables. However, the strength of the relationship between these two variables is weak, with a coefficient of 0.236. These results are consistent with research in Kota Palopo, which shows

that more than half of the mothers (62.9%) who choose to work face obstacles in breastfeeding their babies. Other research in Semarang obtained a p-value of <0.05, indicating a relationship between maternal employment status and exclusive breastfeeding. Among the working mothers, 4 (16.7%) provided exclusive breastfeeding, while 20 (83.3%) did not. Among the non-working mothers, 17 (73.9%) provided exclusive breastfeeding, and 6 (26.1%) did not. Working mothers in this study were found to be less likely to provide exclusive breastfeeding compared to non-working mothers. In this research, working mothers are seen to provide exclusive breastfeeding less often than non-working mother [23], [24].

Similarly, another study located in Puskesmas Kawangkoan in 2018 supported the same results. The Chi-square test results showed a significant relationship between the two variables with a p-value of <0.05. Among the working mothers, 3 (4.2%) provided exclusive breastfeeding, while 42 (58.3%) did not. Among the non-working mothers, 25 (34.7%) provided exclusive breastfeeding, and 2 (2.8%) did not. Working mothers in this study were also seen to provide exclusive breastfeeding less often. The study found that working mothers often do not have enough time to breastfeed their children. Maternity leave obtained from work is sometimes not proportional to the period of breastfeeding. The maternity leave granted is often shorter and requires mothers to return to work sooner, leading those who cannot express breast milk to seek formula milk as a substitute. The fulfillment of women workers' rights in Indonesia has not been given much attention by companies. The number of companies that have fulfilled the rights of women workers, especially regarding support for exclusive breastfeeding, is 152 out of 3,041 companies. Companies are expected to pay more attention to the rights of women who have children, especially infants, by providing adequate lactation room facilities. Women workers in Indonesia are often unaware of their rights and sometimes reluctant to accept them [6], [25].

The regulation of breastfeeding freedom is already present in the Health Law No. 13 of 2003 concerning employment in Article 83, which states that female employees with breastfeeding obligations should be given the opportunity to fulfill their child's right to exclusive breastfeeding when they cannot leave their work. Government Regulation No. 33 of 2012 regarding exclusive breastfeeding in Article 30 paragraphs 1 and 2 states that employers and public facilities should support the exclusive breastfeeding program and can regulate the employment relationship between companies and employees. Criminal sanctions have also been regulated in accordance with the Health Law in Articles 200/201, which are included in Article 36. Quality time with children should be owned by mothers who are not tied to employment so that they can provide their children with the right to breast milk,

and efforts should be made to disseminate information regarding the basic needs of newborns [26], [27].

4. Conclusion

Based on the research results that have been presented and in line with the research objectives, it can be concluded that there is a relationship between maternal employment and exclusive breastfeeding, while age and education are not associated with exclusive breastfeeding in Kelurahan Kalirejo, Malang Regency.

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