

Description of Personal Factors of Breastfeeding Mothers in Exclusive Breastfeeding for Stunting Prevention at Tawangrejo Health Center, Madiun City

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ABSTRACT

Background. Stunting is caused by several factors including low breastfeeding practices. **Destination.** This study aimed to describe the personal factors of breastfeeding mothers associated with exclusive breastfeeding as a stunting prevention effort in toddlers aged 0–2 years at Tawangrejo Health Center, Madiun City. **Method.** This study used a descriptive design with a cross-sectional approach on 40 breastfeeding mothers of toddlers aged 0–2 years at the Tawangrejo Health Center, Madiun City. Data were collected through validated questionnaires and analyzed univariately and cross-tabulation. **Results.** Most respondents were 20–35 years old (85%) and had a high school education/equivalent (55%). The majority of mothers have good knowledge (77.5%) and high motivation (85%) in providing exclusive breastfeeding. Good knowledge tends to be possessed by mothers with higher education, productive age, and previous breastfeeding experience. Meanwhile, high motivation is also seen at all levels of education and is highest in mothers with good breastfeeding experience. **Conclusion.** The majority of breastfeeding mothers at the Tawangrejo Health Center have high knowledge and motivation in exclusive breastfeeding. Factors of age, education, and breastfeeding experience play a positive role in supporting exclusive breastfeeding practices as an effort to prevent stunting.

INTRODUCTION

The First 1000 Days of Life (HPK) is a golden period that starts from pregnancy to a 2-year-old child, where growth and development take place very rapidly. In this phase, children are prone to experiencing various nutritional problems such as BBLR, stunting, wasting, underweight, and overweight¹. Stunting is a physical growth disorder due to nutritional imbalance characterized by slow growth of children where height according to age with a z-score limit of less than -2 SD². Stunting in toddlers is caused by unbalanced nutritional intake, including not giving exclusive breastfeeding for 6 months. The low coverage of exclusive breastfeeding is influenced by age, education, knowledge, breastfeeding experience, and maternal motivation from the environment and herself^{3–9}.

The results of Riskesdas 2018 show a decrease in the prevalence of stunting nationally from 37.2% (2013) to 30.8% (2018)¹⁰. In East Java, the prevalence of stunting in toddlers was recorded at 16.8%, while in Madiun City it was 12.6%, and in the Tawangrejo Health Center area it reached 19.1%¹¹. Based on Riskesdas data, exclusive breastfeeding coverage in Indonesia decreased from

61.33% (2017) to 37.3% (2018). In East Java, there was a decrease from 76.01% to 40.05% in the same period. The exclusive coverage of breastfeeding in Madiun City was recorded at 77.3%, while at the Tawangrejo Health Center it was only 67.4%, indicating a lower figure than the city average^{11,12}.

Stunting has an impact on increasing the risk of disease, child developmental disorders, and decreased learning, productivity, and health skills in the future. This impact also causes economic losses to the country, so prevention needs to be carried out from pregnancy to two-year-old children through the fulfillment of nutrition and exclusive breastfeeding¹³.

Based on this description, this study aims to find out the description of the personal factors of breastfeeding mothers in exclusive breastfeeding as an effort to prevent stunting in toddlers aged 0–2 years at the Tawangrejo Health Center, Madiun City.

MATERIALS AND METHODS

This study is a descriptive research with a quantitative approach conducted at the Tawangrejo Health Center, Madiun City, in the period October 2021 to March 2022. The population in this study is breastfeeding mothers who have toddlers aged 0–2 years and domiciled in the working area of the Tawangrejo Health Center, as many as 148 people. A sample of 40 respondents was selected using a simple random sampling technique.

Data were obtained through direct observation at the location and structured interviews using questionnaires that have gone through validity and reliability tests. The research instruments include informed consent sheets, respondent identity sheets, and research questionnaires. Secondary data was obtained from the Tawangrejo Health Center. This research has obtained ethical approval from the authorized ethics committee.

Data analysis was carried out univariate to see the frequency distribution of each variable and bivariate using cross-tabulation to see the relationship between variables. The data is presented in the form of frequency distribution tables and cross-tables.

RESULT

Based on the results of the study, the characteristics of the respondents were obtained according to the age of the breastfeeding mother, and the level of education of the breastfeeding mother. The following can be seen the characteristics of the number of respondents in table 1 below:

Table 1 Frequency Distribution of Respondent Characteristics

No	Characteristics	n	Presentase (%)
Age of Breastfeeding Mother (Years)			
1.	20 – 35	34	85
2.	>35	6	15
Breastfeeding Mother's Education Level			
1.	Elementary/equivalent	1	2,5
2.	Junior High School/Equivalent	5	12,5
3.	High School/equivalent	22	55
4.	College/equivalent	12	30

Source : Primary Data, 2021

The results of the study in table 1 Most breastfeeding mothers have a high school education/equivalent (55%), and quite a few have a college education (30%). This shows that the majority of respondents have a secondary to higher level of education, which has the potential to influence knowledge and attitudes in exclusive breastfeeding. The majority of breastfeeding mothers are 20-35 years old with a percentage of 85%.

Table 2 Frequency Distribution of Breastfeeding Mothers' Awareness Levels

No	Mother's Level of Knowledge	n	Presentase (%)
1.	Good	31	77,5
2.	Enough	9	22,5
Total		40	100

Source : Primary Data, 2021

The majority of breastfeeding mothers (77.5%) have good knowledge about exclusive breastfeeding, while a small percentage (22.5%) have sufficient knowledge. This shows that in general, the level of knowledge of the respondents is in the positive category, which can support the success of exclusive breastfeeding practices.

Table 3 Distribution of Frequency of Motivation of Breastfeeding Mothers in the Working Area of the Tawangrejo Health Center, Madiun City

No	Mother's Motivation Level	n	Presentase (%)
1.	High	34	85

2.	Moderate	6	15
Total		40	100

Sumber : Data Primer, 2021

Most breastfeeding mothers (85%) have a high level of motivation in exclusive breastfeeding. This shows that in general mothers in the region have a strong urge, both internally and externally, to breastfeed their babies optimally.

Table 4 Distribution of Frequency of Previous Maternal Experience in the Working Area of the Tawangrejo Health Center, Madiun City

No	Previous Mother's Experience	n	Presentase (%)
1.	Good Experience	9	22,5
2.	Pretty good experience	10	25
3.	Lack of Experience	21	52
Total		40	100

Source : Primary Data, 2021

Based on table 4 more than half of breastfeeding mothers (52%) have no previous experience in breastfeeding, which suggests that most respondents are new mothers or have never breastfed a child before. This can be a factor that affects the ability and confidence in exclusive breastfeeding, so it requires further education and support.

Table 5 Cross-tabulation of Maternal Age with Knowledge Level of Breastfeeding Mothers

No	Mother's Age	Mother's Level of Knowledge				Total	
		Good		Enough			
		n	%	n	%	n	%
1.	20 – 35	27	79,4	7	20,6	34	100
2.	>35	4	66,7	2	33,3	6	100
Total		31	77,5	9	22,5	40	100

Source : Primary Data, 2022

Based on table 5 Most mothers of both age groups have a good level of knowledge, but the proportion of good knowledge is higher in mothers aged 20–35 years (79.4%) compared to mothers aged >35 years (66.7%). This suggests that younger ages (within the optimal reproductive age range) tend to have better knowledge of exclusive breastfeeding than older age groups.

Table 6 Cross-tabulation of Mother's Education Level with Breastfeeding Mother's Knowledge Level

No	Education	Mother's Level of Knowledge				Total	
		Good		Enough			
		n	%	n	%	n	%
1.	Elementary/equivalent	0	0	1	100	1	100
2.	Junior High School/Equivalent	0	0	5	100	5	100
3.	High School/equivalent	19	86,4	3	13,6	22	100
4.	College/equivalent	12	100	0	0	12	100
Total		Total	31	77,5	9	22,5	40

Source : Primary Data, 2022

The level of knowledge of breastfeeding mothers tends to increase along with the level of education. All mothers with a college education have good knowledge of exclusive breastfeeding (100%). On the other hand, all mothers with elementary and junior high school education have enough knowledge, without anyone being classified as knowledgeable. This shows that there is a positive relationship between the level of education and the level of knowledge of breastfeeding mothers.

Table 7 Cross-tabulation of Previous Breastfeeding Experience with Breastfeeding Mother's Level of Knowledge

No	Previous Experience	Mother's Level of Knowledge				Total	
		Good		Enough			
		n	%	n	%	n	%
1.	Good Experience	7	77,8	2	22	9	100
2.	Pretty good experience	9	90	1	10	10	100
3.	Lack of Experience	15	71,4	6	28,6	21	100
Total		31	77,5	9	22,5	40	100

Source : Primary Data, 2022

Based on table 7 Most respondents from all experience categories have a good level of knowledge. However, the highest percentage was found in mothers with fairly good experience (90%), followed by mothers with good experience (77.8%), and those with no experience (71.4%). This suggests that previous breastfeeding experiences tend to contribute to increased maternal knowledge of exclusive breastfeeding, although good knowledge is also found in inexperienced mothers.

Table 8 Cross-Age Tabulation with Motivation Level of Breastfeeding Mothers

No	Mother's Age	Mother's Motivation Level				Total	
		Good		Enough			
		n	%	n	%	n	%
1.	20 – 35	28	82,4	6	17,6	34	100
2.	>35	6	100	0	0	6	100
Total		34	85	6	15	40	100

Source : Primary Data, 2022

Based on table 8 The majority of breastfeeding mothers of all age groups have high motivation in giving exclusive breastfeeding. All mothers aged >35 years showed high motivation (100%), while in the age group of 20–35 years, high motivation was recorded at 82.4%. This suggests that maternal motivation is not only influenced by age, but that older people tend to have stronger motivation, likely due to experience or higher awareness of the importance of breastfeeding.

Table 9 Cross-tabulation of Education Level with Motivation Level of Breastfeeding Mothers

No	Education	Mother's Motivation Level				Total	
		High		Moderate			
		n	%	n	%	N	%
1.	Elementary/equivalent	1	100	0	0	1	100
2.	Junior High School/Equivalent	5	100	0	0	5	100
3.	High School/equivalent	17	77.3	5	22.7	22	100

4. College/equivalent	11	91,7	1	8,3	12	100
Total	34	85	6	15	40	100

Source : Primary Data, 2022

Based on table 9, high breastfeeding motivation was found in almost all mothers at all levels of education, with a percentage of 100% in the elementary and junior high education groups. Mothers with a college education had a high motivation level of 91.7%, and high school education of 77.3%. This suggests that although higher education is generally associated with greater motivation, mothers with low education in the study also show high motivation, which may be influenced by other factors such as environmental support or personal awareness.

Table 10 Cross-Tabulation of Past Experience with Breastfeeding Mother's Motivation Level

No	Previous Experience	Mother's Level of Knowledge				Total	
		High		Moderate		N	%
		n	%	n	%		
1.	Good Experience	9	100	0	0	9	100
2.	Pretty good experience	9	90	1	10	10	100
3.	Lack of Experience	16	76,2	5	23,8	21	100
	Total	34	85	6	15	40	100

Source : Primary Data, 2022

Based on table 10, breastfeeding motivation tends to be higher in mothers who have previous breastfeeding experience. All mothers with good experience showed high motivation (100%), while in mothers without experience, high motivation was only 76.2%. This indicates that previous breastfeeding experiences can increase the mother's confidence and readiness to give exclusive breastfeeding.

DISCUSSION

Respondent Characteristics

Most of the age of breastfeeding mothers is included in the productive age. Respondents in the age range of 20 – 35 years are adults where at this time mothers can solve problems well, one of which will look for accurate information related to exclusive breastfeeding. Education is one of the factors that influence behavior in exclusive breastfeeding. Education will make a person motivated to be curious, to seek experience, and to practice experience so that the information received will become knowledge. So that the high education of mothers has more influence on exclusive breastfeeding, because higher education will make it easier to receive information, make decisions and receive more new information, including in exclusive breastfeeding¹⁴.

Knowledge Level

Based on the results of the study, it is known that the level of knowledge in breastfeeding mothers about Exclusive Breastfeeding is the most in the good category as many as 31 people. This is because respondents do not fully understand Exclusive Breastfeeding, especially about the

composition of breast milk. Good knowledge will make it easier for a person to change behavior, including the practice of exclusive breastfeeding. Mother's lack of knowledge about Exclusive Breastfeeding will lead to the failure of Exclusive Breastfeeding because the mother does not have the motivation to give Exclusive Breastfeeding to her baby and on the contrary, good knowledge of the mother will lead to success in exclusive breastfeeding so that mothers are motivated to give Exclusive Breastfeeding to their babies¹⁵.

Motivation Level

Motivation is the basic impulse that moves a person to behave. This impulse is in a person who moves to do something in accordance with the impulse in him. Motivation from within a person can arise and remain consistent if the person also receives support from other parties. The higher the motivation of the respondents, the higher the exclusive breastfeeding, i.e. not giving additional food/drinks and juices other than breast milk to the baby before the age of 6 months¹⁶.

Previous Breastfeeding Experience

The number of children in breastfeeding is the experience of exclusive breastfeeding, breastfeeding in the birth of a previous child, breastfeeding habits in the family, and insight into the usefulness of breastfeeding has an influence on the decision of breastfeeding mothers or not. This research is in line with Estuti's view that the number of children related to the mother's experience obtained in previous life journeys can affect the next action¹⁷. Experience is very influential in carrying out daily life because it can affect a person's life that will be carried out next¹⁸.

Age with Knowledge Level

Based on the results of the study, it is known that most of the mothers in the age range of 20-35 years have a good level of knowledge as many as 27 respondents. The high knowledge of mothers about Exclusive Breastfeeding is also influenced by the age of mothers, most of whom have an age of 20-35 years, where in terms of age, a person's maturity level and strength will be more mature in thinking¹⁹. This makes it easier for mothers to receive information because they are more mature in thinking.

Education with a Level of Knowledge

Based on the results of the research, it is known that the characteristics of mothers at the last level of education are the most high school / equivalent and have a high level of knowledge of 86.4%. Sufficient education will make it easier for a mother to receive information about the benefits of exclusive breastfeeding from various sources so that her knowledge will increase. However, it is possible that mothers who have a low level of education cannot receive the information and knowledge that has been provided²⁰.

Previous Experience with Knowledge Level

The experience gained from environmental factors will affect the mother's knowledge and eventually a response can be formed in the form of behavior to give breast milk. Previous breastfeeding experience determines the decision to breastfeed. Meanwhile, the desire to imitate a mother is obtained from the success of parents, namely mothers in giving exclusive breastfeeding previously²¹.

Age with Motivation

Based on the results of the study, the results were obtained that from 40 respondents, most of the mothers who were not at risk, namely 20-35 years old, namely as many as 82.4% of breastfeeding mothers aged 20-35 years had high motivation in exclusive breastfeeding. This is positively captured because more and more people are undergoing their reproductive period at the right time because the government has determined that the recommended reproductive age for pregnancy, childbirth, and breastfeeding is 20-35 years old²². The government hopes that with the increasing awareness of women's reproductive age, the maternal and child mortality rate caused by pregnancy and childbirth can decrease²³.

Education with Motivation

Based on the results of the study, 77.3% of breastfeeding mothers with a high school education have high motivation in exclusive breastfeeding. This shows that education is one of the factors that influence behavior in exclusive breastfeeding. Education will make a person motivated to be curious, to seek experience, and to organize experience so that the information received will become knowledge. Highly educated mothers will more easily accept a new idea than mothers with low education, so that promotion and information about exclusive breastfeeding can be easily accepted and implemented²³.

Previous Experience with Motivation

The experience of breastfeeding has a positive relationship between the duration of breastfeeding in the previous child, and the child who is now breastfeeding. This is because it is possible that from the experience of the first child, the mother already knows or even feels about the importance of exclusive breastfeeding for babies aged 0-6 months, the benefits of giving exclusive breastfeeding, and the impact if not given exclusive breastfeeding²⁴. Factors that affect pregnant women's intentions in providing exclusive breastfeeding are gestational age, social norms, mother's work, and breastfeeding experience²⁵.

This research has several limitations that need to be considered. First, a descriptive research design cannot explain the cause-and-effect relationship between variables, but only provides an overview. Second, the scope of the study is limited to the working area of the Tawangrejo Health Center, so the results cannot be generalized to other areas with different characteristics. Third, data

is collected through questionnaires and interviews that depend on the honesty and memory of the respondents, thus allowing for inaccuracies in information. In addition, the study only involved personal factors of breastfeeding mothers, without considering other external variables such as economic status, husband support, or access to health services that could also affect exclusive breastfeeding.

In the implementation of this study, there is a potential bias that may affect the results. One is recall bias, where respondents may not accurately recall previous breastfeeding experiences, especially for mothers who already have more than one child. In addition, social desirability bias can also occur because respondents tend to give answers that are considered good or according to the researchers' expectations, especially in terms of motivation and knowledge. The use of simple random sampling in a limited population also risks sampling bias, especially if there are groups of breastfeeding mothers who are not proportionally represented, such as working mothers or mothers with limited access to information. Finally, even though the instrument has been validated, there is still a possibility of measurement bias due to differences in respondents' perceptions of subjective questionnaire questions.

CONCLUSION

The majority of breastfeeding mothers at the Tawangrejo Health Center have high knowledge and motivation in exclusive breastfeeding. Factors of productive age, secondary-higher education, and previous breastfeeding experience play a positive role in supporting breastfeeding practices as an effort to prevent stunting in toddlers aged 0–2 years.

SUGGESTION

Health workers at the Tawangrejo Health Center need to form an active lactation support group, consisting of breastfeeding counselors, Posyandu cadres, and experienced mothers. This group can hold training and lactation education sessions on a regular basis, for example twice a month, which is integrated with Posyandu activities. The local government is also expected to support this program by providing educational media, training for health workers, and cadre incentives. In addition, exclusive breastfeeding promotion needs to be delivered in an ongoing manner through various local communication channels, such as social media, maternal studies, and cross-sector counseling, in order to reach mothers of various levels of breastfeeding education and experience.

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