

Analysis of Relation between Parity and Exclusive Breastfeeding in Indonesia Based on Indonesia Demographic and Health Surveys 2017

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ABSTRACT

Exclusive breastfeeding is the provision of mother's milk from birth until six months of age without giving or replacing it with other food or drinks except for the provision of drugs, vitamins, and minerals. In 2019 national coverage of exclusive breastfeeding for infants in Indonesia was 67.74%. Various efforts have been made by the government to increase the coverage of exclusive breastfeeding, including: government regulations with the implementation of advocacy and supervision regarding exclusive breastfeeding which are the duties and responsibilities of the central and local governments. The purpose is to analyze the relation between parity and exclusive breastfeeding in Indonesia based on the Indonesia Demographic and Health Surveys (IDHS) 2017. The research is quantitative and it is an analytical research. The research design used cross sectional study. The samples were 2.301 respondents after cleaning and weighted data. The independent variables in this study is parity. The dependent variable in this study is exclusive breastfeeding. Data analysis was performed using Stata MP-Parallel Edition version 14.0 and using simple regression test. The results showed that mothers who gave birth 3 times (p-value=0,003) and >3 times (p-value=0,000) were significantly associated with exclusive breastfeeding, while mothers who gave birth 2 times (p-value=0,760) not significantly related to exclusive breastfeeding, although mothers who gave birth 2 times had 1,04 times greater chance than mothers who gave birth 1 time to exclusive breastfeeding. There is a relation between parity and exclusive breastfeeding, especially for mothers who gave birth 3 times and >3 times.

Keywords: breastfeeding, IDHS 2017, parity

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BACKGROUND

Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 25 of 2014 concerning Child Health Efforts, it is stated that all children have the right to survive, grow and develop and have the right to protection from violence and discrimination. One of the causes of death for children aged 29 days to 11 months is an infectious disease (Kementerian Kesehatan RI, 2019). The risk of these infectious diseases can be reduced by giving exclusive breastfeeding (Prawirohardjo, 2014). Exclusive breastfeeding is the provision of mother's milk from birth to six months of age without giving or replacing it with other food or drinks except for the provision of drugs, vitamins, and minerals. The coverage of exclusive breastfeeding for infants in Indonesia in 2019 nationally was 67.74%. The target according to the Strategic Plan in 2019 is 50%, this shows that the national exclusive breastfeeding coverage has actually exceeded the target. The province with the highest exclusive breastfeeding coverage in Indonesia in 2019 was West Nusa Tenggara Province with a percentage of 86.26%, while the province with the lowest exclusive breastfeeding coverage in Indonesia in 2019 was West Papua with a percentage of 41.12% (Kementerian Kesehatan RI, 2019). Various efforts have been made by the government to increase the coverage of exclusive breastfeeding, including: government regulations with the implementation of advocacy and supervision regarding exclusive breastfeeding which are the duties and responsibilities of the central and regional governments (Dinkes Jawa Timur, 2019). In addition, the government also regulates the policy of exclusive breastfeeding with the issuance of Government Regulation Number 33 of 2012 concerning Exclusive Breastfeeding which aims to optimize the health status of children, which is expected to be able to reduce the IMR in Indonesia (Mufdlilah, 2017). This study aims to analyze the relationship between parity and exclusive breastfeeding in Indonesia based on the Indonesia Demographic and Health Surveys (IDHS) 2017.

METHODS

The type of research was quantitative and it was an analytical research. The research design used in this research is a cross sectional study. The population in this study were women of childbearing aged 15-49 years who had children a maximum of 6 months old and still lived with their mothers, as many as 10,693 respondents. While the samples in this study was 2,301 respondents after cleaning the data and weighing the data. The sampling technique used in this study is a two-stage probability sample, in which the sample is taken using Cluster Random Sampling. This research was collected through secondary data collection obtained from the Indonesia Demographic and Health Survey in 2017. The 2017 Indonesia Demographic and Health Survey is a collaboration between BPS, BKKBN, Ministry of Health, USAID, and ICF. In this study used IDIR71FL.dta which is data for women with completed interviews. The survey is conducted periodically every five years. After obtaining approval from the Measure DHS Organization, the DHS Data was downloaded via the DHS Program website. Data were analyzed univariately and bivariately using a simple regression test where data analysis was carried out using the Stata MP-Parallel Edition version 14.0 application.

RESULTS

Univariate Analysis

Table 1. Exclusive breastfeeding distribution

Variable	Category	Frequency (n)	Percentage (%)
ASI Exclusive	Yes	1.791	77,84
	No	510	22,16
	Result	2.301	100,00

The results of the univariate analysis in table 1 regarding respondents who gave exclusive breastfeeding. Based on the table the respondents who gave exclusive breastfeeding were 1,791 respondents or 77,84%.

Table 2. Parity frequency distribution

Variable	Category	Frequency (n)	Percentage (%)
Parity	1	884	38,42
	2	701	30,47
	3	389	16,91
	>3	327	14,21
	Result	2.301	100,00

The results of the univariate analysis in table 2 regarding the characteristics of respondents based on parity. From the table above, the results show that from 2,301 respondents as many as 884 (38.42%) respondents had given birth 1 time, as many as 701 (30.47%) respondents had given birth 2 times, respondents who gave birth 3 times were 389 (16, 91%) respondents, and respondents who gave birth more than 3 times, namely 327 (14.21%) respondents. Therefore, based on the results majority of respondents gave birth 1 time.

Bivariate Analysis

Table 3. The relation between parity and exclusive breastfeeding

Parity	ASI Exclusive		n	%	Pseudo R2	P Value	OR
	Yes	No					
1	716	168	884			-	1
2	572	129	701			0,760	1,04
3	286	103	389	100	0,015	0,003	0,65
>3	217	110	327			0,000	0,46
		Result	2.301				

According to table 3, respondents who gave exclusive breastfeeding were 716 respondents who gave birth 1 time, 572 respondents who gave birth 2 times, 286 respondents who gave birth 3 times and respondents who gave birth >3 times and gave exclusive breastfeeding were 217 respondents. Based on the description, it was found that 716 respondents who gave birth 1 time became the majority of respondents who gave exclusive breastfeeding. Based on table 3 which has been carried out a simple regression test shows the results that the parity factor, especially mothers who gave birth 3 times (p-value = 0.003) and > 3 times (p-value = 0.000) was significantly related to exclusive breastfeeding, while who gave birth twice (p-value = 0.760) was not significantly associated with exclusive breastfeeding. However, mothers who gave birth twice had a 1.04 times greater chance than mothers who gave birth 1 time to exclusively breastfeed.

DISCUSSION

Child Health Efforts reveal that all children have the right to survive, grow and develop and have the right to protection from violence and discrimination. One of the causes of death for children aged 29 days to 11 months is an infectious disease (Kementerian Kesehatan RI, 2019). The risk of these infectious diseases can be reduced by giving exclusive breastfeeding (Prawirohardjo, 2014). Exclusive breastfeeding is the provision of mother's milk from birth to six months of age without giving or replacing it with other food or drinks except for the provision of drugs, vitamins, and minerals. Based on the research that has been done, the results show that the average age of the respondents is in the age range of 30-49 years as much as

1,322 or 57.45%. The majority of respondents as many as 884 (38.42%) respondents had given birth 1 time.

In the bivariate analysis that has been carried out, the results show that the number of parity in the parity category is 3 or >3 times related to exclusive breastfeeding. This result is in line with other studies, where in this study it was obtained (p-value = 0.001) which means that there is a relationship between parity and exclusive breastfeeding (Khofiyah, 2019). Similar to the results of other studies, where the results of the study obtained results (p-value = 0.031), which means that there is a relationship between parity and exclusive breastfeeding (Fakhidah and Palupi, 2018). In contrast to the results from other studies, where the results obtained (p-value = 0.478) which means that there is no relationship between the amount of parity and exclusive breastfeeding (Rahayu and Apriningrum, 2014). Mothers who have previously given birth have more experience in the process of exclusive breastfeeding for their babies (Khanal, Sauer and Zhao, 2013). The more parity, mother's confidence in exclusive breastfeeding to her baby will increase, but mothers who have high parity but low exclusive breastfeeding can be caused because previously the mother had failed to give exclusive breastfeeding which in turn caused trauma to the mother (Sudargo & Kusmayanti, 2019).

CONCLUSION

Based on the results of the study showed that parity was significantly related to exclusive breastfeeding, namely in the category of respondents who had given birth 3 times and > 3 times. However, respondents who have given birth twice are 1.04 times more likely to give exclusive breastfeeding when compared to respondents who have given birth once. The more parity makes mother more confidence in gives exclusive breastfeeding and will increase exclusive breastfeeding for her baby. Even though mothers should also consider having children <3 so the experience of exclusive breastfeeding that will be given can be maximized, because sometimes mothers with high parity can have low exclusive breastfeeding because previously the mother had failed to provide exclusive breastfeeding which traumatized the mother.

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