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Influence of demographic factors and local wisdom on exclusive breastfeeding behavior

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Abstract: Exclusive breastfeeding from an early age is very important for a child's survival. The achievement of exclusive breastfeeding in Indonesia is still far from the target. There is a lot of research on the factors that influence exclusive breastfeeding, but there has been no research on the influence of local wisdom on exclusive breastfeeding especially in Pidie, Aceh, Indonesia. The aim of the research is to determine the influence of demographic factors and local wisdom on exclusive breastfeeding. Quantitative method with cross sectional study design was used in this research. The population was 3124 mothers' breastfeeding babies aged 6 to 12 months in Pidie, Indonesia. Sample size was determined by Slovin formula with 95% convidence level so that the sample size to be 358 respondents. Data collection was done by distributing questionnaires or interviews. Univariate data analysis used to analyze all variables studied. Bivariate analysis used the chi square statistical test with SPSS 24. The research results show that 167 or 46.65% respondents provided exclusive breastfeeding. There is not influence of age, education, occupation, and food consumption on exclusive breastfeeding behavior. However, there is an influence of knowledge, dietary restrictions, postpartum care with local wisdom (such as sale and toet batee – refer to traditional treatment in Aceh) on exclusive breastfeeding. Health education is needed about the importance of exclusive breastfeeding and the effects of postpartum care with local wisdom on breast milk production.

Keywords: *Breastfeeding mothers, Demographic factors, Exclusive breastfeeding, Local wisdom, Postpartum care.*

1. Introduction

The World Health Organization (WHO) introduced exclusive breastfeeding for the first six months [1]. Increasing evidence shows that children who receive breast milk perform higher on intelligence tests. In addition, they have a lower chance of being obese or overweight, as well as their susceptibility to developing diabetes in the future [2]. Breast milk can prevent malocclusion or tooth decay [3]. Baby care cannot be separated from breastfeeding. Various international and national efforts have been made to provide exclusive breastfeeding, but the coverage rate for exclusive breastfeeding has not reached the target that has been set [4]. According to Basic Health Research data 52.5 percent - or only half of the 2.3 million babies aged less than six months who receive exclusive breastfeeding in Indonesia, or a decrease of 12 percent from the figure in 2019. Achievement of exclusive breastfeeding in Aceh, according to Ministry of Health data in 2019 it was recorded at 62.81 percent, increasing to 65.6 percent in 2020, and continuing to increase to 66.6 in 2021. Meanwhile the national average was recorded at 71.58 percent, below the target set set at 80 percent [5].

The achievement of exclusive breastfeeding in Pidie - Aceh, Indonesia in 2020 was recorded at 2390 babies or 67%; in 2021 the achievement will be 1593 or 57% of the number of babies of 2800; and in 2022 the number of achievements will be 1735 or 58% of 3044 people (Pidie Health Office, 2023). The failure rate for exclusive breastfeeding is still very high at both national and regional levels. Many

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studies have been conducted regarding the factors that influence exclusive breastfeeding, but there has been no research on the influence of local wisdom on exclusive breastfeeding in Pidie - Aceh, Indonesia. According to research [6] Maternal age and parity have an important influence on exclusive breastfeeding; the role of religion, occupation, family size, family type, maternal education, and marital status had a negligible influence on nursing mothers' attitudes to breastfeeding. Based on research [4] there is a significant relationship between maternal knowledge about breastfeeding and exclusive breastfeeding. Research [7] the mother's level of knowledge and attitude regarding exclusive breastfeeding has a significant effect on exclusive breastfeeding. The people of Pidie - Aceh, Indonesia really maintain their culture from generation to generation, as well as caring for postpartum mothers so that it has become local wisdom. Researchers want to know breastfeeding mothers' understanding of local wisdom in providing exclusive breastfeeding in Pidie - Aceh, Indonesia.

The panel research's problem formulation is a clear description of the characteristics and knowledge of mothers as well as local wisdom in providing exclusive breastfeeding in Pidie - Aceh, Indonesia. The aim of the research is to determine the characteristics of breastfeeding mothers in providing exclusive breastfeeding and to determine the influence of the characteristics of breastfeeding mothers and local wisdom on providing exclusive breastfeeding. Benefits of Research it is hoped that the results of this research can help breastfeeding mothers in providing exclusive breastfeeding.

2. Method

This research is quantitative research with an analytical observational research design with a cross sectional study design. Data collection uses primary data in the form of a questionnaire. The population is mothers with babies aged 6 to 12 months who live in Pidie - Aceh, Indonesia, based on data from 3124 mothers who gave birth from October 2022 to March 2023. Pidie Regency consists of 23 sub-districts with 26 Community Health Centers. The number of samples was determined based on the Slovin formula with a Standard Deviation of 0.05 or a confidence level of 95%, resulting in a sample size of 358 people. The sampling method used quota sampling in 26 Community Health Centers in Pidie, that is, each community health center work area was given a sample quota based on its population proportionally. Bivariate analysis is a data analysis technique to test the influence of independent variables on the dependent variable. Bivariate analysis uses the chi square test. Data were coded and entered into SPSS Version 24 software, analyzed using the chi square test at p-value < 0.05 or at 95% confidence level. The observed or measured parameters were presented ini Table 1. This research also orserved two local wisdom treatment for mother's postpartum care, namely *sale* and *toet batee*. *Sale* refers to traditional treatment using warm smoke and *toet batee* refers to traditional treatment using heated stones. The treatment of *sale* was illustrated in Figure 1 and the treatment of *toet batee* was illustrated in Figure 2.

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Table 1.
Observed/Measured parameters.

No.	Variables	Operational definition	Parameters	Scale
1	Exclusive breastfeeding	Mother's way of giving breast milk to her baby in the first six months of life which includes aspects: breastfeeding, giving food other than breast milk, how to give breast milk and when to give breast milk.	1= Exclusive breastfeeding, if you get a score of 100% of all components assessed (score 3) 2= Not exclusive breastfeeding, if the mother gets a score < 3	Ordinal
2	Age	The length of life according to the mother's confession was calculated from the time the mother was born until the time the research data was collected	1. 20-35 years (healthy reproductive age) 2. <20 or >35 years (unhealthy reproductive age)	Ordinal
3	Level of education	The last education completed by the mother according to the statement	1. Continue ≥ Senior Hight School 2. Basic < Senior Hight School	Ordinal
4	Occupation	The duties carried out by the mother in an agency, which has an interest in earning income	1. Work 2. Not Working	Ordinal
5	Knowledge	A mother's cognitive ability regarding exclusive breastfeeding is measured by the mother's ability to answer questions about exclusive breastfeeding based on aspects: understanding breast milk, giving food and/or drinks other than breast milk, the benefits of exclusive breastfeeding, and factors that need to be considered when giving breast milk	1. Good, if the mother gets a score ≥ 76% 2. Sufficient, if the mother gets a score of 56% - 74% 3. Less, if the mother gets a score ≤ 55%	Ordinal
6	Food consumption behavior	Foods consumed by breastfeeding mothers are believed by the local community to increase breast milk	1. Positive, if the value is ≥ 3 2. Negative, if the value is < 3	Ordinal
7	Food taboo behavior	Foods that are believed to not be consumed by postpartum mothers	1. Abstinence, if the value is ≥ 3 2. Not abstaining, if the value is < 3	Ordinal
8	Postpartum care with *sale*	Postpartum care carried out by the mother with *sale*	1. Yes, if the value is ≥ 1 2. No, if the value is < 1	Ordinal
9	Postpartum care with *toet batee*	Postpartum care carried out by the mother with *toet batee*	1. Yes, if the value is ≥ 1 2. No, if the value is < 1	Ordinal

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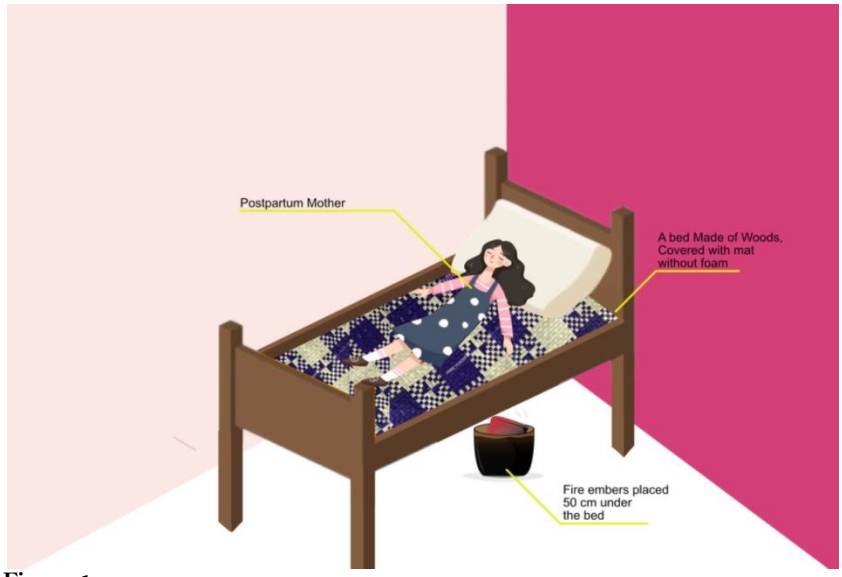

Figure 1.
The traditional treatment of sale.

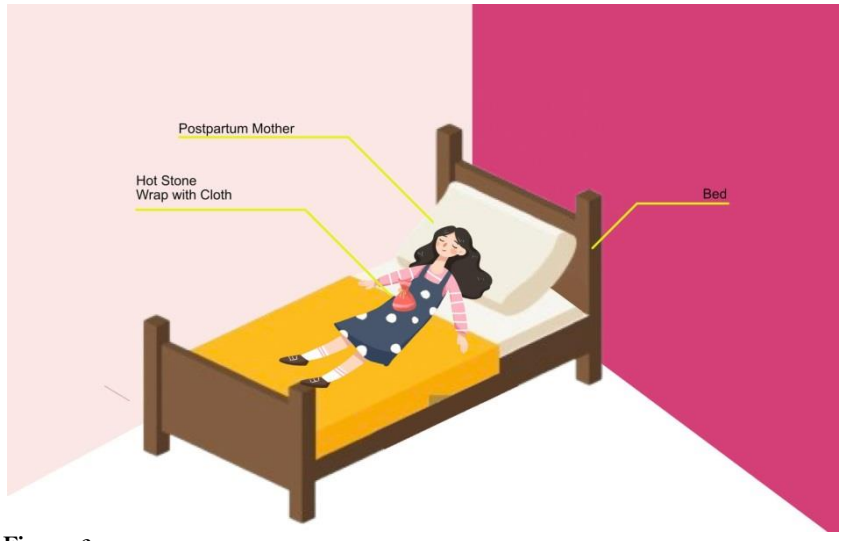

Figure 2.
The traditional treatment of toet bate.

3. Results and Discussion

The research results in the form bivariate analysis of maternal characteristics and knowledge and local wisdom regarding exclusive breastfeeding are presented in Table 2.

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Table 2.
Bivariate analysis of maternal characteristics and knowledge and local wisdom regarding exclusive breastfeeding.

Variables/Categories	Breastfeeding						P Value
	Exclusive		Not exclusive		Total		
	n	%	n	%	N	%	
Age							
Healthy reproductive age	124	45.42	149	54.58	273	100	0.404
Unhealthy reproductive age	43	50.59	42	49.41	85	100	
Level of education							
Continue	142	46.41	164	53.59	306	100	0.823
Basic	25	48.08	27	51.92	52	100	
Occupation							
Work	20	38.46	32	61.54	52	100	0.201
Not working	147	48.04	159	51.96	306	100	
Knowledge							
Good	91	48.40	97	51.60	188	100	
Sufficient	73	49.32	75	50.68	148	100	0.006
Less	3	13.64	19	86.36	22	100	
Food consumption behaviour							
Positive	165	46.61	189	53.39	354	100	0.893
Negative	2	50.00	2	50.00	4	100	
Food taboo behaviour							
Abstinence	120	50.42	118	49.58	238	100	0.044
Not Abstaining	47	39.17	73	60.83	120	100	
Postpartum care of *sale*							
Yes	54	38.85	85	61.15	139	100	0.018
No	113	51.60	106	48.40	219	100	
Postpartum care of *toet batee*							
Yes	85	41.06	122	58.94	207	100	0.013
No	82	54.30	69	45.70	151	100	
Total	167		191		358	100	

3.1. Breastfeeding Mothers Age

The research results showed that 167 respondents gave exclusive breastfeeding or 46.65% of the 358 respondents studied. The majority of mothers breastfeed their babies, but few provide exclusive breastfeeding [8]. Bivariate analysis of the age of breastfeeding mothers and exclusive breastfeeding using the Chi Square statistical test showed that there was no statistically significant effect, p-value=0.404. Previous research also obtained results that the age of breastfeeding mothers is not a factor related to the practice of exclusive breastfeeding [9], [10], however [11] in their research in Tanzania found the opposite result. Our research shows that exclusive breastfeeding by mothers at reproductively healthy age tends to be lower than at reproductively unhealthy age. This can happen because reproductive unhealthy age is only found at ages above 35 years and is not found at ages under 20 years.

3.2. Level of Education

There is no significant influence between breastfeeding mother's education and exclusive breastfeeding based on the Chi Square statistical test p-value=0.823. Previous research with similar results includes [12]. Meanwhile, research with the opposite results includes [13] and [10]. The level of education does not influence the behavior of breastfeeding mothers in providing exclusive breastfeeding. This can be seen from the results of research where the ratio of exclusive breastfeeding by mothers with advanced education levels (46.41%) is almost the same as the basic education level (48.08%). This can happen because there are many factors that influence exclusive breastfeeding such as

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the mother's age, occupation, knowledge about exclusive breastfeeding, postpartum care and so on, so that the educational factor of breastfeeding mothers does not have a significant influence.

3.3. Occupation

There is no significant influence between occupation and exclusive breastfeeding, p-value = 0.201 based on the Chi Square statistical test. The results of previous research with similar results, including [14] showed that the mother's employment factor was not important in providing exclusive breastfeeding. Meanwhile, research with the opposite results includes [15] [16]. Research [6] found that occupation had a negligible influence on nursing mothers' attitudes to breastfeeding. The occupation of breastfeeding mothers, whether working or not working, does not show a significant relationship where the percentage of exclusive breastfeeding in both groups is equally low because there are many other factors that influence exclusive breastfeeding here, such as knowledge of breastfeeding mothers, local wisdom, namely food restrictions and also postpartum care.

3.4. Knowledge

There is a significant influence on breastfeeding mothers' knowledge of exclusive breastfeeding, p-value = 0.006 based on the Chi Square test, where exclusive breastfeeding by mothers with good knowledge is 48.40%, mothers with sufficient knowledge is 49.32% while mothers with less knowledge is only 13.64%. Several previous studies with similar results include [17], [4], [18], [19], [20], [21] dan [22]. Meanwhile, previous research with the opposite results included [12]. The mother's level of knowledge about exclusive breastfeeding influences behavior in giving exclusive breast milk, where breastfeeding mothers who already understand the meaning, benefits and methods of giving exclusive breast milk will try to give it.

3.5. Food Consumption Behavior

There is no significant effect on food consumption of breastfeeding mothers with exclusive breastfeeding based on the Chi Square test, with a value of p=0.893. This happened because the majority of respondents studied behaved positively or well in terms of consuming food which is believed to increase breast milk, namely 354 respondents, while there were only 4 respondents with negative behavior. However, previous research has obtained the opposite results, including [23] saying that there is an influence of postpartum food consumption on breast milk production, [24] finding that calorie supplementation has proven to be a significant factor in the success of reaching 6 months exclusive breastfeeding. Inadequate dietary intake during lactation may compromise the nutritional status of the mother, her recovery back to health, and her human milk production [25].

3.6. Food Taboo Behavior

There is a significant effect of breastfeeding mothers' dietary restrictions on exclusive breastfeeding based on the Chi Square statistical test with a value of p=0.044. Most breastfeeding mothers avoid certain types of food for no particular reason or because of vague concerns that the food could harm their baby [26]. For generations, the people of Aceh, especially Pidie - Aceh, Indonesia, believe that certain foods are dangerous if eaten by postpartum women, so this has become local wisdom. Several types of food generally contain high levels of protein which breastfeeding mothers need to increase the quality and quantity of breast milk. Foods that are often taboo for postpartum mothers include shrimp, chicken, duck eggs, milkfish, sticky rice, papaya, pineapple and limiting drinking. The result of abstaining from food in postpartum mothers is that mothers are unable to breastfeed their babies exclusively because of the limited food they can consume.

3.7. Postpartum Care with Sale

There is a significant effect between postpartum care with *sale* and exclusive breastfeeding based on Chi Square analysis, p-value = 0.018. Postpartum care with *sale* is local wisdom in Aceh. *Sale* is the act of a mother after giving birth lying on a mat made of bamboo under which hot charcoal is placed. This tradition is believed to reduce body fat and make the body fitter [27]. *Sale* is the same in principle as a

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sauna, where the sauna process will cause the body to produce a lot of sweat which functions to provide a thorough cleansing effect on the skin and sweat glands [28]. Otherwise, research [29] [30] concluded that warm steam therapy has an effect on increasing breast milk production. Nursing mothers who carry out postpartum care cannot fulfill their baby's needs with breast milk, so they have to supplement it with other drinks such as formula milk. This can happen because postpartum care causes the body to sweat a lot so that the body experiences a lack of fluids if it is not balanced by drinking enough fluids.

3.8. Postpartum Care with Toet Batee

There is a significant effect between postpartum care with *toet batee* and exclusive breastfeeding, where based on the Chi Square test, the p value = 0.013. Local wisdom is the tradition of burning stones (*toet batee*), namely hot stones wrapped in cloth or castor leaves placed on the stomach with the assumption that it can speed up the process of reducing the uterus and can expel dirty blood. This *toet batee* tradition is carried out for 44 days, starting on the second day after giving birth [27]. One study in Myanmar reported that after giving birth they underwent treatment with internal and external body warming [31]. Only 41.06% of breastfeeding mothers who had *toet batee* postpartum care provided exclusive breastfeeding compared to mothers who did not have *toet batee* postpartum care, up to 54.30% gave exclusive breast milk. This can happen because during the *toet batee* process, the postpartum mother's body experiences heating, especially in the stomach area, while the postpartum mother also limits her drinking water intake, which can cause breast milk production to decrease and she has to give drinks other than breast milk to meet the baby's needs breast milk. This can happen because during the *toet batee* process, the postpartum mother's body experiences heating, especially in the stomach area, while the postpartum mother also limits her drinking water intake, which can cause breast milk production to decrease and she has to give drinks other than breast milk to meet the baby's needs.

4. Conclusion

Based on the research, the results obtained were 167 respondents who provided exclusive breastfeeding or 46.65% of the 358 respondents studied. The results of bivariate analysis with the Chi Square statistical test using SPSS 24 showed that there was no significant influence on the factors of age, education, employment, and food consumption of breastfeeding mothers with exclusive breastfeeding; There is a significant influence between knowledge, dietary restrictions for breastfeeding mothers, postpartum care, and postpartum *toet batee* care with exclusive breastfeeding. Health education is needed in order to increase the knowledge of breastfeeding mothers about the importance of exclusive breastfeeding and the effects caused by postpartum care and *toet batee* which are local wisdom in Aceh on the breast milk production of breastfeeding mothers in Pidie, Aceh, Indonesia.

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