

PRACTICE OF BREAST-FEEDING UNTIL THE AGE OF 2 YEARS IN WORKING AND NON-WORKING MOTHERS IN AN ISLAMIC AND HEALTH PERSPECTIVE

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ABSTRAK

Menyusui merupakan langkah awal untuk memperoleh kesehatan, pertumbuhan fisik dan perkembangan otak secara optimal, karena ASI merupakan makanan paling sempurna bagi bayi dan mengandung zat gizi sesuai kebutuhan tumbuh kembang bayi, dan memiliki zat kekebalan guna mencegah timbulnya berbagai penyakit infeksi. Sesuatu yang terbaik tidak harus mahal, tetapi sebaliknya bisa diperoleh dengan biaya termurah. Permasalahan penelitian adalah Bagaimanakah Aspek Perspektif Islam dalam Praktik Pemberian Air Susu Ibu sampai Umur 2 dua) tahun pada ibu Bekerja di UIN Sumatera Utara Tujuan penelitian ini yaitu menganalisa Aspek Perspektif Islam dalam Praktik Pemberian Air Susu Ibu sampai Umur 2 dua) tahun pada ibu Bekerja di UIN Sumatera Utara. Penelitian ini menggunakan metode kuantitatif dengan pendekatan *Explanatory Research*. *Explanatory Research*. Sampel dalam penelitian ini yaitu 4101 ibu yang terbia Provinsi Aceh sebanyak 1759 ibu, Provinsi Sumatera Barat sebanyak 1335 ibu, Provinsi Riau sebanyak 1007 ibu. Data penelitian ini meliputi data primer dan sekunder. Analisis data penelitian menggunakan analisis bivariate dengan menggunakan uji chisquare. Hasil yang didapat yaitu terdapat hubungan antara tempat tinggal ($p=0.012$), pendidikan ($p=0.05$) dengan pemberian Air Susu Ibu (ASI). Tidak terdapat hubungan antara pekerjaan ($p=0.58$), jenis kelamin bayi ($p=0.234$) dengan pemberian Air Susu Ibu (ASI). Ibu dengan status tempat tinggal di pedesaan berisiko 1,444 kali lebih besar untuk memberikan ASI dibandingkan ibu dengan status tempat tinggal di perkotaan (95% CI = 1,083-1,924).

Kata Kunci : Air Susu, Islam, Kesehatan, Bekerja

ABSTRACT

Breastfeeding is the first step to obtaining health, physical growth and brain development optimally because breast milk is a perfect food for babies, contains nutrients according to the needs of the baby's growth and development, and has immunity to prevent the onset of various infectious diseases something the best does not have to be expensive but can be obtained at the lowest cost. The research problem is How is the Aspect of the Islamic Perspective in the Practice of Breast-Feeding until the Age of 2 two years in working mothers in Indonesia. The purpose of this study is to analyze aspects of the Islamic Perspective in the Practice of Breast-Feeding until the Age of 2 two years in working mothers in Indonesia. This research uses quantitative methods with an Explanatory Research approach. Explanatory Research. The samples in this study were 4101 mothers who were divided into Aceh Province, 1759 mothers; West Sumatra Province, as many as 1335 mothers; Riau Province, as many as 1007 mothers. The data of this study include primary and secondary data. Analysis of research data using bivariate analysis using the chi-square test. The results obtained are that there is a relationship between residence ($p = 0.012$), education ($p = 0.05$) and breast-feeding (ASI). There is no relationship between work ($p=0.58$), infant sex ($p=0.234$) and breastfeeding. Mothers with a rural status of residence are at 1,444 times greater risk of breastfeeding than mothers with a status of residence in urban areas (95% CI = 1,083-1,924).

Keywords : Breastfeeding , Islamic, Health, Facilities, Worked

INTRODUCTION

Islam sees reason as a tool to strengthen one's knowledge base of Islam so that they can distinguish between the right and the right and can make the best choice for themselves, their families, the environment, the nation, the religion and the surrounding community. The Koran is one of the privileges and miracles in Islam that greatly affects human life. The Koran has a special feature that there is an explanation of the relationship between science and science. (Ajjah, 2021).

One of the Islamic sciences related to the command of Allah Almighty and found in the Koran is the suction of the child (ar - radha'ah). Efforts to obtain good and quality human resources begin with providing adequate nutrition from birth or the baby's start through breastfeeding babies with breast milk (Sharon, 1997).

Exclusive breastfeeding is breastfeeding (breast milk) without being accompanied by food or drinks other than breast milk except for medicines, vitamins, or mineral drops. The World Health Organization (WHO) recommends exclusive breastfeeding until the baby is six months old (Badan Penelitian dan Pengembangan Kesehatan Kementrian Kesehatan Republik Indonesia, 2013). Factors affecting the production of breast milk come from internal and external. Internal factors include the physical condition, psychological, maternal knowledge and physical factors of the baby, while external factors include the initiation of early breastfeeding (IMD) and the frequency of breastfeeding (Kadir, 2018).

Working mothers usually continue to do household chores to increase physical fatigue and become reluctant to breastfeed; factories or workplaces do not provide facilities for workers to continue to be able to breastfeed, such as daycare (TPA), breast milk corners, and free time between working hours. For working women who do not have the opportunity to breastfeed while working, formula milk is an option for their babies after they have finished enjoying the period of maternity leave (Dr. Vladimir, 2018).

Mothers add formula milk to babies because they feel that breast milk production is insufficient for the baby's needs; even formula milk has deliberately begun to be introduced to babies since the mother has not actively returned to work because the baby has adapted to formula milk. The baby's demand for breast milk will automatically decrease if the baby is given additional formula milk. This condition will inhibit the emptying of the mammae alveoli so that breast milk production will decrease. Deciding to provide additional formula milk also has an impact on weakening the mother's motivation to strive to provide sufficient milk production for the baby by frequent milking during work.. The purpose of this study is to analyze aspects of the Islamic Perspective in the Practice of Breast-Feeding until the Age of 2 two years in working mothers in Indonesia

METHOD

This Research uses quantitative methods with an Explanatory Research approach. Explanatory Research is a study that aims to look at the influence of free variables on bound variables. This Research will be conducted in Aceh Province, West Sumatra Province and Riau Province. The research site is chosen because Aceh Province, West Sumatra Province and Riau Province are areas with a Muslim-majority population. This researcher used secondary data, which was an analysis of 2018 Basic Health Research data from the Indonesian Ministry of Health. The sample is a part of the population that is the object of study. The samples in this study were 4101 mothers who were divided into Aceh Province, 1759 mothers; West Sumatra Province, as many as 1335 mothers; Riau Province, as many as 1007 mothers. Data analysis in this study using frequency distribution and bivariate analysis will be carried out using the chi-square test with a 95% confidence index using the JASP version 16 application

RESULTS

Univariate Analysis

Table 1 Distribution and Frequency of Maternal Behavior Towards Colostrum Or Breast Milk That First Came Out

| Mother's Behavior Towards Colostrum | Frequency | % |
|-------------------------------------|-------------|------------|
| Given all to the baby | 3243 | 84,2 |
| Partially disposed of | 306 | 7,9 |
| Discarded all | 146 | 3,8 |
| Don't know | 155 | 4,0 |
| Total | 3850 | 100 |

Based on table 1, the results showed that most maternal behaviour towards colostrum fluid that first came out was given to babies as much as 3,243 (84.2%). Mothers who disposed of their colostrum were partially 306 (7.9%), who removed all colostrum as many as 146 (3.8%) and who did not know as many as 155 (4%).

Table 2 Distribution and Frequency of Maternal Behavior Towards Breast Milk of Mothers Who Have Not Been Discharged /Have Been Given Other Than Breast Milk

| Mother's Behavior Towards Breast Milk | Frequency | % |
|---------------------------------------|-------------|------------|
| Yes | 1309 | 34,0 |
| Not | 2449 | 63,6 |
| Don't know | 92 | 2,4 |
| Total | 3850 | 100 |

Table 2 shows that most maternal behaviour when breast milk had not come out was not giving food other than breast milk as many as 2,449 (63.6%). The behaviour of mothers who did not give food other than breast milk was 1,309 (34%), and the behaviour of mothers who did not know was 92 (2.4%).

Table 3 Distribution and Frequency of Maternal Behavior Towards Formula Feeding

| Formula Feeding | Frequency | % |
|-----------------|-------------|------------|
| Yes | 1127 | 86,1 |
| Not | 182 | 13,9 |
| Total | 1309 | 100 |

Table 3 shows that most mothers gave formula milk as much as 1,127 (86.1%), and mothers who did not give formula milk as many as 182 (13.9%).

Table 4 Distribution and Frequency of Maternal Behavior Towards Non-Formula Feeding

| Non-Formula Milk Feeding | Frequency | % |
|--------------------------|-------------|------------|
| Yes | 20 | 1,5 |
| Not | 1289 | 98,5 |
| Total | 1309 | 100 |

Table 4 shows that most mothers did not give non-formula milk as much as 1,289 (98.5%), and mothers who gave non-formula milk as much as 20 (1.5%).

Table 5 Distribution and Frequency of Maternal Behavior Towards Giving Honey / Honey mixed with Water

| Giving Honey / Honey mixed with Water | Frequency | % |
|---------------------------------------|-------------|------------|
| Yes | 174 | 13,3 |
| Not | 1135 | 86,7 |
| Total | 1309 | 100 |

Based on table 5, the results showed that the majority of mothers did not give honey (honey mixed with water) as much 1,135 (86.7%) and mothers who gave honey (honey mixed with water) as many as 174 (13.3%).

Table 6 Distribution and Frequency of Maternal Behavior Towards Sugar Water Administration

| Sugar Water Feeding | Frequency | % |
|---------------------|-------------|------------|
| Yes | 44 | 3,4 |
| Not | 1265 | 96,6 |
| Total | 1309 | 100 |

Table 6 shows that most mothers did not give sugar water as much, 1,265 (96.6%), and mothers who gave sugar water as much, 44 (3.4%).

Table 7 Distribution and Frequency of Maternal Behavior Towards Tajin Water Administration

| Tajin Water Giving | Frequency | % |
|--------------------|-------------|------------|
| Yes | 22 | 1,7 |
| Not | 1287 | 98,3 |
| Total | 1309 | 100 |

Table 7 shows that most mothers did not give tajin water as much as 1,287 (98.3%), and mothers who gave tajin water as much as 22 (1.7%).

Table 8 Distribution and Frequency of Maternal Behavior Towards Coconut Water Administration

| Giving Coconut Water | Frequency | % |
|----------------------|-------------|------------|
| Yes | 10 | 0,8 |
| Not | 1299 | 99,2 |
| Total | 1309 | 100 |

Table 8 shows that most mothers did not give coconut water as much, 1.299 (99.2%), and mothers who gave coconut water as much as 10 (0.8%).

Table 9 Distribution and Frequency of Maternal Behavior Towards Sweet Tea Giving

| Giving Sweet Tea | Frequency | % |
|------------------|-------------|------------|
| Yes | 36 | 2,8 |
| Not | 1273 | 97,2 |
| Total | 1309 | 100 |

Based on table 9, the results showed that most mothers did not give sweet tea as much as 1,273 (97.2%) and mothers who gave sweet tea as much 36 (2.8%).

Table 10 Distribution and Frequency of Maternal Behavior Towards Water Administration

| Giving Water | Frequency | % |
|--------------|-------------|------------|
| Yes | 197 | 15,0 |
| Not | 1112 | 85,0 |
| Total | 1309 | 100 |

Table 10 shows that most mothers did not give water as much, 1.112 (85%), and mothers who gave water as much, 197 (15%).

Table 11 Distribution and Frequency of Maternal Behavior Towards Feeding Flour/Filtered Pulp

| Giving Flour Porridge / Filtered Porridge | Frequency | % |
|---|-------------|------------|
| Yes | 38 | 2,9 |
| Not | 1271 | 97,1 |
| Total | 1309 | 100 |

Table 11 shows that most mothers did not give flour porridge / filtered porridge as much as 1,271 (97.1%) and mothers who gave flour porridge / filtered porridge as much as 38 (2.9%).

Table 12 Distribution and Frequency of Maternal Behavior Towards Banana Feeding is smoothed

| Banana Feeding Mashed | Frequency | % |
|-----------------------|-------------|-------------|
| Yes | 56 | 4,3 |
| Not | 1253 | 95,7 |
| Total | 1309 | 1000 |

Table 12 shows that most mothers did not give pureed bananas as much as 1,253 (95.7%), and mothers who gave mashed bananas as many as 56 (4.3%).

Bivariate Analysis

Table 13 Relationship of Provinces to Breast-Feeding Practices

| Province | Breast-feeding Practices | | | | Total | | P-value |
|-----------------------|--------------------------|------|-----|-----|-------|-------|---------|
| | Yes | | Not | | | | |
| | n | % | n | % | n | % | |
| Aceh | 1613 | 39,3 | 146 | 3,6 | 1759 | 42,9 | 0,001 |
| Sumatera Barat | 1304 | 31,8 | 31 | 0,8 | 1335 | 32,6 | |
| Riau | 933 | 22,8 | 74 | 1,8 | 1007 | 24,6 | |
| Total | 3850 | 93,9 | 251 | 6,1 | 4101 | 100,0 | |

Based on table 13, the study's results showed that in Aceh, out of 1759 people, 1,613 mothers gave breast milk (39.3%), and those who did not give breast milk were 146 (3.6%). West Sumatra Province of 1,335 people, 1,304 mothers who gave breast milk

(31.8%) and 31 (0.8%) who did not breastfeed. Riau province of 1,007 people, 933 mothers, gave breast milk (22.8%), and 74 (1.8%) did not breastfeed. Based on the results of the chi-square test shows a p-value value = 0.001 (α 0.05), meaning that there is

a significant relationship between the province and the parties of breastfeeding (breast milk).

Table 14 Relationship of Status of Residence With Breast-feeding Practices

| Residence | Breast-feeding Practices | | | | Total | P-value | PR (95% CI) |
|--------------|--------------------------|-------------|------------|------------|-------------|--------------|---|
| | Yes | | Not | | | | |
| | n | % | n | % | | | |
| Urban | 1322 | 32,2 | 67 | 1,6 | 1389 | 33,9 | 0,012 1,444 (1,083- 1,924) |
| Rural | 2528 | 61,6 | 185 | 4,5 | 2713 | 66,1 | |
| Total | 3850 | 93,9 | 252 | 6,1 | 4102 | 100,0 | |

Based on table 14, the study's results showed that of the 2,713 mothers with residence status in rural areas, 2,528 mothers (61.6%) and 185 (4.5%) did not breastfeed. The study results were also obtained from 1,389 mothers with the status of residence in urban areas, 1,322 mothers who gave breast milk (32.2%) and those who did not give breast milk many as 67 (1.6%).

Based on the results of the chi-square test, it shows a p-value = 0.012 (α 0.05),

meaning that there is a significant relationship between the status of residence and the practice of breastfeeding (breast milk). Based on these statistical tests, it was found that mothers with a rural status of residence were at 1,444 times greater risk of breastfeeding than mothers with a status of residence in urban areas (95% CI = 1,083-1,924).

Table 15 Sex Babies Relationship With Breast-feeding Practices

| Sex Babies | Breast-feeding Practices | | | | Total | P-value | PR (95% CI) |
|--------------|--------------------------|-------------|------------|------------|-------------|--------------|---|
| | Yes | | Not | | | | |
| | n | % | n | % | | | |
| Male | 1967 | 48,0 | 119 | 2,9 | 2086 | 50,9 | 0,234 1,168 (0,904- 1,507) |
| Female | 1883 | 45,9 | 133 | 3,2 | 2016 | 49,1 | |
| Total | 3850 | 93,9 | 252 | 6,1 | 4102 | 100,0 | |

According to table 15, the results of the study revealed that of the 2,086 male sexes, 1,967 (48%) played a role in breastfeeding practice and 119 (2.9%) did not. The results of the study were also acquired from 2,016 females, of whom 1,883 (45.9%) had a role in

breastfeeding practices and 133 (3.2%) did not. The chi-square test reveals a p-value of 0.234 (≥ 0.05), indicating that there is no significant link between sexual activity and breastfeeding (breast milk).

Table 16 Relationship of Education With Breast-feeding Practices

| Education | Breast-feeding Practices | | | | Total | | P-value |
|-----------------------------------|--------------------------|-------------|------------|------------|-------------|--------------|---------|
| | Yes | | Not | | N | % | |
| | n | % | n | % | | | |
| Never schoole | 316 | 7,7 | 33 | 0,8 | 349 | 8,5 | 0,055 |
| Graduated from elementary school | 547 | 13,3 | 39 | 1,0 | 586 | 14,3 | |
| Graduated from Junior High School | 791 | 19,3 | 49 | 1,2 | 840 | 20,5 | |
| Graduated from High School | 1351 | 32,9 | 87 | 2,1 | 1438 | 35,1 | |
| College Graduates | 845 | 20,6 | 44 | 1,1 | 889 | 21,7 | |
| Total | 3850 | 93,9 | 252 | 6,1 | 4102 | 100,0 | |

Table 16 shows that of the 1,438 mothers with high school/MA Education, 1,351 (32.9%) mothers did not breastfeed, and 87 (2.1%) did not. Of the 889 mothers with higher education, 845 (20.6%) and 44 (1.1%) did not breastfeed. Of the 840 mothers with junior high school/MTs education, 791 (19.3%) and 49 (1.2%) did not breastfeed. Of the 586 mothers with primary/mi education, 547 (13.3%) and 39 (1%) did not breastfeed.

Of the 349 mothers with education who never went to school, 316 (7.7%) gave breast milk and 33 (0.8%) non-breastfeeding mothers.

Based on the results of the chi-square test shows a p-value = 0.055 ($>\alpha$ 0.05), meaning that there is no significant relationship between education and the practice of breastfeeding (breast milk).

Table 17 Relationship of Employment Status With Breast-feeding Practices

| Work | Breast-feeding Practices | | | | Sum | | P-value |
|-----------------------------------|--------------------------|-------------|------------|------------|-------------|--------------|---------|
| | Yes | | Not | | N | % | |
| | N | % | n | % | | | |
| Doesn't work | 2414 | 58,8 | 150 | 3,7 | 2564 | 62,5 | 0,580 |
| Servent Governments | 216 | 5,3 | 10 | 0,2 | 226 | 5,5 | |
| Private Employees | 185 | 4,5 | 13 | 0,3 | 198 | 4,8 | |
| Self employed | 259 | 6,3 | 22 | 0,5 | 281 | 6,9 | |
| Farmers/fishermen/laborers | 329 | 8,0 | 23 | 0,6 | 352 | 8,6 | |
| Other | 447 | 10,9 | 34 | 0,8 | 481 | 11,7 | |
| Sum | 3850 | 93,9 | 252 | 6,1 | 4102 | 100,0 | |

Table 17 shows that of the 2,564 non-working mothers, 2,414 (58.8%) and 150 (3.7%) mothers did not breastfeed of the 481 mothers with other employment statuses, 447 (10.9%) and 34 (0.8%) mothers who did not breastfeed. Of the 352 mothers who worked as farmers/fishermen/labourers, 329 (8%) gave breast milk, and 23 (0.6%) mothers did not breastfeed. Of the 281 mothers who worked as self-employed, 259 (6.3%) were breastfed, and 22 (0.5%) were non-breastfed mothers. Of the 226 mothers who worked as civil servent governments, 216 (5.3%) were breastfeeding, and 10 (0.2%) mothers did not breastfeed. Of the 198 mothers who worked as private employees, 185 (4.5%) and 13 (0.3%) mothers did not breastfeed.

Based on the results of the chi-square test shows a p-value = 0.580 ($>\alpha$ 0.05), meaning that there is no significant relationship between the status of work and the practice of breastfeeding (breast milk).

DISCUSS

The Province's Relationship with Breast-feeding Practices

The results showed that in Aceh, out of 1759 people, 1,613 mothers gave breast milk (39.3%), and those who did not give breast milk were 146 (3.6%). West Sumatra Province of 1,335 people, 1,304 mothers who gave breast milk (31.8%) and 31 (0.8%) who did not breastfeed. Riau province of 1,007 people, 933 mothers, gave breast milk (22.8%), and 74 (1.8%) did not breastfeed. Based on the results of the chi-square test shows a p-value value = 0.001 ($<\alpha$ 0.05), meaning that there is a significant relationship between the province and the parties of breastfeeding (breast milk).

Relationship of Status of Residence with Breast-feeding Practices

The results showed that of the 2,713 mothers with the status of residence in rural areas, 2,528 (61.6%) mothers gave breast milk, and 185 (4.5%) did not give breast milk. The study results were also obtained from 1,389 mothers with the status of residence in urban areas, 1,322 mothers who gave breast milk (32.2%) and those who did not give breast milk many as 67 (1.6%).

Based on the results of the chi-square test, it shows a p-value = 0.012 ($<\alpha$ 0.05),

meaning that there is a significant relationship between the status of residence and the practice of breastfeeding (breast milk). Based on these statistical tests, it was found that mothers with a rural status of residence were at 1,444 times greater risk of breastfeeding than mothers with a status of residence in urban areas (95% CI = 1,083-1,924).

Based on research (Hermina, 2010), There are still many respondents who cannot breastfeed exclusively for six months, both in terms of their area of residence, age, education and occupation of respondents and their husbands (on average > 85%). No meaningful relationship was found between socio-demographic characteristics and breastfeeding practices. This shows that socio-demographic characteristics are not a determining factor in breastfeeding practices in West Sumatra. Therefore, the promotion of exclusive breastfeeding in West Sumatra needs to be aimed at all levels of society without differentiating socio-demographic characteristics, such as area of residence, age, education, and occupation. Of all the respondents studied (n = 637), 10.4% were able to breastfeed their babies or give breast milk to them exclusively up to 6 months of age.

These results are close to the predictions of public health experts who say the practice of exclusive breastfeeding is still less than 10%. However, this finding is still much lower than the results of research by Widodo Y. et al. (2003), which have succeeded in increasing the practice of exclusive breastfeeding for four months by 49.8% by conducting counselling interventions in the form of conveying information about exclusive breastfeeding, benefits for mothers and babies, how to prepare and carry out exclusive breastfeeding, neonatal baby care, and harms or consequences if babies are given food other than breast milk at an early age (Widodo Y. dkk, 2003).

Most people in West Sumatra (> 75%) give birth in healthcare places, with the delivery helpers being health workers, especially midwives. However, no meaningful relationship was found between

the birthing site and the delivery helper with the exclusive breastfeeding practice of 6 months. This shows that the place of delivery and childbirth assistance with health workers needs to be increased in maximum potential as a supporting factor so that the community can facilitate the practice of exclusive breastfeeding (Hermina, 2010).

The Relationship between Education and Breast-feeding Practices

The results showed that of the 1,438 mothers with high school/ma education, 1,351 (32.9%) mothers did not breastfeed, and 87 (2.1%) did not breastfeed. Of the 889 mothers with higher education, 845 (20.6%) and 44 (1.1%) did not breastfeed. Of the 840 mothers with junior high school/MTs education, 791 (19.3%) and 49 (1.2%) did not breastfeed. Of the 586 mothers with primary/mi education, 547 (13.3%) and 39 (1%) did not breastfeed. Of the 349 mothers with education who never went to school, 316 (7.7%) gave breast milk and 33 (0.8%) non-breastfeeding mothers.

Based on the results of the chi-square test shows a p-value = 0.055 ($>\alpha$ 0.05), meaning that there is no significant relationship between education and the practice of breastfeeding (breast milk). In line with the research Octaviyani & Budiono (2020) found that there was no relationship between maternal education and the practice of exclusive breastfeeding in the working area of the Pandanaran Health Center. PThis research is not in line with Sihombing's research (2018) which resulted in maternal education and exclusive breastfeeding obtained p value = 0.003 <0.05, which means that there is a meaningful relationship between maternal education and exclusive breastfeeding in the working area of the hinai health centre left. Not in line with research (Pangestika, 2016) obtaining the results of the Kendall Tau correlation obtained a value of p = 0.006 (p<0.05), which means that there is a significant relationship between education level with the practice of exclusive breastfeeding.

The education of parents or families, especially the baby's mother, is one of the important factors in exclusive breastfeeding of the baby. A low level of education will be difficult to receive directions in exclusive breastfeeding. A good level of education will be easier to absorb information, especially about meeting the nutritional needs of children, so that it will ensure the adequacy of children's nutrition (Sihombing, 2018).

The mother's level of education affects her knowledge of the process of pregnancy until the process of childbirth. Highly educated women will choose to marry at the age of 20 because higher education can regulate the distance of pregnancy and utilize health facilities in pregnancy checks and the delivery process (Pangestika, 2016).

A mother's education is very important because the higher the level of education, the more it will impact knowledge about breastfeeding exclusively in the baby. The level of education has a very large influence and underlies the mother's attitude in absorbing information about breastfeeding babies 0-2 years (Dam, Imelda. F., Ndoen, I. Honey., & Hinga, 2021).

It is assumed that a high level of maternal education impacts knowledge so that mothers have a good knowledge of the importance of breastfeeding practices. Based on the results of the chi-square test shows a p-value = 0.055 ($>\alpha$ 0.05), meaning that there is no significant relationship between education and the practice of breastfeeding (breast milk).

Relationship of Employment Status to Breast-feeding Practices

The results showed that of the 2,564 non-working mothers, 2,414 (58.8%) gave breast milk, 150 (3.7%) mothers did not breastfeed of the 481 mothers with other employment statuses, 447 (10.9%) and 34 (0.8%) mothers who did not breastfeed. Of the 352 mothers who worked as farmers/fishermen/labourers, 329 (8%) gave breast milk, and 23 (0.6%) mothers did not breastfeed. Of the 281 mothers who worked as self-employed, 259 (6.3%) were breastfed, and 22 (0.5%) were non-breastfed mothers. Of the 226 mothers

who worked as civil servants/TNI/Polri/BUMN/BUMD, 216 (5.3%) were breastfeeding, and 10 (0.2%) mothers did not breastfeed. Of the 198 mothers who worked as private employees, 185 (4.5%) and 13 (0.3%) mothers did not breastfeed.

Based on the results of the chi-square test shows a p-value = 0.580 ($>\alpha$ 0.05), meaning that there is no significant relationship between the status of work and the practice of breastfeeding (breast milk).

In line with Nurmayanti & Suaebah's research (2018) Who obtained statistics from the Chi-Square test obtained a value of $p = 0.764$, then $p > 0.05$; this shows that there is no meaningful relationship between the mother's work and the practice of breastfeeding until the child is two years old at the UPK Puskesmas Kampung Dalam, East Pontianak District. However, it is not in line with Timporok's research (2018) this shows a relationship between family support and exclusive breastfeeding in infants where the p-value = 0.000 is less than 0.05%. Not in line with Bahriyah's research (Bahriyah, 2017) obtained p value < 0.05 ($P=0.018$), then it can be concluded that there is a meaningful relationship between the mother's work and exclusive breastfeeding in babies.

If the mother's employment status is working, the mother likely does not give her baby exclusive breastfeeding. If the mother's employment status is not working, the mother can likely give her exclusive breastfeeding. Since most mothers work, there is less time to take care of their babies, thus allowing the mother not to give breast milk exclusively to her baby. If the working mother is still biased to give exclusive breastfeeding to her baby by pumping or milking, then it is stored and given to the baby later. Most working mothers do not give their babies exclusive breastfeeding (Timporok, Wowor and Rompas, 2018). This tendency also occurs because for female workers who give birth, giving exclusive breastfeeding is a dilemma because the leave period is too short compared to breastfeeding, so they will give

formula milk instead of exclusive breastfeeding (Bahriyah, 2017).

It is assumed that the breastfeeding rate until the child is two years old is more than that of those who do not give breast milk because most mothers do not work so that they can breastfeed directly and have much time for their children to breastfeed. In contrast, working mothers do not have much time or opportunity to give breast milk to their children at home & their children are often left at home because the mother is working.

CONCLUSIONS

The mother's actions gave the majority of the mother's behaviour towards colostrum fluid that first came out, namely giving all to the baby as much as 3,243 (84.2%), mothers giving formula milk to the baby as much as 1,127 (86.1%), mothers who gave honey (honey mixed with water) as much as 174 (13.3%), mothers who gave sugar water to babies as much as 44 (3.4%), mothers who gave tajin water to babies as much as 22 (1.7%), mothers who gave coconut water to babies as much as 10 (0.8%), mothers who gave sweet tea as much as 36 (2.8%), mothers who gave water to babies as much as 197 (15%), mothers who gave flour porridge / filtered porridge to babies as many as 38 (2.9%), mothers who gave pureed bananas to babies as many as 56 (4.3%). In Aceh province, of 1759 people, 1,613 mothers gave breast milk (39.3%), and 146 (3.6%) did not breastfeed. West Sumatra Province of 1,335 people, 1,304 mothers who gave breast milk (31.8%) and 31 (0.8%) who did not breastfeed. In Riau province, of 1,007 people, 933 mothers gave breast milk (22.8%), and 74 (1.8%) did not breastfeed. Based on the results of the chi-square test shows a p-value = 0.001 ($<\alpha$ 0.05), meaning that there is a significant relationship between the province and the parties of breastfeeding (breast-milk). There is a relationship between residence ($p = 0.012$), education ($p = 0.05$) and breastfeeding (breast milk). There is no relationship between work ($p=0.58$), infant sex ($p=0.234$)

and breast-feeding. Mothers with a rural status of residence are at 1,444 times greater risk of breastfeeding than mothers with an urban status of residence (95% CI = 1,083-1,924)

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