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Differences in family support and maternal employment on exclusive breastfeeding in rural and urban areas in the working area of Darul Imarah Public Health Centre, Aceh Besar district

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Abstract

In Indonesia, exclusive breastfeeding coverage will stagnate at around 52.2% in 2022, with causal factors including lack of knowledge, maternal support, lack of breastfeeding facilities in the workplace, and promotion of formula milk. Support from the government, employers and families is needed to increase exclusive breastfeeding coverage and baby health. To analyze differences in family support and maternal employment towards exclusive breastfeeding in rural areas and urban areas in the Darul Imarah Health Center working area, Aceh Besar Regency. Quantitative research with a cross sectional study approach. Sampling used a cluster sampling technique followed by a random sampling technique with a sample size of 178 respondents. Univariate descriptive analysis using the Chi-Square test. There is no significant relationship between family support and exclusive breastfeeding in rural areas (p = 0.091) or in urban areas (p = 0.721). The results of the chi-square statistical test in rural areas obtained a value of p = 1,000, which means there is no relationship between mother's employment and exclusive breastfeeding. In urban areas, the value of P = 0.804 and C value = 0.619, which means there is a relationship between maternal employment and exclusive breastfeeding. There is no significant influence between maternal employment on exclusive breastfeeding in rural and urban areas and there is no significant influence between family support and exclusive breastfeeding in rural and urban areas.

Keywords: Exclusive Breastfeeding; Family Support; Maternal Employment; Urban and Rural; Darul Imarah's Public Health Centre

1. Introduction

Breastfeeding is recommended by all international and national health organizations, such as the World Health Organization (WHO), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the Indonesian Pediatric Society (IDAI). Newborns up to 6 months of age are advised to be exclusively breastfed without any supplementary foods, as exclusive breastfeeding has been proven to be one of the effective interventions that can reduce the infant rate due to malnutrition [(1)].

Over the past two decades, nearly 2 out of 3 infants have not been exclusively breastfed. More than half a billion working women lack support from legal regulations regarding maternity protection[(1)]. Only 20% of countries worldwide, including Indonesia, require employers to provide paid maternity leave and facilities for breastfeeding or expressing milk, and less than half of infants under 6 months receive exclusive breastfeeding [(2)].

In Indonesia, the coverage of exclusive breastfeeding has stagnated over the past two years, based on the Indonesian Nutrition Status Survey (SSGI), which reported 52.1% in 2021 and 52.2% in 2022, showing only a 1% increase. The coverage of exclusive breastfeeding in Aceh Besar Regency ranked among the five lowest in Aceh Province, with 51.8%

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in 2020, a rise to 66.5% in 2021, followed by a decline to 18.24% in 2022, against a target of 100%. In the Darul Imarah District, exclusive breastfeeding coverage was only 49% in 2021 and further dropped to 41% in 2022, placing it among the lowest five for two consecutive years[3]. This indicates the need for more intensive support to increase coverage and maintain nutritional status for infants as they grow.

Exclusive breastfeeding for six months is not easy. Various factors contribute to the low rates of exclusive breastfeeding, such as insufficient preparation by mothers for breastfeeding, as well as a lack of knowledge, perceptions, attitudes, and behaviors regarding exclusive breastfeeding. Additionally, minimal support from the surrounding environment—including healthcare providers, spouses, families, and facilities at workplaces and public places—worsens this situation. Furthermore, the current conditions are exacerbated by weak regulations governing the production, distribution, and promotion of formula milk advertisements for infants under six months. Formula milk is also cited as a factor contributing to the low rates of exclusive breastfeeding. It is a highly profitable business, and formula manufacturers target Indonesia and China due to their large populations. These manufacturers employ various strategies to attract consumers [4].

Previous studies, such as that by Arifiati [5], found significant relationships between employment, knowledge, family support, and healthcare support with exclusive breastfeeding. Factors such as employment, knowledge, family support, and healthcare support are all associated with exclusive breastfeeding. According to a study by Magriza (2021), maternal education level, employment, family support, and beliefs in myths are related to the success of exclusive breastfeeding.

Many factors lead mothers to undervalue and be reluctant to breastfeed their infants. Broadly, there are two types of factors: internal factors, such as knowledge, education, behavior, and age, and external factors, such as employment and family support [6]. Other causes for the decline in exclusive breastfeeding by the third month for infants aged 0-5 months include lack of family support, mothers returning to work after maternity leave, and inadequate facilities for expressing milk. There are 52.74 million (38.98%) female workers in Indonesia who need support and legal regulations regarding maternity protection (Ministry of Health, 2023).

The declining rates of exclusive breastfeeding in the working area of the Darul Imarah Community Health Center are attributed to various factors, including lack of family support and differences in family support between rural and urban areas, which significantly affect mothers' ability to provide exclusive breastfeeding. Furthermore, mothers in rural areas tend to not work, allowing them more time for exclusive breastfeeding, while those in urban areas generally have jobs, limiting their time for breastfeeding. Additionally, differences in residential areas play a role, as the Darul Imarah District includes villages scattered across mountainous regions, rice fields, and urban areas adjacent to Banda Aceh, leading to variations in exclusive breastfeeding coverage between rural and urban areas (Darul Imarah's Public Health Centre, 2023).

2. Material and methods

This study is a quantitative research using a cross-sectional approach to measure the differences in support and employment among mothers with infants aged 6-12 months, and to analyze the differences in family support and maternal employment affecting exclusive breastfeeding in rural versus urban areas. The research locations include community health posts (Posyandu) in rural areas (Lamblang Trieng, Leugeu, Punie, Jeumpet, Leu Ue, Lampasie Engking, Lamsiteh, Kuta Karang, Pasheu Beutong, Ulee Lueng, Geundring, and Lamblang Manyang) and urban health posts (Garot, Gue Gajah, Lambheu, Lamcot, Lampeuneurut Gampong, and Lamreung) within the working area of the Darul Imarah Primary Health Center, Aceh Besar District, Aceh Province. This research is conducted from February to March 2024. The population for this study consists of mothers with infants aged 6-12 months residing in the working area of the Darul Imarah Primary Health Center, with a total population of 993 individuals. The sample size is calculated using the two-proportion test formula, resulting in a sample of 178 individuals. The sampling technique employed in this research is non-probability sampling with a purposive sampling method.

3. Results and discussion

This analysis was conducted using descriptive analysis to examine the characteristics of mothers with babies aged 6-12 months, including identity (age, last education level, occupation, and number of children) at the Darul Imarah Health Center in 2024.

3.1. Characteristics of Respondents

Table 1 Frequency Distribution of General Data of Respondents in the Darul Imarah Health Center Work Area in 2024

Age	**Frequency**	**Percentage**
17-26 Years	36	20.2
27-36 Years	118	66.3
37-46 Years	23	12.9
47-50 Years	1	0.6
>50 Years	0	0
Total	178	100.0
Last education	**Frequency**	**Percentage**
Elementary School	1	0.6
Senior High School	100	56.2
DIII	28	15.7
DIV	5	2.8
S1	41	23.0
S2	3	1.7
Total	178	100
Number of children	**Frequency**	**Percentage**
1 Child	71	39.9
Two children	54	30.3
3 children	32	18.0
4 Children	18	10.1
5 Children	3	1.7
Total	178	100
Domicile	**Frequency**	**Percentage**
Rural	89	50.0
Urban	89	50.0
Total	178	100

Based on table 1, it shows that most mothers are aged 27-36 years (66.3%). The last education of the mother is mostly high school (56.2%). Almost half of the mothers have 1 child (56.2%). (39.9%). The mother's domicile is half in rural and urban areas, respectively (50.0%).

3.2. Identifying Exclusive Breastfeeding in Rural and Urban Areas

Based on table 2 below, it shows that mothers in both rural and urban areas predominantly provide breast milk. In rural areas, there are 81 mothers who provide breast milk. While in urban areas, there are 78 mothers who provide breast milk.

Table 2 Distribution of frequency of provision Breast milk in rural and urban areas in the working area of the Darul Imarah Health Center in 2024

	Giving breast milk	**Frequency(f)**	**Percentage (%)**
Rural	No	8	9.0
	Yes	81	91.0
	Total	89	100.0
	Giving breast milk	**Frequency(f)**	**Percentage (%)**
Urban	No	11	12.4
	Yes	78	87.6
	Total	89	100.0

3.3. Identifying Family Support in Rural and Urban Areas

Table 3 Distribution frequency of family support for exclusive breastfeeding in the working area of the Darul Imarah Health Center in 2024

	Family Support	**Frequency(f)**	**Percentage(%)**
Rural	Not good	1	1.1
	Good	88	98.9
	Total	89	100.0
	Family Support	**Frequency(f)**	**Percentage(%)**
Urban	Not good	0	0.0
	Good	89	100.0
	Total	89	100.0

Table 3, shows that most of the mothers in urban areas have good family support, namely 89 people. In rural areas, it was found that most mothers have good family support, namely as many as 88 people, while it was found that the mother had poor family support, namely 1 person.

3.4. Identifying Working Mothers in Rural and Urban Areas

Table 4 Distributionfrequency of work on providing exclusive breastfeeding in the working area of the Darul Imarah Health Center in 2024

	Work	**Frequency (*f*)**	**Percentage (%)**
Rural	Doesn't work	71	79.8
	Work	18	20.2
	Total	89	100.0
	Work	**Frequency (*f*)**	**Percentage (%)**
Urban	Doesn't work	65	73.0
	Work	24	27.0
	Total	89	100.0

Table 4, shows that the work of mothers in both rural and urban areas is predominantly unemployed. In rural areas, there are 71 unemployed mothers. While in urban areas, there are 65 unemployed mothers.

3.5. Variables measured

3.5.1. Family support

Table 5 Analysis of the Relationship between Family Support and BreastfeedingExclusive in rural areas and urban areas of the Health Center working area Darul Emirate Year 2024

Domicile	**Exclusive Breastfeeding**							
	Yes		**No**		**Total**			
	Frequency	**%**	**Frequency**	**%**	**N**	**%**	**P**	**C**
Rural								
Family Support								
Good	78	87.6	6	6.7	84	94.4	0.091	0.013
Not good	3	3.4	2	2.2	5	5.6		
Total	81	91.0	8	9.0	89	100		
Urban								
Family Support								
Good	72	80.9	10	11.2	82	92.1	0.721	0.327
Not good	7	7.9	0	0	7	7.9		
Total	79	88.8	10	11.2	89	100		

Based on table 5, it shows that most respondents who live in rural areas receive good family support in providing exclusive breastfeeding, namely 84 people (94.4%) and only 5 people (5.6%) receive poor family support in providing exclusive breastfeeding with a value of p = 0.091 and c = 0.013. Then, most respondents who live in urban areas also receive good family support in providing exclusive breastfeeding, namely 82 people (92%) and only 7 people (7.9%) receive poor support in providing exclusive breastfeeding with a value of p = 0.721 and c = 0.327.

The results of the chi-square statistical test above did not produce a p value of less than 0.05, so it can be concluded that there is no relationship between family support and the provision of exclusive breastfeeding in respondents living in rural or urban areas.

3.5.2. Mother's Job

Table 6 Analysis of the Relationship between Mother's Occupation and BreastfeedingExclusive in Rural Areas with Urban Areas of Darul Imarah Health Center Work Area Year 2024

Frequency		**(%)**	**Frequency**	**(%)**	**N**	**%**	**p**	**C**
Rural								
Mother's job								
Work	16	18.0	2	2.2	18	20.2	1,000	0.724
Doesn't work	65	73.0	6	6.7	71	79.8		
Total	81	91.0	8	9.0	89	100		
Urban								
Mother's job								
Work	18	20.2	6	6.7	24	27.0	0.034	0.012
Doesn't work	61	68.5	4	4.5	65	73.0		
Total	79	88.8	10	11.2	89	100		

Based on table 5.6, it shows that in rural areas, most mothers who do not work provide exclusive breastfeeding, namely 71 people (79.8%) and only 18 people (20.2%) who provide exclusive breastfeeding with a value of p = 1,000 and c = 0.724. Then in urban areas, most mothers who do not work provide exclusive breastfeeding, namely 65 people (73%) and 24 people (27%) working mothers provide exclusive breastfeeding with a value of p = 0.034 and c = 0.012.

The results of the chi-square statistical test above did not produce a p value of less than 0.05, so it can be concluded that there is a relationship between maternal occupation and the provision of exclusive breastfeeding in respondents living in rural and urban areas.

3.6. The Relationship Between Family Support and Exclusive Breastfeeding in Rural Areas in the Working Area of Darul Imarah Primary Health Center, Aceh Besar

Most mothers living in rural areas receive good family support for exclusive breastfeeding. After conducting a chi-square statistical test regarding the differences in family support for exclusive breastfeeding in rural versus urban areas within the working area of Darul Imarah Primary Health Center, the results showed a p-value of 0.76 and C = 0.55, indicating no relationship between family support and exclusive breastfeeding success.

This study aligns with research conducted by Jenica Hillary, Budi Prasetyo, Risa Etika, and Pudji Lestari, which found no significant effect of family support on the success of exclusive breastfeeding[7]. Through the Fisher Exact test, the influence of family support on exclusive breastfeeding showed p = 0.339 (p > 0.05)[7]. . This study is also similar to findings reported by Anisah Ayu Sholihati, which indicated no significant correlation between family support and exclusive breastfeeding with a value of p = 0.279 (Ayu Sholihati, 2016).

3.7. The Relationship Between Family Support and Exclusive Breastfeeding in Urban Areas in the Working Area of Darul Imarah Primary Health Center, Aceh Besar

Based on data analysis, most mothers living in urban areas also receive good family support for exclusive breastfeeding. Research by Nurul Kamariyah similarly indicates that there is no correlation between spousal support and exclusive breastfeeding, attributed to the husband's lack of knowledge about exclusive breastfeeding. Consequently, spousal support does not impact the mother’s decision to provide exclusive breastfeeding[8] .

In the current millennial era, mothers are not solely dependent on family for instrumental and informational support. They can seek support from external sources, such as breastfeeding communities or posyandu groups, and also utilize social media to obtain information about exclusive breastfeeding. The knowledge provided by family tends to be based on societal myths rather than scientific knowledge. Although this study shows that the two types of family support investigated do not impact exclusive breastfeeding, if such support is provided and implemented effectively, it has the potential to influence exclusive breastfeeding practices.

The Relationship Between Maternal Employment and Exclusive Breastfeeding in Urban Areas in the Working Area of Darul Imarah Primary Health Center, Aceh Besar

In urban areas, the analysis showed a p-value of 0.034 and a C value of 0.012, indicating a relationship between maternal employment and exclusive breastfeeding. This finding is supported by research conducted by Arvina Dahlan, which found a correlation between employment status and exclusive breastfeeding among nursing mothers. If a mother is employed, she is less likely to provide exclusive breastfeeding to her baby. Conversely, if a mother is not working, the likelihood of providing exclusive breastfeeding increases. This is due to the time constraints faced by working mothers, which make them less likely to exclusively breastfeed.

This study is also supported by research conducted by Maritalia (2012), which states that not providing exclusive breastfeeding due to work commitments is an inadequate reason. In reality, even with a busy work schedule, mothers can still provide exclusive breastfeeding by pumping or expressing milk, which can then be stored and given to the baby while the mother is at work.

3.8. Differences in Family Support and Maternal Employment on Exclusive Breastfeeding in Rural versus Urban Areas

Based on data analysis of the variables of family support and maternal employment regarding exclusive breastfeeding, the chi-square statistical test results showed a p-value of 0.76 and C = 0.55 for the family support variable, a p-value of 0.377 and C = 0.29 for the maternal employment variable, and a p-value of 0.80 and C = 0.61 for the exclusive breastfeeding variable. These results indicate that there are no differences in family support and maternal employment

related to exclusive breastfeeding. The significant value in the chi-square test, with $p > 0.05$, suggests that H1 is rejected and H0 is accepted.

The determining factor for mothers who do not work is related to the practice of exclusive breastfeeding, as homemakers spend much time at home, allowing them to breastfeed their child whenever needed or immediately when the baby cries. In contrast, working mothers have less opportunity to do so because they spend more time outside the home and are not always with their children. However, in today's modern era, working mothers in urban areas can still strive to provide exclusive breastfeeding by learning and practicing milk management techniques.

3.9. Differences in Maternal Employment and Exclusive Breastfeeding in Rural versus Urban Areas in the Working Area of Darul Imarah Primary Health Center, Aceh Besar

Based on data analysis, the differences in maternal employment in rural and urban areas show that the majority of mothers, whether in rural or urban settings, are predominantly unemployed. In rural areas, there are 71 mothers who do not work, while in urban areas, 65 mothers are not employed. After conducting a chi-square statistical test regarding family support differences in rural and urban areas, the p-value obtained was less than 0.05, leading to the conclusion that there is no relationship between family support and exclusive breastfeeding among mothers living in both rural and urban areas.

Additionally, a statistical test regarding the impact of maternal employment on exclusive breastfeeding in rural areas yielded a p-value of 1.000 and C = 0.724, indicating no relationship between maternal employment and exclusive breastfeeding. This finding is supported by research Ratnasari, which found no significant difference in attitudes towards breastfeeding between mothers living in rural and urban areas ($p = 0.769$)[9].

4. Conclusion

The conclusion of the study on the differences in support from the mother's family's work towards providing exclusive breastfeeding in rural and urban areas is: There is no relationship between family support for exclusive breastfeeding in rural areas, family support for exclusive breastfeeding in urban areas and then family support and maternal employment regarding exclusive breastfeeding in rural and urban areas.. There is a relationship between maternal occupation and exclusive breastfeeding in rural areas and maternal employment and exclusive breastfeeding in urban areas. Unemployed mothers are dominant in providing exclusive breastfeeding in both rural and urban areas, but working mothers are not dominant in providing exclusive breastfeeding in both rural and urban areas.

Compliance with ethical standards

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Disclosure of Conflict of interest

There is no conflict of interest in this study.

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