

THE EFFECT OF UNWANTED PREGNANCY AMONG MARRIED WOMEN ON THE LENGTH OF BREASTFEEDING IN INDONESIA

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ABSTRACT

The coverage of exclusive breastfeeding in Indonesia in 2017 is 35%, far below the recommendations of WHO (World Health Organization) of 50%. This rate is getting lower in unwanted pregnancies. Every year there is 13.3% incidence of unwanted pregnancy in women aged 15-44 years. It has an impact on the mental, psychological condition of the mother in the process of child care and nutrition from birth. This study aims to determine the prevalence and relationship of unwanted pregnancy among married women on the duration of breastfeeding in Indonesia. This research was a quantitative study using cross-sectional study design, a sample of 5,163 married women, and aged 15-49 years. Data were analyzed using univariate descriptive statistics on complex sample analysis, bivariate analysis using Chi-Square, and multivariate using logistic regression tests of risk factor models. This study showed that 1,267 mothers who breastfed <6 months and there was a relationship between the unwanted pregnancy with the duration of breastfeeding (p-value: 0.007 with PR: 1.349; 95% CI: 1.085-1.676) after been controlled by the use of contraception. The support of husband and health workers during pregnancy, childbirth until child care is needed to support breastfeeding.

Keywords: Unwanted pregnancy, length of breastfeeding, married women

ABSTRAK

Data cakupan pemberian ASI eksklusif di Indonesia pada tahun 2017 sebesar 35%, jauh di bawah rekomendasi WHO (Badan Kesehatan Dunia) sebesar 50%. Angka ini semakin rendah pada kehamilan yang tidak diinginkan. Setiap tahunnya terdapat 13.3% kejadian kehamilan yang tidak diinginkan pada wanita usia 15-44 tahun. Hal ini berdampak pada kondisi mental psikologis ibu dalam proses perawatan anak dan pemberian nutrisi sejak lahir. Penelitian ini bertujuan untuk mengetahui prevalensi dan hubungan kehamilan tidak diinginkan pada wanita menikah terhadap lama pemberian ASI di Indonesia. Penelitian ini adalah penelitian kuantitatif dengan desain studi cross sectional, sampel sebanyak 5.163 ibu berstatus menikah dan berusia 15-49 tahun. Data dianalisis secara statistik deskriptif univariat pada analisis complex sample, analisis bivariat menggunakan Chi-Square dan multivariat menggunakan uji regresi logistik model faktor risiko. Penelitian ini menunjukkan bahwa sebanyak 1.267 orang ibu yang memberikan ASI <6 bulan dan ada hubungan antara kejadian kehamilan tidak diinginkan dengan lama pemberian ASI (p-value: 0,007 dengan PR:1,349; 95%CI:1,085-1,676) setelah dikontrol dengan variabel penggunaan alat kontrasepsi. Dukungan suami dan tenaga kesehatan selama masa kehamilan ibu, persalinan hingga perawatan anak sangat dibutuhkan guna mendukung pemberian ASI.

Kata kunci : Kehamilan tidak diinginkan, durasi menyusui, wanita menikah

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Introduction

Pregnancy is one phase of human reproduction, especially for women to give birth to a fetus into a new human being in the world. During the pregnancy process, many things can affect pregnancy, both external and internal influences that can cause problems during pregnancy. The changes that occur can have an impact on the physical, mental and emotional changes of the mother.¹

Every year, women's pregnancy rates are increasing, there are 213.4 million pregnancies around the world with pregnancy rates aged 15-44 years, and there are 133 per 1000 women in the same age group, and 40 percent of them are unwanted pregnancy. According to research conducted in the United States, 27% of unwanted pregnancies occur in married women. Another research conducted by the Department of Emory Center on Health Outcome and Quality which states that married women² experiences 1/3 unwanted pregnancies in 1,173 births.

In Southeast Asia there are 18.8 million total pregnancies and 44 percent of them are unwanted pregnancies. Unwanted pregnancy is a pregnancy that occurs when the parent does not want a child at that time or does not want the child at all.³ According to previous research, women who do not want a pregnancy are faced with two choices, namely to continue the pregnancy or dangerously abort the womb through unsafe abortion.⁴ Also, unwanted pregnancy also has an impact on the high morbidity of the baby. According to the Director General of Public Health, the Ministry of Health of the Republic of Indonesia in 2017 stated that as many as 31.36% of 37.94% of sick children were caused by not receiving breast milk.⁵ Data from the Ministry of Health noted that the number of early initiation of breastfeeding (IMD) in Indonesia increased from 51.8 percent in 2016 to 57.8 percent in 2017. Despite the increase, the figure is still far from the target of 90 percent. The same increase also occurred in the exclusive breastfeeding rate from 29.5 percent in 2016 to 35.7 percent in 2017. This figure is also considered very small when considering the important role of breastfeeding in children's lives. According to the 2018 Lancet Breastfeeding Series states that breast milk can reduce mortality due to infection by 88% in infants less than three months. Besides, breast milk also contributes to reducing the risk of obesity and chronic diseases by up to 20% in children. The reduction in morbidity rates in children will be able to reduce the infant mortality rate (IMR) which is still high in Indonesia, which is 32 deaths per 1,000 live births and must reach the Sustainable Development Goals (SDGs) target, which is 12 deaths per 1,000 live births by 2030.⁶

World Health Organization estimates that 200 million pregnancies per year, around 38 percent or 75 million are unwanted pregnancies⁷. Whereas according to research by the Guttmacher Institute shows that 4.5 million births occur each year in Indonesia, around 760,000 or 17% of births are unwanted or mistimed births.⁸ The high number of unwanted pregnancies around the world raises various health problems for both mother and baby. According to Indonesian Family Planning

Association consequences that can be caused by an unwanted pregnancy can have an impact on the condition of the mother and her child, some of the consequences that occur include the first one can trigger an unsafe abortion. The second is the birth of an unwanted child.⁹ The birth of this unwanted child affects the growth and development of the child, such as lack of affection, lack of proper care from parents to lack of nutrition for children's growth and development. The high incidence of unwanted pregnancy also affects the mental, psychological condition of the mother in the process of child care and nutrition from birth. It is this unfulfilled nutrition that can interfere with child development and development, resulting in high infant mortality.¹⁰ Other studies suggest that children born as unwanted have a risk of experiencing psychosocial disorders and have lower health and education outcomes compared to children born to mothers who want their pregnancy.¹¹ Some research states that mothers who do not want their pregnancies are at risk of not doing antenatal care, smoking in the third trimester of pregnancy, giving birth to a LBW child, giving birth to a premature baby, not breastfeeding their child and having worse health outcomes compared to mothers who want a pregnancy.¹²

Unwanted pregnancy also affects the practice of breastfeeding in children. Many studies have shown meaningful and positive results between unwanted pregnancy and the length of breastfeeding for her child. Couples who do not want a pregnancy tend to have children who have never been breastfed compared to couples who plan and want a pregnancy.¹³ This research is also in line with research from Jordyn, which states that couples who do not want their pregnancy to have children who have never been breastfed or are not breastfed for less than 6 months compared to couples who have plans to have children.¹⁴ One study that had been conducted showed that women who did not want their pregnancy were twice as likely to not take prenatal care as women who did want their pregnancy.¹ Other studies show that there is a significant relationship between the desire to get pregnant with breastfeeding. Research studies conducted at the University of East Tennessee show that women who do not want their pregnancies are 2 to 3 times more at risk of breastfeeding than women who plan their pregnancies.¹⁵ Other studies show that women with unwanted pregnancies are at high risk of unhealthy behavior, not caring for pregnant and have a high risk of abortion.¹⁶ Recent studies have focused on unwanted pregnancy as a predictor of breastfeeding initiation and duration. Two studies based on Demographic and Health Survey (DHS) data from Peru and Ghana found that women with unwanted pregnancies were more likely to breast-feed for shorter periods than those women with intended pregnancies.^{4,17,18} In Indonesia, studies about unwanted pregnancy and its impact, especially to breastfeed need to update as input to design strategy to intensify breastfeeding. This study aims to determine the prevalence and relationship of unwanted pregnancy among married women on the duration of breastfeeding in Indonesia.

Method

This study used secondary data from the 2017 DHS, which is the result of a collaboration between the Indonesian Ministry of Health, the Central Statistics Agency (BPS), and the National Population and Family Planning Board (BKKBN). DHS data coverage is Indonesia. The study design used was a Cross-sectional study design. The population of this study was all women aged 15-49 who were married in all provinces in Indonesia. From 9358, respondents who met the criteria, namely women aged 15-44 years, married status, and having children obtained samples in this study amounted to 5163 people who did not experience missing data. The instrument used in this study was a questionnaire listing households (SDKI-RT) and individual lists of Fertile Age Women (SDKI-WUS). The dependent variable of this research is unwanted pregnancy, and main independent variable is the duration of breastfeeding. Candidates for confounding are resident, mother's age, mother's education status, mother's work status, economic status, parity, birth order, birth spacing, frequency of ANC, history of complications, and use of contraception.

Data is processed using data processing software on a computer. DHS 2017 data used in this study were analyzed using a complex sample design in a computer statistics program. Data analysis was performed by univariate analysis, bivariate using chi-square and multivariate analysis using a multiple logistic regression test of risk factor models. For unwanted pregnancy as a dependent variable, we categorized it as two category < 6 months and ≥ 6 months. 6-month cut of point selection based on recommendations from WHO at least the baby is given breast milk for six months. this is also closely related to exclusive breastfeeding rates in Indonesia. In addition, the proportion of mothers who breastfeed for 24 months is still small in number, so it is difficult to do further analysis. This study has passed the ethical review from the Ethics Review Commission of the Faculty of Public Health at the University of Sriwijaya with the ethical review number 209/UN9.1.10/KKE/2019.

Results

Table 1
Characteristics of Respondent by Categorical Variables

Variables	n	%
Status of pregnancy		
Unwanted		
Unwanted	450	8.7
Mistimed	407	7.9
Intended	4306	83.4
Duration of breastfeeding		
<6 months	1267	24.5
≥6 months	3899	75.5
Region of residence		
Urban	2379	46.1
Rural	2784	53.9
Mother's age		
<20 years	308	6
20-34 years	3745	72.5
≥35 years	1110	21.5
Mother's education status		
Low education	1360	26.3
Higher education	3803	73.7
Mother's work status		
Working	1751	33.9
Not working	3412	66.1
Economic status		
Poorest	1053	20.4
Poorer	1143	22.1
Middle	1064	20.6
Higher	1026	19.9
Highest	877	17
Parity		
Primipara	1623	31.4
Multipara	3540	68.6
Birth Order		
1	1562	30.3
2	1924	37.3
3	1036	20.1
4+	64	12.4
Birth spacing		
<24 months	1826	35.4
≥24 months	3337	64.6
Frequency of ANC		
<4 times	381	7.4
≥4 times	4782	92.6
History of complications		
Complication	951	18.4
No Complication	4212	81.6
Use of Contraception		
Hormonal	851	16.5
Non Hormonal	3142	60.8
Not Used	1170	22.7

The analysis showed that a small proportion of respondents who did not want a pregnancy of 16.6% consisted of 8.7% unwanted pregnancy and 7.9% mistimed pregnancy. While the majority of respondents gave breast milk ≥6 months (75.5%).. Most respondents live in rural areas (53.9%) and also the majority of respondents are in the age range of 20-34 years (72.5%). The education level of

the respondents was mostly at the level of higher education (73.7%). Most respondents did not work (66.1%). Most respondents in the lower economic category (22.1%). While the number of children or parity of the majority of respondents was multiparous (68.6%) (Table 1).

Most respondents had the second highest number of children (37.3%). While the birth spacing between respondents' children was mostly ≥ 24 months (64.6%). Most of the respondents had taken care during pregnancy (ANC) ≥ 4 times (92.6%). Most respondents did not have a history of complications during pregnancy (81.6%), whereas for contraceptive use, most respondents used non hormonal contraception (60.8%). Details about the characteristics of respondents based on numerical variables are in table 2.

Table 2.
Characteristics of Respondent by Numeric Variables

Variables	Mean	SD	Median	Min-Max
Duration of Breastfeeding	12.74	8.411	12	0-35
Mother's Age	29.18	6.352	29	14-47
Parity	2.17	1.171	2	1-12
Birth Spacing	51.78	48.562	48	0-272
Frequency of ANC	8.43	3.345	9	0-32

The average respondent gave breastfeeding for 12.74 months or 13 months with a standard deviation of 8.411 months. The fastest duration of breastfeeding is 0 months, and the longest is 35 months (Table 2). The average age of respondents was 29.18 years with a standard deviation of 6.352, and the median age of respondents was 29 years with the lowest age being 14 years and the highest age was 47 years. The average parity of respondents was 2.17 children or 2 children with a standard deviation of 1.171. Parity of at least 1 child and a maximum of 12 children.

The average birth distance for children is 51.78 months, with a standard deviation of 48.562. The smallest childbirth distance is 0 months and the largest is 272 months. The average respondent did ANC treatment as much as 8.43 times with a standard deviation of 3.345. Respondents who did the ANC treatment at least 0 times and at most 32 times during pregnancy.

Bivariate analysis was carried out to determine the effect of unwanted pregnancy on the length of breastfeeding and to know the influence of covert factors. The following are the results of the bivariate analysis presented using Table 3.

Table 3
Factors that are Related to the Duration of Breastfeeding in Indonesia

Variables	Duration of breastfeeding				p-value	PR 95% CI
	<6 months		≥ 6 months			
	n	%	n	%		
Status of pregnancy						
<i>Unwanted</i>	236	27.6	621	72.4	0.063	1.151 (0.995-1.332)
<i>Intended*</i>	1031	23.9	3275	76.1	-	-
Region of residence						
Urban	572	24	1807	76	0.519	0.963 (0.858-1.080)
Rural*	695	25	2089	75	-	-
Mother's age						
<20 years	77	24.9	232	63.7	0.928	0.985 (0.704-1.376)
≥35 years	248	22.4	862	77.6	0.110	0.857 (0.709-1.036)
20-34 years*	942	25.2	2803	74.8	-	-
Mother's education status						
Low education	313	23	1047	77	0.204	0.917 (0.802-1.049)
High education*	954	25.1	2849	74.9	-	-
Mother's work status						
Working	348	19.9	1403	80.1	0.000	0.738 (0.647-0.842)
Not working*	919	26.9	2493	73.1	-	-
Economic status						
Poorest	254	24.1	799	75.9	0.774	0.965 (0.754-1.233)
Poorer	279	24.4	864	75.6	0.880	0.981 (0.766-1.257)
Middle	254	23.9	810	76.1	0.727	0.954 (0.733-1.242)
Higher	263	25.6	763	74.4	0.730	1.047 (0.805-1.362)
Highest*	217	24.8	660	75.2	-	-
Parity						
Primipara	381	23.5	1242	76.5	0.316	0.939 (0.830-1.063)
Multipara*	886	25	2654	75	-	-
Birth order						
4+	155	24.2	486	75.8	0.738	1.042 (0.817-1.330)
3	232	22.4	804	77.6	0.583	0.941 (0.759-1.168)
2	513	26.6	1411	73.4	0.073	1.183 (0.984-1.422)
1*	367	23.5	1195	76.5	-	-
Birth spacing						
<24 months	455	24.9	1371	75.1	0.679	1.025 (0.913-1.150)
≥24 months*	812	24.3	2525	75.7	-	-
Frequency of ANC						
<4 times	121	31.7	260	68.3	0.000	1.322 (1.109-1.576)
≥4 times*	1146	24	3636	76	-	-
History of complications						
Complication	244	25.7	707	74.3	0.465	1.056 (0.913-1.222)
No complication *	1023	24.3	3189	75.7	-	-
Use of Contraception						
Hormonal	110	12.9	741	87.1	0.000	0.145 (0.110-0.189)
Non Hormonal	564	17.9	2576	82.1	0.000	0.213 (0.178-0.255)
Not used*	593	50.7	577	49.3	-	-

The results of the bivariate analysis in table 3 show that the p-value in an unwanted pregnancy

is 0.063 greater than alpha ($\alpha = 0.05$), which means that of the 95% degree, there is no relationship between respondents who do not want an unwanted pregnancy with a duration of breastfeeding. The statistical results of table 2 also show that PR value of relationship unwanted pregnancy to breastfeeding is 1.151 (95% CI: 0.995-1.332), which means that respondents with unwanted pregnancies are at risk of breastfeeding <6 months amounted to 1.151 times more risk compared with respondents who wanted their pregnancy. In the dependent variable, the duration of breastfeeding and mother's age, education, economic status, parity, birth order, birth spacing, and history of complications, there were no significant differences.

In the mother's work status variable, the result shows that the p-value of 0.000 is smaller than ($\alpha = 0.05$), which means that there is a relationship between the mother's work status variable and the duration of breastfeeding. The results of the analysis of table 2 obtained the value of PR = 0.738 with 95% CI = 0.647-0.842, so it can be concluded that with a 95% confidence level, it is believed that respondents who work at risk for giving breastfeeding <6 months are 0.738 times compared to mothers who do not work. For ANC frequency variable, the result shows that the p-value is 0.000, which means that there is a relationship between the ANC frequency variable and the duration of breastfeeding. PR value of ANC frequency variable is (PR = 1.322; 95% CI: 1.109-1.576), which means that mothers who have ANC frequencies <4 times are risk factors for giving breastfeeding <6 months to children by 1.322 times compared to mothers who have ANC frequencies ≥ 4 months.

The contraceptive use variable, the results show that the statistical test results for both categories show a p-value of 0.000 smaller than alpha ($\alpha = 0.05$), meaning that there is a relationship between the use of contraception and the duration of breastfeeding. The results of the analysis obtained the value of PR in the first category is (PR = 0.145; 95% CI: 0.110-0.189), which means that respondents who use hormonal contraception are at risk for breastfeeding <6 months by 0.145 times compared to respondents who do not use contraceptives. The second statistical result obtained the value of PR for the category of use of non-hormonal contraception of (PR = 0.213; 95% CI: 0.178-0.255), which means that non-hormonal contraception is also a protective factor for the duration of breastfeeding <6 months with another meaning that respondents using non-hormonal contraception is at risk for breastfeeding <6 months when compared with respondents who do not use contraception.

Table 4.
Final Modeling of Logistic Regression Risk Factor Model

Variable	p-value	PR	95% CI	
			Min	Max
Status of pregnancy				
Unwanted	0.007	1.349	1.085	1.676
Intended*				
Use of Contraception				
Hormonal	0.000	0.412	0.109	0.186
Non Hormonal	0.000	0.210	0.176	0.251
Not Used*				

Discussion

Unwanted pregnancy is one of the factors that cause a decrease in the duration of breastfeeding in children. An unwanted pregnancy is defined as a pregnancy that occurs when an unplanned or mistimed pregnancy and an unwanted pregnancy.⁸ Both categories of unwanted pregnancies can cause health problems for both the mother and her baby.¹⁹ Various studies have shown that pregnancy is undesirable influence mothers' decisions regarding breastfeeding and child care, another research states that there is a relationship between the length of breastfeeding and unwanted pregnancy, which also states that mothers who want their pregnancy to breastfeeding longer than those who do not want their pregnancy.^{4,20,21}

Unwanted pregnancy is one of the factors that can increase the risk for a mother not to breastfeed for more than six months. This is because unwanted pregnancy affects the readiness of the mother to conceive a child and give birth. In a study conducted by Bongaarts, it was stated that pregnancy plans affect maternal prenatal and postpartum behavior which directly impacts the health of the baby.²² According to other research conducted in India, states that babies who are unwanted and not receiving care during pregnancy will be born prematurely and have membrane damage to the fetus compared to mothers who want their pregnancy.⁹ While according to other studies, it states that mothers who do not want a higher pregnancy rate to experience stress compared to mothers who want their pregnancy, as a result, it can affect the prenatal care of the child and only give breast milk during the first 3 months when compared to mothers who want their pregnancy.^{14,23} Other research states that mothers whose unwanted pregnancies experience high emotional problems, as well as lack a sense of happiness that results in a lack of prenatal and postnatal care they have.^{16,24} This is supported by the lack of support from the family, especially the husband, regarding pregnancy planning.

The statistical results from this study indicate that the largest proportion of mothers in Indonesia who breastfed for less than six months was for mothers whose pregnancies were unwanted, which amounted to 27.6%. While for mothers who want a pregnancy of 23.9%. In addition, mothers whose unwanted pregnancies had a risk of 1.349 (95% CI: 1.085-1.676) times were more likely to

breastfeed for less than six months compared to mothers whose intended pregnancies. This research in line with previous research, which showed that mothers who had unwanted pregnancies had a risk of breastfeeding their children for less than six months by 1.99 times compared to mothers whose pregnancies were desired. Other studies also stated that the duration of breastfeeding was related to pregnancy plans have an opportunity (PR = 1.11; 95% CI: 1.06–1.15), which means that the chance for mothers to breastfeed less than six months is 1.11 times for respondents who do not plan for pregnancy.⁵ Another study states that children born from mistimed pregnancy tend to receive breastfeeding initiation a little late compared to children born from wanting pregnancy (OR = 1.44; 90% CI: 1.17-1.78).²⁵

Another factor that also plays a role in the duration of breastfeeding is the use of contraceptives. Contraception is an effort to prevent pregnancy. These efforts can be temporary and permanent. The working principle of contraception is to eliminate the meeting between the egg/ovum with the sperm/sperm cell. There are three ways to achieve this goal, both working alone and together. The first is suppressing the release of eggs / ovulation, the second holds the entry of sperm into the female genital tract until it reaches the ovum and the third is blocking nidation.²⁶ The use of contraceptives is useful to suppress the population. The contraceptives consists of various types such as hormonal contraceptives, including pills, implants, injections, etc. and non-hormonal contraceptives, including diaphragms, condoms, sterilization, IUDs, foam and others.³

The results state that the majority of mothers breastfeed less than six months, the most not using any contraception 50.7%, followed by non-hormonal contraceptive 17.9% and hormonal contraceptives 12.9%. In this study, the use of hormonal and non-hormonal contraceptives is significantly related to the duration of breastfeeding (p-value = 0.0001). The results of this study are in line with research on "Study of the Use of Hormonal contraceptives with Lactating Mothers in Sukoharjo". Where the results of his research show that there is a relationship between the use of hormonal contraceptives with the duration of breastfeeding mothers with p value = 0.002 the probability of mothers to breastfeed until at least two years of age or older, is greater in mothers who use hormonal contraceptives.²⁷

The use of estrogen and progestin combination pills is associated with a decrease in the volume and duration of breast milk.⁵ This is also supported by previous studies that state that the use of combined pills affects the duration and volume of breast milk, this is inversely proportional to the use of pills that only contain progestin, so it will not affect the volume of breast milk.²² The mothers who begin 28-30 weeks after giving birth, so as not to interfere with the process of breastfeeding. The use of contraception is related not only for the duration of breastfeeding but also to the unwanted pregnancy. Failure of contraception or incompatibility using contraception can result in an unwanted pregnancy. This statement is supported by research conducted in Nigeria, which shows that out of 356 respondents, 98 respondents had unwanted pregnancies, and 76% of unwanted pregnancies were

caused by not using contraceptives.²⁸ According to the Indonesian Health Profile 2015 showed that the prevalence, distribution the highest unmet need and above the national average of the provinces in Indonesia include Papua province at 29.70%, West Papua 23.63%, NTT 21.83%, Maluku 21.10%, and Riau 16.88%.²⁹ From the results of in-depth interviews it was found that 4 mothers did not use contraception, 1 mother due to birth control failed and 2 mothers had children.³⁰

According to previous research stated that women who experience contraceptive failure tend to experience unwanted pregnancies by 3.2 times.⁴ Previous studies stated that the most reason cause unwanted pregnancy in Hosanna, Ethiopia The South is the result of contraceptive failure.¹³ Another research also mentions that 67.2% of respondents in Iran experienced an unwanted pregnancy and used contraception before the pregnancy.³¹ The main impact of the use of inappropriate or inappropriate contraception is what causes the high incidence of unwanted pregnancy, which affects the duration of breastfeeding that is not in accordance with WHO recommendations. Contraceptive failure causes a high rate of unwanted pregnancy by 50%.³² unwanted pregnancy harm on the health of both mother and baby.³³ One of the contributors to the maternal mortality rate (MMR) of 11% is an unwanted pregnancy.³⁴ Another negative impact of an unwanted pregnancy is a financial burden on the family and community.³⁵ In mothers with unwanted pregnancy, the role of the family and husband becomes very important so that mothers remain confident in giving breast milk. Emotional and physical support can help mothers become better prepared for baby care, including breastfeeding, even though at first the mother feels unprepared for her pregnancy.³⁶⁻³⁹

The data used by researchers in analyzing the relationship of unwanted pregnancy with breastfeeding duration in Indonesia is the data from 2017 Indonesian Demographic and Health Survey (DHS). The 2017 DHS data is a survey conducted in Indonesia and uses cross-sectional study design in the implementation DHS respondent data collection. The advantage of this research design is that it is more energy-efficient, time, and cost-efficient. But apart from the benefits of this study design also has limitations, namely limitations that can affect in interpreting cause and effect or in explaining which conditions are first from a condition of the health problem under study.⁴⁰

Another limitation of this study is the limitations in terms of variables. The data used in this study are secondary data of the 2017 DHS. The variables used in this study are limited and adjusted to the data contained in the 2017 DHS. Therefore, not all data are available under the wishes of the researcher, so there are several variables are in the literature associated with an unwanted pregnancy for the duration of breastfeeding such as husband support variables, the support of health workers who cannot be included. In addition to the variable unwanted pregnancy is not asking for sure about pregnancy that occurs outside of marriage or not, so researchers only take the variety of unwanted pregnancy based on questions related to whether the respondent wants a pregnancy at that time. In the 2017 DHS data, there could be a recall bias. Recall bias is one of the biases caused by subject errors in remembering or repeating events related to the event under study. This can occur when

asking about the frequency of antenatal care visits when pregnancy occurs, and also when asking about the duration of breastfeeding.

Conclusion

Respondents who have unwanted pregnancy were 1.349 times higher risk of having babies who do not get the breastfeeding until 6 months (95% CI: 1.085-1.676). The role of the family is very important in preparing good child care. Where in mothers with unwanted pregnancy, the family and husband play an important role in the success of breastfeeding by providing physical and emotional support to the mother. For women in reproductive age need to pay attention to the use of family planning in spacing pregnancy and reducing unplanned pregnancies.

Health workers can optimize assistance for mothers after giving birth using a variety of methods, one of which is by activating discussions during health assistance for pregnant women and after childbirth, activating questions and suggestion boxes.

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Conflict of Interest

The authors declare that they have no conflict of interest in this research

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