

# ANALYSIS OF PERCEIVED BENEFITS OF BREAST MILK TOWARDS EXCLUSIVE BREASTFEEDING IN STUNTING PREVENTION

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**ANALYSIS OF PERCEIVED BENEFITS OF BREAST MILK TOWARDS EXCLUSIVE BREASTFEEDING IN STUNTING PREVENTION**

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**ABSTRACT**

Stunting is a condition of growth failure due to accumulated nutritional inadequacies from prenatal until two years old. Individuals' perceptions of perceived benefits influence exclusive breastfeeding and thus reduce the risk of stunting. This study aimed to analyze the perception of the benefits of breastfeeding in preventing stunting in Tuah Negeri District, Musi Rawas Regency. The research method used a quantitative approach with a cross-sectional design. Sampling using purposive sampling technique resulted in 154 respondents aged 6-36 months. Data analysis used frequency distribution, chi-square test, and logistic regression test. Univariate results, good attitude (perceived benefits) 58.4%, high knowledge 66.2%, not good practices 57.1%, age <30 years 50.6%, low education 55.2%, not working 86.4%, family income below minimum wage 93.5% and number of family members ≤4 57.1%. Mothers' knowledge has a relationship with exclusive breastfeeding practices ( $p < 0.05$ ). However, there was no relationship between perceived benefits of breastmilk reflected through attitudes and exclusive breastfeeding practices, as well as age, education, occupation, income and number of family members. Multivariate showed that low mothers' knowledge had a 3.1 times higher risk of have unfavorable practices in exclusive breastfeeding, controlled by mother's education. Based on study, the government needs to conduct education and long-term approaches through formal education so that mothers better understand health information.

**Keywords:** exclusive breastfeeding, perceived benefits, stunting

## Introduction

Several developing countries, including Indonesia, still have nutrition problems. In recent years, economic growth in Indonesia has shown positive growth. However, the achievement needs to be followed by increased health status, especially in the toddler group. Stunting, a nutritional problem for children under five, must be addressed immediately.<sup>1</sup> Stunting is a condition of growth failure caused by the accumulation of chronic malnutrition in children, starting from the mother's pregnancy to two years of age. Toddlers are categorized as short or very short if their body length-for-age or height-for-age, according to their age, is lower than the WHO-MGRS (WHO Multicentre Growth Reference Study) standard. The Ministry of Health revealed that stunting occurs when a child's height z-score is less than -2 or below the -3 standard deviation.<sup>2</sup>

Stunting occurs in almost all regions of Indonesia and has significant consequences for child development and the country's future economy. Stunting is particularly impactful in terms of growth retardation in children, which has the potential to result in physical impairment, decreased cognitive ability and learning achievement, as well as susceptibility to obesity, diabetes, heart disease, and other non-communicable diseases.<sup>3,4</sup> Chronic malnutrition can cause changes in brain structure and function. Between the 24th and 42nd week after conception, significant structural and functional changes occur in the brain. The most rapid process of brain development occurs in the first six months of life and continues until the age of 3 years.<sup>5</sup> Stunting will not only affect the individuals who experience the condition but will also affect overall economic activity, increase poverty, and expand inequality. Children with stunting have less intelligence and are at risk of reduced productivity as adults.<sup>2</sup>

Based on Indonesian Nutrition Status Study data in 2022, the prevalence of stunting in Indonesia was 21.6%. Musi Rawas Regency ranks first in the incidence of stunting in South Sumatra Province, with a stunting incidence rate of 25.4%.<sup>6</sup> Notice the high prevalence of stunting in Indonesia, the government has identified stunting as one of the national priority issues. The National Medium-Term Development Plan 2020-2024 aimed to reduce the rate to 14% by 2024 as a manifestation of stunting.<sup>7</sup>

Accelerating the reduction of stunting in Indonesia can be carried out with Specific Intervention and Sensitive Intervention efforts. Through the specific nutrition intervention framework, the concept of handling nutrition problems is the health sector's responsibility, which can reduce the risk of stunting.<sup>2</sup> If coverage of specific interventions was increased by 90%, then around 15% of deaths of children under five can be reduced and can reduce the stunting rate by around 20.3%.<sup>8</sup> One of the indicators set for specific interventions is exclusive breastfeeding for children. Exclusive breastfeeding is one of the critical factors affecting the incidence of stunting. Toddlers will have a 61-fold chance of being stunted if they do not receive exclusive breastfeeding.<sup>9</sup> Exclusive breastfeeding until six months is the primary nutritional intake in the

First 1000 Days of Life period. Breast milk's nutritional content can meet children's growth and development needs to minimize the risk of stunted growth. Inadequate quality and quantity of breastfeeding during this period contribute to stunting.<sup>10,11</sup>

In 2022, national exclusive breastfeeding coverage was 61.5%, an increase from the previous year's 56.9%. This figure had reached the program target of 45% by 2022. Exclusive breastfeeding coverage in South Sumatra was still below the national figure of 56.9% in 2022, an increase from the previous year with coverage of 45.4%.<sup>12</sup> Data on exclusive breastfeeding coverage in Musi Rawas District shows coverage of 54.1% in 2021. The South Sumatra Provincial Health Office set a target for exclusive breastfeeding coverage in 2022 of 68%, so this figure still needed to reach the provincial target.<sup>13</sup>

Exclusive breastfeeding plays a crucial role in the formation of superior human resources. It is part of the primary health efforts that aim to increase the survival rate of infants and children.<sup>14</sup> Exclusive breastfeeding obtained by babies will help maintain the nutritional balance of children to form average child growth.<sup>15</sup> Some of the following can influence the success rate of exclusive breastfeeding: Occupation, knowledge, attitudes, practices, education level, mothers' age, and family income.<sup>16</sup> The pure factor in exclusive breastfeeding is good perception. Mothers with good perceptions will increase exclusive breastfeeding for their children and influence health behavior.<sup>17</sup> Several studies have looked at the perceived benefits of exclusive breastfeeding. The perceived benefits of exclusive breastfeeding among pregnant women increase the intention to breastfeed exclusively for at least the first three months up to the full six months.<sup>18</sup> This study focuses on measuring the perceived benefits of breastmilk as reflected through attitudinal variables among mothers who have children 6-36 months old as a determinant of exclusive breastfeeding.

Personal views on beliefs and available methods to reduce symptoms occurrence will influence disease prevention behavior. Efforts to prevent stunting are related to the role of mothers in their perceptions.<sup>19</sup> In the Health Belief Model Theory, several things are related to an individual's health behavior, one of which is perceived benefits.<sup>20</sup> A person with a high perception of benefits tends to have good nutrition fulfillment behavior, one of which is breastfeeding. Perceived benefits of high have a partial influence on stunting prevention. A person with a high perception of benefits tends to have good nutrition fulfillment behavior, one of which is breastfeeding.<sup>21</sup> Changes in the behavior of people who are not aware of the benefits of exclusive breastfeeding are the problem of stunting. Based on the above background, this study aims to analyze the perceived benefits of breastfeeding in preventing stunting.

### Methods

The study used a quantitative approach with a cross-sectional design. The research located is in Lubuk Rumbai Village, Tuah Negeri District, Musi Rawas Regency. The inclusion criteria are

mothers who have their last child with an age range of 6-36 months and are willing to become respondents, while the exclusion criteria are mothers who do not reside permanently in Tuah Negeri District, Musi Rawas Regency and mothers who have health problems both physical and psychological so that it is difficult to communicate. Sampling used a purposive sampling technique with a two-proportion difference hypothesis test, so 154 respondents were obtained as research samples.

Data collection was conducted by direct interview and through a structured questionnaire including mothers' age, education, Occupation, number of family members, family income, knowledge, attitude, and exclusive breastfeeding practices. Mothers' age groups into < 30 years and  $\geq$  30 years. The mother's education group was low (no primary school, primary school, junior high school) and high (senior high school, university). The mother's occupation group consisted of not working and working. The number of family members consists of  $>$  4 or  $\leq$  4. Based on the regional minimum wage, the monthly family income groups into < Rp. 3,400,000 and  $\geq$  Rp. 3,400,000. Mother's knowledge was divided into two categories using the median value as the cut-off point, namely low (score  $\leq$  6) and high (score  $>$  6) categories. This evaluation was conducted based on the overall attitude and practices taken by the mother using the median cut-off point. The result of the assessment will categorize mothers into not good (score  $\leq$  17) and good (score  $>$  17) categories. Perception of the benefits of breast milk is described by the attitude variable which is a response or response of the mother regarding the benefits, nutrition, and positive impact of breastfeeding.

The research instrument was tested for validity and reliability on mothers with children aged 6-24 months in Tanjung Agung Village, Indralaya Subdistrict, on a total of 33 respondents. The validity test determined the relationship between question items in the questionnaire using product moment correlation. The validity results showed that each question item of 9 knowledge, six attitudes, and eight practices were valid ( $R$  count  $>$   $R$  table 0.3440) and had good reliability (Cronbach's Alpha value  $>$  0.6).<sup>22</sup>

This study used research instruments of including questionnaires, cameras, and stationery. The research began with selecting subjects who have met the inclusion criteria, followed by an explanation of research procedures, informed consent, and interviews with mothers of toddlers. Data analysis used statistical software in stages starting from univariate, bivariate, and multivariate. Univariate analysis to calculate the frequency distribution of each variable to describe the characteristics of the study. Then, Bivariate analysis using the Chi-Square test to see if there was a relationship between the dependent variable, namely exclusive breastfeeding, and the independent variables, namely mothers' age, education, occupation, number of family members, family income, knowledge, and attitude by displaying the Prevalence Ratio (PR) value. Further analysis is multivariate by conducting multiple logistic regression tests to determine the most dominant

variable on the dependent variable. This study received ethical approval from the Health Research Ethics Commission, Faculty of Public Health, Sriwijaya University No. 317/UN9.FKM/TU.KKE/2023.

**Results**

The results of data collection from 154 respondents who have children aged 6-36 months in Lubuk Rumbai Village, Tuah Negeri Sub-district, Musi Rawas Regency. Table 1 was providing information on the sociodemographic characteristics of all respondents. Based on Table 1. the majority of respondents were in the variable mothers aged < 30 years 50.6%, mothers with low education (elementary school not finished, elementary school, junior high school) 55.2%, mothers who did not work 86.4%, family income below the minimum wage (< Rp.3,400,000) 93.5%, the number of family members ≤4 57.1%, high knowledge 66.2%, good attitude 58.4% and exclusive breastfeeding practices are not good 57.1%.

**Table 1. Analysis of Respondent Characteristics**

Variables	N	%
<b>Mothers' Age (Years)</b>		
< 30	78	50,6
≥ 30	76	49,4
<b>Mothers' Education</b>		
Low	85	55,2
High	69	44,8
<b>Mothers' Occupation</b>		
Work	21	13,6
Not Working	133	86,4
<b>Family Income</b>		
Below The Minimum Wage	144	93,5
Above The Minimum Wage	10	6,5
<b>Number of Family Members</b>		
> 4	66	42,9
≤ 4	88	57,1
<b>Knowledge</b>		
Low	52	33,8
High	102	66,2
<b>Attitude (Perceived Benefits)</b>		
Not Good	64	41,6
Good	90	58,4
<b>Exclusive Breastfeeding Practices</b>		
Not Good	88	57,1
Good	66	42,9

Table 2. Bivariate analysis showed a significant relationship between mother's knowledge and exclusive breastfeeding practices (p=0.002; OR=3.245). However, there was no significant relationship between mother's attitudes as a reflection of perceived benefits of breast milk (p=0.333) and exclusive breastfeeding. This is the same as the variables of mothers' age (p=0.762), mothers's education (p=0.338), mothers'occupation (p=0.812), family income (p=0.517), number of family members (p=0.689) which are also not associated with exclusive breastfeeding practices as a prevention of stunting in Musi Rawas Regency.



**Table 2. Bivariate analysis of the Relationship between Perceived Benefits of Breast Milk and Exclusive Breastfeeding practices in Stunting Prevention**

Variables	Exclusive Breastfeeding Practices				Totally		p-value	PR (CI95%)
	Not Good		Good		N	%		
	n	%	n	%				
<b>Mothers' Age (Years)</b>								
< 30	46	59.0	32	41.0	78	100	0.762	1.067
≥ 30	42	55.3	34	44.7	76	100		(0.811-1.404)
<b>Mothers' Education</b>								
Low	52	61.2	33	38.8	85	100	0.338	1.173
High	36	52.2	33	47.8	69	100		(0.884-1.555)
<b>Mothers' Occupation</b>								
Work	11	52.4	10	47.6	21	100	0.812	0.905
Not Working	77	57.9	56	42.1	133	100		(0.587-1.395)
<b>Family Income</b>								
Below The Minimum Wage	81	56.3	63	43.8	144	100	0.517	0.804
Above The Minimum Wage	7	70.0	3	30.0	10	100		(0.522-1.236)
<b>Number of Family Members</b>								
> 4	36	54.5	30	36	88	100	0.689	0.923
≤ 4	52	59.1	45.5	37.7	66	100		(0.697-1.222)
<b>Knowledge</b>								
Low	39	75.0	13	25.0	52	100	0.002	1.561
High	49	48.0	53	52.0	102	100		(1.209-2.016)
<b>Attitude (Perceived Benefits)</b>								
Not Good	40	62.5	24	37.5	64	100	0.333	1.172
Good	48	53.3	42	46.7	90	100		(0.894-1.536)

3 Based on Table 3. A multivariate test is needed to view the degree and test the prediction of the relationship between the independent and dependent variables, which is influenced by other variables or not (confounding). In this case, the dependent variable was exclusive breastfeeding, and the independent variables were mothers' age, 1 education, Occupation, number of family members, family income, knowledge, and attitude. Variable reduction is done by gradually removing variables starting from variables with sig. > 0.05 is most significant to the most minor and calculates PR.

**Table 3. Full Multivariate Model**

Variable	p-value	PR (CI95%)
Mothers' Age	0.625	1.193 (0.588 – 2.420)
Mothers' Education	0.695	1.154 (0.563 – 2.367)
Mothers' Occupation	0.976	1.015 (0.377 – 2.737)
Family Income	0.430	0.557 (0.130 – 2.382)
Number of Family Members	0.448	1.305 (0.656 – 2.597)
Knowledge	0.005	3.053 (1.390 – 6.706)
Attitude (Perceived Benefits)	0.558	1.232 (0.613 – 2.479)

The exclusion of the mother's education variable caused a change in the value PR > 10%, so the mother's education variable was re-entered into the final modeling and is referred to as a 4 confounding variable. A variable can be said to be confounding if the variable is a risk factor for disease occurrence and is related to the dependent variable. Thus, mothers' knowledge is the primary variable controlled by the confounding variable of mothers' education.

**Table 4. Final Logistic Regression Model**

Variables	B	S.E	Wald	p-value	PR (CI95%)
Mothers' Education	0.080	0.350	0.052	0.819	1.083 (0.546 – 2.151)
Knowledge	1.153	.390	8.740	0.003	3.169 (1.475 – 6.809)

Based on Table 4. Mothers' education is a confounding variable affecting mothers' knowledge and exclusive breastfeeding practices. Mothers' education was excluded from the complete modeling and caused a change in the previous PR value of 1.306 to 3.195. Children born to mothers with low knowledge had a 3.1 times higher chance of practicing not good exclusive breastfeeding than mothers with high knowledge after controlling for mothers' education (95% CI=0.546-2.151; p-value =0.819). The results show that in terms of exclusive breastfeeding actions, a single cause or knowledge is very influential in this case, referring to the educational factors of the mother.

### Discussion

Some low-income countries can reduce high child mortality rates by exclusive breastfeeding. Breast milk is readily available and reduces the risk of infant illness, thereby reducing child mortality.<sup>23</sup> Exclusive breastfeeding can be used as a parameter for the incidence of stunting because it can prevent malnutrition in early life.<sup>24</sup> Breast milk is an emulsion of fat in a solution of lactose, protein and inorganic salts that is useful as baby food and can provide protection against germs.<sup>25</sup> Breast milk contains many nutrients such as bioavailability to maximize the growth of children's height.<sup>26</sup> Exclusive breastfeeding of children for at least six months without any additional food. Toddlers who receive supplementary foods such as formula milk, water, and tea may contribute to the stunting problem.<sup>27</sup> The factor of not giving exclusive breastfeeding is caused by the wrong perception of the mother, where hereditary habits from the family and lack of knowledge affect the mother's perception.<sup>28</sup>

In the Health Belief Model theory, a person is encouraged to act based on perceptions, including the perception of benefits. Mothers have a greater chance of providing exclusive breastfeeding with good perceived benefits than mothers with poor perceived benefits.<sup>29</sup> Mothers' perceptions in optimizing growth through the benefits of breast milk influence the success of behavior towards exclusive breastfeeding.<sup>21,30</sup> Mothers who have high perceived benefits regarding exclusive breastfeeding will have better behavior in preventing stunting in children.<sup>31</sup> This is not in line with the study, where the perceived benefits of breastmilk described through attitudes did not have a relationship with exclusive breastfeeding actions. Although mothers have a good view of the benefits, content, and impact of breastfeeding. However, in practice, the mother's response cannot be used as the main basis for exclusive breastfeeding. Attitudes and beliefs that are not based on the



meaning of breastfeeding lead to mothers not providing exclusive breastfeeding for 6 months.<sup>32</sup> The realization of good attitudes in order to become a real action needs support factors from various parties such as family, health workers and people closest to the mother.<sup>33</sup>

This study shows a significant relationship between mothers' knowledge and exclusive breastfeeding practices, controlled by confounding variables: mothers' education. Inadequate mothers' knowledge will affect the mother's perception of fulfilling nutrition and child growth and development. Children aged 6-36 months have a risk of 3.1 times not being given exclusive breastfeeding to mothers who have low knowledge compared to mothers with high knowledge (95% CI = 1.475-6.809). Knowledge is related to the attitude taken by the mother and forms an action.<sup>34,35</sup> The basis for carrying out exclusive breastfeeding actions lies in a good understanding of the benefits of exclusive breastfeeding for children. The mother's knowledge and ability influence awareness and consistency of exclusive breastfeeding.<sup>36</sup> The higher the mother's knowledge of exclusive breastfeeding, the higher the awareness of exclusive breastfeeding.<sup>37</sup> Lack of knowledge about the benefits of breastfeeding can easily encourage mothers to switch to formula milk.<sup>38</sup> They believe that breastmilk is not enough for infants, so additional food is needed to fulfill their nutritional needs. The high rate of non-exclusive breastfeeding is due to a lack of understanding about the importance of breastfeeding for the health of the baby, so mothers are not motivated to provide it.<sup>39</sup> However, this is different from the research conducted in Sidotopo Village which states that not all mothers who have knowledge will be easy to breastfeed, as well as mothers who have less knowledge. Mothers who have less knowledge tend to follow good advice from others. However, this can be hindered by local customs where many myths circulating about breastfeeding will change the mother's behavior in giving it.<sup>40</sup> Thus, good knowledge must be followed by positive awareness and behavior in applying the knowledge possessed in order to implement exclusive breastfeeding.<sup>41</sup>

Expanding the ability to absorb information with increased knowledge is obtained through higher education.<sup>26</sup> Health education will affect mothers' knowledge about stunting, where knowledge mediates behavior change.<sup>42</sup> Mothers who have little education will have less knowledge. One of the causes of low knowledge is that during the implementation of integrated service posts, they tend to be shy about asking cadres and midwives about children's nutritional needs.<sup>43</sup> However, with the development of information and communication systems, low-educated mothers should be able to access health information, especially breastfeeding, through electronic media.<sup>44</sup> Information through education is not the only factor influencing exclusive breastfeeding practices. Other factors that influence the practice of breastfeeding are related to the beliefs and culture of the surrounding community.<sup>45</sup> The results of this study prove that mothers' education functions as a confounding variable for the relationship between mothers' knowledge and exclusive breastfeeding actions. Mothers' education is significant in implementing exclusive breastfeeding

actions, especially in understanding its benefits. Mothers with high educational sociodemographic will significantly fulfill their children's nutrition, including exclusive breastfeeding.

The advantages of this research use a quantitative approach which allows a higher and more accurate sample size. The use of a relatively large sample can represent the population in the Tuah Negeri sub-district. At the time of filling out the questionnaire, interviews were conducted with respondents so that more accurate data was obtained. This study has limitations and shortcomings, a cross-sectional design was used in the study so that the data collected was instantaneous and obtained at that time. In addition, the field conditions were less conducive. This was influenced by respondents bringing children and the many stages carried out which could result in a lack of maternal concentration in filling out the questionnaire.

### Conclusion

Mothers' knowledge is associated with <sup>6</sup> exclusive breastfeeding. Mothers who have low knowledge tend to have a 3.1 times higher risk of exclusive breastfeeding practices not good with the confounding factor of the mother's education. Implementing exclusive breastfeeding lies in good mothers' knowledge, which will affect the perception of breast milk's benefits to prevent stunting. The perceived benefits reflected through attitudes are unrelated to exclusive breastfeeding practices in preventing stunting, nor are the variables of mothers' age, employment, family income, and number of family members. Based on the research, the government needs to increase knowledge through education about the importance of exclusive breastfeeding in preventing stunting and take a long-term approach by increasing the formal education of mothers to better understand health information for them in Tuah Negeri District, Musi Rawas Regency.

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### Conflict of Interest

There is no conflict of interest for the authors in this research.

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