THE CORRELATION BETWEEN SOCIOECONOMIC STATUS AND SUCCESSFUL OF EXCLUSIVE BREASTFEEDING IN SIX MONTHS LIVE OF INFANT IN REMPANGA VILLAGE, LOA KULU DISTRICT, KUTAI KARTANEGARA

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ABSTRACT

The provision of breastfeeding is most important for infants and toddlers during the first six months of their life. Infants who are not exclusively breastfed in industrialized countries are more at risk of dying than babies who are exclusively breastfed in developing countries, the performance was only about 39% of mothers who practiced exclusive breastfeeding for their baby. Several factors can affect exclusive breastfeeding, one of which is socioeconomic status. This research was quantitative non-experimental, and explanatory research with approached of cross-sectional dan survey analytic method. Sample 59 respondents who fulfilled the criterion of research. It used the total sampling method. The chi-square test analyzed the data obtained to see the relationship between socioeconomic status and successful exclusive breastfeeding. The analysis results at the significance level of 0.05, which obtained a p-value of 1.692> 0.05. It means that there is no significant relationship between socioeconomic status and the success of exclusive breastfeeding. It can be concluded from this study that there is no relationship between socioeconomic status with the success of exclusive breastfeeding because the success of exclusive breastfeeding cannot be seen just from one factor, especially Socioeconomic Status in Rempanga Village of Loa Kulu District.

Keywords: Exclusive breastfeeding, socioeconomic status, and infants

INTRODUCTION

Breastfeeding is the leading natural food for infants. It provides all of the vitamins, minerals, and nutrients the infants need for their growth for their first six months. The baby does not necessarily need any other foods anymore. It fulfills half or more nutritional needs for the first and second years of their life. The baby's period is a period of very rapid growth, especially for those aged the first two years of life. The baby's body weight will double in the fourth month, but after that, the growth will slow down a little bit and the baby's body length. This rapid growth needs to get support from good nutrition (5).

Breastfeeding for a minimum of six months can prevent babies from being obese or overweight because breastfeeding helps stabilize baby fat. Breastfed babies have lower fat content compared to formula milk. A total of 136.7 babies were born worldwide who were exclusively breastfed during the first six months by 32.6%. Infants who are not exclusively breastfed in industrialized countries are more
at risk of dying than babies who are exclusively breastfed. In developing countries, 39% of mothers exclusively breastfed their children, which was based on UNICEF (11).

The decreased rate of breastfeeding is due to one of the factors that can be seen, namely, respondents' socioeconomic status. Groups that have a low economic level have a greater chance of giving exclusive breastfeeding, and most of them with high economic level think to replace the breast milk more with formula milk (5).

Based on Basic Health Research data, exclusive breastfeeding in infants aged 0-1 months, 48.7% at 2-3 months, decreases to 42.2%. It decreases with the increasing age of the baby, i.e., 36.6% in infants aged 4-5 months and 30.2% in babies aged six months. Achievement of exclusive breastfeeding coverage decreased to 30.2% from 34.3% in 2009 and decreased again in 2010 to 33.6%. This figure is still far from the national ASI coverage target of 80% (6).

The percentage of babies receiving exclusive breastfeeding in the province of East Kalimantan was 34.44%. In this case, Kalimantan has not reached the national target yet (8). In this research, Breastfed's coverage in Rempanga Village, Loa Kulu Subdistrict, Kutai Kartanegara District, was given a percentage of breastfeeding at 76.3%. In this case, the national target has not reached 80%.

From the results of previous studies mentioned that there is no between socioeconomic status with exclusive breastfeeding. This study is in line with research conducted by Hartini, which states that a p-value of 5 0.05 is obtained, which means there is no relationship between socioeconomic status with exclusive breastfeeding (5). The factor that makes it unsuccessful in exclusive breastfeeding is a high socioeconomic status where people think of replacing their breast milk with formula milk, which causes a lack of breast milk coverage (10).

The research results were carried out by filling out a questionnaire from these results to get information that maternal knowledge related to exclusive breastfeeding is still low. Some mothers are busy working, so they do not understand about exclusive breastfeeding.

Based on the background above, it can be concluded that the purpose of this study is to see whether the social economy in the community can influence the success of exclusive breastfeeding in Rempanga Village. According to the tests, we have obtained 0.005 results for the relationship of socioeconomic status with exclusive breastfeeding success.

**MATERIAL AND METHOD**

This research used a Cross-sectional method. The research was conducted from November to December 2019 in Rempanga Village, Loa Kulu District, Kutai Kartanegara Regency, East Kalimantan Province.

The sampling technique uses Total Sampling. This study's total population was 93 respondents, but the researchers used 59 respondents because 59 respondents were subject to specified criteria and 59 respondents became a risk. Total sampling itself is a way of taking samples with the same number of samples and populations (13).

The total population of less than 100 entire populations is used as a research sample. Inclusion criteria namely, respondents who have a child aged six months until four years old, respondents residing in the village of Rempanga where the study was conducted, and respondents were willing to fill out questionnaires from researchers. The exclusion criterion is that respondents were not present at the time of data collection. The researcher's data is primary data obtained directly from respondents by interview.
using a questionnaire. The research data used statistical analysis techniques, namely Chi-Square, with a significance of 0.05.

**RESULTS AND DISCUSSION**

1. Univariate Analysis

<table>
<thead>
<tr>
<th>Respondent Characteristics</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status Ekonomi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rendah</td>
<td>21</td>
<td>35.6</td>
</tr>
<tr>
<td>Tinggi</td>
<td>31</td>
<td>52.5</td>
</tr>
<tr>
<td>Tidak tentu</td>
<td>7</td>
<td>11.9</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: *Primary Data* 2019

Based on Table 1.1 above, it can be seen that respondents with low economic status are 21 people (35.6%), high economic statuses are 31 people (52.5%), and uncertain economic status is seven people (11.9%).

**Table 1.2 Distribution of Respondents by Exclusive breastfeeding in infants in Rempanga Village.**

<table>
<thead>
<tr>
<th>The respondent’s characteristic</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving exclusive breastfeeding for the infants</td>
<td>14</td>
<td>23.7</td>
</tr>
<tr>
<td>Yes</td>
<td>45</td>
<td>76.3</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: *Primary Data* 2019

Based on 1.2 table above, it can be seen that respondents who gave exclusive breastfeeding for babies were 14 people (23.7%), while respondents who did not give exclusive breastfeeding for babies were 45 people (76.3%).
2. Bivariate Analysis

**Table 2.1 Relationship of Socio-Economic Status with Exclusive ASI at Age 6 month to 4 Years.**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Breastfed category</th>
<th>Total</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
<td>N</td>
</tr>
<tr>
<td>Economy Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>4</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>High</td>
<td>7</td>
<td>22.6</td>
<td>24</td>
</tr>
<tr>
<td>Uncertain</td>
<td>3</td>
<td>42.9</td>
<td>4</td>
</tr>
</tbody>
</table>

*Source: primary data 2019*

Based on 59 respondents' cross-tabulations, of the 21 respondents whose economic status was low, four people (19%) did not give Exclusive breastfeeding and 17 people (81%) who gave Exclusive Breastfed. Of the 31 respondents whose economic status was high, seven people (22.6%) did not give Exclusive Breastfed, and 24 people (77.4%) gave Exclusive breastfed. While seven respondents whose economic status is uncertain, three people (42.9%) do not give exclusive breastfed and four people (57.1%) who give exclusive breastfed.

Based on the chi-square test p-value 1.692 > 0.05, there is no significant relationship between socioeconomic status and exclusive breastfeeding.

The results of this study contradict the results of the study which states that there is a relationship between economic level and maternal motivation in giving exclusive breastfeeding to infants aged 0-6 months of p-value 0.007 (9).

The relationship of someone who has a high income above average prefers to buy formula milk instead of giving exclusive breast milk to his baby. It is someone with an income below the average would prefer to breastfeed their baby considering the price of formula milk is relatively expensive (12).

The factor that plays a role in determining one's health status is the socioeconomic level; in this case, the family's purchasing power (4). The family's ability to buy food depends, among other things, on the size of the family's income, the price of the food itself, and the level of land and yard resource management. Families with limited income are likely to be less able to meet their food needs, especially to meet their bodies' nutritional needs.

In this study, according to Basyara research in 2019, there was no significant relationship between economic status with the provision of exclusive breastfeeding mothers with babies aged 6-12 months with the calculation of p-value = 0.263. Because there is a tendency to give exclusive breastfeeding to groups with high economic status, but the amount is not statistically significant. It was found that there was no relationship between economic status and exclusive breastfeeding, which obtained a p-value ≥ of 0.05 (7).

According to Sugiarto research in 2016, also states that there is no relationship between family income and exclusive breastfeeding with p = 0.388 (p> 0.05). And this study is also in line with Sariyanti
research, the results of the study found that there is no income relationship with exclusive breastfeeding where \( p = 0.109 \) p-value > 0.05\(^{(15,14)}\).

The group with a low economy has a greater chance of providing exclusive breastfeeding by (81%) because expensive formula milk causes almost the majority of family income just to buy milk so it does not meet others' needs. Compared to mothers with high economies, they have a lower chance of giving exclusive breastfeeding (77.4%). The calculation results obtained have a greater opportunity to provide exclusive breastfeeding because expensive formula milk causes almost the majority of family opinions only to buy milk so that it does not meet others' needs compared to mothers with high economics.

Increased family income or high socioeconomic status and women's fieldwork make parents think of replacing their Asians with formula milk.

Other factors affecting breastfeeding are socioeconomic factors (formal education of the mother, family income and work status of the mother), psychological factors (fear of losing attractiveness as a woman, inner pressure), physical factors of the mother (mother those who are sick, for example, mastitis, and others), a factor in the lack of public health workers is less encouraging about the benefits of exclusive breastfeeding\(^{(4)}\).

Research of Rahmawati in Kelurahan Pedalangan Kecamatan Banyumanik Kota Semarang said that factors that influence ASI exclusive on the breastfeeding mother were mothers' mothers' age, occupational status, birth order of baby, and healthcare support and the factor which most influences were the occupational status of mother\(^{(12)}\). Many factors affect a mother's motivation for breastfeeding her baby.

Several studies that have been conducted in urban and rural areas in Indonesia and other developing countries show that the support system factors, the mother's knowledge of breast milk, the availability of motorcycle taxi service in big cities, the promotion of formula milk, and supplementary food influence the breastfeeding practices. These influences can have both negative and positive effects on exclusive breastfeeding.

**CONCLUSION**

Based on the study results, it was concluded that there was no relationship between the Relationship between Socio-Economic Status and Exclusive Assignment of Infants and Toddlers Aged 0-4 years in Rempanga Village, Loa Kulu District, Kutai Kartanegara Regency.

**ACKNOWLEDGEMENT**

The results of this study can be used as a reference for subsequent research. Also, to obtain accurate results, it is necessary to do IEC (Educational Information Communication) for respondents, which is useful to increase mothers' awareness to provide exclusive breastfeeding to their children. Advice that can be given to mothers as respondents is that mothers are more regular in exclusively breastfeeding infants. Working mothers are expected to take the time to breastfeed infants and toddlers according to age stages and provide MP-Breastfed for infants and toddlers and also Puskesmas are expected to be able to provide counseling on exclusive breastfeeding to mothers in Rempanga Village, Loa Kulu District.
REFERENCES


