

The Influence of Parity Status on Mother's Behavior in Providing Exclusive Breastfeeding

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ABSTRACT

Breast milk is the initial and primary source of nutrition for babies, and exclusive breast milk has been advised by WHO to be given to babies until they are 6 months old. It has been proven that exclusive breastfeeding reduced up to 30,000 infant deaths in Indonesia and 10 million infant deaths in the world. The objective of this research was to discover the effect of parity status on maternal behavior in providing exclusive breastfeeding to babies. This study is quantitative cross-sectional research using purposive sampling technique that involved 100 respondents in total. The research instrument was a questionnaire given to respondent's door to door. Data processing was carried out univariate and bivariate using linear regression statistical tests. The results of the study showed that the majority of respondents did not provide exclusive breastfeeding amounting to 78% and the majority of parity status was multiparous with a total of 63%. while the results of bivariate analysis with Linear Regression test showed a p-value of 0.015 ($\alpha < 0.05$) indicating that there is an influence of parity status on maternal behavior in providing exclusive breastfeeding. Parity status of mother influences exclusive breastfeeding behavior, with higher parity status showed a reduced likelihood of the mother in providing exclusive breast milk. To increase exclusive breastfeeding coverage, midwives should also promote family planning programs especially to those with higher parity status to encourage exclusive breastfeeding.

Keyword: Exclusive Breastfeeding, Influence, Maternal Behavior, Parity Status

ABSTRAK

Air Susu Ibu (ASI) merupakan makanan pertama dan utama untuk bayi, ASI eksklusif telah direkomendasikan oleh WHO untuk diberikan pada bayi sampai berusia 6 bulan. Pemberian ASI eksklusif terbukti dapat mengurangi 30.000 kematian bayi di Indonesia dan 10 juta kematian bayi di dunia. Tujuan penelitian ini untuk mengetahui pengaruh status paritas terhadap perilaku ibu dalam memberikan ASI eksklusif pada bayi. Penelitian ini merupakan penelitian kuantitatif cross sectional menggunakan teknik purposive sampling dengan jumlah responden 100 orang. Instrumen penelitian berupa kuesioner yang diberikan pada responden secara door to door. Pengolahan data dilakukan secara univariat dan bivariat menggunakan uji statistik regresi linier. Hasil pengolahan data univariat dengan menggunakan uji statistik didapatkan sebagian besar responden yaitu sekitar 78% tidak memberikan ASI eksklusif, status paritas responden mayoritas multipara (63%). Hasil pengolahan data bivariat menggunakan regresi linier didapatkan nilai p-value 0,015 ($\alpha < 0,05$) dan koefisien regresi 0,208 yang menunjukkan bahwa ada pengaruh status paritas terhadap perilaku ibu dalam memberikan ASI eksklusif. Kesimpulan dari penelitian ini ada pengaruh status paritas terhadap perilaku ibu dalam memberikan ASI eksklusif. Semakin tinggi status paritas semakin kecil kemungkinan ibu memberikan ASI eksklusif. Untuk meningkatkan cakupan ASI eksklusif bidan sebaiknya juga mempromosikan program KB agar status paritas menurun sehingga ibu dapat memberikan ASI eksklusif pada bayi.

Kata Kunci: ASI eksklusif, perilaku ibu, status paritas

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Introduction:

Exclusive breastfeeding entails providing only breast milk without introducing any other supplementary food from the age of 0-6 months. Exclusive breastfeeding is very important for the growth of babies, babies who get breast milk from birth to 6 months will avoid various infections. Breast milk is the natural and main food for babies that contains complete nutrients needed by babies so it is very important for baby's health (Mustika et al., 2020).

Incorporating exclusive breastfeeding for infants under 6 months is one of the outlined indicators in the strategic plan of Ministry of Health of 2020-2024. In developing countries, infants who are not exclusively breastfed can increase the risk of infant morbidity and mortality. One of the factors causing high IMR is the nutritional status of infants. The nutritional status of infants can be improved through exclusive breastfeeding for 6 months starting from the birth of the baby, in order to reduce the Infant Mortality Rate (IMR). Infant mortality illustrates the level of public health problems, if the infant mortality rate in an area is high, then the health status in that area is still low (Risksedas, 2018).

Globally, according to the WHO, 2.4 million children will die in their first month of life by 2020. Approximately 6700 infants pass away daily, constituting 47% of all deaths among children under the age of 5 (Organization, 2021). The Infant Mortality Rate (IMR) in Indonesia is 16.9 per 1,000 live births (Kemenkes, 2021). Aceh Province The infant mortality rate in 2021 was 11 per 1000 live births, an increase compared to the previous four years, namely 2017-2020, which only amounted to 9 per 1000 live births, while Bireuen Regency had 110 infant deaths (Aceh, 2021). From the conclusion of the neonatal phase through the initial 5 years of life, primary causes of death are pneumonia, diarrhea, birth defects, malaria and malnutrition which increase the vulnerability to severe illnesses among children.

Breastfeeding is one of the efforts to achieve optimal growth and development, since breast milk has high nutritional value necessary for the baby's growth and protects them against

infection. Infants who received exclusive breastfeed will become healthier than babies who rely on other means of supplementary food beside breast milk. A study conducted by Fitri (2014) examined the relationship between breastfeeding and infant growth and development, showed that exclusively breastfed infants had a chance to experience normal growth, 1.62 times greater than non-exclusively breastfed infants and development according to age 5.474 times greater than non-exclusively breastfed infants (Fitri et al., 2014)

Factors that cause the low achievement of exclusive breastfeeding include the low knowledge of parents and families about the importance of exclusive breastfeeding due to, lack of support from the family, occupation, age, education and parity of the mother. When viewed from the coverage of exclusive breastfeeding in Aceh Province 55% and Bireuen District 43%, based on the data above, it is known that exclusive breastfeeding is still lacking, even though exclusive breastfeeding is very beneficial for babies (Aceh, 2020).

Parity influences mothers' behavior in providing exclusive breastfeeding for their newborns. Research conducted by Mabud showed that parity a relationship with exclusive breastfeeding (Mabud et al., 2014). According to research conducted by Ernina and Ismalita, the proportion of infants who were not exclusively breastfed was higher in primiparous parity (56.32%) compared to multiparous and grandemultiparous parity (32.23%) (Ervina & Ismalita, 2018).

Exclusive breastfeeding provision calls for attentive exercise and cautious preparation for the mother. Exclusive breastfeeding behavior is influenced by both external and internal factors. External factors reinforce the action of breastfeeding, and is significantly mandatory because only possessing adequate knowledge regarding certain advisable action does not guarantee them to do it. Therefore, examples or support from family (husband and parents) and health workers are needed. Internal factors determines characteristics of a person, often found in the form of the ability to self-encourage to facilitate the occurrence of exclusive

breastfeeding behavior including the extent of information regarding breastfeeding, experience in breastfeeding and demographic factors for instance age, occupation, and education level (Sholihah & Warsani, 2023). In this case, mothers who already have more than one child (Multipara) already have previous experience in providing breast milk, while mothers who are breastfeeding for the first time (primipara) certainly still do not have knowledge or experience about breastfeeding so that it will affect behavior in breastfeeding. Similarly, research conducted by Setyorini showed that exclusive breastfeeding highly correlate with knowledge (Setyorini et al., 2017). Given the preceding context, the researcher conducted a study that aims to examine the effect of parity status on maternal behavior in providing exclusive breastfeeding.

Methods:

This study is a cross sectional quantitative research, data collection was carried out from June to September 2023 in Bireuen Regency. The population is mothers who have children under five years of age, the sampling technique uses purposive sampling with inclusion criteria: vaginal delivery, birth weight 2500-4000 grams, no congenital abnormalities, positive primitive reflexes, the mother is in good health, there is milk production in the first 72 hours of labor. Data collection was conducted using an instrument in the form of a questionnaire containing open and closed questions and distributed to respondents door to door. The questionnaire used in this study has been tested for validity and reliability to obtain valid and reliable data. The number of respondent data collected was 100 respondents. Before distributing the questionnaires, the researcher first asked for approval for his willingness to become a respondent. Data processing was carried out using the spss application on univariate and bivariate variables. Data processing for univariate variables used descriptive statistics of frequency distribution tables and percentages and bivariate variables using linear regression statistics with a confidence level of 5% ($\alpha = 0.05$).

Results:

Based on research on the effect of parity status on maternal behavior in providing exclusive breastfeeding that has been conducted on mothers who have children under five years of age totaling 100 respondents, the following results are obtained:

Table 1. Characteristics of Respondents

Variable	n	f (%)
Age		
- 20-30	41	41
- 30-40	53	53
- >40	6	6
Total	100	100
Education		
- Bachelor	40	40
- Diploma	17	17
- Senior High School	36	36
- Middle School	4	4
- Elementary School	3	3
Total	100	100
Jobs		
- Working	41	41
- not working	59	59
Total	100	100

Based on the table above, it can be seen that of the 100 respondents, the characteristics based on age are mostly 30-40 years old, totaling 53%. The characteristics of respondents based on education are mostly undergraduate education totaling 40% and the characteristics of respondents based on employment are mostly not working totaling 49%

Table 2 Frequency Distribution of Respondents based on Exclusive Breastfeeding and Parity Status

Variable	n	f (%)
Exclusive breastfeeding		
Exclusive Breastfeeding	22	22
Not Exclusive Breastfeeding	78	78
Total	100	100
Parity Status		
Primiparous	37	37
Multiparous	63	63
Total	100	100

Based on the information presented from the table above, it can be said that out of 100 respondents, the frequency distribution based on exclusive breastfeeding was mostly not exclusive breastfeeding with 78% and the frequency distribution based on parity status was mostly multiparous with 63% of respondents.

Table 3. Effect of Parity Status on Mother's Behavior in Providing Exclusive Breastfeeding

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	3.440	.143		24.070	.000
Parity Status	.208	.084	.243	2.480	.015

a. Dependent Variable: Exclusive breastfeeding behavior

Results of bivariate test presented from the table above, namely the linear regression test, the effect of parity status on maternal behavior in providing exclusive breastfeeding obtained a significant value $(0.000) > 0.05$. this shows that there is an effect of parity status on maternal behavior in providing exclusive breastfeeding.

Discussion :

The results of this study uncovered that more mothers did not provide their infants with exclusive breastfeeding, with highest number showed among the multipara mothers. The results of the bivariate test showed that parity status influences maternal behavior in providing exclusive breastfeeding. The results of previous research, namely Indriani's research on the effect of parity, occupation of mothers, knowledge and family support on exclusive breastfeeding, said that there was an effect of parity on exclusive breastfeeding (Indriani et al., 2022). Similar research conducted by Purnamasari and Khasanah also stated that parity status of mothers is highly correlate with the behavior of providing exclusive breastfeeding (Purnamasari & Khasanah, 2020).

It is known that the factors that influence exclusive breastfeeding are very diverse. A

mother who has successfully breastfed her child exclusively will be more confident to breastfeed the next born child and make the breastfeeding process easier than mothers who have experienced difficulties in breastfeeding, this is in line with Soeroyo Machfudz's research showing that only breastfeeding experience is more influential on exclusive breastfeeding (Hastuti et al., 2015). Parity greatly affects a mother's acceptance of knowledge about breastfeeding, the more experience a mother has, the easier it will be to accept knowledge. Experiences will often lead to an increase of knowledge. By implementing the gained knowledge, further knowledge and wisdom can be obtained and that is the very essence of using experience as a source of knowledge.

Mothers who still have one child tend to be successful in providing exclusive breastfeeding because mothers who have a low number of children or one will have more time to provide breast milk to the baby at any time, compared to mothers who have a high parity level. Mothers who have low parity tend to breastfeed their children exclusively because they have more time with their children. This is in line with the research of Maulidiyah, et al. There is a relationship between parity and exclusive breastfeeding where primiparous mothers have a 2 times greater chance of providing exclusive breastfeeding than mothers with multiparous parity (Maulidiyah & Asthiningsih, 2021). In Mabud et al's study on exclusive breastfeeding behavior and its correlation with knowledge, education, and parity, multiparity respondents showed less tendencies in providing exclusive breastfeeding to their infants (Mabud et al., 2014). The lack of breastfeed provision by multiparous mothers can be caused by hormonal disorders, stress that causes the process of milk production to be slower. Another study by Novembriany stated that factors affecting the failure of exclusive breastfeeding include multiparous parity, family support and poor maternal knowledge (Novembriany, 2022).

Primiparity mothers tend to provide exclusive breastfeeding, poor experience in previous lactation can also trigger anxiety in mothers causing delayed onset of lactation and

failure of exclusive breastfeeding. Research by Wahyuni et al uncovered that exclusive breastfeeding in infants was hampered due to breastfeeding as well as the culture of providing MP-ASI or weaning food early on in the form of *runtung* (porridge from soaked rice juice). Postpartum mothers do food restrictions during the period of breastfeeding, mothers postpone the breastfeeding to the baby because it was mandatory for them to bathe first, a tradition of introducing flavors to infants by giving honey to their mouth also exists. (Wahyuni et al., 2022).

Multiparity mothers have the opportunity to provide exclusive breastfeeding, prior lactation experience enable the mother to be better prepared in breastfeeding subsequent babies, resulting more effective breastfeeding practices. Past experience in lactation also aids mothers in alleviating anxiety when it comes to providing breast milk to their babies. Mothers who have more than one child already have the experience to exclusively breastfeed their babies compared to first-time mothers. A mother with her first baby may experience problems when breastfeeding because she does not know how to do it properly and if she hears about other people's bad breastfeeding experiences, she may hesitate to breastfeed her baby (Purnamasari & Khasanah, 2020)

The initial 6 months represent a crucial developmental stage for infants and golden period of growth, thus exclusive breastfeeding is deemed very important. Breast milk is the best food for babies since breast milk is rich in nutrients and promote good development of immunities. Exclusive breastfeeding is beneficial for both mother and baby. By breastfeeding, a strong bond of love will be built.

This study has many limitations or shortcomings, including this study did not examine more deeply the independent variable (parity status) and also the dependent variable (exclusive breastfeeding) thus limiting the scope of the study. This study also has a small sample. This study only has a few previous studies related to this research.

Conclusions:

The results of data processing and analysis obtained a p-value of the effect of parity status on

maternal behavior in providing exclusive breastfeeding of 0.015 ($\alpha = 0.05$), this indicates that there is an effect of parity status on maternal behavior in providing exclusive breastfeeding. The lower the parity status, the higher the likelihood of mothers providing exclusive breastfeeding. To increase exclusive breastfeeding coverage, researchers suggest that health workers, especially midwives, also increase family planning promotion in addition to exclusive breastfeeding promotion.

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