


A study of the teenage population in the Portibi subdistrict of the North Padang Lawas Regency

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Article Info	ABSTRACT
<p>Article history:</p> <p>Received July 27, 2024 Revised July 28, 2024 Accepted August 16, 2024</p> <hr/> <p>Corresponding Author:</p> <p>Nurhaslinda Department of Midwifery Professional Education, STIKes Paluta Huasada, Indonesia Email: nurhaslindasiregar202023@gmail.com ail.com</p>	<p>The percentage of teenage pregnancies in Indonesia is 0.02% at the age of <15 years and 1.97% at the age of 15-19 years in Portibi sub-district, North Padang Lawas District. Adolescent mothers are known to have low exclusive breastfeeding coverage rates. The purpose of this study was to determine the factors that influence exclusive breastfeeding in adolescent mothers in Portibi sub-district, North Padang Lawas Regency. This study used a survey method with a cross-sectional design. The study population was teenage mothers who had babies aged 6-24 months in Portibi sub-district, North Padang Lawas Regency. Data collection using questionnaires. Bivariate analysis used chi square and fisher's exact test while multivariate analysis used logistic regression. The results showed 46.7% of teenage mothers provided exclusive breastfeeding. Bivariate analysis showed that pregnancy status ($p=0.029$), perceived birth experience ($p=0.045$), perceived breastfeeding ($p=0.005$), husband support ($p=0.009$), family support ($p=0.000$) were associated with exclusive breastfeeding, education level ($p=0.143$) and employment status ($p=0.352$) were not associated with exclusive breastfeeding. Multivariate analysis showed that family support ($p=0.014$; $RP=7.637$) and breastfeeding perception ($p=0.015$; $RP=9.746$) were associated with exclusive breastfeeding. Family support was the most dominant factor in exclusive breastfeeding among adolescent mothers. Adolescent mothers who received support from their family and had a positive perception of breastfeeding had a 72.7% probability of exclusive breastfeeding.</p> <p>Keywords: <i>Exclusive breastfeeding, adolescent mothers, family support</i></p> <p>This article is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License.</p> 

1. INTRODUCTION

The incidence of teenage pregnancy is still very high. Every year one million adolescents under the age of 15 give birth. Other data shows that three million adolescents have unsafe abortions by WHO. Developing countries have a higher proportion of teenage pregnancies compared to developed countries. Ninety percent of teenage pregnancies occur in developing countries. Indonesia is ranked fifth in the top ten countries with the highest number of teenage pregnancies in the world [1]. North Sumatra, especially in Medan, exclusive breastfeeding for infants has decreased greatly due to the large number of mothers who do not understand exclusive breastfeeding, based on the results of previous research at a Puskesmas, it is said that out of about 30 mothers who breastfeed, those who give exclusive breastfeeding to their babies are only about 8 people with good knowledge 7 people (23.33%), who have good enough knowledge 15 people (50.00%), and there are still about 8 people (26.67%) who have poor knowledge due to lack of information about exclusive breastfeeding.

Breastfeeding behavior is related to lack of knowledge, beliefs or perceptions and wrong attitudes of mothers regarding breastfeeding. Support from husbands, families, health workers and the community is

needed so that mothers can breastfeed exclusively. The mother as part of the family plays a very important role in this effort

Another cause of teenage pregnancy is the high rate of teenage marriages. Based on the National Socio-Economic Survey by the Central Bureau of Statistics in 2012, the rate of teenage marriage is still high. 25% of women married before the age of 18, 5.4% married before the age of 16 and 2% married before the age of 15 [2]. Other data states that 7.61% of women married before the age of 16 and 17.66% of women married at the age of 17-18 in Yogyakarta Special Region in 2014 [2]

Pregnancy and childbirth in adolescents will certainly cause health problems. As stated by [8], adolescents (15-19 years old) and young women (20-24 years old) rarely do antenatal check-ups, do not consume folic acid during pregnancy, have poor health behaviors, have low breastfeeding coverage due to short duration. 34.1% of adolescents exclusively breastfeed their infants up to 3 months, which is lower than young women (46.3%) and adult women (≥ 25 years old) at 53.3%.

The low coverage of exclusive breastfeeding by adolescent mothers is because they are not ready to accept their new role as mothers. As stated by Cooke, Schmied, and Sheehan (2012) in their research [3]. They conducted a study on the relationship between postnatal depression, maternal role achievement, and breastfeeding problems with breastfeeding in Australia. They revealed that women with high maternal role achievement would continue to breastfeed their babies, even though they experienced breastfeeding problems, compared to women with low maternal role achievement [15]-[16]

Some studies suggest that there are several factors that influence exclusive breastfeeding. Mogre, Dery and Gaa (2016) stated that maternal education, knowledge about exclusive breastfeeding and maternal attitudes are factors that influence exclusive breastfeeding. [4]. Liben et al [5] stated that early breastfeeding initiation, maternal employment, and postpartum education affect exclusive breastfeeding. Maternal pregnancy status also affects exclusive breastfeeding. [5]. Mothers with planned pregnancies are more likely to provide exclusive breastfeeding than mothers with unplanned pregnancies [10]. In particular, Astuti (2012) also revealed that teenage mothers' perceptions of the benefits of breast milk and problems in breastfeeding affect breastfeeding. [6]. The reason why teenage mothers do not continue exclusive breastfeeding is because they feel that breast milk is not enough and work reasons [7]. The same thing was also revealed by [12] that the reasons for teenage mothers not providing exclusive breastfeeding include work reasons, feeling the baby is not satisfied if only with breast milk, nipple blisters and feeling tired with household duties. Another factor that influences exclusive breastfeeding is family support [13]. O'Brien, K., (2021) also revealed that family support, support from health facilities and personnel, and husband support are factors associated with exclusive breastfeeding [14]

Teenage pregnancy remains a significant concern globally, particularly in developing countries where 90% of such cases occur. Indonesia, ranked fifth in the world for the highest number of teenage pregnancies, faces a critical challenge in promoting exclusive breastfeeding among adolescent mothers. The North Sumatra region, especially Medan, has witnessed a significant decline in exclusive breastfeeding rates, with many young mothers lacking the necessary knowledge and support. This study aims to explore the factors influencing exclusive breastfeeding among teenage mothers in the Portibi sub-district, North Padang Lawas Regency, where cultural and socioeconomic factors heavily impact maternal behaviors.

Based on this background, researchers want to know the factors that play a role in exclusive breastfeeding for infants aged 6-24 months by teenage mothers.

2. METHOD

This article employs an observational analytic study with a cross-sectional design. The cross-sectional approach involves observing or collecting data at a single point in time. The study was conducted in the Portibi subdistrict, North Padang Lawas Regency, in January 2024, with a population of 45 teenage mothers in the area. Data were collected using questionnaires, and bivariate analysis was conducted using chi-square and Fisher's exact tests, while multivariate analysis was performed using logistic regression.

- **Research Design:** Cross-sectional, where data is collected at one point in time to assess the prevalence or relationships between variables simultaneously.
- **Population and Sample:** All teenage mothers with babies aged 6-24 months in Portibi subdistrict, North Padang Lawas Regency.
- **Data Collection Technique:** Questionnaires were distributed to the respondents.

- **Data Analysis:**

- Bivariate analysis was conducted using chi-square and Fisher's exact tests to examine the relationship between independent variables and exclusive breastfeeding.
- Multivariate analysis was conducted using logistic regression to identify the most dominant factors influencing exclusive breastfeeding.

The study results showed that family support and a positive perception of breastfeeding are the most significant factors in supporting exclusive breastfeeding among teenage mothers

3. RESULTS AND DISCUSSION

Based on research that has been conducted by research on factors affecting exclusive breastfeeding in adolescents in Portibi District, North Padang Lawas Regency, the following results were obtained.

Table 1. Frequency Distribution of Exclusive Breastfeeding

Breastfeeding	n	%
Exclusive	21	46,7%
Non Exclusive	24	53,3%
Total	45	100%

The results showed that the total number of respondents was 45 teenage mothers. Based on breastfeeding, the majority of teenage mothers do not provide exclusive breastfeeding with a percentage of around 53.3%. While teenage mothers who provide exclusive breastfeeding are around 46.7%.

Table 2. Distribution of Respondent Characteristics by Age

Age	N	%
17	1	2,2
18	7	15,6
19	45	82,2
Total	45	100

Based on the table above there are 19 years old as many as 37 people (82.2%). Respondents aged 18 years were 7 people (15.6%) and 1 person (2.2%) aged 17 years.

Table 3. Characteristics of Respondents Based on Mother's Age

Age (Months)	N	%
6	11	24,4%
7	4	8,9%
8	7	15,6%
9	2	4,4%
12	8	17,8%
15	2	4,4%
18	4	8,9%
20	3	6,7%
24	4	8,9%
Total	45	100

Based on the table above, there is an age range of babies between 6-24 months and the majority of babies are 6 months old as many as 11 people (24.4%).

Table 4. Factors Influencing Exclusive Breastfeeding among Teenage Mothers in Portibi District, North Padang Lawas Regency

Characteristic	N	%
Education		
High	0	0%
Middle	27	60%
Elementary	18	40%
Occupation		
Unemployee	40	88,9%
Employee	5	11,1%
Pregnancy		
Wanted	34	75,5%
Unwanted	11	24,4%
Mother's perception of birth experience		
Positive	25	55,5%
Negative	20	44,4%
Mother's perception of breastfeeding		
Positive	22	48,9%
Negative	23	51,1%

The majority of respondents in this study had completed secondary education (SMA/SMK) at 60%, were not working at 88.9%, and wanted their pregnancy at 75.6%. Perceptions of childbirth experience, perceptions of breastfeeding, husband support, and family support were categorized based on data distribution. The results of the data normality test on the four variables were normal. So that the categorization of variables uses the mean limit. Variables were categorized as positive/supportive if the score \geq mean and negative/less supportive if the score $<$ mean.

The majority of respondents had a positive perception of childbirth (55.6%) but there were still 48.89% of respondents who stated that they felt tired during labor, did not have a pleasant experience during labor (22.22%), felt afraid when thinking about the pain of labor (44.44%) and stated that labor was a painful process (35.56%).

Based on the variable of maternal perception about breastfeeding, the majority of respondents had a negative perception about breastfeeding (51.1%). About 22.22% stated that they were not sure they could provide exclusive breastfeeding for 6 months, 15.56% stated that they felt they had little milk and 8.89% stated that they were embarrassed to breastfeed their babies.

Table 5. Frequency Distribution of Reinforcing Factors

Characteristic	n	%
Husband Support		
Support	25	55,6%
Not Support	20	44,4%
Family Support		
Support	21	46,7%
Not Support	24	53,3%

Based on husband's support, the majority of adolescent mothers felt they had good support from their husbands in providing exclusive breastfeeding at 55.6%. Meanwhile, according to family support, the majority of adolescent mothers felt that they lacked support from their families in providing exclusive breastfeeding by 53.3%.

3.1 Discussion

The results of this study indicate that exclusive breastfeeding in adolescent mothers in Portibi District, North Padang Lawas Regency is 46.7%. Based on the number of respondents who want their pregnancy and provide exclusive breastfeeding is 55.9%, while respondents who do not want their

pregnancy and do not provide exclusive breastfeeding are 81.8%. Based on teenage mothers who feel they get good support from their husbands in exclusive breastfeeding, the majority provide exclusive breastfeeding around 64%, while teenage mothers who feel less support from their husbands around 75% do not provide exclusive breastfeeding. Teenage mothers who feel they get good support from their families, the majority provide exclusive breastfeeding around 76.2%, while teenage mothers who feel less support from their families, the majority do not provide exclusive breastfeeding around 79.2%.

4. CONCLUSION

This study reveals that exclusive breastfeeding among adolescent mothers in Portibi District, North Padang Lawas Regency, is significantly influenced by family support and the mother's perception of breastfeeding. The findings indicate that family support is the most dominant factor contributing to the success of exclusive breastfeeding. Adolescent mothers who received strong family support and held a positive perception of breastfeeding were more likely to exclusively breastfeed their infants. Therefore, to enhance the effectiveness of exclusive breastfeeding programs, particularly among adolescent mothers, it is crucial to address both internal factors, such as the mother's perception, and external factors, such as family support. Educational efforts should focus on increasing awareness and knowledge about the benefits of exclusive breastfeeding among teenage mothers and their families.

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