



## Correlation Of Using Contraception With Breast Milk Production In Breastfeeding Mothers In The Andalas Public Health Center In Padang

Rini Rahmayanti<sup>1</sup>, Yola Yolanda<sup>2</sup>

<sup>1,2</sup>Nursing Studies Program STIKES MERCUBAKTIJAYA Padang

Email : [rinie.rahmayanti@gmail.com](mailto:rinie.rahmayanti@gmail.com)

Received : Oct 10<sup>th</sup>2019. Revised : Oct 25<sup>th</sup>2019. Published: Dec 25<sup>th</sup>2019.

DOI : <https://doi.org/10.22219/sm.Vol15.SMUMM2.9957>

### ABSTRACT

Indonesia is still categorized as low in 2017, only 35.73% with a target of 50%. West Sumatra Province occupies the fifth position with exclusive breastfeeding coverage of 73.6%. The percentage of babies with exclusive breastfeeding in the city of Padang in 2017 was 74.77% of the target of 80%. Andalas Puskesmas has the lowest exclusive breastfeeding coverage of 59.84%. The purpose of this study was to determine the relationship between hormonal contraceptive use and breast milk production in breastfeeding mothers in the Kubu Village in the Parak Karakah Work Area of the Andalas Padang Health Center in 2019. This type of research was analytic with a cross sectional design. The population of mothers who have babies aged 1-6 months is 268 people with a sample of 73 people. Purposive sampling technique. Analyzed univariately using a frequency distribution table and bivariate using the Chi-Square statistical test. Univariante analysis results showed there were more than half (57.5%) with insufficient milk production. More than half (67.1%) use hormonal birth control. The results of bivariate analysis have a relationship between the use of hormonal contraception with the production of breast milk ( $X^2_{h} > X^2_{t}$ ). The conclusion is that there is a relationship between hormonal contraceptive use factors, and milk production. It is expected that health workers can provide counseling to nursing mothers by providing health education about efforts to increase milk production.

**Keywords :** Breast milk production, Breastfeeding, Hormonal contraception

Copyright © 2019, First Author et al  
This is an open access article under the CC-BY-SA license

### INTRODUCTION

Mother's Milk is food that has been prepared for the prospective baby when the mother has a pregnancy. During pregnancy, the mother's breast changes to prepare for the production of breast milk if the time comes for breast milk can be used as a nutritional fulfillment of infants (Mulyani, 2013). Exclusive breast milk is only breastfeeding without other liquids such as formula milk, oranges, honey, tea water, water, and without the addition of solid foods such as bananas, papaya, porridge, milk, biscuits, rice porridge for a period of 6 months (Roesli, 2012).

According to the World Health Organization (WHO) in 2016 it still shows the average exclusive breastfeeding in the new world is around 38%. Achievement of exclusive breastfeeding in

Indonesia has not reached the expected level according to the Minimum Service Standards (SPM) is 80%. According to the Basic Health Research (Riskesdas) data in 2018, the coverage rate of exclusive breastfeeding for babies aged 6 months only reached 30.2%, increasing in 2018 by 37.3% (Riskesdas, 2018).

Data from the Ministry of Health (2017) notes that the number of early breastfeeding initiation (IMD) in Indonesia increased from 51.8% in 2016 to 57.8% in 2017. Although it is increasing, the figure is still far from the target of 90%. The same increase also occurred in exclusive breastfeeding rates, from 29.5% in 2016 to 35.7% in 2017. This figure is also considered very small when considering the importance of the role of ASI for children's lives. Coverage of exclusive breastfeeding in Indonesia is still categorized as low in 2017, only 35.73% with a target of 50%. The percentage of exclusive breastfeeding babies in the city of Padang in 2017 at 74.77% has not reached the target of 80% (Ministry of Health Republic of Indonesia, 2017)

West Sumatra Province ranks fifth with exclusive breastfeeding coverage of 73.6% (RI Ministry of Health, 2015). Based on data from the Health Office of West Sumatra in 2015, the coverage of exclusive breastfeeding in West Sumatra Province has tended to increase in the last three years, where in 2013 the coverage of exclusive breastfeeding was 67.4% with a target of 75.0%, in 2014 the coverage was 72, 5% with a target of 80.0%, and the coverage of exclusive breastfeeding in 2015 was 75.1% with a target of 83.0% (Profile of the West Sumatra Health Office, 2015).

Non-current milk production is one of the factors that causes failure in exclusive breastfeeding. One effort to increase milk is by regularly breastfeeding children. The more often the child sucks the mother's nipples, there will be an increase in milk production and vice versa if the child stops breastfeeding there will be a decrease in breast milk (Anggriani, 2018).

Growth and development of infants and toddlers is largely determined by the amount of breast milk (ASI) obtained, including energy and other nutrients contained in breast milk. Breastfeeding can prevent 1/3 the incidence of upper respiratory tract infections (ARI), the incidence of diarrhea can decrease by 50%, and severe intestinal disease in premature babies can be reduced by as much as 58%. In mothers, the risk of breast cancer can also decrease by 6-10% (Fadhila, 2016).

According to Walyani (2015) factors related to milk production are food, peace of mind and mind, use of contraceptives, breast care, breast anatomy, physiological factors, resting patterns, child suction factors or frequency of breastfeeding, baby's birth weight, gestational age during childbirth, consumption of cigarettes and alcohol.

One factor that often influences the production of breast milk is the use of contraceptives in nursing mothers need to be considered so as not to reduce milk production. For mothers who are breastfeeding is not recommended to use contraceptive pills that contain estrogen, because this

can reduce the amount of milk production and can even stop the production of breast milk as a whole (Walyani, 2015).

Sufriani's research (2016) about the factors that influence the production of breast milk with the adequacy of breast milk found that the use of contraception is not right 80%, rest is not enough 45% and milk production is not enough (56.2%). There is a relationship between the use of contraception ( $p$ value = 0.003), there is a relationship between resting factors and the adequacy of breast milk ( $p$ value = 0.003). Maria's research (2017) about the relationship of breast care to the smoothness of breast milk in post-partum mothers in Tlogomas Sub-District, Lowokwaru District, Malang City did not carry out breast care (42%). There is a relationship between breast care and production ( $p$  value = 0.001). Ahadiaty's study (2015) about the relationship of birth weight with lactation onset in post partum mothers at PKU Muhammadiyah Hospital in Yogyakarta found that non-smooth milk production results in 45% and underweight baby birth weight (35%). There is a relationship between infant weight and breast milk production ( $p$  value = 0.002).

Data from the Padang City Health Office in 2017, of the 22 existing Puskesmas in Andalas, the lowest exclusive breastfeeding coverage of 59.84% is still below the target. Compared with Belimbing Health Center 64.16%, Lubuk Kilangan Health Center 67.67%, Cold Water Health Center 69.48%, Health Center and Health Center.

## METHODS

This type of research is analytic with the research design used is cross sectional, in which the researcher emphasizes research by taking independent and dependent variable data only once or at one time to study it and only observing it once and measuring it on a character or subject variable at the time examination (Notoatmodjo, 2012). Independent variables in the use of contraceptives and dependent (Breast Milk Production) were collected at the same time. This research has been carried out in Kubu Dalam Parak Karakah Village, the working area of Andalas Padang Health Center. Univariate and bivariate analysis data analysis.

## RESULTS AND DISCUSSION

### 1. Univariate Analysis

#### a. Breast milk production

**Table 1.** Breast milk production

Breast milk production	frequency (f)	Percentage (%)
Not enough	42	57,5
enough	3	42,5
amount	73	100

Based on table 1 above it can be seen that from 73 respondents there were more than half (57.5%) with insufficient ASI production in Kubu Dalam Parak Karakah District, the working area of Andalas Padang Health Center.

b. Use of contraception

**Table 2.** Frequency Distribution of Respondents Based on Use of Contraception

Use of Contraception	frequency (f)	Percentage (%)
Hormonal	44	60,3
Nonhormonal	29	39,7
amount	73	100

Based on table 2 above, it can be seen that from 73 respondents there were more than half (60.3%) using hormonal contraception in the Kubu Village in Parak Karakah, the working area of Andalas Padang Health Center.

2. Bivariate Analysis

Correlation of using contraception with breast milk production in breastfeeding mothers

**Table 3.** Correlation of using contraception with breast milk production in breastfeeding mothers

Breast milk production	Breast milk production				N		$X^2b$
	Not enough		enough				
	f	%	f	%	f	%	
Hormonal	31	70,5	13	29,5	44	100	7,6
Nonhormonal	11	37,9	18	62,1	29	100	
amount	42	57,5	31	42,5	73	100	

Based on table 3 it can be seen that of 73 breastfeeding mothers who have not enough milk production on the use of hormonal birth control (70.5%) compared to non hormonal (37.5%). Based on the test, it was obtained the value of  $X^2h > X^2t$  (7.6), there was a resting relationship with the production of breast milk in the Kubu Village in Parak Karakah Andalas Padang Health Center Work Area in 2019

The results of this study are almost the same as the research conducted by Maria Research (2017) about the relationship of breast care to the smoothness of breast milk in post-partum mothers in Tlogomas Subdistrict, Lowokwaru District, Malang City not implementing breast care (52%). There is a relationship between breast care and production ( $p$  value = 0.001).

One factor that often influences the production of breast milk is the use of contraceptives in nursing mothers need to be considered so as not to reduce milk production. For mothers who are breastfeeding is not recommended to use contraceptive pills that contain estrogen, because this can reduce the amount of milk production and can even stop the production of breast milk as a whole (Walyani, 2015).

The use of contraception in nursing mothers needs to be considered so as not to reduce milk production. Examples of contraceptives that can be used are condoms, IUDs, breastfeeding

pills or 3-month hormonal injections. A woman's need for contraception during breastfeeding is that contraception is safe to use during breastfeeding, but hormonal contraceptive methods mainly contain estrogen and progesterone can interfere with lactation by inhibiting prolactin thereby reducing milk production. Concerns have also risen regarding the passage of exogenous hormones in breast milk. The amount of ethinyl estradiol present in breast milk, a combination of oral contraceptives is not recommended for use during early breastfeeding.

The use of contraception in nursing mothers needs to be considered so as not to reduce milk production. Examples of contraceptives that can be used are condoms, IUDs, breastfeeding pills or 3-month hormonal injections. A woman's need for contraception during breastfeeding is safe contraception used during breastfeeding, but hormonal contraceptive methods mainly contain estrogen and progesterone can interfere with lactation by inhibiting prolactin so that it reduces milk production. Concern has also been raised about the travel of exogenous hormones in breast milk. The amount of ethinyl estradiol present in breast milk, a combination of oral contraceptives is not recommended for use during early breastfeeding.

Progestin contraception is a method of contraception that only contains the hormone progesterone. The BKKBN recommends mini-contraceptive pills for mothers in breastfeeding. The production of breast milk is influenced by the hormone prolactin, but its function has not been able to stimulate the expenditure of milk if it is blocked by estrogen and progesterone (Hartanto, 2011).

Currently there are contraceptives that contain estrogen and do not contain estrogen. This type of progestin, this drug works by suppressing the formation of hormones from the brain thereby preventing ovulation. This injection drug is very suitable to be given to mothers who are breastfeeding because the way it works does not interfere with lactation. For this type of pill there are only mengandung progesterone but there are also those containing progesterone and estrogen. The type of pills that do not interfere with lactation are those that contain progesterone only.

The results of this study can be seen that mothers who have not enough milk production on the use of hormonal birth control (70.5%). This is because hormonal birth control contraception contains progesterone which can inhibit milk production. In addition, it was also found that mothers who did not produce enough milk but used non hormonal birth control (37.9%). This is due to the physical condition of the mother with minimal ASI, irregular eating patterns, lack of breast care, use of hormonal contraception and so forth and in this study found mothers who use hormonal birth control but adequate milk production (29.5%), meaning that the use of hormonal birth control does not affect the production of breast milk for mothers because mothers have sufficient milk and mothers consume milk for nursing mothers.

## CONCLUSION

Based on the test, it was obtained the value of  $X_{2h} > X_{2t}$  (7.6), there was a resting relationship using contraception with the production of breast milk in breastfeeding mother.

## REFERENCES

- Anggriani, 2018. Hubungan Frekuensi Menyusui dengan Kelancaran Produksi ASI Ibu Post Partum di Wilayah Kerja Puskesmas Peusangan Selatan Kabupaten Bireuen Provinsi Aceh, Jurnal
- Astutik, 2014. Payudara dan Laktasi. Jakarta: Salemba Medika
- Damayanti, 2011. Asuhan Kebidanan Masa Nifas Belajar Menjadi Bidan Profesional, Bandung: Rafika Aditama
- Fadhila, 2016. Dampak Dari Tidak Menyusui Indonesia, Jakarta: IDAI
- Hastono, 2012. Analisis Data Dasar Untuk Pelatihan Penelitian Kesehatan, Jakarta: FKUI
- Hidayat, 2011. Metode Penelitian Keperawatan dan Teknik Analisis Data, Jakarta: Salemba Media.
- Kemendes RI, 2015. Info Kesehatan di Indonesia, Jakarta.
- Kemendes RI, 2017. Pemberian Air Susu Ibu (ASI) secara eksklusif pada Bayi di Indonesia, Jakarta.
- Kristiyanasari, Weni, 2009. Neonatus Dan Asuhan Keperawatan Anak, Yogyakarta: Nuha Medika
- Rayhana, 2017. Faktor-Faktor yang Mempengaruhi Produksi ASI dengan Kecukupan ASI. Jurnal Skripsi
- Maria, 2017 Hubungan Perawatan Payudara Terhadap Kelancaran Asia Pada Ibu Pasca Partum di Kelurahan Tlogomas Kecamatan Lowokwaru Kota Malang, Jurnal.
- Maryunani, 2012. Inisiasi Menyusu Dini, ASI Eksklusif dan Manajemen Laktasi, Jakarta: Trans Info Media.
- Martalia, 2012. Asuhan Kebidanan Nifas dan Menyusui. PustakaPelajar. Yogyakarta
- Mulyani, 2013. ASI dan Panduan Ibu Menyusui, Yogyakarta: Nuha Medika
- Prasetyono, 2012. Buku Pintar ASI Eksklusif Pengenalan, Praktik dan Kemanfaatan, Yogyakarta: DiVA Press.
- Proverawati, 2009. Gizi Untuk Kebidanan, Jakarta: Nuha Medika
- Profil Dinas Kesehatan Kota Padang, 2017.
- Pitriani, 2014. Konsep Penerapan ASI Eksklusif, Bandung: Cendekia
- Roesli, 2012. Inisiasi Menyusui Dini Plus ASI Eksklusif. Jakarta: Pustaka Bunda.
- Setiadi, 2013. Konsep dan Penulisan Riset Keperawatan, Yogyakarta: Graha Ilmu
- Simamora, 2015. Hubungan Perawatan Payudara dan Kebiasaan Makan dengan Kelancaran Produksi ASI di Wilayah Kerja Puskesmas Matiti Kecamatan Doloksanggul Kabupaten Humbang Hasundutan, Jurnal Skripsi
- Soetjningsih, 2012. Seri Gizi Klinik ASI Petunjuk Untuk Tenaga Kesehatan, Jakarta: EGC.
- Sufriani, 2016. Faktor-faktor yang Mempengaruhi Produksi ASI dengan kecukupan ASI di wilayah kerja Puskesmas Kecakatan Darussalam, Jurnal

- Walyani, 2015. Perawatan Kehamilan dan Menyusui Anak Pertama Agar Bayi Lahir dan Tumbuh Sehat, Yogyakarta: Pustaka Baru Press.
- Tarmizi, 2016. Tingkatkan Cakupan ASI Eksklusif, <http://www.Antara.News.com>, diakses tanggal 09 Februari 2017.
- WHO, 2015. Prevalensi ASI Eksklusif, Jakarta