

The Relationship of Socio-economic Characteristics with Chewing Tobacco Habits of Lactating Mother in Karo District

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Abstract: Tobacco-related deaths worldwide are overwhelmingly concerned about 100 million during the 20th and the 21st century if no tobacco consumption prevents. Besides consumed as cigarettes, tobacco is consumed by chewing on some people. The habit of chewing tobacco is mostly done Batak tribe. Chewed tobacco thought to contain nicotine higher than tobacco in cigarettes so effects on chewing tobacco health are worse than tobacco in cigarettes. This study analyzes the relationship of socio-economic characteristics with chewing tobacco habits in breastfeeding mothers in Karo Regency. This research is analytic descriptive with cross sectional study design. The population is all breastfeeding mothers with children 0 - 24 months, and sample 40 people were determined purposively. Socioeconomic characteristics include parity, age and occupational, child's age, sequence of children, and family income. Chi Square test used to analyze relationship of parity, age and work of mother, child age, order of children, and family income with chewing tobacco habit. The results showed that there was a significant correlation between mothers' age and chewing tobacco consumption. There is no significant relationship of parity, toddler age, child sequence, occupational, and family income with chewing tobacco consumption. This means chewing tobacco consumption is not related to socioeconomic characteristics.

1 INTRODUCTION

Consumption of cigarettes and other tobacco products is a worldwide health problem because it is harmful not only to health that can result in death but also socio-economic losses that have been proven in various scientific studies. In addition to smoking the habit of chewing tobacco with the term inquiring also still found in several cities in Indonesia, including in Karo District.

Consumption of substances or hazardous materials includes caffeine, alcohol, and cigarettes. Tobacco consumption through smoking habits in the community is very high that can be seen from several research results. The appeal for smoking bans has been done as well as the impact of cigarettes on health has been frequently socialized, but the facts show that smoking is still quite high in the community. The data of smokers in Indonesia is still high especially in the adolescent population. Based on Indonesia Health Survey in year 2013 known smokers who smoke cigarettes every day in Indonesia for the age group above or equal to 10

years there are 24.3% and for North Sumatra almost equaled the national data of 24.2%.

WHO states that tobacco-related deaths around the world have been very worrying about 100 million during the 20th and 1st centuries during the 21st century if there is no prevention of tobacco consumption. Difficult to reduce smoking habit is caused in the tobacco content that because pleasure and addiction to the users of tobacco are nicotine, and myosin.

Besides consumed in the form of cigarettes, tobacco is also consumed by chewing on some people as a habit that has lasted for a long time. Tobacco chewing habit is mostly done by Batak Karo tribe in North Sumatera province as smokeless tobacco. This habit is considered normal (usual) and does not have a negative impact on health. This is what causes the habit persist and increasing. Chewed tobacco is thought to contain higher nicotine than tobacco in cigarettes so the adverse health effects of chewing tobacco are worse than tobacco in cigarettes.

The results revealed that nicotine in tobacco is a carcinogen that causes an increased risk of bladder cancer 400 percent higher in chewing tobacco consumption than non-chewing tobacco consumers. In addition, the effects of nicotine on tobacco smoked through cigarettes, chewed or inhaled cause narrowing of blood vessels, anorexia, increased heart rate and blood pressure. Another effect suggests that risk factors due to chewing tobacco consumption will remain for years even after the user actually stops chewing tobacco consumption. Aritonang.E research (2017) shows that more pregnant women who consume chewing tobacco during pregnancy than those who do not consume chewing tobacco are 57.4% consume and 42.6% do not consume.

Based on this case, this study wanted to analyze the relationship of socio-economic characteristics (mother's age, parity, age of child, sequence child, mother's occupational and family income) with the habit of chewing tobacco in lactating mother in Berastagi sub-district of Karo Regency.

2 RESEARCH METHOD

This is an analytical descriptive research with cross sectional study design. The population is all breastfeeding mothers who have children aged 0-24 months in Karo regency with the sample determined by purposive that is 44 people. The types of data collected are socioeconomic characteristics consisting of mother's age, parity, child age, sequence child, mother's occupational and family income. The relationship between maternal age, parity, child age, sequence child, mother age, mother education, and family income with chewing tobacco use Chi Square test.

3 RESULT AND DISCUSSION

3.1 Characteristics of Lactating Mother

The characteristics of lactating mothers by mother age, parity, child age, sequence child, mother's occupational and family income in the results of this study are described in Table 1. Grouping by age is done according to the Ministry of Health (2015) classification of safe reproduction (20-35 years), reproduction at risk (<20 and> 35 years).

From the table 1, it was found that age of breastfeeding mothers was 20-35 years old is 32 people (72.73%), age >35 years 9 people (20.46%) and age <20 years were 3 people (6.81%).

Table 1: Characteristics of Lactating Mother.

Characteristic	F	%
Age (year)		
• < 20	3	6.81
• 20 – 35	32	72.73
• > 35	9	20.46
Parity		
• 1 – 2	33	75.00
• > 2	11	25.00
Child Age (month)		
• 0-6	22	50.00
• 7-12	15	34.10
• 13-24	7	15.90
Sequence Child		
• First child	13	29.54
• Not first child	31	70.46
Mother's Occupational		
• Work In The House	5	11.37
• Work Outside Home	39	88.63
Family Income		
• < Regional Minimum Wage	28	63.63
• ≥ Regional Minimum Wage	16	36.37
Total	44	100.0

Similarly, Ayuningtyas (2013) in Ngembat Sragen Village showed that the proportion of breastfeeding mothers aged 20-35 years is greater than 80% compared to breastfeeding mothers aged >35 years and <20 years.

Based on parity, the highest proportion was in breastfeeding mothers who had 1-2, as many as 33 people (75%) compared with breastfeeding mothers who had >2 as many as 11 (25%). The same thing was obtained by the researcher Abdullah, et. al (2013) that the parity of 1-2 more that is equal to 186 people (62%) and parity >2 of 114 people (38%).

Based on the age of the children, the highest proportion was in the age group 0-6 months is 22 people (50%), age 7-12 months as many as 15 people (34.10%) and the age of 13-24 months as many as 7 people (15.90 %). Based on the children to, the highest proportion is in children >1, which is 31 people (70.46%) compared to the first child of 13 people (29.54%). Based on the work of the mother, mothers who work outside the home

more as many as 39 people (88.63%) while the mother working in the house for 5 people (11.37%). This research is in line with the result of Haryanti and Puspitaningrum (2016) research which stated that the mothers who work outside the house are 11 persons (55%) while the housewives only 9 people (45%). Based on family income, households earning below of Regional Minimum Wage were 28 people (63.63%) compared with families who received upper Regional Minimum Wage, which was 16 people (36.37%). This study is in line with the results of the Purba, B (2014) study which gained

the result that families with below of Regional Minimum Wage revenues are greater than those with income upper of Regional Minimum Wage.

3.2 Relationship of Maternal Age and Tobacco Chewing Habits

Maternal age at the time of breastfeeding is one indicator to determine its relationship with chewing tobacco consumption.

Table 2: Relationship of Maternal Age and Tobacco Chewing Habits.

Characteristic	Category	F	Mean	SD	p	95% CI	Median (min-maks)
Age	Healthy Reproduction (20 – 35 year)	32	1.48	0.821	0.003	1.73	1
	Reproduction is at Risk <20 and > 35 year	12					

Based on the table 2, it can be concluded that the proportion of maternal age in healthy reproduction category (20-35 years) is 32 persons (72.72%) compared to maternal age in risk reproduction category (<20 years and >35 years) (27.28%). This research is in line with the research result of Abdullah, et a.l (2013) in Ujung Pandang Baru Public Health Center and Kaluku Boddoo Public Health Center Tallo District Makassar City, that the age of mother is 36% (35%) while the age <20 year and >35 years as many as 75 mothers (25%).

The average age of nursing mothers in chewing tobacco consumption is still relatively young is 20-35 years with standard deviation 0.821. Age 20-35 years is still categorized in the productive age group, so the consumption of chewing tobacco nursing mothers can affect the level of productivity of the mother later. In the book The Public Disclosure Authorized page 20 also mentioned that the average age of much tobacco is 25 years old.

The existence of mother's age relationship with chewing tobacco consumption due to age factor influence in decision in acting. At the age of 20-35 years old mother consume more tobacco because the mother already felt her adult and the way of thinking

is also ripe, so that the mother has her own decision to act, and take care of herself.

Activities performed within this age group are also more so that interaction with many people is also more active. The habit of tobacco consumption in the area is likely to be followed by other members. Tobacco chewing habits are mostly done during the party, social and religious activity, and others. This will affect the mother in that age group to consume chewing tobacco. In the group of women (mothers) consume more chewing tobacco, while the male group (fathers) smoking more. The number of mothers consuming tobacco caused by the culture of chewing tobacco at the time of carrying out formal events and non formal in Karo District.

3.3 Relationship of Parity and Tobacco Chewing Habits

The result of bivariate analysis of mother's parity relationship with chewing tobacco consumption habit showed no significant correlation. The result of bivariate analysis of mother's parity relationship with the habit of chewing tobacco consumption obtained the following results.

Table 3: Relationship of Parity Mother with Chewing Tobacco.

Characteristic	Category	F	Mean	SD	p	95% CI	Median (min-maks)
Parity	1-2	33	1.70	0.462	0.099	1.84	2
	>2	11					

The highest proportion of chewing tobacco consumption in breastfeeding mothers was found in 1-2 to 33 parity (75%) and for parity >2 for 11 people (25%). Maternal parity is still relatively low with an average of 1.70 with standard deviation of 0.462. Parity is the state of women who once gave birth to a living baby where women gain knowledge from personal experience. Experience is a way of obtaining the truth of knowledge. Therefore, personal experience can be used as an effort to gain knowledge. Whether obtained directly or indirectly, but not all personal experience can lead one to draw conclusions correctly (Haryati and Puspitaningrum, 2016). But in this study the opposite occurs because there is no parity relationship with chewing tobacco consumption. Mothers who have little or no childbirth are not associated with their habit to consume chewing tobacco. The consumption of chewing tobacco is already a hereditary habit that is difficult to remove in the area. The more often the mother consumes chewing tobacco will have an impact on the outcome of

pregnancy. This is stated in the study Purba (2014) is the relationship of chewing tobacco consumption with the incidence of LBW by making parity as an effect modifier. The incidence of LBW increases with the increase in chewing tobacco consumption in the first parity. In this study, the average parity of mothers who consumed tobacco was in the second parity, this is because breastfeeding mothers already have experience with parity to-1.

3.4 Relationship of Infant Age and Tobacco Chewing Habits

The result of bivariate analysis of infant age relationship with chewing tobacco consumption habit showed no significant correlation. The result of bivariate analysis of toddler age relationship with chewing tobacco chewing habit obtained the following result.

Table 4: Infant Age Relationship with Chewing Tobacco Lactating Mother

Characteristic	Category	F	Mean	SD	p	95% CI	Median (min-maks)
Infant Age	0-6 month	22	50	0.50	1	1.65	1.5
	7-24 month	22					

Based on the table 4, it is known that nursing mothers who consume tobacco have toddlers aged 0-6 months by 22 people (50%) and toddlers aged 7-24 months by 22 people (50%). Nutrition needs of breastfeeding mothers is important for mothers and babies because nutrition needs of breastfeeding mothers affect the production of breast milk (Sudaryanto, 2014). Mothers who consume chewing tobacco, mothers consume nicotine in tobacco so that the nicotine will be consumed by the mother through breast milk.

3.5 Relationship of Children Sequence and Tobacco Chewing Habits

The result of bivariate analysis of children sequence with chewing tobacco consumption habits showed no significant relationship. The result of bivariate analysis of children relationship to the habit of chewing tobacco consumption obtained the following results.

Table 5: Relationship of Children Sequence and Chewing Tobacco in Lactating Mother

Characteristic	Category	F	Mean	SD	P	95% CI	Median (min-maks)
Children	First child	13	1.70	0.46	0.099	1.84	2
	Not first child	31					

Based on table 5 it was found that the proportion of breastfeeding mother who consumed tobacco in non-children first was 31 persons (70.45%) more than the first child was 13 persons (29.55%). More mothers consume tobacco in children to 2 or more caused; when the first child is still very mother keep the womb, so for food consumed was very guarded.

Unlike the second child and so on the mother already has experience, so the mother felt no need to take care of what will be consumed. Although statistically, there is no age relationship of children with chewing tobacco consumption habits.

The habit of chewing tobacco in which the main ingredient is nicotine is at risk for the occurrence of

health problems in breastfeeding mothers and also breastfeeding infants. Tobacco can cause heart damage, blood circulation, and lung and can cause cancer (Ketaren and Hulu, 2014). Communities that have consumed chewing tobacco will be difficult to stop not to consume again because the longer a person consumes tobacco then the brain cells more enjoy the nicotine in the threshold of excitatory. Once the level of nicotine in the blood decreases and below the threshold value of the stimulus then, the tobacco consumption will feel tortured so try to find

the tobacco back that causes addiction to nicotine (Dharmasemaya, 2004).

3.6 Mother's Working Relationships with Chewing Tobacco Habits

The result of bivariate analysis of mother's work relationship with chewing tobacco consumption habit showed no significant relationship. The result of bivariate analysis of mother's work relationship with chewing tobacco habit obtained the following result.

Table 6: Mothers Employment Relations with Chewing Tobacco

Characteristic	Category	F	Mean	SD	P	95% CI	Median (min-maks)
Work	work in the home	5	1.89	0.321	0.098	0.143	2
	work outside the home	39					

Based on the table 6, it is found that the proportion of breastfeeding mothers with chewing tobacco consumption habit that works outside the home is higher that is 39 people (88.63%) and work in house is 5 people (11.37%). This study is in line with the results of Fernando (2011) research in Gerat Village Biru Biru District Deli Serdang obtained the result that the population consuming more tobacco work outside the home is 68.1% than the inner worker.

In general, the prevalence that chews tobacco is higher in workers than does not work. This is because the habit of chewing tobacco consumption in research sites is generally done when gathering with mothers outside the house in the event of arisan, party, misfortune, and others. IAKMI also stated that employment activities make others to smoke (IAKMI, 2014).

From the results of the interview it is known that nursing mothers who work more tobacco chewing to reduce the level of stress the mother of the work being done. In addition, the reason nursing mothers eat chewing tobacco because it can relieve stress and make the body refreshed again. Although statistically there is no relationship of mother's work with chewing tobacco consumption habit.

3.7 Relationship of Family Income with Tobacco Tobacco Habits

Chewing tobacco showed no significant association. The result of bivariate analysis of the relationship of family income with chewing tobacco habits obtained result as follows.

Table 7: Relationship of Family Income with Chewing Tobacco Habit

Characteristic	Category	F	Mean	SD	P	95% CI	Median (min-maks)
Family Income	<Minimum Wage Income in Karo District	28	2.590.909	1.33	0.080	0.066	2.500.000
	≥ Minimum Wage Income in Karo District	16					

The socioeconomic status of the mother is said to be high if the income of the maternal family above or same with minimum wage income and vice versa, the socioeconomic status of the mother is said to be low if the mother's family income below of minimum wage income. Based on the table 7, it is found that the highest proportion of family income of nursing mother with chewing tobacco habit is below of minimum wage income that is equal to 28 people (63,63%) while those with income above or same with minimum wage income is 16 people (36,37%).

This research is in line with research by Fernando (2011) in Gerat Village Biru Biru District Deli Serdang stated that the people who consumed tobacco mostly come from families with <Minimum Wage Income 51.1% income compared to those who have income ≥Minimum Wage Income.

The prevalence of tobacco-consuming populations is higher in people with lower income levels than high income populations. This statement is consistent with that contained in The Publicdisclosure Authorized book on page 18: "Currently, in many high-income countries, there is a significant difference in the prevalence of tobacco consumption among different socioeconomic groups. In the UK, for example, only 10 percent of women and 12 percent of men from the highest socioeconomic group consume tobacco. In the lowest socioeconomic group the percentage smoked three times as much: 35 percent and 40 percent. Higher chewing tobacco consumption in mothers with lower incomes than mothers with high incomes is attributable to higher life burdens in mothers with low incomes that chewing tobacco that can give calming effects encourages mothers to consume chewing tobacco. In addition, the actual socio-economic status in the community Karo Regency associated with the level of education.

Tobacco chewing habits in breastfeeding mothers are associated with education levels. Mothers with low levels of education, consuming more tobacco than mothers with higher education levels. Mothers with low levels of education do not yet know the impact of tobacco to the body and to breastfeeding children, while mothers with higher education, already know more about the negative effects of tobacco.

The habit of using tobacco in which the main component is nicotine is very high risk of health problems to the users of tobacco. Nicotine contained in tobacco leaf is a kind of toxic chemical elements, similar to alkaline. One type of stimulants that can

damage the heart and circulation blood (Basyir, 2006).

4 CONCLUSIONS

1. The age of breastfeeding mothers who consume chewing tobacco is dominated by the age of 20-35 years.
2. Breastfeeding mothers who consume chewing tobacco are higher at parity to 1-2.
3. Breastfeeding mothers who consume chewing tobacco, more in childhood to > 1.
4. Family income with nursing mothers who consume chewing tobacco, the average is families with <Minimum Wage Income Karo Regency
5. Breastfeeding mothers who consume chewing tobacco who work outdoors more than nursing mothers who eat chewing tobacco who work in the house.

To the health workers at Karo Public Health Center Can be input and further information with the counseling about the effects of chewing tobacco consumption. Health Workers can work with cadre to motivate and feel important in monitoring all mothers, especially nursing mothers who consume chewing tobacco. To the mothers and children. For information to nursing mothers not to consume chewing tobacco.

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