

The Relationship between Mother's Knowledge of Exclusive Breastfeeding and Exclusive Breastfeeding

Dhita Kris Prasetyanti¹, Eko Winarti², Putri Riga Sefika³, Anita Nuril Fadila⁴, Palupi⁵

^{1,2,3,4} Faculty of Health Sciences, College of Midwifery, Universitas Kediri, Kediri, Indonesia

⁵ Sukorame Community Health Center Kediri City, Indonesia

Email:

dhitakris@unik-kediri.ac.id

ABSTRACT

Breastfeeding can reduce child mortality globally by 10% each year. Based on data obtained from the results of a preliminary study on November 16, 2021, the coverage of exclusive breastfeeding in the working area of the Sukorame Community Health Center, Kediri City, consisted of 25 infants aged < 6 months, 17 infants were exclusively breastfed, while 8 infants were not given exclusive breastfeeding. The purpose of this study was to determine the level of knowledge of mothers with exclusive breastfeeding for breastfeeding mothers in the working area of the Sukorame Community Health Center, Kediri City 2021. The research objectives include a correlational analytic research design, and based on data sources including the primary research design. The population in this study were 63 mothers who had babies aged 6-12 months in the working area of the Sukorame Community Health Center, Kediri City. By using purposive sampling technique with a sample of 55 breastfeeding mothers. The statistical test used is Spearman Rho. The results of the study almost half (47.3%) had less knowledge and did not give exclusive breastfeeding. From the results of the Spearman Rho statistical test, it was found that $0.000 < = 0.05$ so that H_0 was rejected and H_1 was accepted, meaning that there is a relationship between knowledge about exclusive breastfeeding and exclusive breastfeeding for breastfeeding mothers in the work area of the Sukorame Community Health Center, Kediri City in 2022. It is hoped that health workers at the Puskesmas will be able to carry out health promotion and assistance to mothers such as counseling about the benefits of exclusive breastfeeding.

Keywords: Knowledge, Exclusive breastfeeding, Breastfeeding mothers

Received : March 7nd 2022

Accepted : April 11rd 2022

Published : May 27th 2022

Copyright © 2022 IIK STRADA Indonesia
All right reserved.



This is an open-access article distributed under the terms of the Creative Commons Attribution-ShareAlike 4.0 International License.

INTRODUCTION

Breastfeeding can reduce child mortality globally by 10% each year. Promotion of exclusive breastfeeding is an effective intervention to reduce mortality (Gultie and Sebsible, 2016). Based on data obtained from the results of a preliminary study on November 16, 2021, the coverage of exclusive breastfeeding from 25 infants aged < 6 months, who were exclusively breastfed were 17 babies, while 8 babies were not given exclusive breastfeeding so that the coverage of exclusive breastfeeding was 68%, this figure is sufficient. far from the exclusive breastfeeding coverage target set by WHO or the Ministry of Health, which is 80% (Kemenkes RI, 2021).

The SDGs (Sustainable Development Goals) or the 2030 sustainable development goals, state that there are 17 SDGs goals that are expected to be able to tackle various health problems, including eradicating poverty and hunger. SDGs have goals that are closely related to exclusive breastfeeding. The purpose of the SDGs is that exclusive breastfeeding is expected to contribute to world economic income, increase health status of mothers and children, increasing the IQ (Intelligence Quotient) of children, equal rights and obligations of men and women in child care, and from an economic point of view, namely reducing expenditure on purchasing formula milk.

Exclusive breastfeeding is influenced by behavioral factors. Behavior is a human activity that can be observed directly or not by outsiders. Health behavior according to Bloom is an activity that can be observed directly or indirectly related to the maintenance and improvement of one's health.

If the baby is not given exclusive breastfeeding, it has a bad impact on the baby. The impact of having a risk of death due to diarrhea is 3.94 times greater than that of infants who are exclusively breastfed (Kemenkes, 2018). Breastfed babies are healthier than formula-fed babies. Giving formula milk to babies can increase the risk of urinary tract, respiratory and ear infections. Babies also experience diarrhea, abdominal pain (colic), food allergies, asthma, diabetes and chronic digestive tract diseases (Hapsari, 2014).

Efforts that can be made, one of which is with the central government, should make strict sanctions to local governments and public facility providers who do not carry out regulations on breastfeeding so that children's rights to exclusive breastfeeding can be fulfilled.

MATERIALS AND METHODS

Design and Samples

Based on research time including cross sectional research design, based on research objectives including correlational analytic research design, and based on data sources including primary research design. The population in this study were 63 mothers who had babies aged 6-12 months in the working area of the Sukorame Community Health Center, Kediri City.

Sampling in this study using purposive sampling technique. The inclusion and exclusion criteria are as follows: The inclusion criteria in this study were mothers who had children aged 6-12 months. Exclusion criteria in this study were mothers who had problems breastfeeding or were unable to breastfeed their babies, such as non-protruding nipples, chest infection or breast abscess, breast cancer, had a history of surgery or radiation therapy that affected exclusive breastfeeding. The total population is 63 mothers who have babies 6-12 months, while the total sample is 53 respondents using purposive sampling.

Data Collection

The data collection selected respondents are mothers who have children aged 6-12 months according to the inclusion criteria. Researchers distributed knowledge questionnaires about exclusive breastfeeding and exclusive breastfeeding.

Data Analysis

Data analysis using spearman rho test. All tests were performed using SPSS for Windows 24.

RESULTS

Table 1. Frequency distribution of respondent characteristics based on knowledge.

Knowledge	Frequency	Percentagae
Not Good	26	47.3
Enough	20	36.4
Good	9	16.4
Amount	55	100

(Source : primery data, 2022).

Based on table 1, it can be interpreted that almost half (47.3%) have less knowledge about exclusive breastfeeding

Table 2. Frequency distribution of respondent characteristics based on exclusive breastfeeding.

Exclusive breastfeeding	Frequency	Percentagae
Breastfeeding is not given exclusively	26	47.3
Breastfeeding exclusive	29	52.7
Amount	55	100

(Source : primery data, 2022).

Based on table 2, it can be interpreted that almost half (47.3%) do not give exclusive breastfeeding.

Table 3. The relationship between knowledge and exclusive breastfeeding for breastfeeding mothers.

knowledge	exclusive breastfeeding				Amount	
	Breastfeeding is not given exclusively		Breastfeeding exclusive		F	%
	F	%	F	%		
Not Good	26	47,30	0	0	26	47,30
Enough	0	0	20	36,36	20	36,36
Good	0	0	9	16,36	9	16,36
Cc = + 0,942		ρ	0.000	α	0.05	

(Source : primery data, 2022).

Based on table 3, it can be interpreted that almost half (47.3%) have less knowledge and do not give exclusive breastfeeding.

From the results of the spearman rho statistical test, it was found that $= 0.000 \leq 0.05$ so that H_0 was rejected and H_1 was accepted, meaning that there is a relationship between knowledge about exclusive breastfeeding and exclusive breastfeeding for breastfeeding mothers.

The close relationship can be seen from the correlation coefficient of 0.942, which means that there is a positive relationship with a strong relationship between knowledge about exclusive breastfeeding and exclusive breastfeeding for breastfeeding mothers. With a positive relationship, it means that the higher the mothers who have less knowledge about exclusive breastfeeding, the higher the mothers who do not give exclusive breastfeeding.

DISCUSSION

Mother's knowledge about breastfeeding is important for mothers to know because mothers who have knowledge about exclusive breastfeeding will behave or act according to their knowledge. Mothers who have good knowledge, the quality of breastfeeding will be better than mothers who have less knowledge about breastfeeding (Novita, 2018).

H, Arini (2012) stated that there are several obstacles to not giving exclusive breastfeeding by mothers because mothers have jobs outside the home that require children to be entrusted to grandmothers or caregivers and so on, lack of knowledge from mothers about the importance of breastfeeding, and the amount of formula milk that is consumed. according to the mother is practical so that it can replace breast milk. In addition, there are internal factors, the lack of knowledge of mothers about lactation management and external factors, namely breast milk has not come out on the first day so mothers think about adding formula milk, mothers do not understand the benefits of breastfeeding and many mothers still think that mother's breast milk is malnourished, the quality is not good.

Experience plays an important role in increasing knowledge about breastfeeding, and can be seen from the number of children born. Mothers who gave birth to more than one child

tend to be able to exclusively breastfeed their babies. Mother's experience in breastfeeding before, breastfeeding habits, and knowledge about the benefits of breastfeeding affect the mother's decision to breastfeed or not.

Knowledge or cognitive is the main factor that is very important for the formation of one's actions (overt behavior). Behavior based on knowledge is better than behavior that is not based on knowledge that occurs after someone senses a certain object (Notoatmodjo, 2012). Mother's knowledge about breastfeeding is important for mothers to know because mothers who have knowledge about exclusive breastfeeding will behave or act according to their knowledge.

Mothers who have good knowledge, the quality of breastfeeding will be better than mothers who have less knowledge about breastfeeding. Based on the results of the study, there is a relationship between knowledge and exclusive breastfeeding, the results of this study are in line with research conducted by Lestari., et al (2012) which states that there is a relationship between mother's level of knowledge and exclusive breastfeeding and according to research by Estuti (2012) which states that Knowledgeable mothers have a greater chance of exclusive breastfeeding compared to mothers with low knowledge.

CONCLUSION

There is a relationship between knowledge about exclusive breastfeeding and exclusive breastfeeding for breastfeeding mothers. It is hoped that health workers at the Puskesmas will be able to carry out health promotion and assistance to breastfeeding mothers such as counseling about the benefits of exclusive breastfeeding

ACKNOWLEDGMENTS

The author is thankful to respondents for their valuable information and their awareness to participate in this research.

CONFLICTS OF INTEREST

The author declares that they have no conflict of interest

REFERENCES

- Agunbiade, O. M. and Ogunleye, O. V. 2012. Constraints to exclusive breastfeeding practice among breastfeeding mothers in Southwest Nigeria: implications for scaling up. *International Breastfeeding Journal*, 7(5).
- Amin, R., Said, Z., Sutan, R., Shah, S., Darus, A., Shamsudin, K. 2011. Work Related Determinants of Breastfeeding Discontinuation among Employed Mothers In Malaysia. *International Breastfeeding Journal*, 6(4).
- Estuti, A. 2012. *Karakteristik Ibu yang Berhubungan dengan Pemberian ASI Eksklusif pada Anak Usia 7-24 Bulan di Wilayah Kerja Puskesmas Liwa Kecamatan Balik Bukit Kabupaten Lampung Barat Tahun 2012.*
- Gultie and Sebsible, G. 2016. Determinants of Suboptimal Breastfeeding Practice in Debre Berhan Town, Ethiopia: A Cross Sectional Study. *International Breastfeeding Journal*.
- H, Arini. 2012. *Mengapa Ibu Harus Menyusui*. Yogyakarta: Flash Books.
- Lestari, D., Zuraid, R., Larasati, T. A. 2012. Hubungan Tingkat Pengetahuan Ibu tentang Air Susu Ibu dan Pekerjaan Ibu dengan Pemberian ASI Eksklusif di Kelurahan Fajar Bulan. *Medical Journal Of Lampung University*, 2(4).
- Mabud, N., Mandang, J., Mamuaya, T. 2014. Hubungan Pengetahuan, Pendidikan, Paritas dengan Pemberian ASI Eksklusif di Puskesmas Bahu Kecamatan Malalayang Kota Manado. *Jurnal Ilmiah Bidan*, 2(2).

- Notoatmodjo, S. 2012. *Promosi Kesehatan dan Ilmu Perilaku*. Jakarta: Rineka Cipta.
- Novita, D. 2018. *Hubungan Karakteristik Ibu, Faktor Pelayanan Kesehatan, Immediate Breastfeeding dan Pemberian Klostrum dengan Pemberian ASI Eksklusif di Wilayah Kerja Puskesmas Pancoran Mas Depok Tahun 2018*.
- Oktora, R. 2013. Gambaran Pemberian ASI Eksklusif pada Ibu Bekerja di Desa Serua Indah, Kecamatan Jombang, Tangerang Selatan. *Jurnal Kesehatan Reproduksi*, 4(1).
- Rahmawati, A. 2013. *Hubungan antara Karakteristik Ibu, Peran Petugas Kesehatan dan Dukungan Keluarga dengan Pemberian ASI Eksklusif di Wilayah Kerja Puskesmas Bonto Cani Kabupaten Bone*.
- Salim, S., Warouw, S., Rottie, J. 2013. *Hubungan Karakteristik Ibu dengan Keberhasilan Pemberian ASI Eksklusif pada Bayi di Wilayah Kerja Puskesmas Soasio Kota Tidore Kepulauan*.
- Shealy, R., Scanlon, K., Wolfe, J., Fein, S., Strawn, L. 2018. *Characteristics of Breastfeeding Practices among US Mothers*.
- Wulandari, I dan Iriana, N. 2013. Karakteristik Ibu Menyusui yang Tidak Memberikan ASI Eksklusif di UPT Puskesmas Banyudono I Kabupaten Boyolali. *Jurnal Ilmiah Rekam Medis dan Informatika Kesehatan*, 6(2).