Impact of Mother's Knowledge on The Success of Exclusive Breastfeeding

Feva Tridiyawati¹, Emsuarni²
¹ Department of Midwifery, Abdi Nusantara College of Health Sciences, Jakarta
² Department of Nursing, Abdi Nusantara College of Health Sciences, Jakarta
e-mail: fevatridiyawati76@gmail.com¹, emsuarni@gmail.com²

Abstract

Objective of this research is knowing the knowledge by the mother's behavior in the exclusive breastfeeding in infants at the hospital Evasari Jakarta in 2016. Research methodology used is analytic. Population in research it is a whole mother who the baby is that visit evasari jakarta hospital in january 2017, with the sample of the some 50 people. Based on the research done analysis univariat most among respondents who do not give breastfeeding exclusive (54.0%) and analysis bivariate knowledge show the connection with the behavior mother in the provision of breastfeeding exclusive in infants in a hospital evasari jakarta with the p = 0.004.

Keywords : Knowledge, Mother's Behavior Exclusive Breastfeeding

Preliminary

UNICEF stated that in Southeast Asia, the IMR of 1.3 million per year, 98% of which occur in India, Bangladesh, Indonesia, Nepal and Myanmar. For Indonesia alone, the IMR in 2012 was 34 per 1000 live births. In 2015 it decreased to 32 per 1000 live births. This figure is still far from the MDG target, namely IMR decreased to 23/1000 live births (Depkes RI, 2015).

The biggest direct cause of infant mortality in Indonesia is 20-30% due to LBW, 50-60% due to asphyxia, 25-30% due to infection, 5-10% due to labor trauma, 1-3% due to congenital defects. The cause of infant mortality due to infection can be prevented by exclusive breastfeeding (Depkes RI, 2015).

The United Nations International Children's Emergency Fund (UNICEF) stated that as many as 20,000 infant deaths in Indonesia and 10 million deaths of children under five in the world each year, can be prevented through exclusive breastfeeding for 6 months from the date of birth, without having to provide additional food and drink to infants (UNICEF, 2012). Exclusive breastfeeding is giving only breast milk without giving other food and drinks to babies from birth to 6 months of age, except for drugs and vitamins. However, it does not mean that after exclusive breastfeeding, breastfeeding is stopped, but it is still given to babies until the baby is 2 years old (Roesli, 2013).

WHO (World Health Organization) recommends mothers worldwide to breastfeed exclusively for the first six months to achieve optimal growth, development and health. After that, babies must be given nutritious complementary foods and continue to breastfeed until the baby is two years old or older (WHO, 2015).

According to WHO and UNICEF (2013) the 2012 world child report, namely 136.7 million babies born worldwide and only 32.6% of them are exclusively breastfed in the first 6 months, while in industrial countries babies who are not exclusively...
breastfed are more more died than babies who were exclusively breastfed. Exclusive breastfeeding for 6 months was associated with a reduction in cases of diarrhea (53.0%) and ARI (27.0%). Meanwhile in developing countries only 39% of mothers provide exclusive breastfeeding (UNICEF, 2013).

Data from the Ministry of Health of the Republic of Indonesia (Depkes RI) 2015 shows that breast milk coverage in Indonesia is 52.3%. This figure is clearly below the target set by the Ministry of Health (Depkes RI) that the target coverage of exclusive breastfeeding per 2015 is 80% (Depkes RI, 2015).

The decrease in exclusive breastfeeding is influenced by various factors, in addition to knowledge, support from health workers, behavior and work, there are several other factors that also greatly influence exclusive breastfeeding, namely maternal psychological factors, for example the mother is afraid of losing her attractiveness as a woman due to breastfeeding. will make the breast shape less attractive, mothers often feel less confident that their baby will not grow properly if only breastfed, factors from the baby itself and also environmental factors, as well as behavior such as mothers working or imitating friends who also provide formula milk to their children (Roesli, 2013).

Based on the Ministry of Health of the Republic of Indonesia in 2015, the highest exclusive breastfeeding coverage in Indonesia was West Nusa Tenggara (NTB) at 84.7% and the lowest was West Java at 21.8%, while DKI Jakarta was at 67.1%. The number of children under five in DKI Jakarta in 2014 was 3,817,303 and the percentage of children who were breastfed for more than 24 months of 34.12%, 12-23 months of 39.80 children and less than 12 months of 26.08%. Meanwhile, the coverage of exclusive breastfeeding for 0-6 months for the Central Jakarta area was 53.9% (Depkes RI, 2015).

Based on the results of a preliminary study conducted by researchers through interviews with 10 mothers who had babies in the hospital. Evasari Jakarta found that 50% of mothers who do not exclusively breastfeed their babies and 50% of mothers who give exclusive breastfeeding to their babies. Therefore, researchers are interested in conducting research on the impact of mother's knowledge on the success of giving exclusive breastfeeding.

Data Collection Methods

The research method used was analytic with a cross sectional approach. Data was collected using primary data, namely data obtained from the results of distributing questionnaires. The population in this study were all mothers who had babies who visited Evasari Hospital Jakarta in January 2017. The analysis method used was univariate analysis and bivariate analysis with the chi square test.

Results

This research was conducted at Evasari Hospital Jakarta in 2017. When the research was conducted in January 2017. After doing the research, the data obtained were 50 respondents.

### Distribution of Frequency of Exclusive Breastfeeding in Infants at Evasari Hospital Jakarta in 2017

| Exclusive Breastfeeding | F   | %   |
|-------------------------|-----|-----|
| Yes                     | 23  | 46.0|
| Not                     | 27  | 54.0|
| **Total**               | 50  | 100.0|

Based on the table above, it can be seen that of the 50 respondents the most respondents who did not provide exclusive breastfeeding to their babies were 27 respondents (54.0%) and the smallest was the respondents who gave exclusive breastfeeding to their babies as many as 23 respondents (46.0%).

### Distribution of the Frequency of Knowledge of Respondents at Evasari Hospital Jakarta in 2017

| Knowledge     | F   | %   |
|---------------|-----|-----|
| Well          | 33  | 66.0|
| Enough        | 17  | 34.0|
| **Total**     | 50  | 100.0|

Based on the table above, it can be seen that of the 50 respondents the most
respondents with good knowledge were 33 respondents (66.0%), and the smallest was the respondents with sufficient knowledge as many as 17 respondents (34.0%).

The Relationship Between Knowledge and Exclusive Breastfeeding in Infants at Evasari Hospital Jakarta in 2017

| Knowledge   | Exclusive Breastfeeding | Total | P Value | Odds Ratio |
|-------------|-------------------------|-------|---------|------------|
|             | Yes (%)                 | No (%)|         |            |
| Well        | 20 (60.6)               | 13 (39.4) | 33 (100.0) | 0.004 | 7.179 |
| Enough      | 3 (17.6)                | 14 (82.4) | 17 (100.0) |
| Total       | 23 (46.0)               | 27 (54.0) | 50 (100.0) |

Based on the table above, it can be seen that of the 33 well-informed respondents, the most respondents who gave exclusive breastfeeding to their babies were 20 respondents (60.6%), and of the 17 respondents who had sufficient knowledge, the most were respondents who did not provide exclusive breastfeeding to their babies as many as 14 respondents (82.4%).

The results of cross tabulation between the knowledge variable and exclusive breastfeeding for infants showed that the Chi-Square statistical test results obtained a value of P = 0.004 (P value <0.05), which means that Ho is rejected, meaning that there is a relationship between knowledge and exclusive breastfeeding behavior. The results of the analysis show that OR = 7.179 meaning that respondents with sufficient knowledge tend to be 7.179 times less likely to give exclusive breastfeeding to their babies than those with good knowledge.

Discussion

The results of cross tabulation between the knowledge variable and exclusive breastfeeding for infants showed that the Chi-Square statistical test results obtained a value of P = 0.004 (P value <0.05), which means that Ho is rejected, meaning that there is a relationship between knowledge and exclusive breastfeeding behavior. The results of the analysis show that OR = 7.179 meaning that respondents with sufficient knowledge tend to be 7.179 times less likely to give exclusive breastfeeding to their babies than those with good knowledge.

The results of this study are not in accordance with Notoatmodjo's (2012) theory which states that there are three factors that affect knowledge, namely predisposing factors, enabling factors, and reinforcing factors. Predisposing factors include, among others, people's knowledge and attitudes towards health, traditions and public trust in matters related to health, the value system adopted by the community, education level, and socio-economic level.

In addition, it is influenced by the attitudes and behavior of health workers as a reinforcing factor for the behavior of exclusive breastfeeding. Q: What Knowledge about exclusive breastfeeding mothers can influence the behavior of mothers in exclusive breastfeeding. The better the mother's knowledge about exclusive breastfeeding, the mother will behave in giving exclusive breastfeeding to her child. Vice versa, the lower the mother's knowledge about exclusive breastfeeding, the less opportunities the mother has in giving exclusive breastfeeding.

The results of this study are in line with the results of research by Mariane Wowor (2013) which states that behavior is closely related to knowledge and attitudes. Knowledge is the beginning of determining a person's attitude and behavior. Mothers who have good knowledge will have good attitudes and behaviors as well, and show a significant relationship between knowledge and behavior of mothers in exclusive breastfeeding for babies with a value of p = 0.000.

The results of this study are also reinforced by the results of research conducted by Muhammad Fadhil Ilhami (2015) which states that there is a significant relationship between knowledge and maternal behavior in exclusive breastfeeding for infants with a value of p = 0.001. Lack of knowledge of mothers in the act of exclusive breastfeeding, causing failure in exclusive breastfeeding.
According to the opinion of researchers at Evasari Hospital, Jakarta, most of the respondents were knowledgeable and gave exclusive breastfeeding to their babies, this was because mothers with good knowledge already understood the benefits of exclusive breastfeeding. For respondents who are knowledgeable but do not provide exclusive breastfeeding for their babies, this is because in addition to being busy with their work, mothers cannot manage breastfeeding time and the mother's lack of patience in breastfeeding and are tempted by incessant advertisements for formula milk, which makes mothers lazy to breastfeed.

For respondents who are knowledgeable enough and provide exclusive breastfeeding for their babies, this is because mothers with sufficient knowledge already understand the benefits of exclusive breastfeeding, mothers lack patience in breastfeeding and are tempted by incessant advertisements for formula milk, which makes mothers lazy to breastfeed. For respondents who lack knowledge and do not provide exclusive breastfeeding, this is because respondents do not know the benefits of exclusive breastfeeding.

Respondents with sufficient knowledge tended to be 7,179 times less likely to give exclusive breastfeeding to their babies compared to respondents with good knowledge. Which respondents who are knowledgeable do not fully understand the benefits of exclusive breastfeeding and are quicker to give up and give up hope when compared to well-informed respondents who always try to provide exclusive breastfeeding despite many obstacles.

So it is advisable for health workers to provide counseling and clarify the information obtained through the media so that mothers have better knowledge about the benefits of exclusive breastfeeding for babies. And provide counseling to the family, especially the husband, when the husband accompanies his wife when there is monthly control so that the husband provides support to his wife to provide exclusive breastfeeding for the baby so that the baby's body has immunity and is not susceptible to disease.

Conclusion
Based on the results of the research that has been done, it can be concluded that there is a relationship between knowledge and exclusive breastfeeding behavior.

Suggestion
Share the Research Place
It is hoped that the Health Office will provide training for midwives in exclusive breastfeeding and how to store it so that they can apply exclusive breastfeeding to mothers through mother classes, posyandu and KIA so that working mothers can continue to provide breast milk to their babies.

For Educational Institutions
It is hoped that the results of this study can add to the library material and can become a guide for students to get more complete information so that it makes it easier for students to provide health explanations to the public about the benefits of exclusive breastfeeding for babies.

For the Community
It is hoped that breastfeeding mothers can provide breastfeeding exclusively to their babies and need support from husbands and families to breastfeeding mothers in providing exclusive breastfeeding.

References
[1]. MOH, 2015. National Strategy for Increasing Breastfeeding and Complementary Feeding. Jakarta: Directorate General of Community Health Development, Directorate of Community Nutrition.
[2]. Februhartanty, J, 2010. Breastfeeding from father for mother and baby . Jakarta: Semesta Media

[3]. Hapsari Adiningrum, 2014. Exclusive breastfeeding smart book. Jakarta: salsabila library alkautsar group

[4]. Mariane Wowor, M. 2013 . The Relationship between Knowledge and Attitudes with Exclusive Breastfeeding for Breastfeeding Mothers at the Shoulder Health Center, Manado City . Ejurnal Nursing (e-Kp) Volume 1. Number 1. August 2013

[5]. Muhammad Fadhil Ilhami, 2015. Relationship between Mother's Knowledge of Exclusive Breastfeeding and Exclusive Breastfeeding Actions at Puskesmas Kartasura

[6]. Notoatmodjo, S. 2012. Health Promotion Theory and Application , Publisher Rineka Cipta Jakarta.

[7]. ________, 2012. Health Research Methodology . Jakarta: PT Rineka Cipta

[8]. Prasetyono, DS 2012. Exclusive Breastfeeding Smart Book . Yogyakarta: Diva Press.

[9]. Roesli, 2013. Get to know exclusive breastfeeding . Jakarta: PT. The Archipelago Self-Help Development Library

[10]. UNICEF. 2013. Exclusive breastfeeding reduces Indonesian infant mortality rates in http://situs.kesrepro.info/kia/agu/2011/ kia03.htm

[11]. World Health Organization, 2015. Community-Based strategies for Breastfeeding Promotion and Support in Developing Countries.