

The Relationship Between Mothers' Knowledge Level about Exclusive Breastfeeding and Providing Exclusive Breastfeeding Behavior

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Abstract:

Child health problems in Indonesia are affected by the high infant mortality rate (IMR). One of the reasons for the high infant mortality rate in Indonesia is the low level of breastfeeding immediately after birth (initiation of breastfeeding) and exclusive breastfeeding. This study aimed to determine the relationship between mothers' knowledge and exclusive breastfeeding in the working area of the sub-district health center. This study used an analytic survey study using a cross-sectional method. Data was collected using a questionnaire with a sample of 81 mothers with children aged 0-6 months, taking samples with purposive sampling. Data were analyzed using the Chi-Square test. Characteristics of the last educational research respondents 30 (37%) had junior high school education. The employment status of housewives was 34 (42%), 21 (25.9%) private, and 15 (18.5%) farmers. The average maternal age at productive age was 20-35, namely 46 (56.8%) mothers. The level of knowledge of mothers about exclusive breastfeeding mostly has a sufficient level of understanding of as many as 39 (48.1%) mothers. Mother behavior of infants aged 0-6 months mostly gave exclusive breastfeeding to their babies, as many as 47 (58%) mothers. There is a significant relationship between mothers' knowledge level about exclusive breastfeeding and exclusive breastfeeding to infants aged 0-6 months in the working area of the Krai health center with a p-value of 0.001. Mothers should actively ask midwives to explain the benefits of exclusive breastfeeding to motivate mothers to provide it to their babies.

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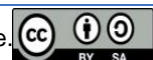
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INTRODUCTION

Child health problems in Indonesia are affected by the high infant mortality rate (IMR). The high infant mortality rate in Indonesia is caused by premature birth, infection at birth, low nutrition at birth, congenital abnormalities, and low breastfeeding immediately after the baby is born (initiated ASI) and exclusive breastfeeding for the first six months of a baby's life (Ministry of Health). RI, 2014). Breast milk is the most important part that mothers must pay attention to in its production because it has many benefits for both mother and baby (Wahyuningsih et al., 2023). Breast milk is the best food for babies because it contains the most suitable nutrients for your baby's needs and various protective substances to fight disease (Puspitasari et al., 2023). In addition, breast milk can also prevent stunting in children because there are many nutrients in breast milk (Ardiana et al., 2021).

According to the Global Strategy on Infant and Young Child Feeding, proper feeding is breastfeeding the baby as soon as possible after birth, exclusive breastfeeding until the age of 6 months, providing proper and adequate complementary food for breastfeeding from the age of 6

months, and continuing breastfeeding until the age of 2. years or more. Exclusive breastfeeding until the baby is six months old is very beneficial because it can protect them from various diseases that cause infant death. In addition to benefiting the baby, exclusive breastfeeding also benefits the mother, reducing postpartum bleeding, reducing blood loss during menstruation, accelerating the achievement of pre-pregnancy weight, and reducing the risk of breast and uterine cancer (Widodo, 2011). Exclusive breastfeeding can reduce the risk of death from respiratory infections and diarrhea because breast milk contains beneficial bacteria and substances needed to form intestinal flora, which is important for the baby's immune system (Yusibrahka et al., 2023).

The causes of the low coverage of exclusive breastfeeding are influenced by several factors, including socio-cultural factors, lack of awareness of the importance of breastfeeding, health services that do not fully support breastfeeding use programs, intensive promotion of formula milk, mothers' lack of self-confidence, mothers' low knowledge about the benefits of breastfeeding, for the baby and himself. Besides that, the father's role is also very vital in the success or failure of breastfeeding (Roesli, 2013). The counseling program carried out by health cadres can increase the general public's knowledge about health, so it is important to do this to improve the health status of the community. This can be done utilizing focus group discussions and with the support of peer groups (Ardiana et al., 2021a; Ardiana et al., 2021b).

According to Haryono (2014), the factors that influence exclusive breastfeeding include the level of parental knowledge and the role of health workers; for working mothers giving formula milk is the only alternative in providing food for babies left at home. Parents' income level, parents with sufficient income, formula milk is more often given to babies because it is supported by a good economy and the assumption that formula milk is the best choice for babies. Another factor is knowledge about exclusive breastfeeding and motivation for exclusive breastfeeding, which does not affect the behavior and attitudes of mothers because of the inherent local cultural knowledge about infant feeding.

Among several factors that influence the low level of exclusive breastfeeding, one of which plays an important role, namely the mother's knowledge about exclusive breastfeeding. This is because the mother's lack of knowledge about exclusive breastfeeding causes the failure of exclusive breastfeeding. The knowledge mothers possess is generally limited to the "know" level, so they are not very deep and do not have the skills to practice it. Suppose the mother's knowledge is broader and she has experience with exclusive breastfeeding, both experienced by herself and seen by friends, neighbors, or family. In that case, the mother will be more inspired to practice it (Roesli, 2018). In addition to the mother's knowledge, it is also important for health workers to provide health education related to maintaining nutrition in the body (Rifai et al., 2019). So that it will increase self-satisfaction such as having carried out according to the directions of health workers (Putri et al., 2021).

Knowledge is one of the factors that can motivate a mother to provide exclusive breastfeeding to her baby. Knowledge is an essential domain for forming one's actions from experience and research it is proven that behavior based on knowledge will last longer than behavior not based on knowledge. The motivation for breastfeeding is defined as creating situations that stimulate the enthusiasm of mothers to breastfeed their babies so that qualified and highly competitive human beings can be created. These two factors can considerably influence the motivation for exclusive breastfeeding. If the mother's education level is low, the mother's knowledge about breastfeeding will also be low so exclusive breastfeeding for six months will not be achieved. Moreover, it is coupled with the public's ignorance about the correct duration of exclusive breastfeeding, what is recommended by the government (Roesli, 2018).

The purpose of this study was to determine the relationship between mothers' knowledge and exclusive breastfeeding in the working area of the Krai sub-district health center, Lumajang Regency.

METHOD

The research design is an analytic observational research approach cross-sectional. The research was conducted in the working area of the Krai sub-district health center, Lumajang Regency, in August 2022. The sample in this study was 81 mothers with toddlers who were taken using purposive sampling. The independent variable in this study was the mother's level of knowledge, while the dependent variable was exclusive breastfeeding behavior. Data collection using a questionnaire. A statistical test used Chi-Square to determine the relationship between knowledge and exclusive breastfeeding behavior.

RESULT

Table 1. Frequency Distribution of Respondents Based on Education, Employment Status, and Age (n=81)

Variable	Frequency (f)	Percentage (%)
Age		
<20 years	7	8.6
20-35 years	46	56.8
>35 years	28	34.6
Education		
Elementary school	18	22.2
Junior High School	30	37.0
Senior High School	27	33.3
College	6	7.5
Employment		
PNS/TNI/POLRI	1	1.2
Self-employed	21	25.9
Housewife	34	42.0
Farmer	15	18.5

The results of the analysis showed that the respondents in the study totaled 81 mothers with the last education in elementary school 18 (22.2%) mothers, with the last education was junior high school, 30 (37.0%) mothers, the last education was high school were 27 (33.3%) mothers and the education last university as many as 6 (7.5%) mothers. The employment status of mothers in this study consisted of 21 (25.9%) private mothers, 15 (18.5%) mothers as farmers, 1 (12.5%) PNS/TNI/POLRI mothers, 34 (34) housewives (42%) mothers and other work as much as 10 (12.3%). Maternal age in this study consisted of 7 (8.6%) mothers aged <20 years, 46 (56.8%) mothers aged 20-35 years, and 28 (34.6%) mothers aged >35 years.

Table 2. Cross-Tabulation and Statistical Test of the Relationship Between the Level of Knowledge of Mothers about Exclusive Breastfeeding and Exclusive Breastfeeding

Knowledge level	Exclusive Breastfeeding		Total	p-value
	Not Giving	Giving		
Good	4	16	20	0.001
Enough	12	27	39	
Less	18	4	22	
Total	34	47	81	

The results of the analysis showed that respondents who had less knowledge about exclusive breastfeeding mostly did not give exclusive breastfeeding to their babies as many as 18 mothers; respondents with a sufficient level of knowledge mostly gave exclusive breastfeeding as many as 27 mothers, while mothers with good knowledge 16 mothers gave exclusive breastfeeding to their children. The results of statistical analysis using the Chi-Square test, as presented in Table 2, obtained a p-value of $0.001 < \alpha$ ($\alpha = 0.05$) so that it can be concluded that there is a significant relationship between the level of knowledge of mothers about exclusive breastfeeding and exclusive breastfeeding in infants 0- 6 months in the working area of the Krai sub-district health center.

DISCUSSION

The results of this study indicate that the majority of mothers in the working area of the Krai auxiliary health center have an adequate level of knowledge of 39 (48.1%). According to Notoatmodjo (2015), knowledge results from knowing and occurs after someone senses a particular object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste, and touch. Most human knowledge is obtained through the eyes and ears, namely the process of seeing and hearing. Adequate knowledge of mothers about exclusive breastfeeding is due to the little information mothers obtain about exclusive breastfeeding. So far, mothers only get information about exclusive breastfeeding from friends, family, and the mass media. The mother has never received counseling from a health worker regarding exclusive breastfeeding. Many mothers still have elementary-level education (SD), which contributes to mothers' low knowledge about exclusive breastfeeding. This follows the theory of Notoatmodjo (2015) that the factors that influence knowledge are socioeconomic, culture, education, and experience. The large number of mothers with sufficient knowledge about exclusive breastfeeding does not support the success of exclusive breastfeeding because mothers will rush to provide complementary foods for breast milk. This study shows that with good knowledge, mothers have the attitude to provide exclusive breastfeeding to their babies.

Based on the results of the age distribution of exclusive breastfeeding, mothers still do not give exclusive breastfeeding to their babies due to a lack of family support for breastfeeding; the milk has not come out smoothly or comes out a little. The more educated mothers are, the more mothers understand about exclusive breastfeeding (Ratnasari et al., 2021). Formal education influences a mother's experience and knowledge. In addition, a higher level of education allows a mother to fully carry out exclusive breastfeeding (Septiani et al., 2020). Mothers with sufficient and good knowledge give exclusive breastfeeding to their babies. Because mothers are busy working, so they don't give breast milk to their babies, there is no support from the family, especially husbands, environmental factors, local cultural traditions that think babies are still not enough to be given only breast milk. The results of statistical tests using the chi-square test showed that there was a significant relationship between the level of knowledge of mothers about exclusive breastfeeding and exclusive breastfeeding to infants aged 0-6 months in the working area of the Krai Auxiliary health center.

According to Notoatmodjo (2015), knowledge or cognition is a critical domain in shaping one's actions; it is proven that behavior based on knowledge will be more lasting than behavior not based on science. Health behavior is also influenced by knowledge as a predisposing factor. If the knowledge about MP-ASI is good, it is hoped that in the end, the behavior toward exclusive breastfeeding will also be good (Notoatmodjo, 2015). The results of this study are also in line with

Kurniana (2010), which shows that there is a relationship between the level of knowledge of mothers about exclusive breastfeeding and exclusive breastfeeding at RB Bina Sehat Bangun Jiwo Kasihan Bantul Yogyakarta with a moderate relationship.

The research limitations encountered by researchers included the level of knowledge about exclusive breastfeeding, which was only measured using a closed questionnaire (questionnaire) without being supplemented by interviews so that they could not dig deeper into the level of knowledge about exclusive breastfeeding. There has not been control over the supporting factors and drivers of exclusive breastfeeding behavior.

The results of this study can be used as a source for midwifery interventions because midwives play an important role and can work together with public health center midwives to educate and counsel breastfeeding mothers.

CONCLUSION

There is a significant relationship between the level of knowledge of mothers about exclusive breastfeeding and exclusive breastfeeding to infants aged 0-6 months in the working area of the Krai sub-district health center with a p-value of $0.001 < \alpha (\alpha=0, 05)$. For breastfeeding mothers who come to the Krai sub-district health center or integrated healthcare center, mothers should actively ask midwives for an explanation about the benefits of exclusive breastfeeding so that they can motivate mothers to provide exclusive breastfeeding to their babies.

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