

Effect of Knowledge from Mother on Exclusive Breastfeeding in Infants Aged 6 to 9 Months in Langsa City

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ABSTRACT

In line with the 2030 sustainable development goals (SDGs), breastfeeding is one of the first steps for a human being to get a healthy and prosperous life. Unfortunately, not everyone knows this. In several developed and developing countries including Indonesia, many carrier mothers do not breastfeed exclusively. It was found in Indonesia that almost nine out of ten mothers had given breast milk (ASI), but the IDAI study found that only 49.8 percent gave exclusive breastfeeding for six months as recommended by the World Health Organization (WHO). The research objective was to describe the mother's knowledge of exclusive breastfeeding. This type of research is analytic observational with a case control research design (case control). Subjects consisted of cases and controls with a ratio of 1:1. The sample consisted of 74 cases and 74 controls. The case sample is mothers who have babies aged 6 to 9 months and give exclusive breastfeeding and the control sample is other mothers who give non-exclusive breastfeeding. The results of the bivariate test with chi square obtained a significant effect on the knowledge of mothers about exclusive breastfeeding. It is suggested for the government agencies of the Health Service to make this research the basis of policy formulation regarding the knowledge of mothers about breastfeeding that can be further improved through counseling and public service advertisements so that it will increase the knowledge of mothers about exclusive breastfeeding and it is hoped that behavior changes will occur.

Keywords: Knowledge, Breast Milk, Exclusive

INTRODUCTION

In line with the 2030 sustainable development goals (SDGs), breastfeeding is one of the first steps for a human being to get a healthy and prosperous life. Unfortunately, not everyone knows this. In several developed and developing countries including Indonesia, many career mothers do not breastfeed exclusively. It was found in Indonesia that almost nine out of ten mothers had given breast milk (ASI), but the IDAI study found that only 49.8 percent gave exclusive breastfeeding for six months as recommended by the World Health Organization (WHO).

Breastfeeding is one of the best investments for survival and improving the health, social and economic development of individuals and nations. Although the rate of breastfeeding initiation globally is relatively high, only 40 percent of all babies under six months are exclusively breastfed and 45 percent are breastfed until the age of twenty-four months (Kemenkes, 2019).

Breast milk is the secretion of the mother's breast glands. Meanwhile, exclusive breastfeeding is breast milk given to babies from birth for six months without adding and/or replacing them with other foods or drinks. Every mother who gives birth must provide exclusive breastfeeding to the baby she is born with, and this does not apply if there are medical indications, the mother is absent or the mother is separated from the baby (PP No.33/2012).

Exclusive breastfeeding has many benefits for babies, including protection from gastrointestinal infections, getting a complete source of nutrition, getting early immunization to increase immunity or immunity, reducing the death rate caused by various diseases that commonly affect infants and toddlers, and accelerating recovery when sick. In addition, breastfeeding can increase intelligence including spiritual intelligence, strengthen emotional ties with mothers, maintain the growth and development of the baby's brain (Asiah, 2016).

Some study data and global facts in The Lancet Breastfeeding Series in 2016 prove that exclusive breastfeeding reduces the mortality rate due to infection by 88 percent in babies aged less than three months. Furthermore, several studies stated that in efforts to prevent low birth weight (LBW), stunting and increasing early initiation of breastfeeding (IMD) and exclusive breastfeeding contribute to reducing the risk of obesity and chronic disease. Breastfeeding not only reduces infant mortality, but also can reduce the risk of obesity by 10 percent (The Lancet, 2016).

According to UNICEF, more than half of all newborn babies in the world are not breastfed in the first hours of life, leaving them vulnerable to disease and death. Delaying exclusive breastfeeding between two to twenty three hours after delivery can increase the risk of infant death in the first month by 40 percent and delaying breastfeeding for more than 24 hours can increase the risk of death by 80 percent (UNICEF, 2016).

The results of a study in Brazil show that increasing the prevalence of exclusive breastfeeding can substantially reduce infant mortality and morbidity. In that study estimates of the costs and impacts of three breastfeeding promotion programs implemented through maternity services in Brazil, Honduras and Mexico were used to develop cost-effectiveness measures compared to other interventions. The results showed that investing in the promotion of

breastfeeding is one of the most effective health interventions to prevent cases of diarrhea in infants and prevent diarrhea-induced deaths (Horton, 1996).

The results of research in 111 cities in Brazil show that only 13.9 percent of babies are given exclusive breastfeeding (Venancio, 2005). A cohort study of breastfeeding practices conducted in Zhejiang Province, an eastern coastal region of China, in which 1,520 mothers gave birth to four hospitals located in suburban and rural areas in 2004-2005 showed that only 50.3 percent of mothers gave exclusive breastfeeding to their babies (Qiu, 2009).

The results of research in Uganda in August 2008 showed that 49.8 percent of mothers exclusively breastfed their babies for six months (Petit, 2008). Studies in Nigeria as cited by Petit (2008) show that the prevalence of exclusive breastfeeding for six months is 49.8 percent. A study in Pennsylvania showed that although the behavior of mothers giving breast milk to their babies was quite high, namely 59.7 percent, only 13 percent of mothers gave exclusive breastfeeding until the baby was six months old (Arora, 2011 in Ida, 2012).

The results of Yuanta (2018) study concluded that out of all toddlers who get exclusive breastfeeding, on average, a lot of them are with normal nutritional status, while toddlers with a history of not getting exclusive breastfeeding tend to be many with poor nutritional status. From the results of his research, Yuanta also explained that there was a relationship between feeding parenting styles and health attention to the incidence of malnutrition with a value of $p=0.000$ and $p=0.002$.

Argianti research (2017) in Baki District, Sukoharjo Regency found that the percentage of non-exclusive breastfeeding was 79.4 percent and poor parenting was 57.1 percent. According to Argianti (2017) the cause of mothers not exclusively breastfeeding, among others, is that they have given formula milk at the beginning of the baby's birth and have given formula milk when the baby is invited to travel

before the age of six months. Several conditions caused respondents not to exclusively breastfeed and forced to give formula milk to their babies, such as babies born prematurely, born early, mothers unable to express breast milk and mothers who work so they do not have time to breastfeed their babies. Another factor that may cause the mother not to exclusively breastfeed is the mother's health condition.

Based on the results of research by Nurunnayah (2017) which examines parenting patterns which include who is the caregiver of the child and the availability of time to care for children with exclusive breastfeeding, it is known that mothers who are the primary caregivers of children mostly provide exclusive breastfeeding, as many as 123 people (48.8 percent) whereas if the other primary caregiver did not exclusively breastfeed, 28 people (70 percent). The results of statistical tests showed a significant relationship between the child's primary caregiver and exclusive breastfeeding ($p=0.019$). The results of the analysis also showed that caregivers of birth mothers and exclusive breastfeeding were 40 percent and caregivers who were not birth mothers gave exclusive breastfeeding by 29.3 percent. This means that mothers who are the primary caregivers have a 20 percent higher percentage of exclusive breastfeeding than caregivers who are not biological mothers.

At the time the authors further asked the group of mothers who did not provide exclusive breastfeeding, another reason for not practicing exclusive breastfeeding was due to a lack of knowledge about lactation management and how to store breast milk properly. Furthermore, the mother said that the grandmother of the baby from the mother's lineage did not support the implementation of exclusive breastfeeding because it was feared that the baby would not sleep well/was fussy if not given food other than breast milk. In addition there are factors such as the habits of the Acehnese people who are termed "peucicap". Peucicap is one of a series of traditional

Acehnese ceremonies that are carried out after a mother gives birth. Peucicap babies are introduced to several food flavors for the first time, such as sour, salty and sweet. This tradition is like training for babies to be able to distinguish between one taste and another. The introduction of sweetness to babies according to Acehnese customs is very important. Giving a sweet taste contains the hope that when the child grows up, the child will have good morals which is represented by sweetness. The sweet taste for the peucicap tradition can come from dates, honey, sugar cane or from the juice of fruits such as sapodilla (anchor), grapes or jackfruit. Can also give the baby's tongue sugar, srikaya fruit or other foods that taste sweet and are soft. Peucicap can also be made using zam-zam water for families who can afford it. There is also the peucicap tradition of feeding water a mixture of rice, sugar and salt with the hope of the child's welfare and success throughout the life of the child.

Based on the above phenomena, the purpose of this study was to describe the mother's knowledge of exclusive breastfeeding.

RESEARCH METHODS

This type of research is analytic observational with a case control research design (case control). Observational analysis is a study that explains the influence between the variables to be studied through testing hypotheses that have been formulated in advance.

Subjects consisted of cases and controls with a ratio of 1:1. The sample consisted of 74 cases and 74 controls. The case sample is mothers who have babies aged 6 to 9 months and give exclusive breastfeeding and the control sample is other mothers who give non-exclusive breastfeeding.

The method of analysis used the bivariate test. Bivariate analysis was performed using the chi square test, which is to estimate the effect of each of the factors studied on exclusive breastfeeding.

RESULT

Research Location Description

Langsa City is one of the cities in Aceh Province. Langsa City is astronomically located between 04024'35.68"-04033'47.03 "North Latitude and 97053'14.59"-98004'42.16 "East Longitude. Langsa City originated from the division of East Aceh Regency. more than 400 km from Banda Aceh City, the capital city of Aceh Province. Langsa City previously had the status of an Administrative City in accordance with Government Regulation Number 64 of 1991 concerning the Establishment of an Administrative City. Langsa was then assigned its status to a city by Law Number 3 of 2001 dated June 21, 2001.

At the beginning of its formation, Langsa City only consisted of 2 (two) districts, namely West Langsa and East Langsa Districts. The administrative area was expanded in 2002 into 3 (three) sub-districts, East Langsa District, West Langsa District, and Langsa City District, which consists of 3 (three) sub-districts and 48 villages.

In 2007, based on the Decree of the Mayor of Langsa Number 5, there was division into 5 (five) districts, including East Langsa District, Langsa Lama District, West Langsa District, Langsa Baro District, and Langsa City District, with 51 villages or gampongs. The two new sub-districts are part of the East Langsa and West Langsa Districts. In accordance with Qanun No. 4 In 2010, there was another division of the gampong in Langsa City, the division of the administrative area of Langsa City into 66 villages.

East Langsa District consists of 16 villages. Langsa Lama District consists of 15 villages. Meanwhile, Langsa Barat District consists of 13 villages and 12 villages in Langsa Baro District and 10 villages in Langsa Kota District. The Langsa City area is located and borders with:

1. To the north is bordered by East Aceh Regency and the Malacca Strait,

2. East side is bordered by Aceh Tamiang Regency,
3. To the south is bordered by East Aceh and Aceh Tamiang Regencies, and
4. To the west is bordered by East Aceh Regency.

Langsa City has low, undulating terrain and rivers, with an average annual rainfall of 1,850–4,013 mm, where the air temperature ranges from 28 ° C-32 ° C and is at an altitude between 0-29 m above the surface sea, the relative humidity of Langsa City is an average of 75%.

Topographically, Langsa City is located on a coastal alluvial plain with an elevation of about 8 m from sea level in the southwest and south, bordered by moderate wavy folds of mountains, with an elevation of about 75 m, while in the eastern part it is a swampy sediment with a fairly wide spread. .

The total population in Langsa City in 2019 is the result of a population projection of 176,811, consisting of 87,719 men and 89,092 women and a sex ratio of 98.46 percent.

Description of Respondent Characteristics

Based on age, the majority of respondents were 20-35 years old in the case group (exclusive breastfeeding), as many as 53 people (50.5%), and in the control group as many as 52 people (49.5%). This illustrates that respondents who provide exclusive breastfeeding are more at productive age.

Based on occupation, the majority of respondents are not working in the case group (exclusive breastfeeding), as many as 64 people (47.1%), and in the control group as many as 72 people (62.9%).

Based on the education of respondents in the case group as many as 37 people (50.7%) and control as many as 36 people (49.3%) had secondary education, with the final education being graduated from high school/MA/vocational high school and equivalent.

Bivariate Analysis Results

Bivariate analysis using the chi-square test with a 95% CI calculation to determine and test the independent variable in this study, the mother's knowledge and parenting, whether it was significantly

related to the dependent variable, namely exclusive breastfeeding, which was determined with a p value <0.05. If this variable has a p value <0.05, this variable has a significant effect on exclusive breastfeeding.

Table 1. Results of Bivariate Analysis Variable Knowledge from Mother on Exclusive Breastfeeding in Infants Aged 6 to 9 Months in Langsa City

Knowledge from Mother about ASI	Exclusive ASI		Not Exclusive ASI		OR (95% CI)	P Value
	n	%	n	%		
Good	58	59.8	39	40.2	3.253 (1.588-6.666)	0.001
Less	16	31.4	35	68.6		

Based on Table 1, it shows that mothers with good knowledge of 59.8% of respondents gave exclusive breastfeeding, while mothers with less knowledge of 31.4% of respondents gave exclusive breastfeeding. The results of the correlation test between maternal knowledge and exclusive breastfeeding obtained a p value of 0.001 (p <0.05), so statistically the mother's knowledge was significantly related to exclusive breastfeeding, meaning that the variable mother's knowledge about breastfeeding had an effect on exclusive breastfeeding in Langsa City. The results of the odds ratio (OR) were 3,235 with the lowest OR value of 1.588 and the highest value of 6.666, meaning that mothers with good knowledge had a 3.235 times greater chance of giving exclusive breastfeeding.

CONCLUSION AND SUGGESTION

The results of the bivariate test with chi square obtained a significant effect on the knowledge of mothers about exclusive breastfeeding.

It is suggested for the government agencies of the Health Service to make this research the basis of policy formulation regarding the knowledge of mothers about breastfeeding that can be further improved through counseling and public service advertisements so that it will increase the knowledge of mothers about exclusive breastfeeding and it is hoped that behavior changes will occur.

REFERENCES

- Argianti. (2017). Hubungan Status Pemberian ASI Eksklusif dan Pola Asuh dengan Perkembangan Motorik Kasar Bayi Usia 7-12 Bulan di Kecamatan Baki Kabupaten Sukoharjo. Fakultas Ilmu Kesehatan UMS. Surakarta.
- Asiah, N. (2016). Pengetahuan Ibu tentang Pemberian ASI Eksklusif di Desa Bojong, Karang Tengah, Cianjur. Jurnal ARKESMAS, Volume 1, Nomor 1, Januari-Juni 2016. 36-44.
- Horton, S. (1996). Breastfeeding Promotion and Priority Setting in Health. Health Policy and Planning; 11(2): 156-168 Oxford University Press.
- Ida. (2012). Faktor-faktor yang Berhubungan dengan Pemberian Asi Eksklusif 6 Bulan di Wilayah Kerja Puskesmas Kemiri Muka Kota Depok Tahun 2011. Fakultas Kesehatan Masyarakat UI. Depok.
- Kementerian Kesehatan RI. (2019). Berikan ASI untuk Tumbuh Kembang Optimal. Accessed 4 September 2019, From <https://www.kemkes.go.id/article/print/19080800004/berikan-asi-untuk-tumbuh-kembang-optimal.html>.
- Nurunnayah. (2017). Pengaruh berhubungan dengan keberhasilan pemberian ASI Eksklusif pada Baduta di Kecamatan Sedayu. Jurnal Gizi dan Dietetik Indonesia Vol. 4, No. 1, Januari 2016: 1-7.
- Petit, I. A. (2008). Perception and Knowledge on Exclusive Breastfeeding Among Women Attending Antenatal and Postnatal Clinics, A Study from Mbarara Hospital-Uganda. August 2008. Official Publication of the Tanzania Medical Students' Association. Tanzania.

8. The Lancet. (2016). Breastfeeding. Accessed 3 September 2019 From thelancet.com/series/breastfeeding.
9. UNICEF. (2016). UNICEF Ungkap Peran ASI sebagai Antibodi Pertama bagi Bayi. Accessed 3 September 2019 From <https://tirto.id/unicef-ungkap-peran-asi-sebagai-antibodi-pertama-bagi-bayi-bwse>.
10. Qiu, L. (2009). Initiation of Breastfeeding and Prevalence of Exclusive Breastfeeding at Hospital Discharge in Urban, Suburban and Rural areas of Zhejiang China. *International Breastfeeding Journal*. Biomed Central Ltd.
11. Venancio, Isoyoma S. (2005). Individual and Contextual Determinants of Exclusive Breast-Feeding in Saõ Paulo, Brazil: a Multilevel Analysis. *Public Health Nutrition Journal*.
12. Yuanta Y. (2018). Hubungan Riwayat Pemberian Asi dan Pola Asuh Ibu dengan Kejadian Gizi Kurang pada Anak Balita di Kecamatan Wongsorejo Banyuwangi. *Jurnal Kesehatan Kusuma Husada*. Januari 2018. 48-56. <https://doi.org/10.34035/jk.v9i1.259>.

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