AN OVERVIEW OF MOTHER KNOWLEDGE AFTER GIVING BIRTH ABOUT EXCLUSIVE BREASTFEEDING

Ninna Rohmawati, Department of Community Health Nutrition, Faculty of Public Health, University of Jember (68121), East Java, Indonesia, ninna:rohmawati@gmail.com

INTRODUCTION

Infant mortality rate is one indicators used to ascertaining of community health degree. Infant mortality closely related with family education level, social economy of family, value system, customs, cleanliness, health environmental, health services available, childbirth problem, provision immunization of and malnutrition. Incident malnutrition in infants caused by bestowal breastfeeding is wrong and provision supplementary food improper. So provision breastfeeding patterns and provision supplementary food proper must be attention¹. Breastfeeding is best food for babies in early ages his life, good physiologically biological. Breastfeeding containing nutrients, substance imunogenik to protect a baby from infection². Breastfeeding rich in carotenoids and selenium, so that breastfeeding had a role in defense system the body of a baby to prevent various diseases. Every drop breastfeeding also contain minerals and enzymes to prevention of disease and antibodies more effective than and formula milk³. Many research show the benefit of exclusive breastfeeding⁴. World Health Organization (WHO) recommend to give exclusive breastfeeding for the first six months to achieve the growth optimal, development and health. After that, babies have to provided with food a companion nutritious and remain suckling until two years⁵. Exclusive breastfeeding is breastfeeding given to a baby ever since born during six months, without adding and or replace with food or drink other⁶.

Based on world health organization in 2010, 1.5 million children below five 0-6 months died of the provision of supplementary food before the time, and in the provision of breastfeeding around the world to 15 % of infants given breastfeeding, the provision of breastfeeding lowest in central Africa and North Africa, Asia and America Latin. Based on Health research for basic (Riskesdas) 2013 show for granting breastfeeding in Indonesia has been good if compared with the results of Riskesdas 2010 that only covers 15.3 %7. Based on health department data at 2010 in east java obtained the scope of provision of exclusive breastfeeding for 6 months at provincy as many as 31,21 %8. Exclusive

breastfeeding program for six months, has undertaken in Jember regency since the issuance of Indonesian Kepmenkes no.450/Menkes/IV/2004 in an effort to improve a baby or child toddlers nutritions. But, Jember regency still not reach the goal of program that has been set is as much as 80 %9. In 2010, the scope of provision of exclusive breastfeeding in Jember regency as much as 67,10 %8. Therefore, needed a special act to increase it, so the targets can be achieved. Many factor that influences mother in decide on and do provision patterns breastfeeding, especially physical and psychological mother not ready, lack of information knowledge on benefits breastfeeding, management of lactation¹⁰. Mothers that give exclusive breastfeeding said the real question related knowledge of breastfeeding as many as 40,7% and mother who do not give exclusive breastfeeding said the real question related knowledge of breastfeeding as many as 29.6 %. This shows there was a significant correlation between level of knowledge mother about breastfeeding with provision of exclusive breastfeeding¹¹.

METHODS

This research was desciptive study. The research in Boegenfil room, Balung hospital, Jember regency. Research was done in 2014. Respondents was 34 patients after giving birth in inclusion criteria, such as 1) mothers after giving birth in Boegenfil room, Balung hospital, Jember regency, 2) patients who have good communication skills; 3) willing to participate be the respondents. Exclusion criteria: 1) mothers who have just given birth but her baby died the world; 2) mothers was suffering from a health. Knowledge was includes: knowledge of initiation suckling early (IMD), colostrum, praklateal food, breastfeeding time.

RESULTS AND DISCUSSIONS

Number of research subjects was 34. Most subjects aged 20–35 years old (58.8%). A percentage of 52.9% subjects were finished elementary school. Amount of children of subjects was mostly one, which occurred in 14 subjects (41.1%) (Table 1).

Most subjects had lacking knowledge about initiation suckling early (IMD) (47.01%), and most

subjects (47.01%) had good knowledge about colostrum. Most subjects (64.72%) had lacking knowledge about pralakteal food (64,72%), and a number of 47.01% had lacking knowledge about breastfeeding time (Table 2).

Table 6. Frequency distribution of subjects' characteristics

Variables	n	%
Age:		
< 20 years old	8	23,5
20 – 35 years old	20	58,8
> 35 years old	6	17,7
Highest level of Education:		
Completing elementary school	18	52,9
Completing junior high school	10	29,4
Completing senior high school	6	17,7
Amount of Children:	14	41,1
One	8	23,5
Two	6	17,7
Three	6	17,7
Four		

Measurement of knowledge be performed by submitting questions. Right answer given a score of 1 while the wrong answer given a score of 0. The sum of right values multiplied 100 divided total number then multiplied 100 %. Rate of good knowledge if score >80 %, rate of enough knowledge if score 60-80%, rate of lacking knowledge if score <60 %¹². Based on the measurement result on level of mother knowledge about exclusive breastfeeding obtained data which includes mother knowledge after giving birth about knowledge of initiation suckling early (IMD), colostrum, praklateal food, breastfeeding time.

Table 2. Distribution of subjects' knowledge of Exclusive Breastfeeding

Variables	n	%
Knowledge about IMD		
Good	6	17,7
Adequate	12	35,29
Low	16	47,01
Knowledge about Colostrum		
Good	16	47,01
Adequate	6	17,7
Low	12	35,29
Knowledge about Pralakteal Food		
Good	4	11,76
Adequate	8	23,52
Low	22	64,72
Knowledge about Breastfeeding Time		
Good	5	17,7
Adequate	12	35,29
Low	16	47,01

Characteristics of respondents covering age, education, and amount of children. Age mother could determine health maternal pertaining to a condition pregnancy, childbirth, parturition and way to nursing and nurse her baby. Mother who are less than 20 years or more 35 years called age reproduktif unhealthy, while age 20-35 years called reproductive age healthy. Reproductive age healthy is a condition in reproductive organs having been made ready or ripe to run a process of reproduction relation in the provision of exclusive breastfeeding or lactation supported with psychic or mental ripeness. Healthy reproductive age as well was said to be adulthood order to be able to solving a problem, and already ready in physical and social in the face of pregnancy¹³.

This research shows that most subjects aged 20–35 years old (58.8%) is reproductive age healthy. In a group of those ages having the condition reproductive organs that is prepared or ripe to run the process in reproduction relation in the provision of exclusive breastfeeding or lactation as well as support by browning is psychical or mental.

Education is one the process of growth and development of human beings, effort to set knowledge state. Education mother affect mindset mother to determine their actions. Education also going to get someone impelled to want to know, looking for experience so information that received will be knowledge¹⁴. Based on this research, a percentage of 52.9% subjects were finished elementary school. This shows the level of education the majority of respondents is still low. The level of education someone will affect mindset, that is indirect influence to knowledge of respondents.

The number of children is number of children born of pregnant mothers during settling down in a living state. The number of children born of a mother and the distance children too close closely related with a load housework and also exert influence over the capacity physiological mother body provide nutrition for the baby. But, with the number of children enough also can affect mother in performing of parenting. This was due to because experience had ever felt by the mother, so as to minimize or reducing the misconduct in caring nutrition¹⁵. The results of the study show amount of children of subjects was mostly one, which occurred in 14 subjects (41.1%). This shows the experience of mother to giving care to son is weak caused the number of children were still a little they can influence over the capacity physiological mother body provide nutrition for the baby. Experience are a source of knowledge that experience a ways to earn knowledge. This is achieved by having recreate the experience gained in solving the problems faced by in the past.

Knowledge about Exclusive Breastfeeding

Knowledge is habit, expertise, skill understanding or sense learned, exercise or through learning. From experience research has been proven that conduct of one who are based on the knowledge will be lasting of conduct based on the knowledge is. Knowledge is also an early stage in process of changing behavior, so knowledge is internal factors effecting a change of behavior. If knowledge nursing mother about exclusive breastfeeding less, likely to be troublesome or hinder in the process of nursing 17.

Knowledge about initiation suckling early (IMD)

Initiation suckling early or IMD is infant starts to suckling own, for one hour immediately after birth¹⁸. Initiation suckling early was performed by letting baby sticking on their chests or stomachs mother immediately after birth, and letting it creeping looking for nipple, then baby suckling until satisfied⁶. Based on this reserch, most subjects had lacking knowledge about initiation suckling early (47.01%). Level of their knowledge is weak. Knowledge of initiation seckling early (IMD) is one of things that is needed. This was due to because knowledge to an early stage in process of changing behavior for every individual. With level of knowledge well associated IMD, then later on she would have can do IMD well. By doing IMD to infant could give more benefits, good for baby and mother. Baby who performs initiation suckling early will more successful exclusive breastfeeding¹⁸.

Knowledge about Colostrum

Colostrum is first fluid secreted by breast, containing tissue debris and residual material containing in alveoli and duct of breast before and after puerperium time. Desekresi by breast from the first day to the third or fourth, is the thick yellowish fluid viscous, more yellow of milk mature¹⁹. The results of research obtained that most subjects (47.01%) had good knowledge about colostrum. Colostrum is also one of provisions of exclusive breastfeeding to infants¹. Colostrum containing protein, vitamin A and carbohydrates and low in fats, so that in accordance with their needs in the very first days birth. In addition, colostrum is a laxative that ideal for cleaning mekonium from the intestines of newborns and prepare digestive tract baby for food that will come. Good knowledge of colostrum to infants, hence the practice toward provision of colostrum also will be good too. Level of knowledge also providing significant contributions in success of exclusive breastfeeding.

Knowledge about Pralakteal Food

Pralakteal food is food given to infants before breastfeeding out, the types of these food include coconut water, tajin water, honey, banana, rice that chewed his mother, papayas, and formula milk²⁰. The results of research obtained that most subjects (64.72%) had lacking knowledge about pralakteal food (64,72%). A lacking knowledge of food pralakteal can affect on attitudes and behavior mother. The high number of percentage mothers who doesnt know and understand about pralakteal food, can cause the high practice of provision of pralakteal food to infants. Danger provision of prelakteal food affect to infants or mother. For baby: baby can do not want to suck from breast because provision of food can stop the hungry, diarrhea often occurred because food this might tainted, also if baby do not suck the breast and there would be will be having milk jolong (colostrum), if given formula milk, allergic often occurs, baby confusion suck the nipple if provision of the food through a bottle. For mother: breastfeeding out longer because baby not enough suck, mastitis may be due to breast if not issued breastfeeding, mother difficult suckling and likely to stop give breastfeeding²¹.

Knowledge about breastfeeding time

A baby born have exclusive breastfeeding for 6 months. Breastfeeding is best nutrition natural for baby, contain suitable nutrition for optimal growth infant²². Based on this research, most subjects (47.01%) had lacking knowledge about breastfeeding time. Level of their knowledge is weak. A research done, some great mother assume that exclusive breastfeeding given to infants until age of two years. According to WHO the provision of breastfeeding given exclusively in the first six months, then recommended to still given after six months at the same time as food a companion breastfeeding (MP-ASI) till a two years.

CONCLUSION

Most subjects aged 20–35 years old (58.8%). A percentage of 52.9% subjects were finished elementary school. Amount of children of subjects was mostly one, which occurred in 14 subjects (41.1%). Most subjects had lacking knowledge about initiation suckling early (IMD) (47.01%), and most subjects (47.01%) had good knowledge about colostrum. Most subjects (64.72%) had lacking knowledge about pralakteal food (64,72%), and a number of 47.01% had lacking knowledge about breastfeeding time.

SUGGESTIONS

Suggestions for nutrition installation in regional hospital (RSD) Balung is need to the existence of

nutrition counseling on exclusive breastfeeding (corner breastfeeding) in space parturition done by nutritionists, to give briefing or information about importance of giving exclusive breastfeeding, to the mother of after giving birth before allowed to rest at home. Needs to more research on factors influences level of mother knowledge about exclusive breastfeeding in work area of RSD Balung.

REFERENCES

- Purnamawati. 2003. Faktor-faktor yang Berhubungan Dengan Pola Pemberian ASI Pada Bayi Usia Empat Bulan (Analisis Data Susenas): Media Litbang
- Mubin, F. 2008. Faktor-faktor yang Berhubungan Dengan Usia Bayi Pertama Kali Mendapatkan MP-ASI Di Wilayah Kerja Puskesmas Tambak Aji Semarang: Fakultas Ilmu Keperawatan dan Kesehatan Universitas Muhammadiyah Semarang
- 3. Depkes RI. 2011. Banyak Sekali Manfaat ASI Bagi Bayi dan Ibu. Jakarta
- Swasono. 2005. Pojok ASI Perlu Dikembangkan Di Setiap Perusahaan. [serial online]. http://menegpp.go.id. [22 Februari 2014]
- World Health Organization, 2011. Exclusive Breastfeeding for babies everywhere.
 Geneva: Department of Communications WHO. [serial online]. http://www.who.int/mediacentre/news/statements/2011/breastfeeding 20110115/en/. [22 februari 2014]
- Peraturan Pemerintah Republik Indonesia No 33 tahun 2012 tentang Pemberian Air Susu Ibu Eksklusif
- Kementrian Kesehatan RI. 2013. Laporan Hasil Riset Kesehatan Dasar Indonesia (Riskesdas) 2013.
- 8. Dinas Kesehatan Provinsi Jawa Timur. 2013. Profil Kesehatan Provinsi Jawa Timur Tahun 2012. Surabaya

- 9. Kepmenkes RI No 450/Menkes/SK/IV/2004 tentang *Pemberian Air Susu Ibu (ASI) Secara Eksklusif Pada Bayi Di Indonesia*
- Peraturan Mentri Negara Pemberdayaan Perempuan dan Perlindungan Anak RI No 3 tahun 2010 tentang Penerapan Sepuluh Langkah Menuju Keberhasilan Menyusui.
- 11. Sukmawati, D. 2012. Hubungan Pengetahuan dan Sikap Ibu Serta Keterpaparan Iklan Susu Formula Selama Kehamilan Terhadap Pemberian Eksklusif di Desa Pakualam, Kecamatan Pakuhaji, Kabupaten Tangerang: Fakultas Ilmu Kesehatan Universitas Esa Unggul
- Wawolumaya, C. 2001. Metodologi Riset Kedokteran Survei Epidemiologi Sederhana Bidang Perilaku Kedokteran. Jakarta: PT Panorama
- 13. Roesli, U. 2001. *Bayi Sehat Berkat ASI Eksklusif*. Jakarta: Elex Komputindo
- 14. Azwar, S. 2000. *Penyusunan Skala Psikologi.* Yogyakarta: Pustaka Belajar
- 15. Mahlia, Y. 2009. Pengaruh Kaakteristik Ibu dan Pola Asuh Makan Terhadap Pertumbuhan dan Perkembangan Bayi di Kecamatan Pangkalan Susu Kabupaten Langkat Tahun 2008: Pasca Sarjana Universitas Sumatera Utara
- 16. Notoatmodjo, S. 2003. *Pendidikan dan Perilaku Kesehatan*. Jakarta: Rineka Cipta
- 17. Suradi, R. 2004. *Manajemen Laktasi.*Jakarta: Perkumpulan Perinatologi
 Indonesia
- 18. Roesli, U. 2008. *Inisiasi Menyusu Dini Plus ASI Eksklusif.* Jakarta: Pustaka Bunda.
- 19. Depkes RI. 2010. *Riset Kesesahatan Dasar* 2010. Jakarta: Depkes
- 20. Siregar, A. 2004. *Pemberian ASI Eksklusif* dan Faktor-faktor yang Mempengaruhi. Bagian Gizi Kesmas FKM UNSU
- 21. Suryoprajogo, N. 2009. *Keajaiban Menyusui*. Yogyakarta: Dislogia Media.