



# THE RELATIONSHIP BETWEEN KNOWLEDGE AND MATERNAL FAILURE TO PROVIDE EXCLUSIVE BREASTFEEDING IN THE WORKING AREA OF THE PUJUD HEALTH CENTER, PUJUD SUB-DISTRICT, ROKAN HILIR DISTRICT, RIAU PROVINCE YEAR 2023

Dewi Martina<sup>1</sup>, Eva Ratna Dewi<sup>2</sup>, Martaulina Sinaga<sup>3</sup>, Nur Azizah<sup>4</sup>, Rahmawati<sup>5</sup>, Yessica Simbolon<sup>6</sup>

<sup>1-6</sup>STIKes Mitra Husada Medan

email: <u>dewimartina136@gmail.com</u>, <u>evaratna.dewi87@gmail.com</u>, <u>martaulina78@gmail.com</u>, azizahlubis243@gmail.com,

#### **ABSTRACT**

Breastfeeding is one of the most effective ways to ensure child health and survival. However, nearly 2 in 3 infants are not exclusively breastfed for the recommended 6 months - a rate that has not improved in 2 decades. The proportion of breastfeeding start times in infants aged 0-5 months was less than 1 hour by 14.98%, 1-6 hours by 30.48%, 7-23 hours by 9.15%, 24-47 hours by 10.59%, >48 hours by 34.79%. This proportion is different between female and male babies, judging from the proportion number, female babies breastfeed more often than male babies. Failure of exclusive breastfeeding can lead to a high frequency of disease incidence. The frequency of disease incidence in the non-exclusive breastfeeding group was 40%, this figure was greater than the exclusive breastfeeding group, which was 23.3%. World cases, such as in the US, show that 57.6% of mothers breastfeed until 6 months of age but only 25% exclusively breastfeed. Data from the World Health Organization (WHO) shows that the average exclusive breastfeeding rate in the world is only 38%, including Indonesia.

5TIKes Mitra Husada Medan

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#### INTRODUCTION

Exclusive breastfeeding based on Government Regulation No. 33/2012 is breast milk given to babies from birth for six months, without adding and/or replacing it with other foods or drinks (except medicine, vitamins, and minerals). Breast milk also contains absorbent substances in the form of its own enzymes that will not disturb the enzymes in the intestines. Milk formula does not contain enzymes, so food absorption depends on the enzymes found in the baby's intestines (Ministry of Health, 2018).

Breastfeeding is one of the most effective ways to ensure child health and survival. However, nearly 2 in 3 babies are exclusively not breastfed for the recommended 6 months - a rate that has not improved in 2 decades. Breast milk is the ideal food for babies. It is safe, clean and contains antibodies that help protect against many common childhood illnesses. Babies should be breastfed on demand - as often as the child wants, day and night. Bottles, nipples or pacifiers should not be used. From 6 months of age, children should start eating safe and adequate complementary





foods while continuing to breastfeed until 2 years of age and beyond (Review, 2018).

WHO actively promotes breast milk as the best source of nutrition for infants and young children, and seeks to increase exclusive breastfeeding rates for the first 6 months to at least 50% by 2025 (Review, 2018).

According to data (Ministry of Health of the Republic of Indonesia, 2018), the proportion of breastfeeding start times in infants aged 0-5 months was less than 1 hour by 14.98%, 1-6 hours by 30.48%, 7-23 hours by 9.15%, 24-47 hours by 10.59%, >48 hours by 34.79%. This proportion is different between female and male babies, judging from the proportion numbers, female babies breastfeed more often than male babies.

Failure to exclusively breastfeed can lead to a high incidence of disease. According to Dewi (2013), the frequency of disease incidence in the exclusive non-breastfeeding group is 40%, this figure is greater than the exclusive breastfeeding group, which is 23.3%. World cases, such as in America, show that 57.6% of mothers breastfeed until 6 months of age but only 25% exclusively breastfeed (CDC, 2018). Data from the World Health Organization (WHO) shows that the average exclusive breastfeeding rate in the world is only 38%, including Indonesia (Saputra, 2016).

An analysis suggests that breastfeeding for 6 months could save 1.3 million lives worldwide, including 22% of lives lost after birth while, according to UNICEF, exclusive breastfeeding could reduce infant mortality in Indonesia. UNICEF states that 30,000 infant deaths in Indonesia and 10 million under-five deaths in the world each year can be prevented through exclusive breastfeeding for 6

months from the first hour after birth without giving additional food and drink to the baby (Yuliawati, Kurniasari and Maryam, 2018).

Mothers encouraged are breastfeed their children for the first 6 months without giving other food and/or drinks. Exclusive breastfeeding for the first 6 months can prevent infectious diseases such as diarrhea and respiratory tract, as well as provide nutrients and fluids needed by babies to achieve optimal growth and development, Half (52%) of children under 6 months old are exclusively breastfed. The percentage of exclusive breastfeeding decreases as the child gets older, from 67 percent at 0-1 month to 55 percent at 2-3 months and 38 percent at 4-5 months. In 2020, out of 3,196,303 infants less than 6 months of age who were recalled, 2,113,564 infants less than 6 months of age were exclusively breastfed or around 66.1%. The indicator achievement of the percentage of infants less than 6 months of age who are exclusively breastfed has met the 2020 target of 40%. Based on provincial distribution, 32 provinces have reached the expected target and there are still 2 provinces that did not reach the target, namely West Papua (34%) and Maluku (37.2%), while the province with the highest achievement is West Nusa Tenggara (87.3%) (Indonesian Ministry of Health, 2021).

This is in accordance with the results of preliminary studies that have been conducted with nutrition officers at the Pujud Health Center, obtained data on infants in April 2023 out of 10 babies only 2 babies get exclusive breastfeeding for 6 interviews months. Based on with researchers at the Pujud Health Center on mothers who have babies, only 2 babies get breast milk exclusively, 3 babies get breast milk for two months only on the grounds that the mother's leave period has expired





and must return to work and 2 babies only get breast milk for 1 month because the mother's milk does not come out smoothly so the baby is given formula milk.

#### **METHOD**

Descriptive surveys are conducted on a group of objects that usually aim to see a description of phenomena (including health) that occur in a particular population. In general, descriptive surveys are used to make research on a condition and implementation of a program in the present, then the results are used to develop a plan for improving the program.

Descriptive surveys can also be defined as research conducted to describe or illustrate a phenomenon that occurs in society (Notoatmojo, 2012). The statistical method for data analysis used in this study is Univariate. Data analysis was carried out to determine the frequency distribution and percentage of each variable studied.

#### RESULT AND DISCUSSION

Based on the results of research conducted in the working area of the Pujud Health Center in 2023, the results of the study are described, namely the characteristics of the respondents, the factors that cause exclusive breastfeeding failure, as follows

Table 1. Frequency Distribution of Respondents Based on Characteristics About Mother's Failure in Exclusive Breastfeeding in pujud health center in 2023

Characteristics	F	%
Age		
1. 20-25 years	22	50
2. 25-30 years	21	47,7
3. >30 years	1	2,3
Parity	202	
1. P1A0	12	27,3
2. P2A0	14	31,3
3. P3A0	Mitr 13 Hus	
4. P4A0	5	11,4
Education		
1. SD	10	22,7
2. SMP	15	34,1
3. SMA	12	27,3
4. D3	4	9,1
5.S1	3	6,8
Knoledge		
1. less	32	72,7
2. Simply	10	22,7
3. Good	2	4,5
Total	44	100





#### Frequency Distribution of Categories Based on Failure of Exclusive Breastfeeding in the Pujud Health Center Working Area in 2023

Kegagalan ASI	F	%
Gagal ASI	32	72,7
Tidak Gagal ASI	12	27,3
Total	44	100

Based on the calculation according to the established categories, the respondent's information factor on exclusive breastfeeding failure shows that the majority of respondents are less informed as many as 32 respondents (72.7%).

#### **Bivariate Analysis**

### Frequency Distribution of Knowledge of Exclusive Breastfeeding Failure at Pujud Health Center in 2023

Mother's	Exclusive breastfeeding failure						
Knowledge	Failed	%	Did	%	Total	%	<b>P-</b>
			Not				Value
			Fail				
			(Good)				_
Less	32	100	0	0	32	100	
Simply	0	0	10	100	10	100	0,000
Good	0	0	2	100	2	100	
Total	32	72,7	12	27,3	44	100	

Based on the results of the study, it can be seen that respondents who experienced exclusive breastfeeding failure were the majority with a lack of knowledge as many as 32 respondents (100%) while respondents who experienced exclusive breastfeeding failure were the minority with good knowledge as many as 2 respondents (100%).

#### **Discussion**

Frequency Distribution of Respondents Based on Characteristics About Maternal Failure in Exclusive Breastfeeding at Pujud Health Center in 2023

Based on the age characteristics of the 44 respondents, it was found that the majority of respondents were aged 26-30 years, namely 22 respondents (50%). The

majority of respondents' parity was at P2A0 parity, namely 14 respondents (31.8%). The majority of respondents' education was junior high school, namely 15 respondents (34.1%), and of the 44 respondents, the respondents' majority of jobs housewives, namely respondents 15 The majority of respondents' (34.1%). ethnicity is Javanese, namely respondents (52.3%).

According to (RINI, 2015), referring to the 2016 strategic plan target of 42%, rationally the coverage of exclusive breastfeeding in infants aged less than six months of 54.0% has reached the target. By province, East Nusa Tenggara was the highest at 79.9%, Bengkulu at 42.5%. Of the 34 provinces, only three provinces have not reached the target, namely Gorontalo, Riau and Central Kalimantan.





According to (Lestari et al., 2019), the age group that experienced the most failure in providing exclusive breastfeeding was respondents with an age group of 20-35 years, as many as 20 people or 58.82%, while the least was the age group <20 years, as many as 5 people or 14.71% of 34 respondents. The results showed that the failure of exclusive breastfeeding occurred mostly in respondents aged 20-35 years, this is because 55% of respondents aged 20-35 years were primiparous or had only given birth once so they did not have experience with breastfeeding, the results of this study are supported by research conducted

(Lestari et al., 2019), with the title "Factors of Exclusive Breastfeeding", 2019), with the title "Factors Associated with Maternal Failure to Provide Exclusive Breastfeeding to Infants at Bangetayu Semarang Health Center" found that of the 67 respondents who failed to provide exclusive breastfeeding, there were 51 respondents (76.1%) aged 20-35 years, 9 respondents aged > 35 years and 7 respondents aged < 20 years.

Education in general is any planned effort to influence others, both individuals and groups or communities so that they do what is expected by the perpetrators of education. The higher the education, the higher the basic abilities a person has, the level of education can underlie the mother's attitude in absorbing and changing information about breastfeeding (Notoatmodjo, 2017).

Based on the results of Andhika's research (2018), it is known that of all mothers who do not provide exclusive breastfeeding there are 11 (68.8%) mothers

with low education and only 5 (31.2%) mothers with high education, on the other hand, of all mothers who provide exclusive breastfeeding there are 15 (100%) mothers with high education and no mothers with low education. This indicates that according to the results of statistical tests there is a significant relationship between education and exclusive breastfeeding (p=0.0001).

Research conducted by (Batubara, Novita Sari, no date) regarding the relationship between knowledge and parity with exclusive breastfeeding at RSUD Wates Yogyakarta showed that there was a significant relationship between parity and exclusive breastfeeding. The study showed that multiparous mothers tend to be more successful in providing exclusive breastfeeding to their babies than

primaparous mothers. The results of Widiantoro's (2015) study are in line with the results of previous research by Wadud (2013) which states that there is a significant relationship between parity and the success of exclusive breastfeeding.

## Relationship between Knowledge and Failure of Exclusive Breastfeeding at Pujud Health Center in 2023

The results showed that the majority of respondents' knowledge with breast milk failure was 32 respondents (72.7%) and the minority of knowledge with breast milk failure was 2 respondents (4.5%).

According to (Achadi, 2019), only the coverage of exclusive breastfeeding in infants up to four months of age is only 55%, and up to 6 months of age is 39.5%, even though the target of healthy Indonesia 2010 is 80%, infants are given exclusive breastfeeding up to 6 months Maryunani (2012). formula milk feeding increased 3 times. This causes secondary failure with the presence of factors that cause exclusive





breastfeeding failure such as information, breastfeeding problems, and believing myths causing maternal failure in exclusive breastfeeding.

According to (Maryunani, 2016), states that breastfeeding in the first 30 minutes of newborns is only 8.3%, 4-36% in the first hour of newborns, 3.7% of babies who get breast milk on the first day. This causes primary failure because mothers feel formula milk is important to be given for the first day of the baby's birth, because formula milk better fulfills the baby's needs.

According to research (Batubara, Novita Sari, no date) states that there is a between knowledge relationship exclusive breastfeeding, indicating that respondents who have good knowledge as much as 35.8% of which as much as 14.9% provide exclusive breastfeeding and more do not provide exclusive breastfeeding as much as 20.9%, while respondents who have less knowledge as much as 64.2% of which as much as 6.0% provide exclusive breastfeeding and more do not provide exclusive breastfeeding as much as 58.2%. The results of statistical tests with the Chi-Square test showed that there was a significant relationship between knowledge and breastfeeding in the Batunadua health center work area in Padang Sidimpuan city (p = 0.002 < 0.05).

Based on the results of research (Lestari et al., 2019), the Chi Square value was 8.981 with a p value of 0.011 <0.05, then based on the Ho rejection criteria, it can be stated that the hypothesis (Ho) is rejected and the hypothesis (Ha) is accepted, meaning that there is a significant relationship between knowledge about exclusive breastfeeding and failure in

exclusive breastfeeding at the Pujud Health Center.

#### **CONCLUSION**

From the results of research on factors that cause maternal failure in exclusive breastfeeding, the following conclusions are drawn:

- 1. Based on the age characteristics of the 44 respondents, it was found that the majority of respondents were aged 26-30 years, namely 22 respondents (50%). The majority of respondents' parity was at P2A0 parity, namely 14 respondents (31.8%). The majority of respondents' education is junior high school, namely 15 respondents (34.1%), and of the 44 respondents, the majority of respondents' jobs are
- housewives, namely 15 respondents (34.1%). The majority of respondents' ethnicity is Javanese, namely 23 respondents (52.3%).
- 2. From the results of the frequency distribution on 44 respondents, the results showed that the majority of respondents' knowledge with breast milk failure was 32 respondents (72.7%) and the minority of knowledge with breast milk failure was 2 respondents (4.5%).

#### REFERENCES

- Achadi, E. L. (2019) 'Kematian Maternal dan Neonatal di Indonesia', *Rakerkernas 2019*, pp. 1–47.
- A.Wawan & Dewi M. 2016. *Teori & Pengukuran Pengetahuan, Sikap, dan Perilaku Manusia*. Yogyakarta: Nuha Medika
- Ariani, Ayu Putri. 2014. Aplikasi Metodelogi Penelitian Kebidanan dan Kesehatan Reproduksi. Yogyakarta: Nuha Medika

Batubara, Novita Sari, 2016 (no date)

PENGARUH SOSIAL BUDAYA





562/.

- TERHADAP PEMBERIAN ASI EKSKLUSIF DI WILAYAH KERJA PUSKESMAS BATUNADUA KOTA PADANGSIDIMPUAN TAHUN 2015.
- BKKBN (2019) Survei Demografi dan Kesehatan Indonesia 2017 Provinsi Kalimantan Selatam, Sdki. doi: 10.13140/RG.2.2.33616.46089.
- Fauziah Sudarti Afroh. 2015. Asuhan Kebidanan Neonatus, Bayi, dan Anak Balita. Jogjakarta: Haikhi
- Ikatan Dokter Anak Indonesia. 2016.

  Dampak Dari Tidak Menyusui di
  Indonesia diunduh dari:

  <a href="http://www.idai.or.id/artikel/klinik/dampak/dari-tidak-menyusui padatanggal 18 Februari 2021">http://www.idai.or.id/artikel/klinik/dampak/dari-tidak-menyusui padatanggal 18 Februari 2021</a>
- Kementrian Kesehatan RI. 2014. *Profil Kesehatan Indonesia Tahun 2013*.
  Jakarta: Kemenkes RI.
- Kemenkes RI (2018) 'Hasil Riset Kesehatan Dasar Tahun 2018', Kementrian Kesehatan RI, 53(9), pp. 1689–1699.
- Kesehatan, D. (2018) Badan Pusat Statistik, Badan Kependudukan dan Keluarga Berencana Nasional, Kementerian Kesehatan. Survei Demografi dan Kesehatan Indonesia 2017.
- Lailatussu'da, M. (2017) 'Faktor-faktor yang Mempengaruhi Pemberian ASI Ekslusif Pada Ibu Usia Remaja di Kecamatan Sewon Bantul', *Politeknik Kesehatan Kementerian Kesehatan.Skripsi*, pp. 20–21. Available at: <a href="http://eprints.poltekkesjogja.ac.id/1">http://eprints.poltekkesjogja.ac.id/1</a>

- Lestari, C. I. *et al.* (2019) 'Faktor-Faktor Yang Menyebabkan Kegagalan Ibu Dalam', *Midwifery Journal* /, 4(1), pp. 11–16. Available at: https://www.neliti.com/publication s/278702/faktor-faktor-yangmenyebabkan-kegagalan-ibudalam-memberikan-asi-ekslusif-pada.
- Linda, T., Endra, F. and Nadhiroh, S. R. (2015) 'Hubungan Frekuensi Dan Lama Menyusu Dengan', *Media Gizi Indonesia*, 10(1), pp. 38–43.
- Maryunani, A. (2016) *Asuhan Keperawatan Maternitas*. Jakarta: Rineka Cipta.
- Maryunani Anik. 2012. *Inisiasi Menyusu Dini Asi Ekslusif dan Manajemen Laktasi*. Jakarta: TIM
- Nirwana Ade Benih. 2014. ASI dan Susu Formula Kandungan dan Manfaat ASI dan Susu Formula. Jogjak Nuha Medika
- Notoatmodjo Soekidjo. 2012. *Metodologi Penelitian Kesehatan*. Jakarta:
  Rineka Cipta
- Prabhakara, G. (2010) Health Statistics (Health Information System), Short Textbook of Preventive and Social Medicine. doi: 10.5005/jp/books/11257\_5.
- Prasetyono Dwi Sunar. 2012. ASI Ekslusif Pengenalan, Peraktik. dan Kemanfaatan-kemanfaatannya. Jogjakarta: DIVA Press
- Pratama, M. F. (2013) 'Faktor-faktor yang mempengaruhi perilaku pemberian asi eksklusif pada ibu yang memiliki bayi usia 0-12 bulan di rumah sakit syarif hidayatullah jakarta, tahun 2013', *Skripsi*.





- Review, L. (2018) '母性衛生 = Maternal health', (May), pp. 1–47. Available at: http://ci.nii.ac.jp/ncid/AN0022863 X.bib.
- RINI, T. (2015) 'Faktor Yang Berhubungan Dengan Produksi Asi Pada Ibu Nifas (Studi di wilayah kerja Puskesmas Gandusari Kabupaten Trenggalek)'. Available at: http://repository.unair.ac.id/23896/.
- Rukiyah, Ai Yeyeh, DKK. 2012. *Asuhan Kebidanan III (Nifas)*. Jakarta: Trans Info Media
- Roesli (2017) *Mengenal ASI Eksklusif.* Jakarta: Trubus Agriwidya.
- Sitorus, S. B. M. (2016) 'Pengaruh Dukungan Keluarga dan Faktor Sosial Budaya terhadap Pemberian ASI Eksklusif pada Bayi 0-6 Bulan di Wilayah Kerja Puskesmas Surakarta Kecamatan Pancurbatu Kabupaten Deli Serdang'.
- Soetjiningsih, Dr., S. P. (2013) *Tumbuh Kembang Anak*. Denpasar: EGC.
- Yuliawati, R., Kurniasari, L. and Maryam, S. (2018) 'Hubungan antara pendidikan dan dukungan keluarga dengan kegagalan asi eksklusif', *Journal of Health Studies*, 2(2), pp. 73–80. doi: 10.31101/jhes.390.
- Yusrina, A. and Devy, S. R. (2017) 'Faktor Yang Mempengaruhi Niat Ibu Memberikan Asi Eksklusif Di Kelurahan Magersari, Sidoarjo', *Jurnal PROMKES*, 4(1), p. 11. doi: 10.20473/jpk.v4.i1.2016.11-21.
- Widuri, H. 2013. *Cara Mengelola ASI Ekslusif Bagi Ibu Bekerja*. Jogjakarta: Gosyen Puglising

Husada Medan