



The Effect of Giving Information to Baby's Mother about Breastfeeding in Kendari

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Abstract

Breast milk contains a variety of nutrients needed in the process of growth and development of infants. The nutritional value contained in breast milk is very high so it does not require any composition again from outside. Breast milk should be given in accordance with the will of the baby and mother. This study aimed to determine the effect of the information on the baby's mother to knowledge, attitudes, norms / culture, beliefs and actions of breastfeeding in Kendari. This study uses "quasy Experiment", ie pre-test and post-test with control group design. A sample of 80 women who were divided into four groups with the class of modification module while control class with KIA books, the group uses only modification module and the control group with KIA book. Questionnaire data collection of interviews and anthropometric measurements. Data were analyzed with the Wilcoxon test and Kruskal. The results showed that the change in practice breastfeeding and complementary feeding into a good deal on one group than the other group. Improvement score of knowledge, attitudes, norms, beliefs, breastfeeding, and solids in group 1 was higher than group 2, group 3 and group 4. The study concluded there are influence of giving information about breast milk against changes in knowledge ($p = 0.000$), attitude ($p = 0.000$), the norm ($p = 0.000$), confidence ($p = 0.000$), breastfeeding ($p = 0.000$). There is a difference of knowledge ($p = 0.000$), attitude ($p = 0.001$), confidence ($p = 0.001$), breastfeeding ($p = 0.027$) between groups, where the effectiveness of class baby's mothers with a module modification is higher than the class of baby's mothers with KIA book in changing the practice of breastfeeding.

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1. Introduction

Breast milk is the first food, the main and best for the baby, which is natural. Breast milk contains a variety of nutrients needed in the process of growth and development of infants. Breast milk contains all the essential nutrients required for growing babies and blossoms, as well as antibodies that can help baby build up the immune system their growth period [1].

Breast milk is the ideal natural food for babies because it contains antibodies (colostrum) that can protect infants from various diseases. Breast milk also contains substances for the development of intelligence and be able to establish the influence of affection, can reduce bleeding after delivery, accelerate the recovery of the mother's health, delaying pregnancy, reducing the risk of breast cancer and become a pleasure for a mother [2].

Optimal breastfeeding for infants up to the age of two years has a great potential impact on the survival of children as a preventive intervention, with the potential to prevent more than 800,000 deaths (13 percent of all deaths) in infants and young children in developing countries. Breastfeeding babies have at least six times greater chance of survival in the early months than those who were not breastfeeding. Breastfeeding dramatically reduce deaths from acute respiratory infections and diarrhea which become the two major child killers[3].

Exclusive breastfeeding can improve the intellectual human resources (HR). Besides, the breastfeeding mothers can avoid the risk of postpartum hemorrhage. In addition to nursing mothers, become a function of providing good nutrition and establish a strong inner strap between the child and the mother. For families, breastfeeding also reduces the cost of formula feeding. Breast milk is the gold standard of food that cannot be compared with formula or any artificial food. It poses immunity that can protect infants from various diseases. Because it is important that babies are exclusively breastfed [4].

Exclusive breastfeeding will cause the baby to get optimal nutrition, improving health, intelligence and bonding in infants. Breast milk has a different composition from day to day, and even from mother to another mother, and the composition according to the needs of baby. Despite having such great benefits, the practice of exclusive breastfeeding is still low in the world, including Indonesia [5].

The low coverage exclusive breastfeeding in infants was influenced by various factors. The low coverage of exclusive breastfeeding in Niamey Niger due to lack of promotion of exclusive breastfeeding by health workers, because health workers support the use of infant formula instead of breast milk [6]. Lack of support health workers related Exclusive breastfeeding, the results also add that the lack of knowledge of mothers and their belief in certain cultures like water and infant formula formula that caused low exclusive breastfeeding in the Congo [7].

The low exclusive breastfeeding was caused by internal and external factors. Internal factors include the lack of knowledge and mother attitude. External factors include the lack of family support, community, and government

health workers, the promotion of infant formula, social and cultural factors as well as the lack of availability of service facilities maternal and child health [1].

The reason mothers are not exclusively breastfeeding, partly because of lack of husband or families support, the lack of support from health workers, the lack of available information about exclusive breastfeeding during pregnancy, acceptance of substitutes milk to mothers and officers, the exposure of infant formula advertising, the issue of maternal health, breast pain and occupational factors [8,9,10,11,12]. Factors of poor mothering, the implementation of policies on breastfeeding and anxiety that breast milk is not enough. Therefore, many women accept the practice of exclusive breastfeeding but opposed to practice because of their beliefs about the lower nutritional quality of breast milk [13,14,15].

The low coverage of exclusive breastfeeding was caused by several factors such as breastfeeding less, a colicky baby / whiny, working mothers, trust people who are not supportive, maternal knowledge about breastfeeding less, the mother sick and cannot breastfeeding and the vigorous promotion of milk formula. Lack of knowledge about breastfeeding mother because the mother has not experienced the intricacies of pregnancy, childbirth and breastfeeding.

The nutritional education through the baby's mother is one approach that can be done to improve the knowledge, attitudes, beliefs mother resulting changes in better behavior. Through the method of joint learning activities in the classroom which was facilitated by health workers to improve the knowledge of mothers on how to breastfeed, how to create and provide additional foods in accordance with the age of the baby and prevent infectious diseases in infants [16]. Through nutritional education are expected to mothers who have babies know and understand and they have willing and be able to carry out what is advised to nurture and care for malnutrition / stunting become better nutrition [17].

This study aimed to determine the effect of the information on the baby's mother to knowledge, attitudes, norms / culture, beliefs and actions of breastfeeding in Kendari

2. Materials and Methods

The research design uses "quasy Experiment", ie pre-test and post-test with control group design [18]. The population was all mothers with babies aged 6 months in Kendari. Samples will be divided into four groups with each group of samples as many as 20 mothers. Group I is a class baby`s mothers by using module modification (Health Centre of Mata), control group II is class baby`s mother with KIA books from Ministry of Health (Health Centre of Perumnas), group III use module modification (Health Center of Mekar) and the control group IV using KIA books from Ministry of Health (Health Center of Puuwatu). The provision of information in the form of class baby`s mothers given for 6 months. Samples were obtained by purposive sampling method. The data collection was done by measuring the length and weight of the baby, as well as filling out the questionnaire. Data analysis using the Wilcoxon test and Kruskal Wallis.

3. Result and Discussion

3.1 Result

Table 1 shows that respondents generally are 20-35 years. The largest tribal groups are Muna (group 1), while group 2 and group 4 are other tribes (Bugis, Makassar, Java, Toraja, Sunda). Parity mom usually 1-3 times, so that the respondent's family is generally the nuclear family. Maternal education is generally low except for a group of 4 which show higher. The majority of Mother Occupation was household mother, with family incomes low than UMP of Southeast Sulawesi Province (Rp. 1,652,000). Chi-square test results showed that maternal age, parity, family, education, employment and family income did not differ ($p > 0.05$), only parts different mothers ($p < 0.05$) between the four study groups. This shows that the condition of respondents characteristics can be said homogeneous.

Table 1: Respondents Characteristics

Characteristics	Group								P
	I		II		III		IV		
	n(20)	%	n(20)	%	n(20)	%	n(20)	%	
Mother Age									
< 20	2	10,0	0	0,0	2	10,0	0	0,0	
20 – 35	16	80,0	17	85,0	14	70,0	20	100,0	0,173
>35	2	10,0	3	15,0	4	20,0	0	0,0	
Mother tribe									
Muna	18	90,0	3	15,0	10	50,0	3	15,0	
Tolaki	0	0,0	5	25,0	2	10,0	5	25,0	0,000
Buton	1	5,0	2	10,0	3	15,0	1	5,0	
Lainnya	1	5,0	10	50,0	4	20,0	11	55,0	
Parity									
1-3	17	85,0	16	80,0	15	75,0	16	80,0	0,891
≥ 4	3	15,0	4	20,0	5	25,0	4	20,0	
Family									
Main family	17	85,0	16	80,0	13	65,0	14	70,0	0,446
Big family	3	15,0	4	20,0	7	35,0	6	30,0	
Mother education									
High	7	35,0	9	45,0	8	40,0	13	65,0	0,243
Low	13	65,0	11	55,0	12	60,0	7	35,0	
Mother occupation									
PNS	0	0,0	4	20,0	1	5,0	3	15,0	
Pegawai swasta	0	0,0	0	0,0	1	5,0	1	5,0	0,424
IRT	20	100,0	15	75,0	18	90,0	15	75,0	
Honorer	0	0,0	1	5,0	0	0,0	1	5,0	
Family earns									
≥ UMP (1,652,000)	5	25,0	9	45,0	4	20,0	10	50,0	0,126
<UMP (1,652,000)	15	75,0	11	55,0	16	80,0	10	50,0	

Group I: class mothers of infants using a modification module
 Group II: class mothers of infants using MCH Handbook
 Group III: classless, using a modification module
 Group IV: classless, using the MCH Handbook

Table 2 indicated that all respondents have the knowledge, attitudes, norms and beliefs which increased compared to the baseline measurements. The result of Wilcoxon test showed that there are differences in knowledge, attitudes, norms and trust at the beginning of the measurement to measurement second, third and fourth measurement. Based on the test Kruskal found differences in attitudes and beliefs between the four groups, while knowledge and norms did not reveal any differences. Among these four groups the differences between the norms, beliefs, highest in the group 1, group 2, group 3 and group 4.

Table 2: Effect of Information against Knowledge, Attitude, Norma / Culture, Faith

Variabel	Measurement time		P*	Gap	efektifity p**
	T0	T3		Δ3	
Knowledge					
group 1	5,1±1,2	9,9±0,4	0,000	4,7	0.161f
group 2	4,7±1,6	8,4±1,3	0,000	3,7	
group 3	5,0±1,6	8,0±1,2	0,000	3,0	
group 4	4,7±1,3	8,2±1,1	0,000	3,4	
Attitude					
group 1	31,2±5,1	45,3±3,6	0,000	14	0,001 f
group 2	27,6±7,8	36,8±5,8	0,000	9,2	
group 3	31,3±3,9	37,1±3,8	0,000	5,8	
group 4	31,7±5,7	38,2±3,1	0,000	6,7	
Norm					
group 1	5,5±1,3	9,5±0,6	0,000	3,95	0,623 ff
group 2	4,5±1,5	7,8±1,6	0,000	3,35	
group 3	5,9±1,8	8,5±1,3	0,000	2,65	
group 4	5,4±1,5	6,9±1,5	0,000	1,45	
Believe					
group 1	6,4±1,6	9,4±0,7	0,000	3	0,001 ff
group 2	5,6±1,8	8,0±1,1	0,000	2,4	
group 3	5,7±1,7	7,8±1,7	0,000	2,1	
group 4	5,7±1,7	7,8±0,8	0,000	2,1	

P* : wilcoxon test

P** : kruskall Wallis test

f group 1 > group 2 > group 4 > group 3

ff group 1 > group 2 > group 3 > group 4

While the difference in the value of knowledge and attitudes highest in the group 1, group 2, group 4 and group 3. This means that the module modification has a higher effectiveness than the KIA books from Ministry of Health in changing the practice of breastfeeding and breast milk in breastfeeding mothers.

Figure 1 shows that at the beginning of the measurement of respondents who have a good breastfeeding practices more in group 3 and group 4 respectively 8 mothers and least in group 1 and 2 respectively 6 mother. At the end of the measurement for respondents with more breastfeeding in group 1 (19 mothers), while at least in group 4 with 14 mothers

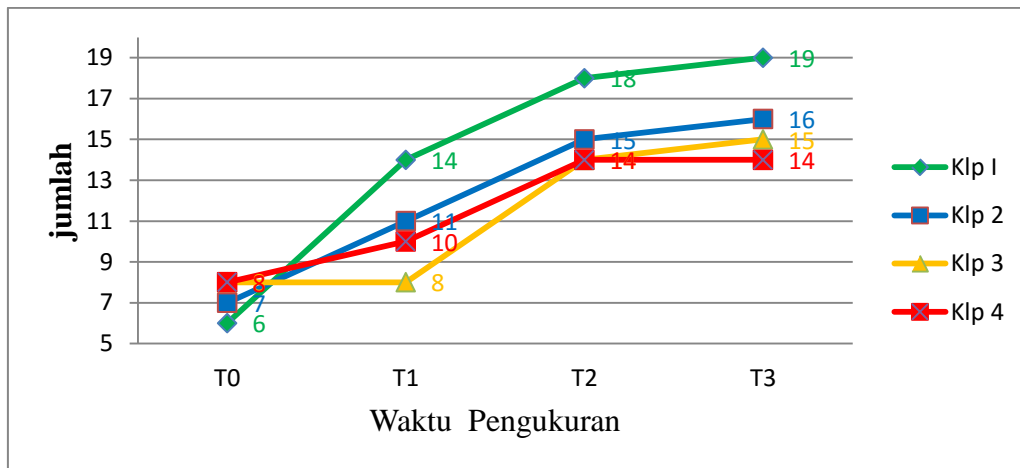


Figure 1: Changes in Breastfeeding Good Practices

Table 3: Change Good Practice Breastfeeding Respondents Before And After Intervention (based on changes in intra-group)

Giving ASI	T0	T1(Δ)	T2(Δ)	T3(Δ)
Group I (n=20)	6	14(8)**	18(12)**	19(13)***
Group 2 (n=20)	7	11(4)*	15(8)**	16(9)**
Group 3 (n=20)	8	8(0)	14(6)*	15(7)**
Group 4 (n=20)	8	10(2)	14(6)*	14(6)*
P		0,000	0,002	0,027

* p<0,05 ** p<0,01 *** p<0,001 (wilcoxon test)

p : kruskall Wallis test

Table 3 shows that the change better breastfeeding significantly start in the second measurement only in group 1 and group 2, while group 3 and group 4 changes into a better breastfeeding significantly start in the third measurement (post 2). Based on the Kruskal Wallis test was found differences in breastfeeding between the four groups at post 1, post 2 and post 3.

3.2 Discussion

The results showed there are influence of information on knowledge, attitudes, norms / culture, beliefs and actions of breastfeeding at the will of the child and mother. The improved proper breastfeeding began in a second measurement for groups 1 and 2, while the 3 and 4 occur at start third measurement.

This study shows that the majority of breastfeeding frequency in both categories with the number of breastfeeding 8-12x per day. It demonstrates the high number of times the baby feeds in one day, because each baby has a sucking reflex to swallow the milk from their mother's breast [19].

The breastfeeding time for baby vary according to the pattern of baby suction. Otherwise suckling baby 10 minutes on the first breast, because the suction power is still strong. About 20 minutes in the other breast due to suction the baby began to weaken. The study says the majority of the duration of breastfeeding in both categories at 96.9% with a duration of 10-30 minutes each time breastfeeding. It shows the amount of time spent each time suckling baby, because each baby has a duration of breastfeeding varies according to suction the baby pattern [19].

Breastfeeding is the most effective interventions to improve infant survival and optimal growth, only milk that can meet the entire life of the baby in the first 6 months without replaceable formula. Exclusive breastfeeding reduces infant mortality rates due to diseases that commonly afflict children such as diarrhea and pneumonia, as well as accelerating the recovery when sick and helps space births.

The health promotion by the method of counseling and education will improve knowledge about breastfeeding, especially young mothers will be a better understanding of breastfeeding so that the customs and the false opinion of breastfeeding may be missed and motivate women to have a strong desire to breastfeed as soon as possible and continue to provide their milk until the age of 6 months. The Breastfeeding promotion was using the method of counseling with conducted twice treatment, where the assessment of knowledge variables assessed after treatment produces good value, attitude is a closed reaction from someone, readiness to act that assessment after treatment will yield better results. This is a temporary answer of the writer's where there is a significant difference between the promotion of breastfeeding with counseling method with an extension method [20].

Breastfeeding mothers are influenced by social and cultural factors, psychological, physical, the mother, the lack of health workers and the promotion of infant formula. In addition, the balance of the provision of information and exemplary attitude and health workers will have a positive impact on the community about breastfeeding [21].

The study on the effectiveness of health promotion interventions through the book states that the book (reading) can be one of the potential information channels. The findings of the study found that after reading a book called "Mother's Milk: from Dad for Mother and Child" is generally all the readers stating that the books read is important and beneficial. They can recall the practice of breastfeeding as recommended by WHO [22]. The intervention of Health Promotion through counseling and reading, effectively increasing insight into the

dynamics of breastfeeding, both in pregnancy and postpartum mothers, as well as creating success to breastfeed for more than six months. The Intervention create profits, intelligence, and motivation for action [23]. The study suggests there is a relationship between knowledge of mothers with exclusive breastfeeding [24].

4. Conclusion

Provision of information affects on changes in knowledge, attitudes, norms, beliefs of mothers to breastfeeding at the will of the child and mother. The effectiveness modification module is higher when compared with the KIA book from Ministry of Health in changing breastfeeding practices.

5. Recommendations

Mother should increase knowledge about breastfeeding appropriately and correctly by following the baby's mother classroom activities or obtain information from newspaper and electronic media so that it can do the proper breastfeeding for their babies.

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