

The effect of exclusive breastfeeding health education on primigravida mother's readiness in giving exclusive breast milk

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ABSTRACT

Background: Based on the preliminary study on ten pregnant mothers interviewed, there were only 2 of Belong to multigravida mothers and primigravida mothers and had personal breast treatment.

Method: The study employed a proper experimental method with a pretest-posttest and a control group. The study's population was primigravida with 20 samples consisting of the experimental group and the control group. The statistical test used a non-parametric test with Wilcoxon test equation.

Result: Based on the result of the analysis test with the Wilcoxon test, the result obtained that Asympt. Sig value(2-tailed) for experimental group readiness was 0,030 ($p < 0,05$) and control group with 0,564 ($p > 0,05$).

Conclusion: There was an effect of health education on exclusive breastfeeding to primigravida mothers' readiness to give exclusive breast milk. It is expected that mothers can add knowledge on preparation during pregnancy related to exclusive breastfeeding.

Keywords: Health education, exclusive breastfeeding, Readiness of primigravida.

INTRODUCTION

Mothers and children are family members who need to prioritize the implementation of health efforts because mothers and children are vulnerable groups in the family and its surroundings. Efforts to maintain children's health are intended to prepare healthy, smart and quality generations and to reduce child mortality [1]. To develop this must be carried out in a planned, appropriate, intensive and sustainable manner by family, community, government and the private sector. One of the most major efforts to ensure the optimal quality of child development and fulfill children's rights is to provide the best food for children from birth to two years of age [2]. Indonesian Demographic Health Survey (SDKI) stated that the babies who received exclusive breastfeeding (0-6 months) by 41%, on infants aged (4-5 months) by 27% and toddlers aged under two years was 55% (Ministry of Health RR, 2014). Exclusive breastfeeding coverage in the DIY province in 2014 was 70,8%. It has increased from the previous year 2013 was 69,9%. Sleman Regency in 2014, exclusive breastfeeding reached 81.2%, Kulon Progo 74.1%, Bantul 72.0%, Gunung Kidul 59.5%, while in Kota Yogyakarta 54.9% [3].

Data from Kota Yogyakarta Public Health Office in 2014, Umbulharjo Health Center I was the second lowest of amount exclusive breastfeeding by 309 babies, only 107 (43.69%) babies who had given exclusive breastfeeding. It is known the importance of exclusive breastfeeding as recommendations from UNICEF and WHO and government regulations No. 33 of 2012 Article 6 and 1177 / MENKES / PB / XII / 2008 of 2008 concerning breastfeeding during work time [4]. At work, even the Qur'an suggests breastfeeding their babies. One of the causes of the low level of exclusive breastfeeding in Indonesia is a lack of preparation by the mother during pregnancy, and this condition indicates that it is essential to prepare for breastfeeding during pregnancy. It has supported by Susiloretni, the duration of EBF increased after the multilevel promotion. The median post intervention duration in the intervention group was 18 weeks compared with .1 week in the control group ($p < .001$). The prevalence of

EBF at 1, 8, 16, and 24 weeks for the intervention versus control groups was 75.3% vs. 28.0%, 64.2% vs. 14.6%, 50.6% vs. 8.5%, and 37.0% vs. 3.7%, respectively ($p < .001$). Mothers in the control group were three times more likely to stop exclusive breastfeeding per unit of time than were mothers in the intervention group (adjusted hazard ratio 3.01; 95% confidence interval: 1.96, 4.63) [5].

Several epidemiological studies suggest that breast milk protects infants and children from infectious diseases, such as diarrhea, otitis media, and lower respiratory tract infections. Lack of breastfeeding is a threat to child development, as is well-known babies who are not breastfed at least up to the age of 6 months are more prone to nutritional deficiencies [6]. Exclusive breastfeeding preparation during Pregnant women who are from primigravida and multigravida mothers at Umbulharjo I Public Health Center Yogyakarta. The results of the interview are obtained out of 10 mothers, only two mothers were primigravida and multigravida mothers exclusive breastfeeding preparation during pregnancy by breast care.

METHOD

This type of research is a true experiment with a pretest-posttest with control group research design. The experimental group was given intervention while in the control group were not given intervention. The independent variable in this study is health education, while the dependent variable is the readiness of primigravida mothers and confounding variables is age, education, employment, socio-economic and knowledge. The population in this study were all primigravida mothers that conduct an inspection at Umbulharjo I Health Center, Yogyakarta. The number of samples in the study amounted to 20 people and had controlled according to cofounding variables consisting of 10 control groups and ten experimental groups. Data collection methods used are questionnaires distributed and filled out by respondents. Before the questionnaire distributed to the research respondents, the validity and reliability of the instrument were tested. Data analysis used in this study is the

Wilcoxon test. Error level α is set at 5% (0.05) if p count is less than 0.05 then H_0 is accepted. Data analysis using the Wilcoxon test is to find out whether there is an influence on education health about exclusive breastfeeding on primigravida's mother's readiness to provide exclusive breastfeeding.

RESULTS AND DISCUSSION

This research was conducted on 19 to 25 August 2016 at Umbulharjo I Health Center and obtained 20 respondents who met the research criteria. The highest score in the control group at pretest was 76.7%, the smallest score was

64%. while the highest score in the control group in the post-test was 83.3% and the lowest score in the control group in the post-test was; ah 46.7%. In the experimental group, the highest score in the pre-test was 80%, and the smallest count in the pre-test was 64%. while the highest score in the post-test was 93.3% and the lowest score in the post-test was 56.7%. Tabel 1 showed the of effect breastfeeding exclusive health education on the readiness of primigravida mothers in exclusive breastfeeding on the control group.

Table 1. Effect Of Exclusive Breastfeeding Health Education Towards Primigravida Mother's Readiness In Giving Exclusive Breast Milk At Control Group

Before	After						Wilcoxon Test
	Good		Satisfactory		Less		
	F	%	F	%	F	%	
Good	1	10.0	0	0.0	0	0.0	0,564 (>0,05)
Satisfactory	1	10.0	3	30.0	2	20.0	
Less	2	20.0	3	30.0	5	50.0	

The results of the analysis test using the Wilcoxon Test found that the Asymp value. Sig.(2-tailed) for the control group's readiness of 0.30 with $\alpha = 0.005$ ($p > 0.05$). It can be concluded that there is a significant influence from the readiness of respondents to the control group without being given any intervention. The effect of breastfeeding exclusive health education on the readiness of primigravida mothers in exclusive breastfeeding on the experimental group is shown in Table 2.

Table 2. Effect Of Exclusive Breastfeeding Health Education Towards Primigravida Mother's Readiness In Giving Exclusive Breast Milk At experiment group

Before	After						Wilcoxon Test
	Good		Satisfactory		Less		
	F	%	F	%	F	%	
Good	0	0.0	1	10.0	0	0.0	0,030 (>0,05)
Satisfactory	3	30.0	2	20.0	0	0.0	
Less	3	30.0	1	1.0	0	0.0	

In this study, researchers conducted health education and data collection methods used were questionnaires. The media leaflet used is about the preparation of exclusive information carried out during pregnancy. Health education includes input (goals and educators from education), processes (planned efforts to influence others), and output (doing what is expected). The anticipated outcome of health education is that individual, group, or community behavior has a positive influence on improving conducive health [7].

Health education, in general, is any form of effort taken and planned to influence other people, individuals, groups, or communities that aim to make them do what is expected by education or health promotion actors. Health education includes input (goals and educators from education), processes (planned efforts to influence others), and output (doing what is expected). The anticipated outcome of health education is the behavior of individuals, groups, or the community has a positive influence on conducive health care [8].

Improving the ability of mothers after being given health education occurs because the majority of primigravida mothers understand and understand the preparation that needs to be done during pregnancy related to exclusive breast feeding. It is accordance with the goals

of health education, namely changing the behavior of individuals or communities and deciding the most appropriate activities to improve the level of healthy living and community welfare [9].

Health education is very important to do information to pregnant women especially primigravida mothers, so they get enough information about adaptation during pregnancy including exclusive breastfeeding. In this case, the health education process has been carried out by researchers using the lecture method, discussion, and question and answer for the treatment group and in the control group no intervention was given only leaflets, so that the health education provided became an influence on the readiness to breastfeed primigravida mothers in breastfeeding exclusive.

CONCLUSION

Health education is crucial to provide information to pregnant women, especially primigravida mothers. They were well informed about adaptation during pregnancy including exclusive breastfeeding. The health education process has been carried out by researchers. The number of respondents is 10 and the health education used is the lecture method, discussion, and question and answer. Whereas groups without intervention, researchers only

provide leaflets. Health education is offered to provide information about the ability of primigravida mothers to offer exclusive breast feeding. There is an effect of exclusive breast feeding. There is an effect of exclusive provide exclusive breastfeeding before and after health education given.

Breast feeding health education on primigravida's readiness to provide exclusive breastfeeding at Umburharjo I Health Center Yogyakarta. Further researchers need more in-depth analysis on the other factors such acknowledge and social economy.

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