

# CORRELATION BETWEEN HEALTH EDUCATION OF LACTATION MANAGEMENT EXPOSED AND EXCLUSIVE BREASTFEEDING PRACTICE

Tantri Puspita<sup>1</sup>, Tri Sutrisno<sup>2</sup>

<sup>1</sup>STIKes Karsa Husada Garut, Nusa Indah St. No. 24 Tarogong Kidul, Garut, Jawa Barat 44151

<sup>2</sup>Puskesmas Guntur, Guntur St. No. 171, Kota Wetan Garut Kota Jawa Barat 44111

email: [tantri\\_undip@yahoo.co.id](mailto:tantri_undip@yahoo.co.id)

## Abstract

*Exclusive breastfeeding (EBF) practice is beneficial for baby, mother and family. Health education about lactation management is a health promotion that can improve EBF among mothers who breastfed. This research is a descriptive analytic research method using quantitative approach with cross sectional study design. This research aims was to find the association between health education of lactation management exposed and breastfeeding practice. Out of 50 participant mothers in the Working area of Guntur health center were included in this study. The chi-square test was used using SPSS version 16.0 to find the association between the variables. The demographic characteristic of the participants were less than 20 years, between 20 and 35 years old, and more than 35 years (22%, 24% and 54%, respectively). Most of the participants were educated from junior high school (44%) and worked in private sectors (60%). Out of the 31 participants who were exposed by health education, 9 were exclusive breastfeeding. And those out of 19 participants who were not exposed by health education of lactation management, 5 were exclusive breast feeding. The bivariate analysis using chi-square showed that there was no association between health education of management lactation exposed and exclusive breastfeeding ( $X^2(1)$ ,  $p = 0,836$ ). This study showed that there were mothers who gets health education but did not give exclusive breastfeeding for her baby. Modification of health education of EBF is needed to improve exclusive breastfeeding practice by involving the family member and engaging in groups.*

*Keywords: Health Education, Exclusive Breastfeeding*

## Introduction

Indonesia still faces problems due to national nutrition such as malnutrition. Based on the results of Basic Health Research (Riskesdas) in 2013 the number of under-five children (toddlers) with malnutrition status reached 5.7% and malnourishment 13.9% (Ministry of Health, 2013). A similar thing explained by Primadi (2017), Indonesia problems related to children were malnutrition and less nourished (17.8%), short toddlers (27.5%) and underweight children (11.1%).

The nutritional problems of toddlers are directly caused by unnecessary food intake. Adequate and appropriate feeding especially in infant can be achieved to their growth and development by provide exclusive breastfeeding (Motee and Jeewon, 2018). A systematic review and meta analysis by Sankar et al (2015) explained that the infants who predominantly, partially and nonbreastfed were higher of mortality risk (RR = 1.5; 4,8; and 14.4; respectively). Another meta-anaysis showed that non-exclusive breastfeeding was significantly associated with obesity in children (Yan, et al., 2014; Horta, et al., 2015). In addition, Stuebe and Schars (2010) explained that breastfeeding can prevent many case such as gastrointestinal infection, otitis media, respiratory tract infection, infant mortality, and sudden infant death syndrome.

Breastfeeding practices not only beneficial for the infant. The benefits can be felt by the other family members such as mother. A systematic and meta-analysis by Chowdury, et al (2015) conclude that breastfeeding more than 12 month were reduced or lower of risk of breast, ovarion carcinoma and type 2 diabetes amount 26%, 37 % and 32%. And those who short on giving breastfeed have higher risk of depression. Stuebe and Schars (2010) explained some benefits of breastfeeding for mother. First, women who breastfed longer could lower their weight about 2.2 kg. Second, those who breastfed more than 1 year can prevent hypertension after menopause and hyperlipidemia.

Lactation management is all the effort performed by mother, father, and family in 3 stages of pregnant and delivery women. The stages are include antenatal, perinatal and post natal. This

management aim to support the success of breastfeeding to the baby. Lactation management support how the baby can success exclusive breastfeeding (first six month feeding only breastfeeding) (Prasetyono, 2009). By the lactation management, exclusive breastfeeding can be achieved by all baby born. It is an integral part of the reproductive process that provides ideal and natural baby food which is beneficial to the biological and psychological side needed for infant growth (Nugroho, 2011).

Achieving success exclusive breastfeeding, is important to give health education about lactation management as health promotion to those prospective parent and family.

### Research Design and Methodology

This study used a descriptive analytic research method using quantitative approach with cross sectional study design. This research aims to find the relationship between two variables: health education of lactation management exposed and breastfeeding practice. The population in this study were all mothers who had infants during breastfeeding (exclusive breastfeeding), 0-6 months and continued with age 2 years at Guntur health center in 2016.

The inclusion criteria were participants who met the criteria as respondents. The criteria are as follows: Mothers who have babies during breastfeeding (exclusive breastfeeding) aged 0-6 months and continued with the age of 2 years, the residents in the working area of Guntur health center, and the mother who are able to write and read. The exclusion criteria is the mother who refused to be a participant. 50 participants who have babies during breastfeeding (exclusive breastfeeding) 0-6 months and continued to age 2 years were join in this study. The demographic data were included to describe the characteristic of the respondents. For analysis the correlation between the variables, Chi Square test was used using SPSS version 16.0.

### Findings and Discussion

The demographic Characteristics of the participants are shown as follow:

Demographic characteristics	Number (n)	Percentage (%)
Age (years) : <20	11	22
20-35	12	24
>35	27	54
Educational level : No education	3	6
Elementary School	15	30
Junior High School	22	44
Senior High School	6	12
University	4	8
Occupation : Farmer	15	30
Civil servant	4	8
Housewife	1	2
Private	30	60

The table shows the demographic characteristic of the participants in this study. Age of the participants in this study was vary. There were less than 20 years, between 20 and 35 years old, and more than 35 years ( 22%, 24% and 54%, respectively). In educational level, a small number of participants were not have education (6%), others were educated at least elementary school, junior high school, senior high school and university 30%, 44%, 12% and 8%, respectively. Regarding the participant occupations, almost 100% of participants were work as farmer (30%), civil servant (8%), and private (60%). Only 2% of participants were a housewife.

The data shows that mostly of participants were aged more than 20 years. A data from World Bank (2016) showed that the prevalence of child marriage in Indonesia were high. Their

marriage age were between 18 and 22. Beside that, marriage age less than 15 were still. This condition is associated with lower educational level and lower labor force participation. As shown in the table most of participants were not educated from university and worked as farmer or in private sectors.

This present study is contrast with A cross-sectional study to the post-natal mothers in Bangalore India (Vijayalaxmi et al., 2015). Vijayalaxmi et al. (2015) explains that mother in that study have more awarness to do exclusive breastfed. This condition can be explained because the mother were not working so they can be focused than who work. As show on the previous table, most of participant in this study were working.

Cross-tabulation of Health education exposed of Lactation Management and exclusive Breastfeeding pactice of participant show below.

		Exclusive Breastfeeding		Total
		Exclusive	Non Exclusive	
Health	Exposed	9	22	31
Education	Not exposed	5	14	19
Total		14	36	50

The tabel above shows that out of the 31 participants who were exposed by health education, 9 were exclusive breastfeeding. And those out of 19 participants who were not exposed by health education of lactation management, 5 were exclusive breast feeding. Out of all 50 participants, 9 were exclusive breastfeeding and and exposed by health education of lactation management and 14 were non exclusive breastfeeding and not exposed by health eduation of lactation management.

The data shows that, the mother who exposed by health education is much more than who not (61%). But out of this who were exclusive breastfed were only 18%. Nevertheless, Vijayalaxmi et al. (2015) explained that health education is important to do to a spouse who are planning to have a baby during prenatal care. Another study By Kamath et al (2016) explained that perceived about breastfed also a factor to support exclusive breastfeeding practice to post natal mothers. The perceived about breastfed practice can be rectify during health education in antenatal period.

Below is the Chi-Square tests table between health education of management lactation exposed and exclusive breastfeeding

	Value	Df	Asym.Syg. (2-sided)
Pearson Chi-Square	.043*	1	.835
N of valid cases**	50		

- a. 0 cells (0.%) have expected count less than 5. The minimum expected count is 5,32
- b. Computed only for a 2x2 table

Table above shows the bivariate analysis using chi-square showed that there was no assosiation between health education of management lactation exposed and exclusive breastfeeding ( $X^2(1)$ ,  $p = 0,836$ ). This study showed that there were mothers who gets health education but did not exclusive breastfed for her baby. A study by Hahn et al. (2015) suggest that educational program is needed to improve public health and promotes health equity of the society. But, not only health education should be promoted. Many factors are influence to change the behaviors. As explained by. Castro et al (2015) and Kamath et al, ( 2016), a psychosocial perspective such as perception should be teached or changed to encourage women breastfeeding practices although sociodemographic were an interfere. Beside that, health educators provides the health education to the mother should be vary. It is explained by Haroon et al, (2013), the technique of health counseling can be changed by combining independent individual health

education to group health education. For developing countries, it is more effective. However, include family members such as husband or father of the baby is needed to support exclusive breastfeeding practice of the prospective mothers (Vijayalaxmi, et al, 2015).

## Conclusion

Health education related to exclusive breastfeeding is still considered necessary to improve exclusive breastfeeding in infants. but this needs to be modified as by involving the family and engaging in groups.

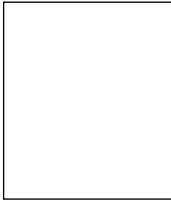
## References

- Castro, R.J.S., Solva, E.M.B., & Silva, D.M. (2015). Mothers' perception of nurses' breastfeeding promotion practices, *Journal of Nursing Referência* ISSN: 2182.2883.
- Chowdhury, R., Sinha, B., Sankar, M.J., Taneja, S., Bhandari, N., Rollins, N., Bahl, R., &Martines, J. (2015). Breastfeeding and maternal health outcomes: a systematic review and meta-analysis, *Acta Paediatr.* 2015 Dec;104(467):96-113. doi: 10.1111/apa.13102.
- Hahn, R.A., & Truman, B.I. (2015). Education improves public health and promotes health equity. *Int J Health Serv.* 2015 ; 45(4): 657–678. doi:10.1177/0020731415585986.
- Haroon, S., Das, K. J., Salam, R. A., Imdad, A., & Bhutta, Z. A. (2013). Breastfeeding promotion intervention and breastfeeding practices: a systematic review, *BMC Public Health* 2013, 13(Suppl 3):S20.
- Horta, B.L., Mola, L.D., &Victora, C.G. (2015). Long-term consequences of breastfeeding on cholesterol, obesity, systolic blood pressure and type 2 diabetes: a systematic review and meta-analysis, *Acta Paediatr.* 2015 Dec;104(467):30-7. doi: 10.1111/apa.13133.
- Kamath, S. P., Garg, D., Khan, M.K., Jain, A., & Baliga, B.S. (2016). Perceptions and practices regarding breastfeeding among postnatal women at a district tertiary referral government hospital in Southern India, *Hindawi Publishing Corporation Scientifica* Volume 2016, Article ID 5430164,<http://dx.doi.org/10.1155/2016/5430164>.
- Ministry of Health. (2013). Riset Kesehatan Dasar (Riskesdas 2013). Retrieved from: <http://www.depkes.go.id/resources/download/>.
- Motee, A. & Jeewon, A. (2018). Importance of Exclusive Breastfeeding and Complementary Feeding among Infants, DOI : <http://dx.doi.org/10.12944/CRNFSJ.2.2.02>.
- Nugroho. (2011). *ASI dan Tumor Payudara*, Penerbit Nuha Medika, Yogyakarta.
- Prasetyono, S. (2009). *Buku Pintar ASI Eksklusif*. Yogyakarta. : DIVA Press.
- Primadi, O. (2017). Inilah Hasil Pemantauan Status Gizi (PSG) 2016. Retrived from: <http://sehatnegeriku.kemkes.go.id/>.
- Sankar, M. J., Sinha, B., Chowdhury, R., Bhandari, N., Taneja, S., Martines, J., & Bahl, R. (2015). Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis, *Acta Pædiatrica* ISSN 0803-5253.
- Stuebe, A.M. & Schwarz, E.B. (2010). The risks and benefits of infant feeding practices for women and their children, *Journal of Perinatology* (2010) 30, 155–162.
- Vijayalaxmi, P., Susheela, T., & Mythili, D. (2015). Knowledge, attitudes and breast feeding practices of postnatal mothers: A cross sectional survey. *International Journal of Health Sciences*, Qassim University, Vol. 9, No. 4.
- Worldbank. (2016). Basic profile of child marriage in Indonesia. Retrieved from: <http://documents.worldbank.org/curated/en/>.
- Yan, J., Liu, L., Huang, G., & Wang, P. P. (2014). The association between breastfeeding and childhood obesity: a meta-analysis, <https://doi.org/10.1186/1471-2458-14-1267>.

## Biography



Tantri Puspita was born on August 24<sup>th</sup> 1987 in Garut District, West Java. She earned her Bachelor's degree from Ners Nursing Program in Diponegoro University in 2010. For Master's Degree, she has graduated from Family and Community Health Nursing Science from Kasetsart University affiliated with Boromarajonani college of Nursing Nopparat Vajira (BCNNV) Thailand in 2015. She has been a lecturer in STIKes Karsa Husada Garut since 2011.



Tri Sutrisno was born on January 2<sup>nd</sup> 1989 In Garut District, West Java. He earned his Bachelor's degree from Bachelor Nursing Program in STIKes Karsa Husada Garut in 2016. He has been a nurse in Guntur health center.