

The Correlation Between Knowledge and Exclusive Breastfeeding Behavior Among Kindergarten Teachers

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ABSTRACT

Background: The low coverage of exclusive breastfeeding could had an impact on the quality of life for the nation's future generations and also on the national economy. The level of education of the mother can be a cause of the low level of exclusive breastfeeding, most mothers were less aware of the importance of breast milk as the baby's main food. Breastfeeding behavior was related to lack of knowledge, beliefs or perceptions and wrong attitudes from mothers regarding breast milk. The purpose of this study was to describe the relationship between knowledge and exclusive breastfeeding behavior in kindergarten teachers

Methods: This study was descriptive analytic study with the cross sectional approach. The population was all female kindergarten teachers in Tawang District who had 0-2 years of children, as many as 48 people, using a total sampling technique.

Results: Bivariate analysis was performed used the Spearman rank test. Based on the results it was found that the significance level of p value was 0.000

Conclusion: It meant that there was a correlation between knowledge and the behavior of exclusive breastfeeding in kindergarten teachers.

Keyword : exclusive breastfeeding; knowledge; behavior

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Background. The World Health Organization (WHO) and the United Nations Childrens Fund (UNICEF) recommend that mothers breastfeed their babies within the first hour after giving birth and continue until the age of the first 6 months of the baby's life. The introduction of complementary foods with adequate and safe nutrition is given when the baby enters the age of 6 months by continuing to breastfeed for up to 2 years or more (WHO, 2016).

The still low coverage of breastfeeding and not achieving the target of breastfeeding coverage can be caused by several factors such as socio-cultural changes, psychological factors, maternal physical factors, lack of health workers, increased promotion of substitute for breast milk, and misinformation from health workers. According to the Ministry of Health's 2017 Data and Information Center, exclusive breastfeeding in Indonesia is only 35%. This figure is still far below the WHO (World Health Organization) recommendation of 50%.

In addition, because of the lack of support from the family, especially the husband in breastfeeding, lack of knowledge of the

benefits of breastfeeding and the low level of mother's education can be the cause of the low level of exclusive breastfeeding. Most mothers are less aware of the importance of breastfeeding as the baby's main food (Prasetyono, 2009). Some other obstacles which become the inhibiting factors of exclusive breastfeeding are the large number of formula milk promotions through institutional approaches and through the media and even directly through mothers (Soetjiningsih, 2013).

According to Sulistiyowati and Siswantara (2014) stated that the disruption of the exclusive breastfeeding process occurred because of the large number of working mothers. Constraints on working mothers in providing exclusive breastfeeding due to the distance of workplaces far enough from home, the lack of availability of room facilities for milking milk at work, the type of work and unsupportive work environment conditions and the low implementation of reproduction health rights for women workers. This needs to be addressed further, especially considering the increasing number of female workers in Indonesia from time to time (Abdullah, 2012).

For working mothers, it is very important to know lactation management. In addition, working mothers also need to respond and look positively to lactation management in order to achieve success in providing exclusive breastfeeding. Thus, even though the mother works outside the home, she can still give exclusive breastfeeding to her baby (IDAI, 2010). But in addition to lactation management, other internal and external factors must also be considered in the success of giving exclusive breastfeeding to working mothers. These factors include the level of education, knowledge, income, parity, perception, facilities and infrastructure, family support, the role of health workers in the workplace and socio-culture. This study aims to analyze the relationship of knowledge with exclusive breastfeeding behavior in kindergarten teachers.

Methods. This research uses descriptive analytic study design with cross sectional approach. was conducted in January - March 2019. The sample of this study was Kindergarten Teachers in Tawang District who still had children under 0-2 years of age totaling 48 people. This study uses Spearman rank test data teachers.

Result and Discussion.

Knowledge of exclusive breastfeeding. Knowledge about exclusive breastfeeding mostly has a good level of knowledge that is 35 people (72.9%) and enough categories of 13 people (27.1%).

This is consistent with what was revealed by Gumiarti (2011) where the level of one's education will affect the level of acceptance and understanding of an object or material that is manifested in the form of knowledge. The higher the level of one's education will affect the level of mastery of the material that must be mastered in accordance with the goals and objectives.

Notoatmodjo (2003) stated that behavior three-factor exclusive breastfeeding namely predisposing actors, factors enabling, and amplifier factor. Predisposing factors include: knowledge and attitudes of society to health. Tradition and public trust in things things related to health, the value system adopted by society,6 education level, social level the economy. Besides that, it is influenced by attitude and behavior officer health as one of the reinforcing factors (reinforcing factor) on behavior exclusive breastfeeding.

Exclusive Breastfeeding Behavior. The behavior of exclusive breastfeeding mostly has exclusive breastfeeding behavior, namely 28 people (58.3%) and not exclusive breastfeeding 20 people (27.1%).

Exclusive breastfeeding behavior is that babies are only breast-fed for 6 months, without the addition of other liquids such as formula milk, oranges, honey, tea water, and water, and without the addition of solid foods such as bananas, milk porridge, biscuits, rice porridge and rice team. While the behavior of exclusive breastfeeding is knowledge, perceptions and attitudes and concrete actions from the mother and her environment towards exclusive breastfeeding. Breastfeeding starts from the first time a newborn baby is continued until a minimum period of 6 months without being given additional food and drinks, including the accuracy of the form of breastfeeding, frequency of breastfeeding (Prasetyaningrum, 2013).

Relationship of Knowledge with Exclusive Breastfeeding Behavior.

Kindergarten teachers who have a good level of knowledge about exclusive breastfeeding, the majority of mothers have exclusive breastfeeding behavior that is as many as 26 people (74.3%), and at kindergarten teachers who have a sufficient level of knowledge, most of them have no giving behavior Exclusive ASI as many as 11 people (84.6%).

Spearman rank correlation test results, obtained rcount of 0.531 with a significance level of p value of 0.000, it means there is a correlation between knowledge and behavior of exclusive breastfeeding to kindergarten teachers. The correlation coefficient of 0.531 shows a positive correlation with a moderate degree of closeness, which is between 0.400-0.599. Thus it means that there is a relationship between knowledge and the behavior of exclusive breastfeeding to kindergarten teachers.

Mothers who have successfully breastfed a child before with knowledge and experience of how to give ASI properly and correctly will support the next lactation. Conversely, failure to breastfeed in the past will affect a mother to breastfeeding now (Departemen Kesehatan RI, 2012)

From the data obtained, not only respondents with high education who have good knowledge about exclusive breastfeeding, respondents with secondary education also

have knowledge. This can be caused due to factors other than education that affect how much information and knowledge they receive. The knowledge they obtain can be through internal factors such as: work, in terms of work housewives will be met by many people in the world of work and there can be a place to get information, then in terms of age, the more mature the level of maturity and strength of a person will more mature in work and thinking and external factors for example from neighbors who share stories about exclusive breastfeeding, or they get information from print media, electronic media, and other social media (Wawan, 2010).

Conclusion and Suggestions. There is a correlation between knowledge and exclusive breastfeeding behavior in kindergarten teachers. It was recommended for the public, especially mothers who will breastfeed to dig up information about the importance of exclusive breastfeeding so that they can provide exclusive breastfeeding to their babies while breastfeeding. health agencies to be able to maintain continued improvement in the extension program, especially in counseling exclusive breastfeeding, so that the achievement of exclusive breastfeeding continues to increase.

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