

The Relationship of Education, Early Initiation of Breastfeeding and Parity with the Success of Exclusive Breastfeeding at the Muara Burnai Health Center, Lemrub Jaya District, Ogan Komering Ilir Regency 2021

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ABSTRACT

Background: One way to reduce the infant mortality is through the Early Initiation of Breastfeeding (EIB) and continued with the exclusive breastfeeding until the baby reaches 6 months old. The Government Regulation No. 33 of 2012 instructs the Local Governments and the Private Sectors to work together to encourage the exclusive breastfeeding and early initiation of breastfeeding (EIB). Through the Government Regulations, the government formalizes the women's right to breastfeed (including at the workplace) and bans the promotion of breast milk substitutes. The objective of this study was to know the relationship of education, EIB, and parity with the exclusive breastfeeding. The research design used in this study was the analytical survey method with the cross sectional design. The population in this study contained 76 mothers having babies aged 7-12 months at the work area of Puskesmas Muara Burnai, Lemembu Jaya District, Ogan Komering Ilir Regency, who were successful in giving the exclusive breastfeeding. Based on the results of the study that used the chi-square statistical test, it was found that there was a significant relationship between education and exclusive breastfeeding with the p. value = 0.001, there was a significant relationship between EIB and exclusive breastfeeding with the p. value = 0.000, there was a significant relationship between parity and exclusive breastfeeding with the p. value = 0.002. It could be concluded that there was a significant relationship between education, EIB, and parity with exclusive breastfeeding. It is recommended that the health workers at Puskesmas Muara Burnai,

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1. Introduction

The success of exclusive breastfeeding begins with the optimal implementation of the IMD process. Besides being the starting point for the success of exclusive breastfeeding, IMD is believed to have many benefits for the mother, namely when the baby's touch, suck, and lick on the mother's nipple during the initiation of early breastfeeding, it will stimulate the release of the hormone oxytocin which causes the uterus to contract, thus helping the expulsion of the placenta and reducing bleeding in the mother.]

The Infant Mortality Rate (IMR) is one of the indicators in seeing the success of maternal and infant health. WHO (World Health Organization) data shows that the lowest infant mortality rate (IMR) in Southeast Asian countries is Singapore (2.26), followed by Malaysia (6.65), Thailand (7.80), Brunei Darussalam (9.83), and Vietnam (16.50). Based on data from the United Nations (UN), the infant mortality rate in Indonesia in 2019 was 21.12/1000KH. This figure decreased from the record in 2018 when the infant mortality rate in Indonesia still reached 21.86/1000KH or in 2017 which reached 22.62/1000KH [1].

While the Infant Mortality Rate (IMR) in South Sumatra Province in 2019 was 41/100KH, one of the 10 causes was diarrhea. (South Sumatra Provincial Health Office, 2020). According to Bappenas (2015), the main causes of infant mortality in Indonesia are 46.2% neonatal mortality, 15.0% diarrhea, 12.7% pneumonia and 17.8% infant health status. Various efforts have indeed been made to reduce maternal, newborn, infant and

under-five mortality, among others through the placement of midwives in the village, empowering families and communities by using the Maternal and Child Health Book (KIA Book) and the Childbirth Planning and Complications Prevention Program. P4K), as well as the provision of health facilities for Basic Emergency Neonatal Obstetrics Services (PONED) at health centers for care and Comprehensive Emergency Neonatal Obstetrics Services (PONEK) in hospitals [2].

One way to reduce infant mortality is through Early Initiation of Breastfeeding (IMD) and continued with exclusive breastfeeding until the baby is 6 months old. Government Regulation No. 33 of 2012 instructs local governments and the private sector to work together to support exclusive breastfeeding and early initiation of breastfeeding (IMD). Through a Government Regulation, the government formalized the right of women to breastfeed (including in the workplace) and prohibited the promotion of breast milk substitutes. Exclusive breastfeeding and IMD aims to meet the nutritional needs of infants and prevent malnutrition in infants. The government advises regions to provide special facilities for breastfeeding mothers in the workplace so that mothers can continue to breastfeed their babies (Alim, 2019). Skin contact helps the process of skin colonization, where bacteria that stick to the mother's skin and are licked by the baby, it is known that these bacteria are beneficial for the baby, acting as an antibody substance to protect the baby from germs in the baby's external environment. According to research, it is known that babies who are given the opportunity to breastfeed early will succeed in exclusive breastfeeding eight times greater than babies who are not given the opportunity to breastfeed early. This means that the next baby will be more likely to be breastfed until he is two years old or more. The benefits of IMD for both the baby and the mother are enormous. (Novitasariet, 2019). [3].

Still The low coverage of exclusive breastfeeding for 0-6 months is also due to maternal parity, According to Ebrahim (2013), a mother who experiences the second lactation and so on tends to be better than the first. The second lactation experienced by the mother means that the mother has had experience in breastfeeding her child. Likewise in the third lactation and so on. Whereas in the first lactation the mother did not have experience in breastfeeding so that the mother did not know how to properly and correctly breastfeed her baby. [4].

Soetjningsih, et al (2013), stated that the parity factor is one of the factors that influence the behavior of mothers to carry out Early Initiation of Breastfeeding (IMD) [5]. Madjid's research (2013) shows that mothers who have children for the first time (primiparous) breastfeeding problems often arise, in contrast to multiparous mothers who have breastfed before [6]. Ratri's research (2015) shows the same thing that parity affects early breastfeeding behavior [7].

According to several surveys The low rate of exclusive breastfeeding is due to a lack of public understanding and even health workers about the benefits and importance of exclusive breastfeeding for infants aged 0-6 months, intensive promotion of formula milk, difficult monitoring, inaccurate recording and reporting, lack of counselors Breastfeeding in the field, hospitals, maternity clinics do not love babies, there are no strict sanctions for hospitals/maternity clinics/private practice midwives that do not love babies, and there are still many hospitals that do not carry out joint care between mothers and babies, and the low initiation of early breastfeeding (IMD) [8].

Data from the Ogan Komering Ilir Health Service shows the number of babies who were exclusively breastfed in 2018 as many as 6,625 (58.24%), in 2019 as many as 10,947 (61.17%) and in 2019 as many as 6,795 (57.92%) (OKI District Health Office, 2020). Based on data from the Muara Burnai Public Health Center, Lemembu Jaya District, Ogan Komering Ilir Regency, the number of babies who were exclusively breastfed in 2018 was 61,581, in 2019 as many as 59,195 and in 2020 as many as 58,064. [9].

It can be seen from the data above that the percentage of exclusive breastfeeding at the Muara Burnai Health Center, Lemembu Jaya District, Ogan Komering Ilir Regency, has decreased. Based on the description above, the authors are interested in conducting a research entitled "The Relationship of Education, Early Initiation of Breastfeeding and Parity with the Success of Exclusive Breastfeeding at the Muara Burnai Health Center, Lemrub Jaya District, Ogan Komering Ilir Regency in 2021".

2. Methods

This study uses analytical quantitative research using a cross sectional research design, the study was conducted on August 9 – 31, 2021, the sample of this study was part of the mothers who have babies aged 7-12 months who are successful in providing exclusive breastfeeding in the working area of the Muara Burnai Health Center, Lemembujaya District, Ogan Komering Ilir Regency, the number of samples in this study was 61 people.

3. Results and Discussion

3.1 Research Result

a. Univariate Analysis

Table 1

Distribution of Frequency and Percentage of Respondents Based on Exclusive Breastfeeding in the working area of the Muara Burnai Health Center, Lemembujaya District Ogan Komering Ilir Regency in 2021

Exclusive Breastfeeding	f	%
Yes	50	74.6
Not	17	25.4
Tbrain	67	100

Based on table 1, it is known that more than half of the respondents (74.6%) exclusively breastfed.

Table 2

Distribution of Frequency and Percentage of Respondents Based on Educational Variables in the working area of the Muara Burnai Health Center, Lemembujaya District Ogan Komering Ilir Regency in 2021

Education	f	%
higher education	55	82.1
Low education	12	17.9
Tbrain	67	100

Based on table 2 it is known that most of the respondents (82.1%) are educated.

Table 3

Distribution of Frequency and Percentage of Respondents Based on Variables IMD in the working area of the Muara Burnai Health Center, Lemembujaya District Ogan Komering Ilir Regency in 2021

IMD	F	%
Doing IMD	51	76.1
Not Doing IMD	16	23.9
Tbrain	67	100

Based on table 3, it is found that most (76.1%) respondents did IMD.

Table 4

Distribution of Frequency and Percentage of Respondents by Parity in Region Muara Burnai Public Health Center, Lemrub Jaya Sub-district Ogan Komering Ilir Regency in 2021

parity	F	%
Primipara	59	88.1
Multipara	8	11.9
Tbrain	67	100

Based on table 4 it was found that the majority (88.1%) of the respondents were primiparous.

b. Bivariate Analysis

Table 5
The Relationship of Educational Variables with Exclusive Breastfeeding at the Muara Burnai Public Health Center, Lemembu Jaya District, Kab. OKI 2021

No	Education	Exclusive Breastfeeding						p Valu	OR
		Yes		Not		Tbrain			
		f	%	f	%	F	%		
1.	higher education	46	83.6	9	16.4	55	100	0.001	10,222
2.	Low education	4	33.3	8	66.7	12	100		
	Tbrain	50	-	17	-	67	-		

PaFrom table 5 it is known that from 55 respondents who are educatedheight 46 people (83.6%)including exclusive breastfeeding, while 9 people (16.4%) did not experience exclusive breastfeeding. From the results of the chi-square test, p value = 0.001 <0.05, meaning that there was a significant relationship between education and exclusive breastfeeding. From the analysis obtained OR value: 10,222, which means that respondents are educatedtall10,222 times the chance to exclusively breastfeed compared to respondents with low education.

Table 6
The Relationship between IMD Variables and Exclusive Breastfeeding at the Muara Health Center Burnai, Lemrub Jaya District, Kab. OKI 2021

No	IMD	electionihan KB inject 3 months						p-Value	OR
		Yes		Not		Tbrain			
		f	%	F	%	f	%		
1.	IMD	48	94.1	3	5.9	51	100	0.000	112,000
2.	No IMD	2	12.5	14	87.5	16	100		
	Tbrain	50	-	17	-	67	-		

In table 6 it is known that out of 51 respondents who did BMI, 48 people (94.1%) of them gave exclusive breastfeeding, while 3 people (5.9%) did not breastfeed exclusively, and the chi-square test results obtained a p value. value = 0.000 <0.05, it means that there is a significant relationship between BMI and exclusive breastfeeding. From the analysis obtained OR value: 112,000, which means that respondents who do IMD have 112,000 times the opportunity to give exclusive breastfeeding exclusively compared to respondents who do not do IMD.

Table 7
The Relationship of the Parity Variable with Exclusive Breastfeeding at the Muara Health Center Burnai, Lemrub Jaya District, Kab. OKI 2021

No	Education	Selection of 3 Months Injectable						p- Value	OR
		KR Yes		Not		Tbrain			
		N	%	N	%	N	%		
1.	higher education	17	44.7	21	55.3	38	100	0.004	0.231
2.	Low education	35	77.8	10	22.2	45	100		
	Tbrain	52	-	31	-	83	-		

In table 7, it is known that from 59 primiparous parity respondents, 48 people (81.4%) gave exclusive breastfeeding, while 11 people (18.6%) did not exclusively breastfeed, from the statistical test results obtained p value = 0.002 < 0.05. This means that the hypothesis that there is a relationship between parity and exclusive breastfeeding is statistically proven. From the analysis, the OR value: 13,091, which means that respondents who have primiparous parity have a 13,091 chance of exclusive breastfeeding compared to respondents who have multiparity parity.

3.2 Discussion

a. Relationship between Education and Exclusive Breastfeeding

Based on the results of the chi-square test, the value of Asymp Sig (2 sides) = 0.001 or p value < α (0.05),

then based on the basis of the decision above, it can be concluded that H_a is accepted and H_0 is rejected. Thus there is a significant relationship between education with exclusive breastfeeding. The distribution of education with exclusive breastfeeding of 50 respondents who gave exclusive breastfeeding, mostly 46 people (83.6%) had high education, and 4 people (33.3%) had low education. Based on the data analysis, the OR value: 10,222, it means that educated respondentstall10,222 times the chance to exclusively breastfeed compared to respondents with low education.

Education is all planned efforts to influence other people, both individuals and groups or society so that they do what is expected by education actors [10]. According to the Education Law Number 9 of 2009, formal education is a structured and tiered educational path consisting of basic education, secondary education, and higher education. think more rationally. A mother's low education allows her to be late in adopting new knowledge, especially about matters related to breastfeeding patterns.

The results of this study are in line with Refi's research (2019), entitled Relationship of Knowledge, Education and Family Support with Exclusive Breastfeeding, the results of this study indicate that there is a relationship between knowledge and exclusive breastfeeding ($p = 0.001$), education and exclusive breastfeeding ($p = 0.001$) = value 0.001) and family support with exclusive breastfeeding ($p =$ value 0.001) in Peucangpari Village, Cigemblong District, Lebak [11]. However, the results of this study are different from the results of Siti Husaidah's research (2020), which shows that there is no significant relationship between education and exclusive breastfeeding with p value $0.304 > 0.05$,

From the results of the research and theories that have been described previously, the researchers assume that education affects the knowledge, mindset and behavior of mothers, mothers with higher education will more easily absorb knowledge information about the benefits of exclusive breastfeeding, so that mothers will consciously give exclusive breastfeeding .

b. IMD Relationship with Exclusive Breastfeeding

Based on the results of the chi-square test, the value of Asymp Sig (2 sides) = $0.000 < 0.05$, so based on the basis of the decision above, it can be concluded that H_a is accepted and H_0 is rejected. Thus there is a significant relationship between IMD and exclusive breastfeeding. The distribution of IMD with exclusive breastfeeding, of the 50 respondents who gave exclusive breastfeeding, mostly 48 people (94.1%) did IMD and 2 of them (12.5%) did not. do IMD.

From the analysis, the OR value: 112,000, meaning that respondents who did IMD had 112,000 times the opportunity to give exclusive breastfeeding exclusively compared to respondents who did not do IMD.

Early Initiation of Breastfeeding (IMD) is giving as soon as possible breast milk (ASI) to babies[13]. Early breastfeeding also familiarizes babies with getting used to consuming breast milk for their growth and development, because breast milk is a food that has high nutritional value. which in breast milk contains complete nutritional elements needed by infants in their growth and development in the future.

Early initiation of breastfeeding (IMD has an important meaning in stimulating milk production and strengthening the baby's sucking reflex. The early sucking reflex in infants is strongest in the first few hours after birth and increases the length of time the baby is breastfed. Therefore, early initiation of breastfeeding will be more beneficial for continued breastfeeding). Breastfeeding versus not early initiation of breastfeeding [14].

This is in line with research conducted by Nurcahyani (2017)[15]. in his research stated that there was a relationship between early initiation of breastfeeding and the success of exclusive breastfeeding in the work area of the Godean II Health Center with a moderate level of closeness. This is obtained from the results of statistical tests with a p value of 0.002. Furthermore, the same results were also obtained from Hasnah's research (2020) [16], which stated that there was a relationship between early initiation of breastfeeding and exclusive breastfeeding with p value = $0.007 < 0.05$.

Based on the results of the research and supporting theories that have been described previously, the researchers assume that IMD will increase the emotional closeness between mother and baby so that babies prefer breast milk over formula milk, and mothers will be more sensitive to the baby's needs for breast milk, so that mothers will realize that breastfeeding Exclusive is the food that babies really need

c. The Relationship of Parity with Exclusive Breastfeeding

Based on the results of statistical tests, the value of Asymp Sig (2 sides) = 0.002 or p value $< \alpha < 0.05$, so based on the basis of the decision above, it can be concluded that H_a is accepted and H_0 is rejected. Thus, there is a significant relationship between parity and exclusive breastfeeding. Thus the hypothesis that there is a relationship between parity and exclusive breastfeeding is statistically proven. The distribution of parity with exclusive breastfeeding from 50 respondents who gave exclusive breastfeeding, mostly 48 respondents were primiparous (81.4%) and 2 of them were multiparous (25%).

From the analysis, it was obtained that the OR value: 13,091, meaning that respondents who had primiparous parity had a 13,091 chance of exclusive breastfeeding compared to respondents who had multipara parity.

Parity is the number or number of deliveries that the mother has experienced, both live and stillbirth [17].. Soetjiningsih (2017) [18], states that the parity factor is one of the factors that influence the behavior of mothers to exclusively breastfeed.

And the results of this study are in line with research conducted by Anis and Wiwit (2018), the results of statistical tests using Chi Square on $\alpha = 0.05$, the value of $P = 0.0004915$ is bivariate, there is a significant effect between parity and the success of exclusive breastfeeding [19].

Based on the results of the research and supporting theories that have been described previously, the researchers assume that primiparas and mothers who are having children for the first time will feel new experiences and their own happiness if they can exclusively breastfeed.

4. Conclusion

There is a relationship between education, early initiation of breastfeeding, and simultaneous parity with exclusive breastfeeding at the Muara Burnai Health Center, Lemembu Subdistrict, Ogan Komering Ilir Regency in 2021.

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