

Development of Informative Learning Media About Exclusive Breastfeeding

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Abstract

The number of breastfeeding mothers in the Kahuripan Tasikmalaya Puskesmas area was 897, 41% had entered the target for achieving exclusive breastfeeding, the realization of the achievement in 2017 was 85.6% and in 2018 92.4%. The research objective was to develop an informative learning media about exclusive breastfeeding that can be conveyed to pregnant and breastfeeding mothers so that it can effectively increase the knowledge, attitudes and behavior of breastfeeding mothers in exclusive breastfeeding. This study uses a quasi-experimental method. This research was conducted in March-July 2019 in the Kahuripan Community Health Center, Tasikmalaya City. The population in this study were all pregnant women and breastfeeding mothers who had babies aged 0-6 months and were in the Kahuripan City Tasikmalaya Community Health Center in 2019 as many as 54 respondents consisting of 20 pregnant women and 34 breastfeeding mothers. After the informative learning media for exclusive breastfeeding is made (in the form of video) it is used as an intervention tool, between pre and post intervention using the Wilcoxon test, the significance value for the knowledge level is 0.001 and the attitude is 0.046 which means that there are differences in knowledge and attitudes before and after the intervention, while the behavior is 1,000 which means no there are differences before and after the intervention. The information media that is made should be an attraction for breastfeeding exclusively.

Keywords: Exclusive breastfeeding and informative learning media.

1. Introduction

The Infant Mortality Rate (IMR) in Indonesia is still quite high, namely 34/1000 live births. This figure is still quite high compared to Malaysia and Singapore. The IMR for Malaysia is 16/1000 live births, while Singapore is 2/1000 live births[1]

The infant mortality rate in Indonesia must be reduced in 2015 by 23 / 100,000 live births in accordance with the Millennium Development Goals 4 (MDGs 4). This target is still far from being achieved in a very short period of time (Directorate of Child Health, 2013). Whereas according to UNICEF, the death of 30 thousand Indonesian children every year can be prevented through exclusive breastfeeding for six months from the time the baby is born [2], [3].

WHO (World Health Organization) also recommends that newborns receive exclusive breastfeeding for six months because breast milk is the best natural nutrition for babies and contains the most suitable nutrients for baby growth. Babies who are given formula milk according to UNICEF have a chance of dying in the first month of birth and babies who are

given formula milk are 25 times more likely to die than babies who are given exclusive breastfeeding. Exclusive breastfeeding is of great benefit to babies, but in Indonesia the exclusive breastfeeding coverage rate is still sufficient low, only 33.6% of infants are exclusively breastfed [2], [4], [5]

The reasons for the low rate of exclusive breastfeeding in Indonesia include only 40% of the hospitals that implement the Hospital for Mother and Baby as the implementation of 10 successful breastfeeding steps, many government and private hospitals receive sponsorships and prizes in the form of formula milk samples, kit bags, calendars, ballpoint pens, block notes, child status cards and other forms that undermine efforts to increase exclusive breastfeeding. Another factor that causes the low breast milk coverage rate is the inadequate dissemination of information among health workers and the public. Only 60% of the public knows about breastfeeding information and only about 40% of trained health workers can provide breastfeeding counseling[6]–[8].

Research conducted by Siregar (2004) explains that there are various factors that influence exclusive breastfeeding, including breastfeeding that does not come out immediately after giving birth / lack of milk production, difficulty for babies to suck, the condition of the mother's nipples that do not support working mothers and the effect of breastfeeding substitutes[9].

The number of breastfeeding mothers in the Kahuripan Puskesmas area was 897 people in 2017, the target number of exclusive breastfeeding was 277 people, while the total achievement of exclusive breastfeeding in 2017 was 237 people. In 2018, from January to June, the target of exclusive breastfeeding was 92 people, while the achievement of exclusive breastfeeding was 85 people (Maternity Child Health Programe Kahuripan 2017 and 2018 reports). The achievement of exclusive breastfeeding in Indonesia has not reached 80%. Based on the 2013 IDHS report, the achievement of exclusive breastfeeding was 42%. If a baby is not given breast milk and is replaced with other fluids / foods besides breast milk, the baby will not get immunity, and will be malnourished. In the absence of antibodies, the baby will be susceptible to various diseases and increase infant mortality[10][11].

2. Research Method

Quasi-experimental quantitative research design one group pre and post test. Research respondents were selected with inclusion criteria, namely those who meet the requirements of mothers who are breastfeeding exclusively, trimester III pregnant women and are willing to be respondents). Based on these criteria, there were 54 respondents consisting of 20 pregnant women and 34 breastfeeding mothers. The instrument used was a questionnaire containing statements about the knowledge, attitudes and behavior of mothers about exclusive breastfeeding that were valid and reliable.[11].

3. Result

Research Respondents Frequency Distribution:

Table 3.1. Frequency Distribution of Research Respondents by Age of Gestation and Age of Breastfeeding

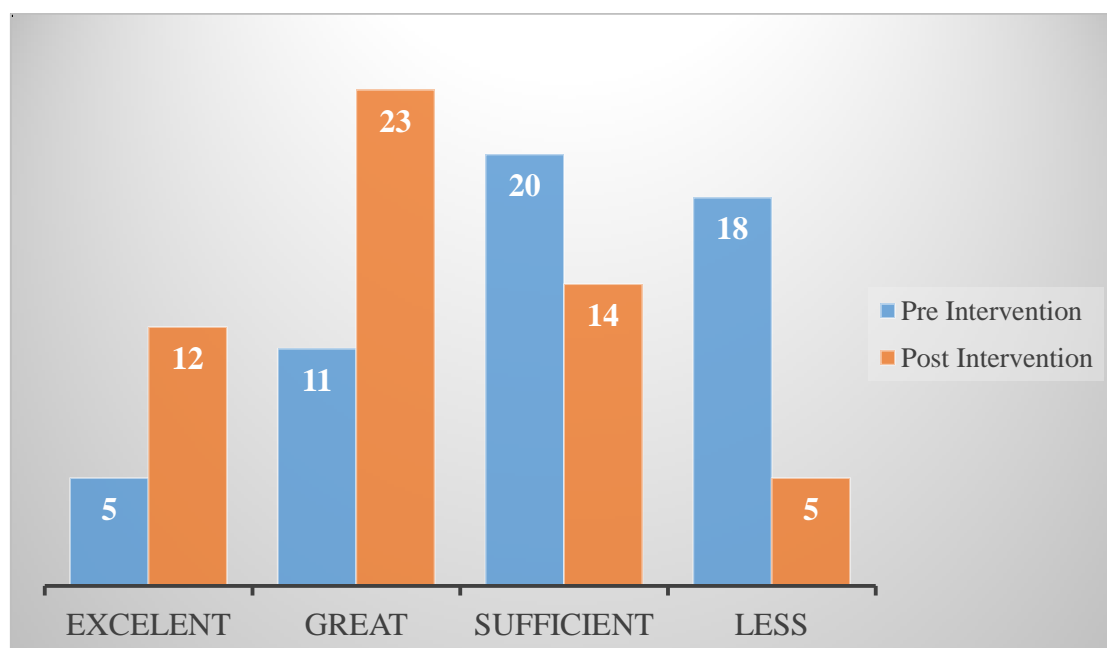
Respondent Characteristics	Frequency	Percentage (%)
Pregnant Mother	20	37,04
• 30 weeks	5	25
• 31 weeks	1	5
• 32 weeks	8	40

• 33 weeks		2	10
• 34 weeks		1	5
• 36 weeks		2	10
• 37 weeks		1	5
Breastfeeding Mother	34		62,96
• 1 weeks		7	20,6
• 2 weeks		7	20,6
• 3 weeks		3	8,8
• 4 weeks		4	11,8
• 8 weeks		3	8,8
• 12 weeks		4	11,8
• 16 weeks		3	8,8
• 20 weeks		1	2,9
• 24 weeks		1	2,9
• 20 weeks		1	2,9

Source: Empirical Research, 2019.

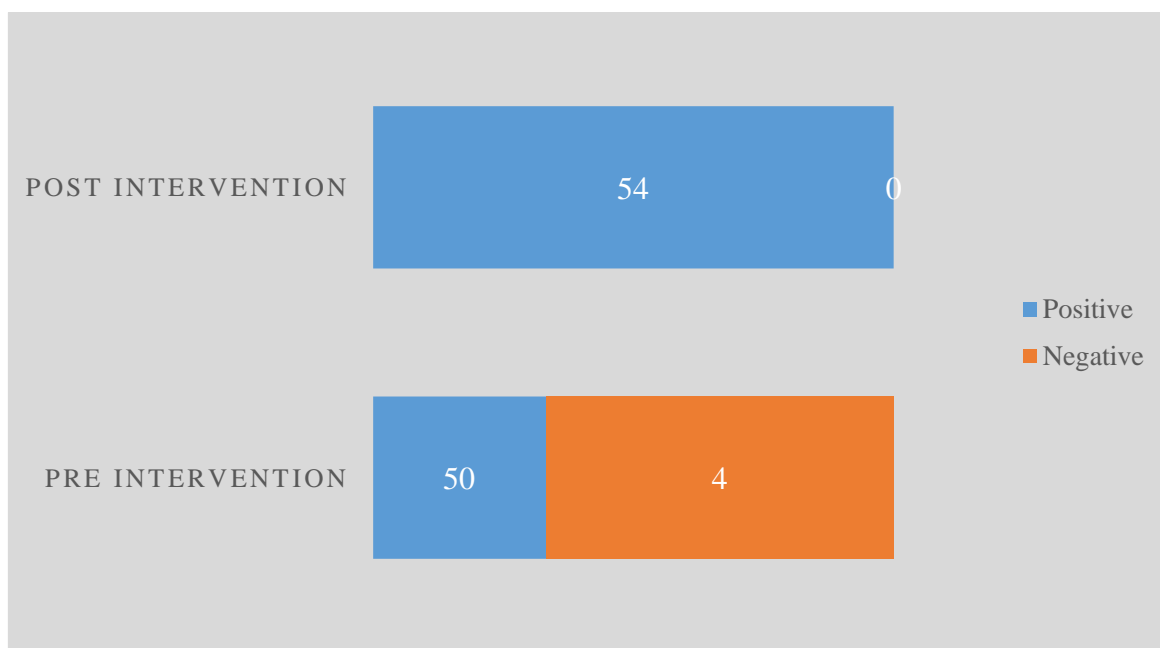
Based on table 3.1. The number of pregnant women respondents was 20 people (37.04%), the number of breastfeeding mothers was 34 people (62.96%), the pregnancy age of the respondents was in the third trimester category at 32 weeks of gestation as many as 8 people (40%) most at 1 and 2 weeks after birth, as many as 7 people (20.6%).

Graph 3.1. Changes in the level of knowledge before and after intervention :



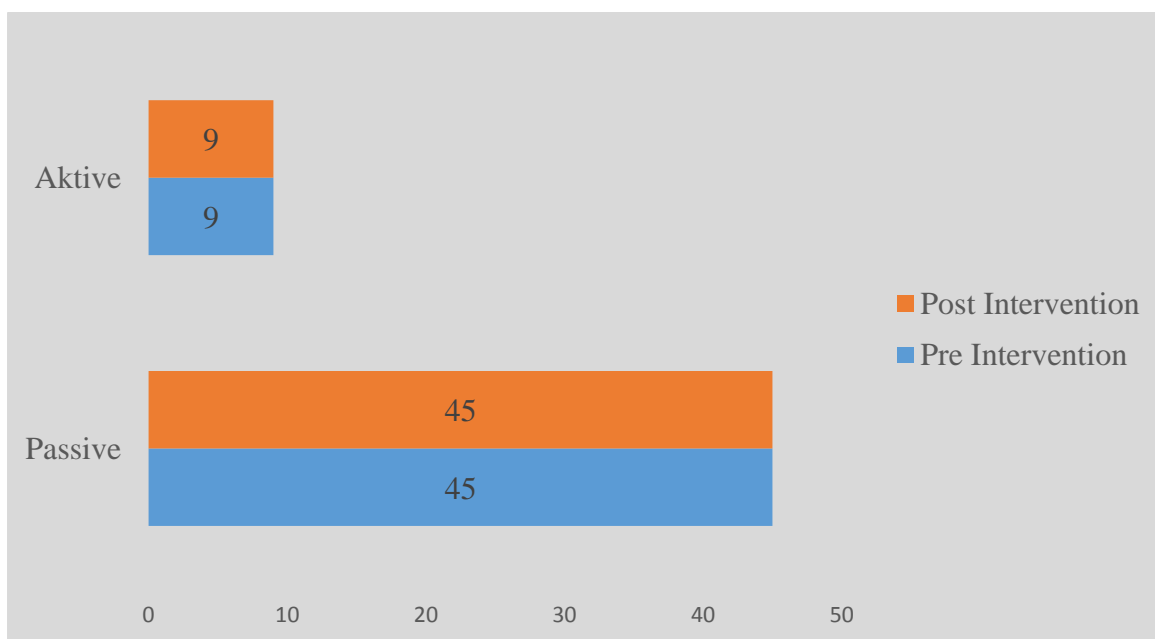
Based on graph 3.1, the highest pre-intervention respondent knowledge level was in the sufficient category as many as 20 people (37.0%), the lowest was in the very good category as many as 5 people (9.3%), while the post intervention level of knowledge of the respondents in the good category was 23 people (42, 6%), the lowest level of knowledge was less than 5 people (9.3%).

Graph 3.2. Changes in attitude before and after the intervention:



Based on graph 3.2, there were 50 respondents (92.6%) who had positive attitudes before the intervention, while 4 (7.4%) had negative attitudes, while 54 people (100%) had positive attitudes for the post intervention.

Graph 3.3. Behavior changes before and after the intervention:



Based on graph 3.3 the passive behavior of respondents is 45 people (83.3%) and active behavior of respondents is 9 people (16.7%) while the passive behavior of post-intervention respondents is 45 people (83.3%) and only 9 people have active behavior people (16.7%).

The Wilcoxon test results are shown in tables 3.2, 3.3, and 3.4 below.

Table 3.2 Wilcoxon Test Results on knowledge before and after the intervention:

Z	-4.134
Asymp. Sig. (2-tailed)	.000

In graph 3.1 above shows 39 respondents whose knowledge decreased than before the intervention, there were 8 respondents whose knowledge had increased, there were also 7 respondents whose knowledge was the same either before or after the intervention.

In table 3.2 above the significance value shows the number 0.000 there is a difference in knowledge before and after the intervention.

The Wilcoxon Test Results on attitudes before and after the intervention of serving informative learning media are as follows:

Table 3.3. The results of the Wilcoxon Test on attitudes before and after the intervention:

Z	-2.000 ^b
Asymp. Sig. (2-tailed)	.046

Graph 3.2 above shows 4 respondents with negative attitudes than before the intervention, there were no respondents whose attitudes were positive, there were 50 respondents who had the same attitude either before or after the intervention.

In table 3.3 above the significance value shows the number 0.046 there are differences in attitudes before and after the intervention.

The results of the Wilcoxon Test on behavior before and after the intervention of serving informative learning media are as follows:

Table 3.4. The results of the Wilcoxon Test on behavior before and after the intervention :

Z	.000 ^b
Asymp. Sig. (2-tailed)	1.000

Graph 3.3 above shows that there are no respondents whose behavior changes and all 54 respondents whose behavior remains or is the same either before or after the intervention.

In table 3.4 above the significance value shows that the number 1,000 shows no difference in behavior before and after the intervention.

4. Discussion

Based on table 3.1. The number of pregnant women respondents was 20 people (37.04%), the number of breastfeeding mothers was 34 people (62.96%). The characteristics of the respondents consisted of pregnant women and nursing mothers. In this study, respondents were pregnant women and nursing mothers in accordance with the results of Eko's (2013) research on the development of informative learning media about exclusive breastfeeding for pregnant and nursing mothers.[12][13].

In table 3.1. The respondent's gestational age was included in the third trimester category, most at 32 weeks of gestation by 8 people (40%). The respondent's gestational age was included in the third trimester of pregnancy, starting from 28 weeks-40 weeks, this is in

accordance with the research[14], [15]. In the third trimester of pregnancy, at least 2x antenatal care is performed. At the time of antenatal care, a minimum of 7T should be provided (weighing, measuring blood pressure, measuring fundal height, giving TT immunization, administering blood-supplemented tablets, PMS tests and talks.[16].

In table 3.1. Most babies were at 1 and 2 weeks after birth, as many as 7 people (20.6%). In this study, the age of the baby was limited from 0-6 months, according to the WHO theory (2013), newborns must receive exclusive breastfeeding for six months because breast milk is the best natural nutrition for babies and contains the most suitable nutrients for baby growth.[17], [18].

In the graph table 3.1. The highest level of pre-intervention respondent knowledge was in the sufficient category of 20 people (37%), while the lowest was in the very good category of 5 people (9.3%). Based on table 5.7, the level of knowledge of the respondents was in the good category by 23 people (42.6%), while the level of knowledge was less than 5 people (9.3%). Knowledge is the result of knowing and this occurs after people sensing a certain object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most of human knowledge is obtained through the eyes and ears[19][20].

In tables 3.2 and 3.3 there is a change in knowledge and attitudes, while in table 3.4 there is no change in behavior, the most appropriate method to find out behavior is by observing either directly or indirectly.[21].

5. Conclusion

Based on the results of the analysis that has been presented, the authors conclude that:

- a. The number of pregnant women was 20 people and breastfeeding mothers were 34 people
- b. Knowledge, pregnant and lactating women about exclusive breastfeeding is in the sufficient category
- c. The attitude of breastfeeding mothers about exclusive breastfeeding is in the positive category
- d. Mother's behavior in giving exclusive breastfeeding to her baby is in the category of active behavior
- e. Creating informative learning media about exclusive breastfeeding in the form of videos
- f. Knowledge, attitudes and behavior after the intervention, namely there are differences in knowledge before and after the intervention. There are differences in attitudes before and after the intervention, there are no differences in behavior before and after the intervention.

The informative learning media that have been made, have been submitted to health service institutions, should be an attraction for giving breastfeeding exclusively so that the target is achieved.

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