Knowledge and Attitudes of Pregnant Women in Giving Early Breastfeeding Initiation (IMD) to Babies

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1. Introduction

There are many measures that are relatively inexpensive and easy to implement to improve the health and survival of newborns, one of which is breastfeeding immediately after birth or so-called early initiation of breastfeeding and exclusive breastfeeding. This is supported by the statement of the United Nations Children’s Fund (UNICEF), that as many as 30,000 deaths in Indonesia and 10 million deaths under five in the world each year can be prevented by exclusive breastfeeding for six months from the date of birth without having to provide additional drinks and food.

According to the 2010 Indonesian Health Demographic Survey, only 10% of babies who were breastfed on the first day, 73% were given ASI for less than 2 months, 53% were given breast milk for 4 to 5 months as much as 20% and 49% exclusive breastfeeding until 6 months of age.

Early Breastfeeding Initiation is the process of a baby breastfeeding immediately after birth, where the baby is allowed to look for its mother’s nipple, early initiation of breastfeeding will greatly assist in the continuation of exclusive breastfeeding and the length of breastfeeding, so that the baby will have his needs met until the age of 2 years and prevent malnourished children.

Lidwina’s research (2007) states that in Indonesia only 8% of mothers give exclusive breastfeeding to their babies until they are six months old and only 4% of babies are breastfed by their mothers within the first hour after birth, and it is also known that the low percentage of exclusive breastfeeding and the low percentage of breastfeeding in the first hour is related to knowledge and attitudes of mothers about breastfeeding babies.

The Indonesian government supports WHO and UNICEF policies that recommend early initiation of breastfeeding as a "life-saving" measure, as early initiation of breastfeeding can save 22 percent of babies who die before one month of age. "Breastfeeding the first hour of life which begins with skin contact between mother and baby is stated as a global indicator. This is a new thing for Indonesia, and is a government program, so it is hoped that all health workers at all levels of health services, both private and public, can socialize, implement and support the success of the program, so it is hoped that quality Indonesian resources will be achieved.

Midwives have a role as educators, this role is carried out by helping mothers and their families to increase their level of knowledge and attitudes about the importance of early breastfeeding for babies after childbirth, so that behavior changes from mothers and families after health education. In addition, the midwife is a place for consultation on health problems or behavior. The provision of health education to groups of mothers allows mothers to get information and motivation related to an activity or action.

Based on the initial survey through interviews with 10 pregnant women about Early...
Breastfeeding initiation, it turned out that only 3 (30%) mothers knew and agreed about Early Breastfeeding initiation, 7 people (70%) did not know about Early Initiation of Breastfeeding, this shows that knowledge and the attitudes of other pregnant women regarding Early Breastfeeding initiation (IMD) are still bw, and they have never done Early Breastfeeding initiation (IMD) in that village.

Based on the above background, the researchers are interested in knowing the knowledge and attitudes of pregnant women in giving IMD to babies at the health center post hope in 2020.

2. Method

This research is an analytical survey research with a cross sectional design, namely research conducted by observing simultaneously to determine the independent and dependent variables.

According to Nursalam (2017), the population is every subject who meets the predetermined requirements, namely all pregnant women in the Puskesmas post hope area. The sample of this research is the third trimester pregnant women at the Puskesmas substation Harapan, as many as 32 respondents.

Data analysis in this study used univariate data analysis and bivariate data analysis. In this study, univariate analysis was carried out including the measurement of the independent variable and the dependent variable, namely the knowledge and attitudes of pregnant women. Bivariate analysis aims to see the relationship between knowledge and attitudes of pregnant women.

In this study, a normality test was conducted to determine whether the data were normally distributed or not. Furthermore, the Chi Square test was carried out with a significance of 95%. Data collection techniques in this study used primary data and secondary data.

Primary data is primary data collection, starting with asking questions in the form of a questionnaire that the researcher has prepared to assess the knowledge and attitudes of pregnant women about early initiation of breastfeeding. And secondary data is data taken from existing data, in the form of data on the number of pregnant women and an overview of the research location.

The data collection instrument used was a questionnaire sheet to assess the knowledge and attitudes of pregnant women about early breast feeding initiation. The knowledge questionnaire consists of 10 questions where if the respondent answers correctly is given a value of 1 and a wrong value is 0, then after the final score is obtained, it is categorized as good (if the respondent answers correctly ≥75%), less good (if the respondent answers correctly <75%). The attitude questionnaire consists of 10 statements with an answer assessment Strongly agree (SS) = 4, Agree (S) = 3, Disagree = 2, Strongly disagree (STS) = 1, for positive statements and vice versa for negative statements, after being obtained The final score for the attitude assessment is categorized again into a positive attitude (if the respondent answers correctly ≥ mean / median), a negative attitude (if the respondent answers correctly <mean / median).

3. Results and Discussion

This research was conducted using primary data through direct interviews with respondents using a questionnaire questionnaire with the variables studied, namely Knowledge of Pregnant Women (independent variable) and Attitude of Pregnant Women (dependent variable). The results of this study were analyzed by univariate and bivariate in order to find the relationship of the variables studied and displayed in the form of a frequency distribution table.

3.1. Univariate Analysis

Data is presented in tabular and textual form, this analysis is carried out to determine the frequency distribution and percentage, which are as follows:

a. Knowledge about Early Breastfeeding Initiation (IMD)

<table>
<thead>
<tr>
<th>No</th>
<th>Knowledge about IMD</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Good</td>
<td>20</td>
<td>62.5</td>
</tr>
<tr>
<td>2</td>
<td>Poor</td>
<td>12</td>
<td>37.5</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>32</td>
<td>100</td>
</tr>
</tbody>
</table>

From table 1 above, it is know that from 32 responden, it shows that most respondents have
knowledge of IMD in the good category, namely as many as 20 respondents (62.5%), greater than respondents who have knowledge of IMD in the poor category, namely 12 respondents (37.5%).

b. Attitudes about Early Breastfeeding Initiation (IMD)

Table 2

<table>
<thead>
<tr>
<th>No</th>
<th>Attitude About IMD</th>
<th>Frequency (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Positive</td>
<td>17</td>
<td>53.1</td>
</tr>
<tr>
<td>2</td>
<td>Negative</td>
<td>15</td>
<td>46.9</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>32</td>
<td>100.0</td>
</tr>
</tbody>
</table>

From table 2 above, it is known that from 32 respondents, it shows that some respondents have attitudes about IMD in the positive category, namely 17 respondents (53.1%) greater than respondents who have attitudes about IMD in the negative category, namely 15 respondents (46.9%) 3.2. Bivariate Analysis

Bivariate analysis was carried out to determine the relationship between knowledge and attitudes of pregnant women about MDI. The statistical test used is the Chi Square test with a significance limit of 95%. Bivariate analysis is presented in the form of tables and text, which are as follows:

a. Relationship of Knowledge and Attitudes of Pregnant Women about IMD

Table 3

<table>
<thead>
<tr>
<th>No</th>
<th>Knowledge About IMD</th>
<th>Positive n</th>
<th>Positive %</th>
<th>Negative n</th>
<th>Negative %</th>
<th>Total</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Good</td>
<td>15</td>
<td>88.2</td>
<td>5</td>
<td>33.3</td>
<td>20</td>
<td>100.0</td>
</tr>
<tr>
<td>2</td>
<td>Poor</td>
<td>2</td>
<td>11.8</td>
<td>10</td>
<td>66.7</td>
<td>12</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>17</td>
<td>100</td>
<td>15</td>
<td>100</td>
<td>32</td>
<td>100.0</td>
</tr>
</tbody>
</table>

From table 3 above, of the 32 respondents, it can be seen that most pregnant women have good knowledge and positive attitudes, as many as 15 respondents (88.2%).

The results of the chi square test showed a p-value of 0.005 <0.05, this indicates that there is a relationship between the knowledge and attitudes of pregnant women about IMD.

3.3. Discussion

a. Relationship of Knowledge and Attitudes of Pregnant Women about IMD

From table 3 above, of the 32 respondents, it can be seen that most pregnant women have good knowledge and positive attitudes, as many as 15 respondents (88.2%).

The results of the chi square test showed a p-value of 0.005 <0.05, this indicates that there is a relationship between the knowledge and attitudes of pregnant women about IMD.

The results of the above research are also in line with the results of Lestari's research (2009) in Bagan Deli Village, North Sumatra which examines the knowledge and attitudes of mothers who have babies 0-12 months about IMD with a total sample of 240 people, it is found that there is an effect of health education in improving attitudes. positive mothers about IMD.

Early breastfeeding initiation is when a baby starts to breastfeed itself immediately after birth. Provided that the baby is allowed to skin contact with the mother's skin, for at least one hour immediately after birth. The way babies initiate early breastfeeding is called the breast crawl or crawling looking for breasts.

Knowledge is the result of human sensing, or the result of knowing someone's object through the senses they have (eyes, nose, ears, etc.) Knowledge or cognitive is a very important domain for the formation of one's actions (over behavior). A person's knowledge of an object contains two aspects, namely positive and negative aspects. These two aspects will determine a person's attitude, the more positive aspects and objects that are known, the more positive attitude will be towards a certain object.

According to Notoatmodjo, there are 6 levels of knowledge, namely: know (know), understand (Comprehention), application (application), analysis (analysis), synthesis (synthesis), and evaluation (evaluation). The cognitive component relates to how a person perceives an object of attitude, namely positive or negative. The affective component shows the level of pleasure or displeasure. The cognitive component shows the intensity of the attitude, which shows the size of a person's tendency to act or behavior towards the object of attitude.
According to knowledge action theory, someone who has sufficient knowledge will motivate himself to behave healthily. Mothers who already have good knowledge about EBI will be motivated to carry out IMD appropriately. According to Newcomb in Notoadmodjo, states that attitude is a readiness or willingness to act, and not an implementation of certain motives. Attitude is not yet an action or activity, but it is a predisposition to the action of a behavior; it is still a closed reaction, not an open reaction or open behavior, attitudes are readiness to react to objects in a certain environment as an appreciation of object.

In human life, attitudes have a very important role because when attitudes are formed in humans, these attitudes will also determine their behavior towards objects and their attitudes will cause humans to act specifically for certain objects.

Attitude components can be positive or negative, depending on whether the knowledge contains positive or negative values.

The mother’s attitude towards IMD with the behavior she will take will affect the action because with a good mother’s attitude towards the implementation of IMD, the mother has a decision to determine how the process of breastfeeding her baby.

According to Notoadmodjo (2010), one of the important steps that midwives can take to increase individual and group knowledge of health problems is by providing health education both personally and in groups. In the health service process, the midwife has an important role in increasing the knowledge and attitudes of the community, considering that one of the roles of the midwife is the role of an educator.

Midwives have a role as educators, this role is carried out by helping mothers and their families to increase their level of knowledge and attitudes about the importance of early breastfeeding for babies after childbirth, resulting in changes in behavior from mothers and families after health education. In addition, the midwife is a place for consultation on health problems or behaviors. The provision of health education to groups of mothers allows mothers to get information and motivation related to an activity or action.

In the opinion of researchers, one of the important factors for mothers to carry out IMD action is by increasing their knowledge about IMD itself, increasing knowledge of mothers about IMD after health education is carried out because with health education there are efforts to provide information, education about IMD itself, considering that one of the important factors that play a role in increasing a person’s knowledge is the receipt of information and the role of health workers.

4. Conclusions

From the research results it can be concluded that:

a) Most of the respondents had knowledge about IMD in the good category, namely as many as 20 respondents (62.5%), greater than those who had knowledge of the poor category, namely as many as 12 respondents (37.5%).

b) Most respondents have attitudes about IMD in the positive category, namely 17 respondents (62.5%) greater than respondents who have negative attitudes, namely as many as 15 respondents (46.9%).

c) There is a relationship between knowledge and attitudes of pregnant women about IMD (p-value = 0.005).

5. References

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