

Descriptive Analysis Sociodemography of Breastfeeding Mother in Suku Anak Dalam During Covid-19 Pandemic

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ABSTRACT

Now moment now this the problem of Covid-19 in Indonesia already start sloping however no could denied that mother breastfeed must exists enhancement power stand body especially baby with breastfeeding, breastfeeding becomes very good protection for baby. Effect Breast milk protection is very strong in fighting disease infections through increased power hold on baby. The purpose of this study to determine the characteristics mother breast-feed in Suku Anak Dalam in on period pandemic. Quantitative research methods, design cross-sectional with a total sampling of 58 respondents mother breast-feed in Suku Anak dalam, data collection is done through observation and questionnaire. Results study obtained 98.3% of mothers no work, 58.6% mother no take formal education, 62.1% range age mother reproduction, 77.6% mother have child ≥ 3 , 98.3% mother going through a normal childbirth process is not in service health, 94.8% Mother argue that breast milk can replaced with other foods as well as 98.3% mothers provide complementary foods aged <6 months. Concluded description from sociodemography on mother breastfeeding in the tribe child in must very noticed and need maximizing facility and service health especially continuity health on mother and child with maximizing program management lactation, as well with condition moment now this need exists cooperation cross-sector and cross program inside even distribution service excellent health.

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INTRODUCTION

In the program to reduce morbidity and mortality in children, the *United Nations Children's Fund* (UNICEF) recommend that children should only be given breast milk for at least six months. intake Solid nutrition should be given after the child is 6 months old, and continued breastfeeding until the child is two years old. WHO provides explanation in deep global strategy gift eat baby and child small and duration optimal exclusive breastfeeding prove review systematic proof scientific latest about optimal duration of delivery a number of benefit for baby and mother. About 220,000 children were saved every year if all mother breast-feed his son in first hour birth and continue it breastfeeding with gift food in accordance age until 2 years old (UNICEF, 2020)

Effort application balanced nutrition, every parent or families must be able to overcome nutritional problems in accordance with Minister of Health Regulation Number 23 of 2014

concerning Efforts to Improve Nutrition such as giving only breast milk to babies from birth to 6 months of age. Exclusive Mother's Milk (ASI). According to Government Regulation Number 33 of 2012 concerning Exclusive Breastfeeding, breast milk is given to babies from birth for six months, and without adding and/or replacing it with other foods or drinks (except drugs, vitamins and minerals). Breast milk especially contains colostrum which contains lots of antibodies because they contain protein for body immunity and are useful for protecting m self of germs in high numbers so that exclusive breastfeeding for 6 months can reduce the risk of death in infants. Besides containing good substances , breast milk also contains enzymes that function as absorbent substances and will not interfere with other enzymes in the intestine(RI, 2012)

Based on PP 33/2012 concerning exclusive breastfeeding where facility health Required have policy written , coached staff and management house ill , give information about benefit and management breastfeeding , doing early initiation of breastfeeding, helping for breast-feed and maintain breastfeeding , care join , feed any time with recognize signs baby want to breastfeeding , no given a pacifier and pacifiers , as well To do reference to group supporters mother breastfeeding. According to the WIC Supplemental Nutrition Branch, California Department of Health Service , there are standard gold gift eat on baby among them To do Initiation Suckling Early , give Exclusively breastfed babies for 6 months first , deliver food quality complementary foods and continue breast-feed up to 2 years or more(Haydu S, 2016)

Of the 500 mothers who stopped breastfeeding completely before six months and provided a reason for discontinuing, the majority (73.6%) stopped within the first six weeks. The most common reasons cited were inconvenience or fatigue associated with breastfeeding (22.6%) and concerns about milk supply (21.6%). Return to work or school was associated with length of time that infants were breastfed: 20% of women who stopped after six weeks citing this as the reason. Most of the reasons, however, were not found to be associated with a specific duration of breastfeeding or with the examined maternal and infant characteristics(Brown et al., 2014)

Although breast milk is the normative feeding for infants, breastfeeding rates are lower than recommended. We investigated breastfeeding difficulties experienced by mothers in the first months after delivery and their association with early breastfeeding discontinuation. We conducted a prospective observational study. Mothers breastfeeding singleton healthy term newborns at hospital discharge were enrolled and, at three months post-delivery, were administered a questionnaire on their breastfeeding experience, Around 70.3% of mothers experienced breastfeeding difficulties, reporting cracked nipples, perception of insufficient amount of milk, pain, and fatigue. Difficulties occurred mostly within the first month. Half of mothers with breastfeeding issues felt well-supported by health professionals. Maternal perception of not having a sufficient amount of milk, infant's failure to thrive, mastitis, and the return to work were associated with a higher risk of non-exclusive breastfeeding at three months whereas vaginal delivery and breastfeeding support after hospital discharge were associated with a decreased risk. These results underline the importance of continued, tailored professional breastfeeding support(Gianni Lorella Maria et al., 2019). The factors found to be favoring breastfeeding were a previous successful breastfeeding experience, a higher level of education of the mother, attending prenatal classes, no use of pacifier, rooming in practice, and breastfeeding on demand. Factors acting negatively on breastfeeding were advanced maternal age, non-spontaneous delivery, perception of low milk supply, mastitis, and nipple fissures. This study highlights the need to individualize the assistance provide to breastfeeding mothers, paying special attention to personal experiences(Colombo et al., 2018)

Breastfeeding protects mother and child; its health benefits are undisputed and based on evidence. To plan and support breastfeeding within the current pandemic, two areas need to be understood: 1) the clinical characteristics of COVID-19 as it applies to breastfeeding and 2) the protective properties of breastfeeding, including the practice of skin-to-skin care. This review aims to summarise how to manage breastfeeding during COVID-19. The summary was used to create

guidelines for healthcare professionals and mothers. Current evidence states that the Coronavirus is not transmitted via breastmilk. Breastfeeding benefits outweigh possible risks during the COVID-19 pandemic and may even protect the infant and mother. General infection control measures should be in place and adhered to very strictly (Lubbe et al., 2020). The mean score for breastfeeding self-efficacy was found to be 56.18 ± 8.24 , while the mean score for the Fear of COVID-19 scale was 21.77 ± 6.14 . Having a high fear of COVID-19, breastfeeding more frequently in this period, and suspecting that they had COVID-19 affected the breastfeeding self-efficacy scores positively, whereas graduating from primary school had a negative effect on self-efficacy. The breastfeeding of mothers who were fearful of COVID-19, who breastfed more frequently during the pandemic, and who had a higher education level were positively affected (Lubbe et al., 2020)

RESEARCH METHOD

Study this conducted on all mother breastfeeding in the tribe child in inland Jambi, totaling 58 people with total sampling technique. Data collection is carried out with direct meet respondent for asked description regarding lactation and service facility health. Design study by cross sectional analyzed with univariate using SPSS.

RESULTS AND DISCUSSIONS

from research that has been conducted on 58 breastfeeding mothers, the results of several research variables include work, education, age, parity, delivery process, mothers' opinions regarding breastmilk substitutes and complementary feeding.

Table1. Analysis Univariate Sociodemography Mother breast-feed in Suku Anak Dalam

Variable	n	%
Work		
Non-working mother	1	1.7%
Working mother / activities outside	57	98.3%
Education		
Mother take formal education	24	41.4%
Mother no take formal education	34	58.6%
Age		
<20 years	8	13.8%
20- 35 years	36	62.1%
>35 years	14	24.1%
Parity		
<3 children	13	22.4%
≥ 3 children	45	77.6%
Childbirth Process in a Facility Health		
Maternity at the facility health	1	1.7%
Maternity not at the facility health	57	98.3%
Opinion Mother about Breast milk substitute		
Breast milk can replaced with other food	55	94.8%
Exclusive breastfeeding must conducted	3	5.2%
Giving substitute for breast milk		
< 6 months	57	98.3%
≥ 6 months	1	1.7%

a. Work

From the results of research on 58 samples, the majority of working mothers as much as 98.3%. Mothers who work and have activities outside will allow mothers not to give exclusive breastfeeding, because activities outside the home or work require quite a long time. from field observations that mothers who breastfeed in Suku Anak Dalam mostly do activities such as farming, gardening and looking for food in the forest so to give breast milk only when the mother

arrives at home, when the mother is active outside the mother only gives water and soft food so infant nutritional adequacy is very far from the target. From research working mothers in Chinese results obtained factors that influence breastfeeding practices: 1) employment benefits; 2) commute time; 3) workplace environment; 4) labor intensity. Mothers who experienced difficulties in one or more of the above would choose to lower breastfeeding frequency or stop breastfeeding (Chen et al., 2019). In line with research in Northwest Ethiopia a total of 649 (333 unemployed and 316 employed) mothers were interviewed. The mean duration of mothers to exclusively breastfeed was 4.77 months (± 1.36 Standard Deviation). Exclusive breastfeeding was higher among unemployed 48.0% with 95% Confidence Interval (CI) (42.0%, 54.0%) than employed (20.9%) with 95% CI (16.0%, 25.0%) (Chekol et al., 2017). So it can be concluded that work can affect exclusive breastfeeding for infants, especially for mothers who need a long time to do activities. As for research at the Sipayung Health Center (Bahriyah et al., 2017), the results showed the majority of women give exclusive breastfeeding of 50.7%, but the scope of exclusive breastfeeding Region Sipayung Public Health Center still below target. There is a relationship. Statistical test results showed was no significant association between maternal employment on exclusive breastfeeding in infants (P Value < 0.05) ($P = 0.018$) and mothers who did not have a chance at 0.396 times more likely to give exclusive breastfeeding compared to not leave Exclusive breastfeeding

b. Education

On the education variable, it was found that 41.4% of mothers took formal education or as many as 24 out of 58 breastfeeding mothers at Suku Anak Dalam. Researchers assume that mothers who take formal education will have high enough knowledge, especially regarding health so that they can improve their health status. In line with research in Indonesia that mothers who graduated from elementary school were 1.167 times more likely to perform exclusive breastfeeding compared to mothers who never attended schools. Additionally, those who graduated from junior high school had 1.203 times possibilities to give exclusive breastfeeding compared to mothers without educational records. While, mothers who graduated from high school were 1.177 times more likely to perform exclusive breastfeeding compared to those without educational records. Mothers who graduated from tertiary education had 1.203 times more possibilities to perform exclusive breastfeeding compared to mothers who were never enrolled to schools (Laksono et al., 2021). Compared to research conducted in North Pontianak (Trianita & Nopriantini, 2018), the results showed that there was no relationship between mother's education and the practice of breastfeeding. So it is suggested to the local health office to continue to provide information about correct breastfeeding practices, through the distribution of posters, leaflets and other educational media, as well as routinely conducting individual and group counseling and counseling at the Puskesmas or at Posyandu activities.

c. Age

The results of study on the age variable showed that the majority of mothers who breastfed were in the range of 20-35 years or 62.1% as many as 36 of 58 mothers. The researchers assume that age is also related to the implementation of breastfeeding mothers such as the understanding of breastfeeding mothers, the importance of understanding parenting and at the age of the reproductive range this also explains that understanding of contraception is also needed by mothers later. According to the research conducted in Japan Success rates of EBF at one month after child delivery was 69.4% in primiparous aged ≥ 35 (group A: $n = 284$), 73.5% in multiparous aged ≥ 35 (group B: $n = 268$), 74.3% in primiparous aged < 35 (group C: $n = 432$), and 82.3% in multiparous aged < 35 (group D: $n = 209$). Older maternal age and primiparous became independently associated with EBF initiation. The combined effect for successful initiation of EBF was the lowest in group A referent to group D both at discharge and at one month (odds ratio (OR) 5.9, 95% confidence interval (CI): 3.0–11.9, and OR 2.2, 95% CI: 1.4–3.4, respectively). Primiparous mothers in late child-bearing aged 35 years or older are at the greatest risk of EBF initiation (Kitano et al., 2016). The results of the analysis using Spearman's Rho showed that there was a moderate

correlation between maternal age and the exclusive breastfeeding type ($p=0.027$; $r_s=0.374$). Mothers aged 20-27 years were more likely to exclusively breastfeed compared to older mothers, especially >35 year. Breastfeeding mothers aged > 35 years need more attention in providing education about breastfeeding, especially in using appropriate educational media and providing counseling facilities to increase breastfeeding confidence (Rahmawati & Wahyuningati, 2020)

d. Parity

In the parity variable, some mothers > 3 children or as much as 77.6%, so the researchers assume that with mothers having children > 3, this will also hinder breastfeeding activities such as diverting the mother's attention because the mother's attention is not focused on the baby and with the data the mother has > 3 children then this proves the importance of knowledge for contraception in Suku Anak Dalam. In line with the research conducted at the Milton S. Hershey Medical Center in Hershey among 1,099 mothers available for analysis, 542 (49%) were primiparous. Multiparous mothers had a longer intended breastfeeding duration (median, 9 vs. 6 months; $p<0.001$). Following delivery, primiparous mothers had a longer median time to first breastfeeding attempt (119 vs. 96 minutes; $p<0.001$) and were more likely to have eight or fewer feeding attempts in the first 24 hours (33% vs. 44%; $p<0.001$). More primiparous women reported early breastfeeding problems (35% vs. 20%; $p<0.001$) and mixed feeding at hospital discharge (39% vs. 23%; $p<0.001$) despite reporting less breastfeeding-associated pain during the first week ($p=0.04$). Multiparous women were more likely to breastfeed through 6 months ($p<0.001$). In a multivariable Cox model for breastfeeding duration, an interaction existed between intended breastfeeding duration and parity ($p=0.006$); among those intending to breastfeed for 12 months, multiparous mothers had a significantly lower hazard of stopping breastfeeding (hazard ratio=0.66; $p=0.03$) than primiparous mothers (Hackman et al., 2015).

e. Childbirth Process in a Facility Health

The majority of breastfeeding mothers in Suku Anak Dalam 98.7% gave birth not in health services because of the culture they still believe in giving birth in the forest closer to nature and gods. This belief is a tough task for health workers that will increase the incidence of infection in post partum mothers later and will also reduce the achievement of the target of early initiation of breastfeeding. According to research conducted .According to research conducted (Ghimire,2019) Out of 1,978 children, 55% were breastfed within an hour of birth. Early initiation of breastfeeding was associated among mothers who delivered at the health facilities (AOR 2.22; 95% CI 1.36, 3.60). Mothers who had a vaginal birth (AOR 6.70; 95% CI 4.30, 10.42) were significantly more likely to breastfeed within an hour of birth compared to mothers who had caesarean delivery. The odds of initiating early breastfeeding were higher among mothers from Province 5 (AOR 1.59; CI 1.02, 2.48), Province 6 (AOR 2.58; 95% CI 1.41,4.69) and Province 7 (AOR 2.30; CI 1.36, 3.87)(Ghimire, 2019). Also research on about 248(63.6%) respondents initiated breastfeeding within 1 h of birth. Mothers whose delivery was attended by a health professional had 4.75 times higher odds (AOR 4.75; 95% CI 1.71, 13.19) of EIBF as compared to those who were attended by others. Trust on nurses to provide pregnancy care (AOR 5.59; 95% CI 1.05, 29.8) was significantly associated with EIBF. About 300(76.9%) respondents discarded colostrum. Mothers who had no discussion with TBA on child nutrition were 6.6 times (AOR 6.63; 95% CI 1.43, 30.63) more likely to avoid colostrum than their counterparts.(Gebretsadik et al., 2020)

f. Opinion mother about breast milk substitute and Giving substitute for breast milk

Most of the mothers were breastfeeding or giving complementary food before the baby was 6 months old 94.8%. researchers assume that breastfeeding mothers at Suku Anak Dalam should be given education regarding nutrition and nutrition to infants and information about exclusive breastfeeding. By feeding before the baby is 6 months old it results in less achievement of the target of exclusive breastfeeding. Weaning (or introduction of complementary feeding) is a special and important moment in the growth of a child, both for the family and the infant itself, and it can play a major role in the child's future health. Throughout the years, various weaning modes have come

in succession, the latest being baby-led weaning; the timing for introducing foods and the requirements of which sort of nutrient for weaning have also changed over time. Furthermore, the role played by nutrition, especially in the early stages of life, for the onset of later non-communicable disorders, such as diabetes, obesity or coeliac disease has also been increasingly highlighted (Mufida et al., 2015). Research conducted in Leuwibatu Rumpin Village On average (Aprillia et al., 2020), MP-ASI was first given at 3 months of age with bananas, packaged porridge and biscuits, although some mothers gave MP-ASI at 0 months of age. The belief in giving food from the community is so that the baby is not hungry, thirsty, does not have thrush and can grow up fast. Recommendations need an MP-ASI health program approach to community leaders, parents, and husbands regarding early MP-ASI knowledge. In addition, supporting media is needed that can be brought to the house as a mother's MP ASI control, to help the posyandu program.

CONCLUSION

The conclusion of the study is that most of the sociodemographics of breastfeeding mothers at Suku Anak Dalam as many as 98.3% of mothers do activities outside the home so breastfeeding activities are not optimal, most mothers do not take formal education because the majority of mothers are constrained by access to cities or to village. Most breastfeeding mothers are between 20-35 years old and have >3 children. one of the tasks for health workers is that there are still many mothers who give birth without health services so that the infection rate is still increasing. and education on nutrition and nutrition for breastfeeding mothers is very important because there are still mothers who think that breast milk can be replaced with other foods and some mothers do not practice exclusive breastfeeding, so this is a phenomenon that must be addressed as soon as possible by the public health center.

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