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Knowledge, Culture, and Practice of Exclusive Breastfeeding among Mothers: The Correlational Study

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Abstract

The World Health Organization (WHO) reports data on exclusive breastfeeding globally, which is around 44% of infants aged 0-6 months worldwide who are exclusively breastfed during the 2015-2020 period, this has not reached the target for exclusive breastfeeding coverage in the world by 50%. Indonesia's health profile reported nationally, the coverage of infants receiving exclusive breastfeeding in 2020 is 66.06%. Meanwhile, another report also revealed that only 44% of mothers in Banda Aceh and the community health center (Puskesmas) of Lampaseh practiced exclusive breastfeeding. Low exclusive breastfeeding practices will disrupt the development of the infants. Several factors are often associated with breastfeeding practice, including knowledge and culture. The study examined the correlation between knowledge, culture, and breastfeeding practice among mothers in the working area of Lampaseh Community Health Center. It was a correlative descriptive

study with a cross-sectional design. The population and sample of this study were 73 mothers of Acehnese ethnicity who have above 6 month-old children. The instrument used in the data collection was a questionnaire designed by the researcher and has been previously tested for its content validity indexes and construct validity. The questionnaire was distributed using Google Forms. The data were analyzed using Chi-Square. The results showed a correlation between the mother's knowledge and breastfeeding practice (p -value = 0.045). In contrast, the results showed no correlation between culture and breastfeeding practice (p -value = 0.790). Health workers are urged to provide counseling to raise mothers' awareness of the importance of exclusive breastfeeding and provide them with information regarding a culture that supports mothers in giving exclusive breastfeeding to their children.

Keywords: Breastfeeding Mothers, Characteristics, Exclusive Breastfeeding

Introduction

Exclusive breastfeeding is the mother's milk (ASI) given from the baby's birth until six months. During this time, the baby is not expected to be given additional fluids such as formula milk, honey, tea, water, or other foods such as bananas, cakes, and rice porridge (Citra, 2019) ^[2]. The World Health Organization (WHO) 2021 ^[2] reports data on exclusive breastfeeding globally, which is about 44% of infants aged 0-6 months worldwide who are exclusively breastfed during the 2015-2020 period, but this has not yet reached the target for exclusive breastfeeding coverage in the world by 50% (WHO, 2021) ^[2]. Indonesia's health profile says that nationally, the coverage of infants receiving exclusive breastfeeding in 2020 is 66.06% (Ministry of Health of the Republic of Indonesia, 2020). Data obtained from the Aceh Provincial Health Office profile in 2020 showed that the achievement of exclusive breastfeeding in Aceh in 2020 was only 59%. In Banda Aceh itself, the coverage of exclusive breastfeeding was only 44% (Aceh Health Profile, 2020) ^[3].

Exclusive breastfeeding that is still low will impact the quality and vitality of the next generation. Globally, in 2019, data showed that 144 million children under five were estimated to be stunted, 47 million were estimated to be underweight, and 38.3 million were overweight or obese. The risk of death from diarrhea and other infections may also increase in infants who are partially or not breastfed (WHO, 2021) ^[2]. According to Roesli (2012) ^[12], babies who do not receive exclusive breastfeeding have a two times higher risk of dying from diarrhea and pneumonia than exclusively breastfed babies.

The lack of exclusive breastfeeding is caused by several factors, including inadequate mothers' knowledge about exclusive breastfeeding and socio-cultural factors (Roesli, 2012) ^[12]. Lack of knowledge about exclusive breastfeeding is caused by a culture that has existed for generations in feeding babies, such as giving honey. It will also affect the mother's behavior, so the better the mother's knowledge, the better the behavior in breastfeeding (Nurleli, Purba & Sembiring, 2018) ^[11].

Research conducted by Sinaga, Sitorus & Sibero (2019) ^[14] concluded that the mother's socio-cultural background is one of the main factors that can cause the failure of exclusive breastfeeding. The existence of beliefs and traditions in the community, such as babies who are less than six months old, is not enough if only given breast milk. It results in the development of a culture of giving breast milk substitutes such as formula milk, porridge, bananas, and other solid foods.

Research from Fitri, Wahyuni, Hapsari & Darmawati (2020) ^[4] shows two influences of traditional Acehese rituals in exclusive breastfeeding, Peucicap, and Bie Ie sira. This study also shows that some mothers still perform these two traditional rituals to honor the rituals carried out by their families and surrounding communities for generations. However, to maintain exclusivity, breastfeeding mothers only perform these two traditional rituals symbolically, called by smearing food/drink on the baby's lips.

This study aims to determine the relationship between knowledge and culture with exclusive breastfeeding in the working area of the Lampaseh Health Center.

Method

This type of research is quantitative research using a cross-sectional study design. The population of this study was 73 Acehese breastfeeding mothers with infants aged above 6 months. The sampling technique was total sampling, where the sample in this study was 73 Acehese breastfeeding mothers with infants aged 0-6 months.

The research has been carried out at the Lampaseh Health Center in Banda Aceh, Indonesia, conducted for seven days, from 18-24 February 2022. The data collection technique was carried out using a questionnaire. The data collection tool used a questionnaire compiled by the researchers and passed the validity test stage, which had previously been carried out with content validity. The questionnaire was distributed via a google form.

Results

Based on the research data, the following results were obtained:

Table 1: Frequency Distribution of Exclusive Breastfeeding for Breastfeeding Mothers

S. No	Variable	Frequency	Percentage
	Exclusive Breastfeeding		
1	Exclusive breastfeeding	50	68,5
2	No Exclusive Breastfeeding	23	31,5
	Total	73	100

Source: Primary Data (Processed, 2022)

Table 1 above shows the distribution of the frequency of exclusive breastfeeding that has been carried out on 73 respondents, about 50 mothers (68.5%) who gave exclusive breastfeeding.

Table 2 below shows that the frequency distribution of knowledge that has been carried out on 73 respondents shows that the majority of mothers' knowledge is in the sufficient category, about 40 (54.8%). Cultural frequency distribution carried out on 73 research respondents shows that as many as 38 mothers (52.1%) are in the category of a supportive culture.

Table 2: Frequency Distribution of Knowledge & Culture of Breastfeeding Mothers

S. No	Variable	Frequency	Percentage
	Knowledge		
1	Good	33	45,2
2	Sufficient	40	54,8
	Total	73	100
	Culture		
1	Support	38	52,1
2	Not support	35	47,9
	Total	73	100

Source: Primary Data (Processed, 2022)

Table 3: Correlation of Knowledge, Culture, and Practice of Exclusive Breastfeeding

S. No	Variable	Exclusive Breastfeeding		Total	P-value
		No Exclusive breastfeeding	Exclusive breastfeeding		
		f	%	f	%
	Knowledge				
1	Good	8	11	25	34,2
2	Sufficient	15	20,5	25	34,2
	Total	23	31,5	50	68,5
	Cultural				
1	Support	13	17,8	25	34,2
2	No Support	10	13,7	25	34,2
	Total	23	31,5	50	68,5

Table 3 above shows that 33 (45.2%) respondents with good knowledge, 25 respondents (34.2%) give exclusive breastfeeding. Respondents with sufficient knowledge were 40 (54.8%), of which there were 25 respondents (34.2%) gave exclusive breastfeeding. The relationship between knowledge and exclusive breastfeeding obtained a P-value of 0.045 (<0.05). It can be concluded that there is a relationship between knowledge and exclusive breastfeeding in the Lampaseh Health Center working area in Banda Aceh City.

38 (52.1%) respondents with a supportive culture, 25 respondents (34.2%) give exclusive breastfeeding. Respondents with unsupportive culture were 35 (47.9%), of whom there were 10 (13.7%) did not give exclusive breastfeeding. The relationship between culture and exclusive breastfeeding resulted in a P-value of 0.790 (<0.05), so it can be concluded that there is no relationship between culture and exclusive breastfeeding in the working area of the Lampaseh Health Center in Banda Aceh City.

Discussion

The research results on 18-24 February 2022 showed that from 73 respondents, 50 respondents (68.5%) gave exclusive breastfeeding, and 23 respondents (31.5%) did not give exclusive breastfeeding. Although more respondents have given exclusive breastfeeding, they have not yet reached the national target of exclusive breastfeeding, which is 80%.

Knowledge is something that is needed in order to change the mindset and behavior of individuals. Knowledge is obtained through seeing, hearing, feeling, and smelling an object (Notoatmodjo, 2018) ^[9]. Mothers with good knowledge about exclusive breastfeeding will exclusively breastfeed compared to mothers without knowledge (Roesli, 2012) ^[12]. The results showed a relationship between the

mother's knowledge and exclusive breastfeeding with a P-value of 0.045 (<0.05).

This study's results align with the research conducted by Mony, Wardani & Hapsari (2021) ^[8], which showed a relationship between a mother's knowledge and exclusive breastfeeding with a P-value of 0.047. This study shows that (63.3%) of mothers have good knowledge about exclusive breastfeeding, and the majority of mothers already know the procedures for storing and giving expressed breast milk. The results of the research conducted by the researcher found that the mother's knowledge was in the sufficient category, about 40 (54.8%). Of course, this will affect mothers' success in exclusive breastfeeding for six months.

The results of this study are also in line with research conducted in Ghana that there is a significant relationship between knowledge and exclusive breastfeeding. In this study, mothers had a high level of knowledge, about 72 (64.9%), which proved that mothers with good knowledge would carry out breastfeeding with better quality consistently for six months compared to mothers who lacked knowledge about breastfeeding (Mogre, Dery & Gaa, 2016) ^[7]. It shows that the better the mother's knowledge, the greater the chance of giving exclusive breastfeeding.

Social and cultural systems are part of the cultural framework (Koentjaraningrat, 2010) ^[6]. Based on the study's results, it is known that there are several beliefs, traditions, or myths about breastfeeding. However, not all cultures are detrimental to exclusive breastfeeding. Some cultures support exclusive breastfeeding. Among them are consuming Katuk leaves and vegetables and drinking tamarind turmeric herbs to increase breast milk production. It is in line with what Arisman (2007) ^[1] said.

The results showed no relationship between culture and exclusive breastfeeding, with a P-value of 0.790 (<0.05). This study's results align with research conducted in Pondok Kelapa District, Central Bengkulu Regency, which stated that culture was not associated with exclusive breastfeeding (Nugraheni, Nasution, & Lestari, 2012) ^[10]. In this study, 91 respondents (94.8%) said breastfeeding did not conflict with the respondent's family tradition. The results of research conducted by Sari (2014) ^[13] also stated that there was no relationship between culture and exclusive breastfeeding. The study said that not all Acehese women living in Aceh still adhere to the *Peucicap* culture.

One of the things that makes culture unrelated to exclusive breastfeeding is the environment around the mother which will shape the mother's behavior in giving exclusive breastfeeding. This can be seen from the respondents in this study who live in urban areas, namely in the working area of the Lampaseh Health Center. Mothers who live in urban areas usually don't really follow the cultures that exist in society because their mindset is already better. In line with the research conducted by Sari, (2014) ^[13] in urban areas, in the working area of the Banda Raya Health Center in Banda Aceh, which said that over time and modernization, the culture adopted was not too thick so it no longer had to be implemented in the community, especially people living in rural areas. urban areas, so there are mothers who continue to give exclusive breastfeeding with or without a supportive culture.

Conclusion

This study found that as many as 68.5% of mothers gave exclusive breastfeeding, while the knowledge of mothers

was in the sufficient category, about 40 (54.8%). The study found that many mothers have a supportive culture in exclusive breastfeeding 38 (52.1%). The study's results in the working area of the Lampaseh Health Center found that knowledge had a relationship with exclusive breastfeeding, and culture had no relationship with exclusive breastfeeding. It is recommended for health workers to provide counseling in order to improve health promotion related to exclusive breastfeeding and also provide information about the culture that supports mothers in exclusive breastfeeding.

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