

ICASH-A011

THE EFFECT OF HEALTH EDUCATION ON THE ATTITUDE TOWARDS EXCLUSIVE BREASTFEEDING: A STUDY AMONG PRIMIGRAVIDA WORKING WOMEN IN SEMARANG, INDONESIA

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ABSTRACT

Background: Exclusive breastfeeding is breast milk was given to infants until the age of 6 months without any food additives. Based on a preliminary study by interviews conducted by researchers on December 12 to 26, 2014 in Bulu Lor Public health center there are 7 out of 10 working primigravida women who don't know about exclusive breastfeeding.

Aims: This study aimed to determine the effect of health education on the attitude of working primigravida women in second-trimester toward exclusive breastfeeding.

Methods: This research uses a quantitative research with a quasi-experimental method with pre-experimental research design using one group pretest-posttest design. The population in this study were all primigravida second-trimester who worked as many as 58 people with of all working primigravida second-trimester who met the inclusion criteria. Using total sampling technique. By bivariate analysis test of difference mean dependent (paired t-test).

Results: Based on the results of research on the effect of health education on the attitude of working primigravida women in second-trimester toward exclusive breastfeeding, There is a significant difference in the attitude toward exclusive breastfeeding of working primigravida women before and after providing health education. With the p-value of $0.000 < 0.05$.

Conclusion: There is an influence of health education on the attitude of working primigravida women in second-trimester toward exclusive breastfeeding.

Keywords: Health education, exclusive breastfeeding, attitude, working primigravida second-trimester

INTRODUCTION

Health development is the objective of many Indonesian sectors, including societal, private and governmental. Health efforts, including promotion, prevention, curation and health recovery (rehabilitation), can be implemented thoroughly, integrally and sustainably in the hope of improving the quality of human resources.[1, 2] The occurrence of nutritional deficiency in infants, other than being caused by the lack of food intake, are also caused by breast milk (milk) being replaced by prefabricated milk in amounts and consumptions that do not suit the needs [3-5]. The nutritional needs for infant growth and development are largely determined by the amount of energy and other nutrients contained in the milk consumed. Exclusive breastfeeding without other meal sources can meet the needs of growth until the age of six months.[4, 6]

Breastfeeding attitude is critical in optimizing infant health and well-being because of its numerous short- and long-term benefits to the mothers, children, family, and communities.[7] It has been

described as one of the strongest potentially modifiable factors associated with breastfeeding behavior.[8] The intended breastfeeding duration of the mothers also was identified as a strong predictor of exclusive breastfeeding at six weeks postpartum. The mothers' intention can be considered to be related to their confidence in breastfeeding.[5, 9]

Breast milk is a nutritious food that does not require additional composition. In addition, breast milk is easily digested by the baby and immediately absorbed. It is estimated that 80% of mothers who are giving birth were able to produce sufficient milk for their infant's needs without any additional food during the first six months. Even mothers whose nutrients are lacking can produce enough milk without supplementary feeding.[2, 10] Breastfeeding is an evidence-based intervention that forms basic, essential, responsive relationships between infants and mothers and may hold the greatest potential to mitigate the effects of toxic stress from the moment of birth.[9, 11-13]

The exclusive and continuing breastfeeding rates in various countries are still far below those recommended by the WHO. Exclusive breastfeeding is influenced by several factors and obstacles such as socio-cultural, lack of knowledge among pregnant women, families and the community's perception about the importance of breastfeeding. Promotional efforts in the form of health education, especially about exclusive breastfeeding is needed for the implementation of exclusive breastfeeding to infants up to the age of 6 months.[14, 15]

An attitude is a form of evaluation or reaction of feelings. A person's attitude towards an object is a feeling of support (good) as well as a feeling of rejection (unfavorable) on the object. The emergence of attitudes is based on an individual's evaluation process that results in stimuli in the form of good or bad, positive or negative, pleasant or unpleasant.[6, 16, 17]

Based on the results of the Public health center report in 2013, exclusive breastfeeding amounted to 1.656 (24.19%) of 6.833 babies aged 0 - 6 months. There are several things that hinder the exclusive breastfeeding, including the low knowledge of mother and other family members about the benefits and how to breastfeed the right way, lack of lactation counseling services and support from health workers, socio-cultural factors, inadequate conditions for working mothers and incessant marketing of formula milk. In order for exclusive breastfeeding to be successful, breastfeeding mothers must be knowledgeable about breast milk on mother's attitudes, especially in primigravida mothers, to be able to prepare themselves and to overcome obstacles faced when breastfeeding. Moreover, due to primigravida women's lack of experience in breastfeeding, it needs to be supported by providing knowledge about breastfeeding woman attitude through health education about exclusive breastfeeding on working primigravida.[18]

Out of 37 public health center in Semarang city, Bulu Lor Public health center is included in the lowest coverage of exclusive breastfeeding that is 0.00%. Based on a preliminary study by researchers' own interviews on 12-26 December 2014 in Bulu Lor Public health center area, there are 7 out of 10 working primigravida women who don't understand about exclusive breastfeeding, multiple breastmilk, how to milk, and the application of exclusive breastfeeding especially on working woman.[2] Based on the above background, the following question arises: is there an effect of health education on the attitude of working primigravida women in the second-trimester toward exclusive breastfeeding in Bulu Lor Public Health Center, Semarang, 2014?

METHODS

This research uses a quantitative research with a quasi-experimental method with pre-experimental research design using one group pretest-posttest design. The population in this study are all working primigravida in their second-trimester. Using total sampling technique, as many as 58 women met the sampling inclusion criteria. The criteria included are willing to be a respondent, working, and domiciled in the public health area while the exclusion criteria is primigravida who could not attend at the time of the research. The data collection technique in this research uses first-hand primary data and secondary

data from recapitulation report of antenatal visit at the Public health center, Bulu Lor. In this study, researchers used questionnaire as the instrument/measuring tool. There are 23 statements, consisting of 15 favorable statements (positive statements) and 8 randomly distributed unfavorable statements. The survey was conducted from December 2014 to June 2015. Data analysis used in this research is bivariate analysis using mean difference test (paired t-test).

RESULTS

Table 1 Frequency distribution of working primigravida women in second-trimester toward exclusive breastfeeding before and after health education 2014.

Variables	Treatment						P value
	Pre			post			
	n	Mean	SD	n	Mean	SD	
Health Education	50	24.68	8.510	50	35.20	7.899	0.208

Based on the above table, it can be seen that the second-trimester primigravida at Bulu Lor Public Health Center, Semarang City Year 2014 before the health education has a mean of 24.68 and after a health education has a mean of 35.20 and with a p-value > 0.05 it can be assumed that there was no variance between the data.

Before doing a bivariate analysis to know the effect of health education on the attitude of working primigravida women in second-trimester toward exclusive breastfeeding at Bulu Lor Public Health Center, Semarang, first the researchers tested the data normality to determine the analysis tool that will be used to conduct further analysis. The result of data normality test by using Kolmogorov-Smirnov Test yielded the p-value before the health education about exclusive breastfeeding to be equal to $0.138 > 0.05$ and p-value after the health education to be equal to $0.208 > 0.05$ so it can be concluded that the data are normally distributed and can be analyzed by using paired t-test.

Table 2 The Effect health education on the attitude of working primigravida women in second-trimester toward exclusive breastfeeding before and after health education 2014.

Variables	Pre		Post		T	P
	Mean	SD	Mean	SD		
Health Education	24.68	8.510	35.20	7.899	22.651	0.000

The bivariate analysis of paired t-test resulted on the t-value of -22.651 with significance value (p-value) $0.000 < 0.05$. Therefore, it can be concluded that there is a significant difference in the working primigravida women's attitude toward exclusive breastfeeding before and after the provision of health education at Bulu Lor Public Health Center, Semarang, 2014.

DISCUSSION

Mother's attitude before and after health education

Based on the results, it can be seen that the second-trimester primigravida women In Bulu Lor Health Center, Semarang 2014 before the health education have mean 24.68, median 22.00, standard deviation 8.510, and a score of at least 13 out of a maximum of 39. Meanwhile, after the health education, the result changed to a mean of 35.20, median 37.00, standard deviation 7.899, and has a minimum score of 22 out of a maximum of 45. It should be highlighted that the respondents' attitude post-health education experienced an increase from the average score of 24.68 to 35.20. Therefore, that can be interpreted that the health education through lectures, open discussions supported with adequate use of digital media e.g liquid crystal display (LCD) as well as distributing leaflets to each respondent turned out to be mentally-stimulating and positively affect one's outlook and behavior. The attitude towards

exclusive breastfeeding is also influenced by each individual's knowledge and possibly also by the existing socio-cultural attitude within the community.

The result of this research is supported by a research conducted in 2011 about the knowledge level difference of third-trimester pregnant women pre- and post- health education classes on exclusive breastfeeding in Sidokaton village, districts Dukuh Turi, Tegal regency, Jawa Tengah province.[19] The 2011 research demonstrated the increment of the knowledge level where 16 respondents have good knowledge (53.3%) and seven people have enough or less knowledge (23.3%) before attending the classes. However, upon completion of the courses, 25 respondents (83.3%) reported to have good knowledge about exclusive breastfeeding, and only the remaining five (16.7%) respondents had enough or less knowledge.[19]

Health education is an effort to influence their attendants to live in accordance with health values.[20] An attitude is a form of evaluation or reaction of feeling. One's attitude towards an object is either favorable or unfavorable. The emergence of attitudes is based on an evaluation process in individuals who give conclusions to stimuli in the form of good or bad grades, positive or negative, pleasant or unpleasant.[6, 21]

Attitudes about exclusive breastfeeding are factors that determine a person's willingness or readiness to breastfeed exclusively. If the mother already has a strong attitude in exclusive breastfeeding, then her behavior becomes more consistent.[6, 21]

Health education on exclusive breastfeeding

The bivariate analysis by using paired t-test produced the t-value count to equal to -22.651 with significance value (p-value) $0.000 < 0.05$. Hence, it can be concluded that there is a significant difference in the attitude toward exclusive breastfeeding of working primigravida women before and after providing health education at Bulu Lor Public Health Center, Semarang, 2014.

Attitudes are not inborn, but are rather shaped and studied throughout the person's development in relation to his object. In this case, the knowledge provided through counseling to pregnant women helps the formation of their attitudes.[4, 21] Health education is an effort in improving or enhancing one's knowledge of health-related issues.[17, 21]

The result of the research shows that there is an effect of health education on the attitude of the working primigravida at Bulu Lor Public Health Center, Semarang City. Intervention in the form of health education through lectures, open discussions supported with adequate use of digital media e.g liquid crystal display (LCD) as well as distributing leaflets to each respondent turned out to be mentally-stimulating and positively affect one's outlook and behavior.

The results of this study are in line with research conducted by Richa Candra on the effect of exclusive breastfeeding education on knowledge and attitude of pregnant women in Mukim Laure'e, Simeulue districts, Aceh province. The pre-counseling knowledge of pregnant mother were reported to be 76.5% with good knowledge level, 15.4% with medium knowledge, and as much as 7.7% with less knowledge. After getting the counseling, 92.5% reported to have a good attitude and 7.7% have a moderate attitude.[22]

CONCLUSION

The mean of attitude towards breastfeeding increased from 24.68 to 35.20 after attending the health education session. With $p\text{-value} = 0.000 < 0.05$, it showed that there is an influence of health education on the attitude of working primigravida women in second-trimester toward exclusive breastfeeding in Bulu Lor Public Health Center, Semarang 2014's.

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