

RELATIONSHIP BETWEEN EDUCATIONAL LEVEL AND EARLY BREASTFEEDING SIDE MEAL IN GEMURUNG VILLAGE SIDOARJO REGENCY

Nurul Pujiastuti^{1*}, Binarti Dwi Wahyuningsih¹

¹ Health Polytechnic of the Ministry of Health, Malang

*Correspondence:

Nurul Pujiastuti

Email: nurulpujiastuti@gmail.com

ABSTRACT

Background: Breastfeeding is the best meal for baby, in fact there's so many mothers give another meal for their baby before they are ready enough to received another meal. Educational level influence ability of taking information about nutrition. Society with low educational level is stronger in defencing tradition associated with meals, thus really difficult to take new information about nutrition so they give early breastfeeding side meal to the babies under 6 months.

Objectives: This research aimed to determine relationship between educational level and early breastfeeding side meal in Gemurung Village Sidoarjo Regency.

Methods: This research uses design correlation analysis with cross sectional approach. The population in this study are all of mothers who have under 6 months baby in Gemurung Village Sidoarjo Regency in Nopember 2017 as many as 40 people. The sampling technique used is total sampling.

Results: The results suggests that most of respondents have moderate educational level, ie 57.5% respondents, and almost all of mothers give early breastfeeding side meal, i.e. 77.5%. All of mother with lower educational level give early breastfeeding side meal to their baby, it means that getting lower educational of mother raise the giving of early breastfeeding side meal to the babies.

Conclusion: Early breastfeeding side meal giving influenced by uncomfot babies factor, mother knowledge about nutrition, education, work, and exploitation of baby meal product promotion.

Key words: Early breastfeeding side meal, educational level, mother.

INTRODUCTION

Mother's milk is the best food for growth and development for babies. But it turns out there are still many mothers who provide other foods other than breast milk before the baby's age is sufficient to receive other foods other than breastmilk (Etika & Partiwi, 2015). The introduction and administration of early breastfeeding side meal must be done in stages both in form and in number, according to the digestive abilities of the baby/child. The provision of complementary foods for early

breastfeeding side meal needs to be considered when giving (Suradi, 2010).

Provision of complementary foods early breastfeeding is supplementary feeding before the baby is less than 6 months old (Krisnatuti & Yenrina, 2009). The level of education affects the ability to receive nutritional information. Communities with low levels of education will be stronger in maintaining traditions related to food, making it difficult to receive new information about nutrition (Suhardjo, 2005).

Mortality in infants is related to inappropriate feeding practices (Ministry of Health, 2014). The Indonesian health democracy survey data in 2007 showed that 30% of infants under the age of 6 months were fed with 18% breast milk and formula milk, 9% breast milk and water, and 20% breast milk and juice (Ministry of Health, 2009).

The results of the study conducted by Supriyati (2007) showed that the level of energy consumption in most of the majority (47.06%) was a moderate deficit, while the level of consumption of protein was mostly (41.17%) normal. The pattern of early breastfeeding side meal in baby below the red line is mostly (52.94%) still lacking because the mother gives early breastfeeding side meal when the child is less than 6 months old and the type of early breastfeeding side meal given by the child does not match the age of the child (Nurlinda, 2013). A preliminary study was conducted in November 2017 with interview techniques in Gemurung Village, Sidoarjo Regency on 10 mothers who had babies aged 0-6 months with 4 people (40%) who had a high school education level, 3 people (30%) had a junior high school education, and 3 people (30%) have final primary education. Of the 10 people there were only 4 people (40%) giving exclusive breastfeeding, and 6 people (60%) giving breastmilk and providing breastmilk complementary foods such as porridge, banana, bread, biscuits, with the reason that the baby would not be full and satisfied if only breastfeed and most assume that feeding too early will not endanger the baby because previous experience has no problem.

The level of education is very influential on changes in attitudes and behaviors of healthy living. Higher levels of education will make it easier for a person, family, or community to absorb

information and implement it in daily behavior (Ministry of Health, 2009). The low understanding of the correct early breastfeeding side meal in infants is due to a lack of information about the knowledge and understanding that mothers have about the importance of breast milk. The myths about breastfeeding for babies such as mothers who breastfeed can reduce their physical condition. Likewise, with the concern of mothers who consider that the production of breast milk is not sufficient for baby food needs. This assumption is often an obstacle for mothers, who finally look for other alternatives by giving complementary food when the baby is hungry. Such a situation will be fairly basic problem because the baby loses the opportunities and benefits contained in breastmilk (Prasetyono, 2009).

The impact caused by feeding the baby before 6 months is that the baby can choke because the baby who is not yet 6 months old develops and coordinates his nerve muscles is not perfect. Besides obesity can occur because the baby's stomach has not been able to digest food properly. Furthermore, the baby can experience coughing because breast milk is a base formation, whereas if the baby starts to get early breastfeeding side meal (other than fruit), it is acid-forming so that it will spur mucus in the form of mucus and phlegm. Babies can experience allergies because early breastfeeding side meal can trigger high acidity so that it can interfere with the body's immunity. Disrupting the digestive system, this occurs because before the age of 6 months the enzymes needed in the digestive system are still in the developmental stage and not so perfect (Darmayanti, 2014).

The effort that can be done to solve the problem of providing complementary breastfeeding early is by conducting training and counseling about early

breastfeeding side meal (Ministry of Health, 2014). To support efforts to overcome the problem of early breastfeeding side meal, health workers can provide counseling in collaboration with families, Integrated Service Post cadres, health center officers and also community leaders and religious leaders who are considered influential in the surrounding community to help deliver information about exclusive breastfeeding, early breastfeeding side meal and when giving early breastfeeding side meal, health workers can also do refresher to increase the participation of Integrated Service Post cadres in the provision of exclusive breastfeeding for postpartum mothers so that early breastfeeding side meal can be overcome. Health workers can teach housewives about how to breastfeed properly so that mothers can see firsthand and change the experience of mothers about early breastfeeding side meal because there are no models or examples that can become exclusive breastfeeding role models in the surrounding environment (Ratih & Artini, 2012).

METHODS

Study Design

This study uses a correlation analysis design with a cross sectional approach.

Setting

This study was conducted at the village of Gemurung, Sidoarjo Regency in November 2017.

Research Subject

The population in this study were all mothers who had babies aged less than 6 months in the village of Gemurung, Sidoarjo Regency with totaling 40 respondents. The sampling technique uses total sampling.

Instruments

The instrument used was a questionnaire.

Data Analysis

Data analysis using crosstab..

Ethical Consideration

This research has gone through an ethical test from the Health Polytechnic of the Ministry of Health, Malang and obtained permission from National Unity and Politics of Sidoarjo Regency.

RESULTS

Based on the results of the collection of data from 40 respondents obtained the general data of respondents that included Educational Level and Providing Complementary Food for Early Breast Milk.

Characteristics of Respondents by Educational Level

Table 1. Distribution of Frequency of Respondents by Educational Level of Mothers who had Babies aged less than 6 Months in the Village of Gemurung, Sidoarjo Regency in November 2017 (n = 40).

No	Education	f	%
1.	Basic	11	27,5
2.	Middle	23	57,5
3.	High	6	15,0
Total		40	100

Table 1 shows that the majority of respondents had middle educational level, as many as 23 respondents (57,5%).

Characteristics of Respondents by Early Breastfeeding Side Meal

Table 2. Distribution of Frequency of Respondents by Early Breastfeeding Side Meal in the Village of Gemurung, Sidoarjo Regency in November 2017 (n = 40).

No	Early Breastfeeding Side Meal	f	%
2.	Not give	9	22,5
Total		40	100

Table 2 shows that almost all respondents gave early breastfeeding side meal to their babies, namely 31 people (77,5%).

Examination of Relationship between the Educational Level of Mother who had Babies aged less than 6 Months and Early Breastfeeding Side Meal

Table 3. Crosstab of the Educational Level of Mother who had Babies aged less than 6 Months and Early Breastfeeding Side Meal

No	Educational level	Early Breastfeeding Side Meal				Total	
		Give		Not give		f	%
		f	%	f	%		
1.	Basic	11	100	0	0	11	100
2.	Middle	17	73,9	6	26,1	23	100
3.	High	3	50	3	50	6	100
Total		31	77,5	9	22,5	40	100

Table 3 shows that 11 respondents (100%) have a basic educational level which all provide early breastfeeding side meal. Total of 23 respondents had middle educational level, namely 17 respondents (73.9%) providing early breastfeeding side meal and 6 respondents (26.1%) did not

provide early breastfeeding side meal. Total of 6 respondents had higher educational levels, namely 3 respondents (50%) providing early breastfeeding side meal and 3 respondents (50%) did not provide early breastfeeding side meal.

DISCUSSION

Educational Level of Mothers who had Babies aged less than 6 Months in the Village of Gemurung, Sidoarjo Regency

The results of the study in table 1 shows that the majority of respondents had middle educational level, as many as 23 respondents (57,5%).

Secondary education is a continuation of basic education. Secondary education consists of general education and vocational secondary education. Secondary education in the form of Senior High School, Aliyah Madrasah, Vocational High School, or other equivalent forms (Purwanto, 2008). The level of one's education is influenced by age, individual motivation, social conditions, family economic conditions, motivation of parents to send their children to school, culture, and accessibility (Djali, 2008; Gerungan, 2009). Respondents who have secondary education are due to the age of the respondents who are still young, where education is currently required at least 9 years so that the community is required to take a minimum education until junior high school. Respondents who have the motivation to go to school will continue their studies at least until high school. Respondents have low-educated parents so their parents want their children to have higher education, supported by family economic conditions that are sufficient to finance up to high school graduation. Respondents with secondary education will find it easier to absorb information about health, and apply it to daily life, including

in terms of providing breast milk supplementary food.

The results showed that the majority of respondents were 26-35 years old, which were 21 people (52.5%). Various types of education or school are limited by age so that age affects someone in accessing education (Djali, 2008). The age of the mother is still classified as a young age where education in Indonesia has experienced progress and government regulations regarding compulsory education so that the respondent's education is classified as moderate because not all respondents can take higher education because the costs for higher education are not small go to high school. The results showed that the majority of the family income of the respondents was less than minimum wage, which was 28 people (70%). Economics in the world of education plays a decisive role. Because without an adequate economy the world of education will not work well. This shows that even though the economy is not the main role holder in education, economic conditions can limit educational activities (Pidarta, 2007). Based on the results of the study it appears that the economic conditions of the respondents are still relatively low because they are below the district minimum wage so that the fulfillment of daily necessities is preferred over continuing school to a higher level.

Provision of Early Breastfeeding Side Meal in the Village of Gemurung, Sidoarjo Regency

The results of the study in table 2 show that almost all respondents provided early breastfeeding complementary foods to their babies, namely 31 people (77.5%). 15 of the 31 respondents who provided early breast milk supplementary food (48.4%) began at 3 months of age, 18 people (56.1%) provided breast milk supplementary foods

early on, because of fussy babies, and 17 people (54 , 8%) give bananas to their babies before the age of 6 months.

Provision of early breast milk supplementary food is the provision of breast milk supplementary food before a 6-month-old baby (Indiarti, 2013). Provision of early breast milk supplementary food is influenced by fussy baby factors, maternal knowledge about nutrition, education, employment, and the incessant promotion of baby food products (Krisnatuti & Yenrina, 2009; Khomsan, 2009).

Respondents provide complementary breastfeeding food before the age of 6 months, mostly on the grounds that babies are fussy so they need food to keep the baby silent. Most mothers who assume that their children are hungry will not fall asleep, besides the assumption of parents in an ancient society where children are fed a banana when they are 2 months old so that children are not fussy and more calm. Respondents who did not provide breast milk supplementary food early on their babies because they already understood that babies should only be given ASI until the age of 6 months. Mothers are more worried about their child's health than trying to calm their fussy baby, if the mother gives other food to the baby, because the mother already knows what effects it will have if the baby is fed. Digestion of infants who are still vulnerable makes mothers afraid to feed their babies.

Relationship between the Educational Level of Mother who had Babies aged less than 6 Months and Early Breastfeeding Side Meal

Table 3 shows that all respondents (100%) have basic education levels providing complementary food Early mother's milk to their babies, meaning that the lower the level of education of the

mother, then providing complementary food for early breast milk to the baby.

A person's educational background is related to the level of knowledge. If the mother has a good level of knowledge about nutrition, it is expected that the nutritional status of the child is also good. Mother's knowledge is related to the level of introduction of information about supplementary feeding to infants aged less than 6 months. Mother's knowledge about when to provide additional food, the function of supplementary food, additional food can increase endurance and the risk of feeding infants less than six months is very important. But many mothers do not know the above so that they provide additional food to babies under the age of 6 months without knowing the risks that will arise. The level of education affects the ability to receive nutritional information. Communities with low levels of education will be stronger in maintaining traditions related to food, making it difficult to receive new information about nutrition (Suhardjo, 2005).

Mothers with higher education still provide complementary food for early breast milk, where the mother's ability to absorb information about the importance of breast milk only for infants aged 0-6 months and the impact of providing complementary breast milk early should be better than educated mothers basic. This is due to cultural factors where respect and obedience to parents are still held in high esteem, so that even though the mother already knows that it is not good to provide food to the baby, if parents ask, recommend, even provide early breast milk supplementary food to their babies then the mother cannot refuse. In addition, the abundant evidence in the environment shows that feeding infants before the age of 6 months is very effective in calming babies compared to evidence of their loss in the

surrounding community, so mothers are not reluctant to provide complementary breast milk to infants before 6 months of age.

Mothers with basic education provide complementary food for early breast milk because mothers do not understand that babies less than 6 months old should only be given breast milk because the baby's digestive system is not perfect and breast milk is enough for the baby. Mothers still obey the culture that has been handed down from their parents where babies are not full enough if only breast milk is given so that other foods are needed which are more satisfying so the baby is calm and not fussy.

CONCLUSION

The educational level of mothers who had babies aged less than 6 months in the Gemurung Village, Sidoarjo Regency is mostly medium, which is 57.5% of respondents. Providing early breastfeeding side meal in Gemurung Village, Sidoarjo Regency almost entirely provides early breastfeeding side meal, which is 77.5% of respondents. There is a relationship between the level of education of the mother and the provision of early breastfeeding side meal in Gemurung Village, Sidoarjo Regency, the lower the level of education of the mother, the more increasing the provision of early breastfeeding side meal.

SUGGESTION

1. For respondents

Providing complementary food for mother's milk when the baby is more than or equal to 6 months in which the digestive system is perfect, still respecting the culture of the parents by straightening the wrong culture, giving breast milk only to infants up to 6 months of age.

2. For health profession
 Conduct counseling or nutrition counseling for families (not only mothers) about providing complementary food for breast milk for babies through Integrated Service Post activities so as to increase the family's insight even if they do not have a high education. Collaborating with Integrated Service Post cadres on assisting families with nursing mothers.
3. For the next researcher
 Developing research on other factors that influence the provision of complementary food for early breast milk, as well as its impact on infants.

REFERENCES

- _____. (2010). *Indonesian Health Demographic Survey. 2010*. Jakarta: Ministry of Health.
- Darmayanti. (2014). *Daily Variety of milk water supply food*. Jakarta: Notebook Publisher.
- Djali. (2008). *Educational Psychology*. Jakarta: Bumi Aksara.
- Etika & Partiw. (2015). *Breastfeeding Sick Baby*. Jakarta: IDAI.
- Gerungan (2009) *Social Psychology*. Bandung : Refika Aditama.
- Indiarti. (2013). *Smart Books Creative Mothers: mother's milk, formula milk & baby food*. Jakarta: Merkid Press.
- Khomsan. (2009). *Introduction to Food and Nutrition*. Jakarta: Raja Grafindo.
- Koentjaraningrat. (2009). *Introduction to Anthropology*. Jakarta : Rineka Cipta.
- Krisnatuti & Yenrina. (2007). *Prepare complementary foods for breast milk*. Jakarta: Puspa Swara.
- Maryunani. (2010). *Child Health in Midwifery*. Jakarta: Trans Info Media.
- Ministry of Health. (2009). *Situation Analysis and Public Health*. Jakarta: Ministry of Health.
- Ministry of Health. (2014). *Indonesian Health Profile in 2013*. Jakarta: Ministry of Health.
- Moedji. (2005). *Overcoming Malnutrition*. Jakarta : PT Bhratara Niaga Media.
- Muchtadi. (2009). *Nutrition for babies, breast milk, formula milk and supplementary foods*. Jakarta: Pustaka Sinar Harapan.
- Mustofa. (2010). *Exclusive breastfeeding and breastfeeding mother's problems*. Jurnal Gender & Anak.
- Notoatmodjo. (2007). *Health Promotion and Behavioral Sciences*. Jakarta: Rineka Cipta.
- Nurlinda. (2013). *Nutrition in the Series Life Cycle Under two years (For children 1-2 years)*. Yogyakarta: Andi Offset.
- Pidarta (2007) *Educational Platform, Indonesian Patterned Education Science Stimulus*. Jakarta: Rineka Cipta.
- Prabantini. (2010). *A to Z Companion food for breast milk*. Yogyakarta: Andi Offset.
- Prasetyono. (2009). *Smart Books Exclusive breast milk*. Jogjakarta: Diva Pers.
- Proverawati & Asfuah. (2009). *Nutritional Textbook for Midwifery*. Yogyakarta: Nuha Medika.
- Purwanto. (2008). *Educational Psychology*. Bandung: PT Rosda Karya.
- Ratih & Artini. (2012). *Overview of factors that influence the provision of complementary food for early breast milk in Wonokromo District, Surabaya*. Journal of Health Research. Surabaya: Stikes William Booth.
- Suhardjo. (2005). *Feeding in Infants and Children*. Yogyakarta: Penerbit Kanisius.
- Supriyati (2007) *Research Methodology*. Bandung: Labkat press.

Suradi. (2010). Indonesia Breastfeeding,
Jakarta: IDAI.