

## RELATIONSHIP BETWEEN POST-SECTIO CAESAREA CHARACTERISTICS WITH EXCLUSIVE BREASTMILK GIVING IN TASIKMALAYA INDONESIA

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### Abstract

ASI/ breastmilk is the best nutrition for babies, but many factors can influence mothers to be failed breastfeeding. The low achievement of exclusive breastfeeding is influenced by lack of knowledge, lack of maternal experience, lack of implementation of Early Breastfeeding Initiation (IMD) and the incessant promotion of formula milk, especially for mothers who post *Sectio Caesarea* (SC). This study aims to determine the relationship between the characteristics of post-SC mothers with exclusive breastfeeding in dr. Soekardjo Kota Tasikmalaya. The study design used a cross-sectional design. The sampling technique used was *consecutive sampling* with a total sample of 67 respondents. Data was collected using a research questionnaire. Data analysis used chi-square, 95% confidence level. The results showed that the average age of respondents was 31.94, higher education 55.2%, multiparous 59.7%, not working outside the home 92.5%, exclusive breastfeeding 53.7%. There is a relationship between the parity of post-SC mothers with exclusive breastfeeding ( $P = 0.006$ ). There is no relationship between education, work, and information resources for post SC mothers on exclusive breastfeeding. It is hoped that post SC mothers will continue to provide exclusive breastfeeding to their babies.

Keywords: maternal characteristics, post-SC, exclusive ASI

### INTRODUCTION

Breastfeeding/providing breast milk (ASI) is one way to suppress AKB and AKN. It is estimated that more than one million children die each year from diarrhea, respiratory tract diseases, and other infectious diseases because they are not adequately breastfed. Pusdatin data (2015)<sup>1</sup> achievement of exclusive breastfeeding is only 42%, while the achievement of exclusive ASI has not reached the expectation of 80%. The low achievement of exclusive breastfeeding is influenced by several things including lack of knowledge, low maternal education, lack of maternal experience, lack of implementation of Early Breastfeeding Initiation (IMD), and incessant promotion of formulamilk<sup>2</sup>.

Many countries have given a policy that postpartum mothers are required to breastfeed their babies, starting with the implementation of Early Breastfeeding Initiation (IMD) and continued with exclusive breastfeeding. As implemented in Ireland, with a five-year strategic action plan program by advising hospitals to implement IMD to improve the achievement of

breastfeeding<sup>3</sup>. Whereas in Indonesia in Law No. 36 of 2009 concerning Health Article 128 Paragraph 2, that during the provision of ASI, the family and local government and the community must fully support the mother with the provision of special time and facilities<sup>4</sup>.

ASI is the best food for babies because ASI contains the best macro and micronutrient sources that support healthy growth for human children in every stage of life<sup>5</sup>. Some research indicates that the relationship between the duration of breastfeeding with long-term effects such as improving the cognitive abilities improved the immune system and reduce the incidence of inflammatory bowel disease, atopic disease, hypertension, type 2 diabetes, and obesity<sup>5</sup>. Besides, exclusive breastfeeding for six months will also provide optimal growth and development for health<sup>6</sup>. Meanwhile, infants who were exclusively breastfed for six months were able to survive compared to those who were not exclusively breastfed due to ARI, diarrhea which is a significant cause of increased mortality in infants<sup>7</sup>.

Breastfeeding is a natural experience, but several factors that become indicators of successful breastfeeding include proper attachment, breastfeeding techniques, the comfort level of mother and baby while breastfeeding, nipple type<sup>8</sup>. Although there are many advantages of breastfeeding, there are still many parents who do not exclusively breastfeed their babies. One of the causes of mothers stopping breastfeeding is due to fatigue or discomfort, feeling lacking in breast milk supply, returning to work or school<sup>9</sup>.

Different methods of delivery, especially *sectio cesarean* delivery (SC) are considered to be one of the causes of the failure of breastfeeding early in the baby's life<sup>8</sup>. This is due to limitations in maternal mobility, difficulty in breastfeeding, discomfort and pain after surgery, separation of mother and baby on the first days of birth. Besides, the administration of analgesics can also affect the baby suckling/*latching on the* mother's breast<sup>8</sup>. This causes mothers who deliver surgically to experience more stress than mothers who deliver vaginal births.

Young primiparous mothers tend to experience poor breastfeeding. Besides, mothers with more than one parity/primipara have better breastfeeding skills<sup>10</sup>. Besides, premature babies have a risk for breastfeeding difficulties, and low birth weight babies (LBW) tend to have problems with breastfeeding adhesions and sucking<sup>8</sup>. Whereas highly educated mothers tend to successfully breastfeed<sup>10,11</sup>.

Based on the results of observations at the hospital, the post-SC mother could not immediately breastfeed her baby because she was considered not fully aware, the mother still needed to rest, and pain in the vicinity of the surgical wound. This is one of the biggest causes of decreased milk production in the first days of postpartum SC.

## **MATERIALS AND METHODS**

This study uses quantitative research design. The design used was a cross-sectional study design. The population in this study were all post-SC mothers. Sampling was done using *consecutive sampling technique*, with a total of 67 respondents. The sample inclusion criteria used in this study were post-SC mothers, mothers gave birth to SC at Dr. Soekardjo Tasikmalaya Hospital, mothers lived in Tasikmalaya city area, and were willing to become respondents. Data collection begins after the researcher obtains a permit to research the head of the Tasikmalaya Ministry of Health Polytechnic and the Tasikmalaya City Police Department. Next, the researchers coordinated with the RSUD Dr. Soekardjo in Tasikmalaya city to identify post-SC mothers who were born at least 6 (six) months ago. Then the researchers contacted the post-SC mother to give a questionnaire whether the baby was given exclusive breastfeeding for at least six months. Researchers introduce themselves and explain the purpose and benefits of research to prospective respondents. If the respondent agrees to participate in the research, the respondent is asked to sign an *informed consent* and fill in the demographic data sheet and questionnaire. Data analysis using univariate and bivariate analysis.

## **RESULTS**

The results can be seen in the following table:

Table 1.  
Characteristics of respondents and exclusive breastfeeding

	<b>Amount</b>	<b>Percentage (%)</b>
<b>Age:</b>		
An average of 31.94 years		
SD: 6.223		
Min-max 21-43		
<b>Education:</b>		
Low (SD, SMP)	30	44.8
High (High School, PT)	37	55.2
<b>Parity (number of childbirths)</b>		
Primipara	27	40.3
Multipara	40	59.7
<b>Employment</b>		
Working outside the home	5	7.5
Not Working outside the home	62	92.5
<b>information sources</b>		
Mediaprint	18	26.9
Health workers	49	73.1
<b>Exclusive breastfeeding</b>		
Yes	36	53.7
No	31	46.3

In table 1., the results of the analysis showed that the average age of the mother was 31.94 years with a standard deviation of 6,223 years. The youngest age is 21 years, and the oldest is 43 years. The education distribution of respondents, in general, is high as many as 37 people (55.2%). Distribution of parity of respondents, in general, is multiparous as many as 40 people (59.7%). The distribution of the work of respondents, in general, is not working outside the home as many as 62 people (92.5%). Distribution of sources of information obtained by respondents, in general, is from health workers as many as 49 people (73.1%). The distribution of exclusive breastfeeding of respondents, in general, is yes as many as 36 people (53.7%).

Table 2.

Distribution of respondents according to parity and exclusive breastfeeding Exclusive

Parity	<u>Giving exclusive breastmilk</u>		Total	P-value
	no	Yes		

	n	%	n	%	N	%	
Primipara	20	74,1	7	25,9	27	100	0,006
Multipara	16	40	24	60	40	100	
Jumlah	36	53,7	31	46,3	67	100	

In table 2., the results of the analysis of the relationship between parity and exclusive breastfeeding found that 20 primipara post-SC people did not give exclusive breastfeeding (74.1%). Multipara post SC which provides exclusive breastfeeding as many as 24 people (60%). Statistical test results obtained  $p = 0.006$ , and it can be concluded that there is a relationship between the parity of post-SC mothers with exclusive breastfeeding.

Table 3.

Distribution of respondents by occupation and exclusive breastfeeding

Works	Exclusive breastfeeding				Total		P-value
	no		Yes		n	%	
	N	%	n	%			
Working outside the home	5	100	0	0	5	100	0,057
does not work outside the home	31	50	31	50	62	100	
Jumlah	36	53,7	46,3	50	67	100	

In table 3., the results of the analysis of the relationship between exclusive breastfeeding work found that as many as five mothers were working outside the home who provided exclusive breastfeeding (100%). Mothers who do not work outside the home who provide exclusive breastfeeding are 50 people (62%). Statistical test results obtained  $p = 0.057$ ; it can be concluded that there is no relationship between the work of post-SC mothers with exclusive breastfeeding.

Table 4.

Distribution of respondents according to information sources and exclusive breastfeeding

Information sources	exclusive breastfeeding				Total		P-value
	no		Yes		n	%	
	n	%	n	%			
Electronic print media	11	61,1	7	38,9	18	100	0,463
Health workers	25	51	24	49	49	100	
Jumlah	36	53,7	31	46,3	67	100	

In table 4., the results of the analysis of the relationship between information sources with exclusive breastfeeding obtained that there were 11 mothers with print and electronic media information sources that did not provide exclusive breastfeeding (61.1 %). Mothers who received the source of information came from health workers who provided exclusive breastfeeding as many as 24 people (49%). The statistical test results obtained p-value = 0.463, and it can be concluded that there is no correlation between the information sources obtained by post SC mothers with exclusive breastfeeding.

Table 5.

Distribution of respondents according to education and exclusive breastfeeding

education	Exclusive breastfeeding				Total		P-value
	no		Yes		n	%	
	n	%	n	%			
Low	20	66,7	10	33,3	30	100	0,056
High	16	43,2	21	56,8	37	100	
Jumlah	36	53,7	31	46,3	67	100	

In table 5., the results of the analysis of the relationship between education with exclusive breastfeeding found that there were as many as 20 mothers with low education who did not provide exclusive breastfeeding (66.7%). High-educated mothers who provided exclusive breastfeeding were 21 people (56.8%). Statistical test results obtained p = 0.056; it can be concluded that there is no relationship between education of post-SC mothers with exclusive breastfeeding.

## DISCUSSION

Section cesarean (SC) is one method of artificial labor through the abdomen if vaginal delivery cannot be performed. This is done to save mothers and babies. However, many impacts are caused if the mother gives birth to SC. One such impact is the problem of breastfeeding.

ASI is the best food for babies. Many factors influence exclusive breastfeeding. One of the causes of low exclusive breastfeeding from internal factors is low knowledge, maternal attitudes toward exclusive breastfeeding<sup>12</sup>. Whereas the baby's request for breastfeeding, mother's intentions, opportunities, information, support from health workers, family/community, strictly government policies and protection of working women is the key to the success of exclusive breastfeeding<sup>13</sup>.

Various research results in various countries show that childbirth with SC has the effect of decreasing the provision of Early Breastfeeding Initiation (IMD). This resulted in a decrease in breastfeeding in the first three days of birth, especially when the baby was still being treated in the hospital, and the following days<sup>14</sup>. This problem also occurs in most hospitals in Indonesia. Only a few hospitals facilitate mothers who give birth in SC to carry out IMD, breastfeeding exclusively without the help of formula milk at all.

Dr. Soekardjo Regional Hospital has a policy that mothers who give birth in SC will be treated directly in the perinatology room as long as the mother is not independent in fulfilling her basic needs and waiting for the baby's condition to stabilize. This is done because mothers generally complain that they are not fully conscious, feel pain in the surgical wound, cannot breastfeed because of pain when moving, breast milk has not come out, the baby cries. The lack of support from health workers in exclusive breastfeeding and the delay in joining care is one of the causes of the failure of exclusive breastfeeding<sup>15</sup>. This certainly makes the exclusive breastfeeding program unsuccessful.

Factors much influence the success of exclusive breastfeeding in post-SC mothers. The mother's knowledge and attitude towards exclusive breastfeeding is an essential factor in the success of exclusive breastfeeding. Mothers who have good knowledge about exclusive breastfeeding and a positive mother's attitude towards exclusive breastfeeding are the main factors of exclusive breastfeeding for their babies to be successful. Mothers who have good knowledge about exclusive breastfeeding will try to give breast milk to their babies because the mother knows that any food/drink does not replace ASI. This is the basis for a mother to keep trying to give breast milk even though her labor has SC. Although at the time of data collection, some mothers said that on the first day they were treated at the hospital, the baby was not given breast milk but after the baby was treated, joined with the mother, the mother tried to give exclusive breastfeeding despite feeling pain in the scar.

Good knowledge and positive attitudes are not directly proportional to education and information sources. This means that even though mothers have higher education and sources of information obtained from various sources if they do not have a positive attitude towards breastfeeding, the success of exclusive breastfeeding is difficult to achieve.

Much work contributes to the success of exclusive breastfeeding. Although the results of this study indicate that there is no relationship between mothers who work outside the home and mothers who do not work outside the home for exclusive breastfeeding, this does not mean that mothers who work outside the home cannot exclusively breastfeed. The results showed that even working mothers were still able to provide exclusive breastfeeding<sup>16</sup>. Mothers working outside the home can successfully provide exclusive breastfeeding if they have good knowledge about exclusive breastfeeding, strong motivation in providing exclusive breastfeeding, family support and a place to work for exclusive breastfeeding.

Parity is the number of children born to a mother. Primipara mothers are mothers who give birth for the first time. While multiparas are mothers, who give birth more than once. The results of this study indicate that there is a relationship between parity and exclusive breastfeeding. Mothers who have given birth more than once who succeed in giving exclusive breastfeeding to the previous child tend to succeed in giving exclusive breastfeeding to the next child. However, that does not mean that the mother who gave birth for the first time did not succeed in giving exclusive breastfeeding because other factors influence the success of mothers giving exclusive breastfeeding.

## **CONCLUSION**

There is a relationship between the parity of post-SC mothers to exclusive breastfeeding, and there is no relationship between education, work, and information sources of post-SC mothers on exclusive breastfeeding.

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