

Relationship Between Personal Hygiene During Breastfeeding And Oral Thrush In Infants 0-6 Months

Rahmadiyah^{1*}, Halimatussadiyah²

^{1,2}Abdi Nusantara College of Health Sciences At the Cimarga Health Center, Lebak Regency, Indonesia

*Coreponding Author:

Email: rahmadiyah75@gmail.com

Abstract.

Background: Oral thrush is the infection of the mucous membranes of the baby's mouth by the Candiasis fungus which is characterized by the appearance of whitish spots and the formation of flaky plaques in the mouth so that treatment can be carried out with personal hygiene. Trush The research conducted was observational-analytic in nature. The research method used is a research method that is a type of research carried out in a case control manner, the number of samples is 60 mothers who have babies 0-6 months. In taking samples using the Lemeshow formula. Research Results: There is a relationship between education and personal hygiene with oral thrush in infants 0-6 months at the Cimarga Health Center, Lebak Regency. The OR calculation results show that mothers who have babies 0-6 months who perform personal hygiene 5.167 times do not experience oral thrush compared to experiencing oral thrush (95% CI 1.390 - 19.210) and there is no relationship between knowledge and parity with the occurrence of oral thrush. Conclusions and Suggestions: There is a relationship between personal hygiene and oral thrush, so suggestions are addressed to health workers to provide information or education about personal hygiene to nursing mothers.

Keywords: Personal Hygiene During Breastfeeding and Oral Thrush.

I. INTRODUCTION

Childbirth is often referred to as a process of expelling a term baby (37-42 weeks) or a process of personal hygiene which is better known as carrying out personal hygiene (personal hygiene) which aims to maintain cleanliness and health so that personal hygiene is an activity or act of cleaning all members of the body. body which aims to maintain the cleanliness and health of a person (Natalia, 2015). However, the notion of personal hygiene for breastfeeding mothers is an act of nursing mothers carrying out personal hygiene, especially keeping their hands and nipples clean, washing hands properly, changing underwear (bras) regularly to prevent the proliferation of microorganisms so that dirt and germs do not enter the mouth. baby so that it can prevent problems such as whitish spots that form flaky plaques in the mouth called oral thrush (Nugroho, Nurrezki, et al, 2014) Oral thrush is an infection of the mucous membranes of the baby's mouth by the Candiasis fungus which is characterized by the appearance of whitish patches and the formation of flaky plaques in the mouth, resulting in shallow ulcers. Usually sufferers will show symptoms of fever due to gastrointestinal irritation. (Susilaningrum, Rekawati et al., 2013). Oral thrush can be caused by transmission through milk bottles, residual breast milk in the baby's mouth and lack of maternal hygiene when breastfeeding such as unclean nipples and improper hand washing by mothers when breastfeeding their babies (Mueser, 2007).In preventing the occurrence of oral thrush in infants, it requires knowledge of personal hygiene in nursing mothers, this is because a person must be motivated to maintain self-care.

Often learning about a disease or condition encourages individuals to improve personal hygiene. The factors that influence personal hygiene are body image, economic status, knowledge, culture, a person's habits, and physical condition (Ambarwati, 2018) In the research of Safitri, A. (2019) which states that by giving knowledge there is an influence on attitudes and behavior in carrying out personal hygiene. In order for breastfeeding mothers to do personal hygiene to avoid oral thrush and change behavior from not doing something to doing something that can be used by providing knowledge to breastfeeding mothers, besides that behavior through a process that is based on knowledge. Through this knowledge creates positive self-awareness, the behavior will be lasting and vice versa if behavior is not based on knowledge, it will not last long. An initial survey at the Cimarga Health Center in Lebak Regency found that there were babies who experienced oral thrush. By conducting interviews with 15 breastfeeding mothers, it was found that 7 mothers did not know about oral thrush and hygiene during breastfeeding. Of the 5 babies observed, there were 2 babies with white spots in their mouth (oral thrush). Based on the initial survey and description of the

theory that oral thrush is caused by the infection of the baby's oral mucous membranes by the Candidiasis fungus, this can happen because of a lack of maternal hygiene in caring for her baby. Therefore the researcher is interested in conducting research with the title "Relationship between Personal Hygiene When Breastfeeding and Oral Thrush in Infants 0-6 Months at the Cimarga Health Center, Lebak Regency."

II. METHODS

This study aims to determine the relationship between personal hygiene during breastfeeding and the incidence of oral thrush in infants 0-6 months. This research needs to be done because based on report data from the Cimarga Health Center that babies are still found to have oral thrush. This research was conducted at the Cimarga Public Health Center, Lebak Regency. This research will begin in November 2022. The sample in this study is breastfeeding mothers who have babies 0-6 months using the Lemeshow formula to get a sample of 60 people. The method used is this type of research is case control with a quantitative approach. The sampling technique used is non-probability sampling with purposive sampling method.

Data collection technique is a method used by researchers in collecting research data by using primary data for knowledge about oral thrush and personal hygiene when breastfeeding with oral thrush events in infants 0-6 months by way of researchers collecting data by providing research instruments in the form of questionnaires, then the respondents filled out the questions in the questionnaire with right and wrong answer choices, then the researcher assessed the results that were distributed in the questionnaire in the Good category, if the value was ($\geq 75\%$), Enough, if the value was (56 - 75%) and Less, if value (≤ 56) and questions on personal hygiene with yes and no answer choices. The independent variable is personal hygiene while breastfeeding, the dependent variable is the incidence of oral thrush, and the confounding variables are age, knowledge, education and parity.

III. RESULT AND DISCUSSION

A. UNIVARIATE ANALYSIS

1. Characteristic Frequency Distribution of Mothers Having Babies 0-6 Months at the Cimarga Health Center, Lebak Regency

| Karakteristik Responden | F | % |
|---------------------------|----|------|
| Age | 21 | 35,0 |
| 16 – 20 Years | 15 | 25,0 |
| 21 -25 Years | 16 | 26,7 |
| 26 – 35 Years | 8 | 13,3 |
| > 35 Years | | |
| Education | 23 | 38,3 |
| higher education | 15 | 25,0 |
| Upper secondary education | 22 | 36,7 |
| Low education | | |
| Paritas | 25 | 41,7 |
| Primipara | 27 | 45,0 |
| Multipara | 8 | 13,3 |
| Grande Multipara | | |
| Knowledge | 19 | 31,7 |
| Good | 30 | 50,0 |
| Enough | 11 | 18,3 |
| Not enough | | |
| Personal Hygiene | 48 | 80,0 |
| ever did | 12 | 20,0 |
| Never did | | |

In table 1 above it can be seen that of the 60 respondents the majority aged 16-20 years amounted to 21 people (35.0%), higher education numbered 23 people (38.3%), multipara parity amounted to 27 people (45.0%), enough knowledge amounted to 30 people (50.0%) and had done personal hygiene totaling 48 people (80.0%)

2. Frequency Distribution of Oral Thrush Events in Infants 0-6 Months at the Cimarga Health Center, Lebak Regency

| Oral Thrush Incident | Total | Percentage % |
|----------------------|-------|--------------|
| No oral thrush | 43 | 71,7 |
| Oral Thrush | 17 | 28,3 |
| Total | 60 | 100 % |

In Table 2 above, it can be seen that of the 60 infants aged 0-6 months at the Cimarga Health Center, Lebak Regency, the majority did not experience oral thrush, totaling 43 people (71.7%) and experiencing oral thrush, totaling 17 people (28.3%).

B. BIVARIATE ANALYSIS

1. The Relationship between Personal Hygiene and Oral Thrush in Infants 0-6 Months at the Cimarga Health Center, Lebak Regency.

| Personal Hygiene | Kejadian Oral Thrush | | | | Total | OR 95% CI | Asymp.sign (2 – sided) |
|------------------|----------------------|--------|-------------|------|-------|------------------|---------------------------|
| | No oral thrush | | Oral Thrush | | | | |
| | f | % | f | % | | | |
| Do | 31 | 88,6 % | 15 | 60% | 46 | 5,167 | 0,010 |
| Do not do | 4 | 11,4 % | 10 | 40% | 14 | (1,390 – 19,210) | |
| Total | 35 | 100% | 25 | 100% | 60 | | |

In the chy-square test, the result is Asymp.sign (2-sided) $0.010 < 0.05$, so the analysis is that there is a relationship between personal hygiene and the incidence of oral thrush in infants 0-6 months at the Cimarga Health Center, Lebak Regency. The OR calculation results show that mothers who have babies aged 0-6 months who perform personal hygiene 5.167 times do not experience oral thrush compared to experiencing oral thrush (95% CI 1.390 – 19.210)

2. Relationship between Mother's Knowledge about Oral Thrush and Oral Thrush in Infants 0-6 Months at the Cimarga Health Center, Lebak Regency

| Knowledge | Oral Thrush | | | | Total | Asymp.sign (2 – sided) |
|------------|----------------|------|-------------|------|-------|---------------------------|
| | No oral thrush | | Oral Thrush | | | |
| | f | % | f | % | | |
| Good | 11 | 18,3 | 8 | 13,3 | 19 | 0,951 |
| Enough | 18 | 30,0 | 12 | 20,0 | 30 | |
| Not enough | 6 | 10,0 | 5 | 8,3 | 11 | |
| Total | 35 | 100% | 25 | 100% | 60 | |

The results of the analysis of the relationship between knowledge and the incidence of oral thrush in infants 0-6 months show an Asimp.sign value of 0.951, because Asimp.sign $0.951 > 0.05$, it can be concluded that there is no relationship between knowledge and the incidence of oral thrush in infants 0- 6 months at the Cimarga Health Center, Lebak Regency.

3. Relationship between the age of mothers who have babies 0-6 months with oral thrush events in babies 0-6 months at the Cimarga Health Center, Lebak Regency

| Age | Oral Thrush | | | | Total | Asymp.sign (2 – sided) |
|---------------|----------------|-------|-------------|-------|-------|---------------------------|
| | No oral thrush | | Oral Thrush | | | |
| | f | % | f | % | | |
| 16 – 20 Years | 11 | 18,3 | 10 | 16,7 | 21 | 0,453 |
| 21 -25 Years | 8 | 13,3 | 7 | 11,7 | 15 | |
| 26 – 35 Years | 12 | 20,0 | 4 | 6,7 | 16 | |
| > 35 Years | 4 | 6,7 | 4 | 6,7 | 8 | |
| Total | 35 | 58,3% | 25 | 41,7% | 60 | |

The results of the analysis of the relationship between age and the incidence of oral thrush in infants 0-6 months show an Asimp.sign value of 0.453, because Asimp.sign $0.453 > 0.05$, it can be concluded that there is no relationship between age and the incidence of oral thrush in infants 0- 6 months at the Cimarga Health Center, Lebak Regency

4. Relationship between education of those who have babies 0-6 months with oral thrush events in babies 0-6 months at the Cimarga Health Center, Lebak Regency

| Education | Oral Thrush | | | | | Asymp.sign (2 – sided) |
|---------------------------|----------------|-------|-------------|-------|-------|---------------------------|
| | No oral thrush | | Oral Thrush | | Total | |
| | f | % | f | % | f | |
| higher education | 23 | 38,3 | 0 | 0,0 | 23 | 0,001 |
| Upper secondary education | 9 | 15,0 | 6 | 10,0 | 15 | |
| Low education | 3 | 5,0 | 19 | 41,7 | 22 | |
| Total | 35 | 58,3% | 25 | 41,7% | 60 | |

The results of the analysis of the relationship between education and the incidence of oral thrush in infants 0-6 months show an Asimp.sign value of 0.001, because Asimp.sign 0.001 < 0.05, it can be concluded that there is a relationship between education and the incidence of oral thrush in infants 0-6 months at the Cimarga Health Center, Lebak Regency.

5. The relationship between parity of mothers who have babies 0-6 months with oral thrush events in babies 0-6 months at the Cimarga Health Center, Lebak Regency

| Paritas | Oral Thrush | | | | | Asymp.sign (2 – sided) |
|------------------|----------------|-------|-------------|-------|-------|---------------------------|
| | No oral thrush | | Oral Thrush | | Total | |
| | f | % | f | % | f | |
| Primipara | 13 | 21,7 | 12 | 20,0 | | 0,491 |
| Multipara | 18 | 30,0 | 9 | 15,0 | | |
| Grande Multipara | 4 | 6,7 | 4 | 6,7 | | |
| Total | 35 | 58,3% | 25 | 41,7% | 60 | |

The results of the analysis of the relationship between parity and the incidence of oral thrush in infants 0-6 months show an Asimp.sign value of 0.491, because the Asimp.sign 0.491 > 0.05, it can be concluded that there is no relationship between parity and the incidence of oral thrush in infants 0-6 months at the Cimarga Health Center, Lebak Regency

DISCUSSION

In this study, the results showed an Asymp.sign (2-sided) value of 0.010 < 0.05, so the analysis showed that there was a relationship between personal hygiene and the incidence of oral thrush in infants 0-6 months at the Cimarga Health Center, Lebak Regency. The OR calculation results show that mothers who have babies aged 0-6 months who perform personal hygiene 5.167 times do not experience oral thrush compared to experiencing oral thrush (95% CI 1.390 – 19.210). Personal hygiene really needs to be considered by a woman who is breastfeeding her baby, because doing personal hygiene can reduce the risk of infection in the baby while breastfeeding her mother. This is clarified by Andarmoyo, 2017 in Saleha, S., & Hanum, Z. (2022) which states that personal hygiene is an action to maintain one's cleanliness and health for both physical and psychological well-being, especially during the postpartum period. Personal hygiene is very important for post partum mother. Apart from that, there is also According to Mueser, 2007 which states that oral thrush can be caused by transmission through milk bottles, residual breast milk in the baby's mouth and lack of maternal hygiene during breastfeeding such as unclean nipples and improper hand washing by mothers when breastfeeding. breastfeeding her baby. Personal hygiene is associated with the occurrence of oral thrush which can be caused by bacteria which can be caused by a lack of maternal hygiene in breastfeeding the baby so that the bacteria enter the baby when sucking the breast, and thus can result in oral thrush or other terms called thrush in the baby's mouth.

This is supported by the theory according to Juliana, 2019 which states that oral thrush is a disorder that occurs in infants, this is usually characterized by white plaques that resemble lumps of milk on the surface of the mouth. In the study, it was found that there was a relationship between education and the incidence of oral thrush, which in this study was the last education of mothers who had babies 0-6 months, namely upper secondary education and then continued with higher education, and there were still those who had low education with junior high school graduates. According to the researchers, the existence of this

relationship is because the higher the education, the higher the knowledge they have. This is according to the theory of Saleha, S., & Hanum, Z. (2022) which is explained according to his research in fact that personal hygiene behavior is generally lacking which after analyzing behavior that lacks personal hygiene is caused by one's own habits, family support, education and economic status. However, in this study, it was found that the mother's knowledge did not affect the incidence of oral thrush. According to Asusmi, the research results were analyzed because sources of knowledge can be found anywhere, especially in the modern era where all information can be searched through social media such as Google, YouTube, Instagram and several other types of social media so that knowledge is not only obtained at school. Apart from that, in preventing oral thrush by practicing personal hygiene, it is not only based on knowledge, there could be other factors, namely a person's personal habits, family support, or traditions that have been passed down from the family which is an obligation to apply this personal hygiene behavior.

This is what makes the results of the study show that there is no relationship between knowledge of the incidence of oral thrush. The researcher's opinion was strengthened by Mubarak, 2008 in Farina, I. (2014) which stated that the factors that influence personal hygiene itself are cultural factors, socioeconomic status, religion, level of knowledge or level of individual development, health status, habits. Thus, the knowledge which in the study did not affect it can be concluded that knowledge is stated to be good but has bad habits by being lazy in doing personal hygiene so that it affects the incidence of oral thrush on their babies. In research other than knowledge but on research results based on maternal characteristics based on age, parity was found to have no relationship with the incidence of oral thrush. This is according to the researchers' assumptions because in this study the majority were 16-20 years old and in the majority parity were multiparas, namely having 2 children, based on this, the researchers' opinion of knowledge can be found based on previous experience while those aged 16-20 years can get information through which social media. It is known that in this modern era it is very easy to get information. This was conveyed by Ruki Nasrulloh in Istiani, N., & Islamy, A. (2020) who stated that the existence of social media for today's modern society is one of the conveniences of interactive and publicistic communication. Based on this theory, the researchers argue that the results of knowledge in this study found that the majority did not experience oral thrush compared to experiencing oral thrush, which was caused by knowledge that was not based on age, parity was actually obtained information through social media.

What's more, in this day and age, it is easier to provide education through webinars, namely communication through the Zoom room so that all customers can participate in education at the webinar. Therefore, the researchers concluded that the results of their research were reducing the risk of oral thrush by providing education about personal hygiene for breastfeeding mothers. Because in the current study there is a relationship between the occurrence of oral thrush, namely personal hygiene. Meanwhile, according to Natalia, 2015 which states that personal hygiene when breastfeeding is also very important because a mother must keep her hands and nipples clean, wash hands properly, replace regular underwear (bra) to prevent the proliferation of microorganisms so that dirt and germs do not enter the baby's mouth so as to prevent problems such as whitish spots that form plaques in pieces in the mouth called oral thrush.

IV. CONCLUSION

From the results of research on the Relationship between Personal Hygiene When Breastfeeding and Oral Thrush Events in Infants 0-6 Months at the Cimarga Health Center, Lebak Regency, it was found:

1. It can be seen that of the 60 respondents, the majority aged 16-20 years amounted to 21 people (35.0%), higher education numbered 23 people (38.3%), multipara parity numbered 27 people (45.0%), sufficient knowledge 30 people (50.0%) and had done personal hygiene totaling 48 people (80.0%).
2. It can be seen that of the 60 infants aged 0-6 months at the Cimarga Health Center, Lebak Regency, the majority did not experience oral thrush, totaling 43 people (71.7%) and experiencing oral thrush, totaling 17 people (28.3%).
3. There is no relationship between age, knowledge, parity and oral thrush in infants 0-6 months at Cimarga Health Center, Lebak Regency.

4. There is a relationship between personal hygiene and education with oral thrush in infants 0-6 months at the Cimarga Health Center, Lebak Regency. The OR calculation results show that mothers who have babies aged 0-6 months who perform personal hygiene 5.167 times do not experience oral thrush compared to experiencing oral thrush (95% CI 1.390 – 19.210).

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