

Breastfeeding Education on Mother about Exclusive Breastfeeding in Mamuju Regency, West Sulawesi Province

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ABSTRACT

Breast milk is the best food that can meet the growth and development needs of babies until the age of 6 months. The purpose of the study was to assess the effect of breastfeeding education on the level of knowledge of mothers about exclusive breastfeeding in Mamuju. This type of research is experimental with a quasi experimental using a non-randomized control group pretest-posttest design. The samples were pregnant women at Puskesmas Beru - Beru and Puskesmas Tampapadang who met the sample criteria. The number of Samples are 32, using purposive sampling technique. The results showed that there was an increase in knowledge about exclusive breastfeeding in the intervention group after being given breastfeeding education ($p = 0.02$); there was a difference in knowledge about exclusive breastfeeding between the intervention group and the control group after the intervention ($p = 0.000$). This study recommends that health workers, especially midwives, play an active role in providing breastfeeding education to pregnant women through breastfeeding counseling activities in Antenatal Care and Postnatal Care services so as to increase the coverage of exclusive breastfeeding in Mamuju.

Keywords: Counseling; breastfeeding; knowledge about exclusive breastfeeding

ABSTRAK

Air Susu Ibu Adalah makanan tunggal dan terbaik yang dapat memenuhi kebutuhan tumbuh kembang bayi sampai usia 6 bulan. Tujuan penelitian adalah untuk menilai pengaruh edukasi Menyusui terhadap tingkat pengetahuan ibu tentang ASI Eksklusif di Kabupaten Mamuju. Jenis penelitian adalah eksperimental dengan rancangan *Quasi experiment* menggunakan desain *non randomized control group pretest-posttest*. Sampel adalah ibu hamil di Puskesmas Beru - Beru dan Puskesmas Tampapadang yang memenuhi kriteria sampel. Jumlah sampel = 32 orang menggunakan tehnik *purposive sampling*. Hasil penelitian menunjukkan ada peningkatan pengetahuan tentang ASI Eksklusif pada kelompok intervensi setelah diberikan edukasi menyusui ($p = 0,02$); ada perbedaan pengetahuan tentang ASI Eksklusif antara kelompok intervensi dibandingkan kelompok kontrol sesudah intervensi ($p = 0,000$). Penelitian ini menyarngkan agar petugas kesehatan khususnya Bidan untuk berperan secara aktif dalam memberikn edukasi menyusui kepada ibu hamil melalui kegiatan konseling menyusui pada pelayanan *Antenata Care* dan *Postnatal Care* sehingga meningkatkan cakupan pemberian ASI Eksklusif di Kabupaten Mamuju.

Kata kunci: Konseling; menyusui; pengetahuan tentang ASI eksklusif

INTRODUCTION

Breastfeeding milk is the single and best food that can meet the growth and development needs of babies until the age of 6 months.

Breastfeeding from mother to baby is a biological process of reproduction and a natural way of feeding babies and children that will have a major impact on improving the health of individuals, families and the global community (Wellstart International, 2013).

WHO data in 2018 shows that globally only about 40% of infants under the age of 6 are exclusively breastfed (WHO, 2018). The 2016 global study of The Lancet Breastfeeding Series suggests that exclusive breastfeeding can reduce mortality due to infection by 88% in infants less than 3 months old.

Based on the 2018 Indonesian Health Profile, it shows that the exclusive breastfeeding coverage in Indonesia is 68.74% (Kemenkes RI, 2019).

The data obtained based on the health profile of West Sulawesi, exclusive breastfeeding coverage in Sulawesi Barat in 2017 was 48.36%, while Mamuju Regency was classified as the lowest number among the six regencies in Provinsi West Sulawesi, which was only 29.55%, this indicates that exclusive breastfeeding coverage in Mamuju Regency is still far from Strategic plan targets Kemenkes RI of 44% (Dinkes Sulawesi Barat, 2018).

The low coverage of exclusive breastfeeding is influenced by many factors. lack of knowledge, attitudes and skills, socio-cultural factors and health workers, low prenatal lactation education and hospital policies that do not support lactation.

Research that has been done previously in one of the Puskesmas in Mamuju, found that knowledge and attitude are one of the factors associated with exclusive breastfeeding with p values of 0.006 (knowledge) and 0.000 (Attitude) (Satriani, et al 2017) .

Maternal health education is the main reason for the success or failure of exclusive breastfeeding (CDC,2016).

Breastfeeding education is most often carried out in the prenatal and intrapartum period and should be taught by someone with lactation management expertise or training which is usually carried out in structured small informal groups but can also be given on an individual basis. Although the target audience is usually pregnant or lactating women, it can also include fathers and others who support breastfeeding mothers (WHO,2014).

Breastfeeding Counseling is one form of education that is quite effective in addition to increasing knowledge but also being able to provide approaches and support in exclusive breastfeeding for mothers for their babies. Breastfeeding counseling is part of the ANC service standard. However, the

implementation at the Puskesmas based on a study showed that individual exclusive breastfeeding counseling activities were only carried out one to two times during the third trimester pregnancy examination which only provided information about exclusive breastfeeding and its benefits, and breast care. pregnant women to provide exclusive breastfeeding has not been implemented (Ambarwati et al, 2013).

This study aims to examine the effect of breastfeeding education on the knowledge of pregnant women about exclusive breastfeeding in Mamuju.

The hypothesis of this research is that there are differences in the knowledge of respondents before and after breastfeeding counseling in each group, and there are differences in knowledge between the intervention group and the control group after the intervention.

MATERIAL AND METHOD

This research is an experimental type of research with a quasi-experimental design (quasi-experimental) using a non-randomized control group pretest-posttest design. This research was carried out at the Puskesmas Beru - Beru and Puskesmas Tampapadang, Kabupaten Mamuju Sulawesi Barat, lasted for approximately 3 months, namely in May - July 2019. The population in this study were all pregnant women and the sample was pregnant women who met the sample criteria, with The sample size in the intervention group and the control group were 16 people each, selected by purposive sampling technique. The type of data collected is primary data conducted by structured interviews using an instrument in the form of a questionnaire. Bivariate analysis was carried out by using paired sample t test and independent sample t test. The data that

has been processed and analyzed further is presented in the form of tables and narratives.

RESULT AND DISCUSSION

This research was conducted at Puskesmas Beru – Beru as the intervention group and at Puskesmas Tampapadang as the control group. The study lasted for ± 3 months, starting from May to July, 2019. The implementation of the study began by conducting a pretest of knowledge about exclusive breastfeeding in each group, then the intervention group was given breastfeeding education in the form of breastfeeding counseling by a lactation counselor, while the intervention group was given breastfeeding education in the form of breastfeeding counseling by a lactation counselor. Control grup only received education in the form of leaflets.

There were four characteristics of respondents observed, namely maternal age, mother's last education, mother's occupation, and distance between pregnancies.

Age is one of the characteristics of respondents in epidemiological studies. Age is the length of life of a respondent which is calculated based on the last birthday. In Table 1. shows the age category with the highest frequency in the intervention and control groups are respondents aged between 21-35 years, which is 78.1% which is the reproductively productive age group, and the lowest is in the <20 years group of 9.4 % which is the reproductive age group that is very at risk of maternal morbidity and mortality.

Mother's educational background has the potential to affect mother's knowledge about exclusive breastfeeding for her baby. Education level is the last formal education level completed by the respondent. This study shows that the education level of the respondents is mostly at a low level of

education, where the distribution of respondents with the highest frequency is having an elementary school education level of 37.6%.

Employment is the type of work undertaken by the respondent, which is divided into 3 categories, namely housewives, farmers, and government contract workers. Table 1. shows the category of work with the highest frequency as household workers at 87.5%, and the lowest as farmers at 3.1%. Meanwhile, for birth spacing based on table 1, the highest frequency is 2 years, which is 59.4%, and the lowest is < 2 years at 40.6%.

Table 1. Distribution of Intervention and Control Groups Based on Maternal Characteristics

Respondent Characteristics	Respondent Type				Amount	
	Intervention		Control		n	%
	n	%	n	%	n	%
Age						
< 20 years	2	12,5	1	6,2	3	9,4
20 - 35 years	14	87,5	11	68	25	78,1
> 35 years old	0	0	4	25	4	12,5
Education						
No school	0	0	2	12	2	6,3
Not completed in primary school	2	12,4	4	25	6	18,7
SD	7	43,8	5	31	12	37,6
SMP/SLTP	3	18,8	3	18	6	18,7
SMA/SLTA	4	25	2	12	6	18,7
Job						
IRT	14	87,4	14	87	28	87,5
Farmer	1	6,3	0	0	1	3,1
Honorary staff	1	6,3	2	12	3	9,4
Distance between births						
< 2 years	9	56,3	4	25	13	40,6
2 years	7	43,7	12	75	19	59,4
Total	16	100	16	100	32	100

In table 2 the intervention group before and after education shows an average pretest score of 12.06 and posttest 14.88 the average difference in the increase in knowledge scores is 2.82. The results of the paired T-test obtained a value of 0.02 (p<0, 05) shows that

there is a difference in the mean score of respondents' knowledge before and after breastfeeding education.

In the control group, the average pretest score was 11.00 and the post-test score was 10.31, the difference between the average decline in knowledge scores was 0.69. Paired T-test results obtained a value of 0.517 ($p > 0.05$) indicating that there is no significant difference in the average knowledge of respondents before and after the intervention.

Table 2. Description of knowledge scores before and after breastfeeding education in the intervention group and the control group

Knowledge	Intervention		Control	
	Pre	Post	Pre	post
Minimum	9	11	7	7
Maximum	17	19	16	16
Mean	12,06	14,88	11,00	10,31
Median	12,00	14,50	10,50	9,50
Std. Deviation	2,205	2,655	2,708	2,726
<i>p</i> value	0,02		0,517	

Based on table 3, the score of knowledge before breastfeeding counseling showed a mean value of 12.06 which was higher than the control group which only reached 11.00 with a large difference of 1.06. The score of knowledge after counseling reached 14.88 in the intervention group which was 4.57 higher than the group. control which only reached 10.31.

The results of the knowledge test after breastfeeding education between the intervention group and the control group showed a *p*-value value = 0.000 which means that there is a difference in the level of knowledge after breastfeeding education.

Table 3. Description of knowledge scores between the intervention group and the control group

Knowledge	Intervention	Control	Intervention	Control
	Pre	Pre	Post	Post
Minimum	9	7	11	7

Maximum	17	16	19	16
Mean	12,0	11,0	14,88	10,31
Median	12,0	10,5	14,50	9,50
Std. Deviation	2,2	2,7	2,655	2,726
<i>p</i> value	0,233		0,000	

Knowledge is an important part in influencing a person's health behavior. These efforts make each individual or group will try to change their attitudes and risky behavior. A person's knowledge about the importance of exclusive breastfeeding for infants is a necessary factor to be able to influence the success of exclusive breastfeeding.

Breastfeeding education in the form of breastfeeding counseling is the provision of information about breastfeeding that is given as part of standard antenatal care services, including individual or group education sessions led by peer counselors or trained health workers, can also be in the form of home visits, lactation consultations, distribution of printed materials / written materials, video demonstrations and the inclusion of prospective fathers in learning activities (WHO,2014).

Education in the form of breastfeeding counseling carried out in this study is providing information about exclusive breastfeeding, by strengthening breastfeeding technique materials to mothers so that after education, mothers have a knowledge base so that later they are expected to be moved to give exclusive breastfeeding to their children.

The results of this study indicate that there is a difference in the mean score of respondents' knowledge, namely an increase in knowledge scores in the intervention group after receiving breastfeeding education in the form of exclusive breastfeeding counseling. Furthermore, there was a difference in knowledge between the intervention group and

the control group after breastfeeding education.

The increase in the average knowledge score after breastfeeding education in the form of counseling is in line with several previous studies, Liliana et.al (2017) found that there was a significant difference in breastfeeding ability between the intervention group and the control group after being given lactation counseling, further research by Bintang et.al (2018) suggested that there was an effect of counseling on knowledge and attitudes of mothers about exclusive breastfeeding after being given breastfeeding counseling.

There are various factors that influence the success or failure of a health education, namely the method used, the educator/officer who conducts it and the media/educational aids used in counseling.

The results of research at Malang show that the analysis of factors that hinder the effectiveness of the role of breastfeeding counselors in conducting counseling related to exclusive breastfeeding, namely the lack of self-motivation to become counselors, the workload of counselors who do not focus on one activity (breastfeeding counseling), the unavailability of facilities and infrastructure that sufficient, namely a special place for adequate counseling, the limited time for counseling at the puskesmas has an impact on the delay in the counseling process (Martina,2016).

Counseling builds interpersonal relationships that are expected to be able to explore and find problems faced by mothers in exclusive breastfeeding. Nearly 89% of mother-newborn babies have one or more breastfeeding problems. many of the problems associated with breastfeeding failure can be avoided by counselling (Hegazy at.al, 2015)

According to Bloom and Skinner, knowledge is a person's ability to re-express

what he knows in the form of evidence of an answer either oral or written, the evidence or writing is a reaction from a stimulation in the form of a question either oral or written (Notoadmodjo,2014).

Knowledge is the basis of attitude formation, while attitude is a closed response from practice, so it becomes important to instill the correct knowledge base and understanding of exclusive breastfeeding.

The limitations in this study were that there was no control on mothers who received pregnancy counseling at the time of carrying out pregnancy checks by health workers outside of the counseling materials related to the study so that they could not ensure that mothers only received breastfeeding counseling from this study. So it is necessary to do further research by controlling the sample who received pregnancy counseling at the time of examination by Health Workers, with a larger of samples size and matching the samples.

CONCLUSION

There is a difference in knowledge about exclusive breastfeeding before and after the intervention. The knowledge of the intervention group who was given breastfeeding education in the form of breastfeeding counseling was better than the control group who was only given leaflets.

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