

The Implementation of Breastfeeding Counseling on Expectant Mother in Tangerang 2018

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Abstract The practice on exclusive breastfeeding for the early birth baby has become a crucial moment which will determine the success of further exclusive breastfeeding. There are some barriers during the old breastfeeding. According to Riskedas (2010) exclusive breastfeeding is 'the practice of breastfeeding since the delivery of a baby without feeding on other food and drinks during the first 24 hours of life (only breastfeeding, excluding the other food and beverages). Based on Nutritional Status in 2017 by Public Health Director General, Indonesian Ministry of Health 2018 the number of babies that achieve breastfeeding during the first five months is about 46.74%, while the number of babies that complete breastfeeding during the first six months decreases to 35.73%. Those numbers have fallen behind the name that targeted by WHO (90%). The benefits of breastfeeding itself have been discussed by many sources and literature. One of the barriers of exclusive breastfeeding is the lack of information about the importance of the practice on exclusive breastfeeding. The availability of a breastfeeding counselor at the healthcare facility also affects the success rate of breastfeeding. FTKP in JKN era nowadays has become the advanced healthcare tools that face the public directly. Hopefully, with the existence of FTKP could give a real contribution in increasing the number of the Scope of Exclusive Breastfeeding in Tangerang. The purpose of this research is to find the effect of intensive counseling that has been given to third-trimester expectant mothers on the success rate during the first three days postpartum at Azzahra Sitanala Clinic, Tangerang. This research implements the quasi-experiment research design. Sample collection is done by purposive sampling non-equivalent control group technique with inclusion and exclusion criteria which has been defined. The statistical test is done by t-test and Pearson Correlation. The findings of this research are the correlation between intensive breastfeeding counseling with the success rate on three days postpartum.

1 INTRODUCTION

Based on UNICEF data during 2018, it has recorded 386,000 babies that has been delivered, and 90% of them were from developing countries. Indonesia contributed on delivering 13,370 babies, which made Indonesia is placed on the fifth places biggest country.

As one of the biggest contributing country on delivering babies, Indonesia also has a big responsibility to make sure that the babies have a good health. Including to make sure that the babies get the proper amount of breastfeeding that has been defined by WHO. WHO and UNICEF recommend the best dietary habit for babies and kids until the age of 2 years old.

The practice of breastfeeding on the first period of life has become an important moment which will determine the success of further exclusive breastfeeding. There are some barriers during the early breastfeeding such as: scuffed nipples, nipples are not prominent, flat breasts, swollen breasts, etc.

Exclusive breastfeeding is the activity of not giving the baby food and drinks, including mineral water besides breastfeeding (except medicines and vitamins or mineral drops; dairy breastfeed also allowed). According to Riskedas exclusive breastfeeding is: 'the practice of breastfeeding since the delivers of a baby without feeding on other food and drinks during the first 24 hours of life (only breastfeeding, excluding the other food and drinks).

Preliminary study has been done at a FTKP (First Level of Health Facility) in Tangerang on January 2018, (38%) of the delivery mother at the FTKP mentioned before experience some obstacles in the process of breastfeeding especially on the first 3 days postpartum. The lack of knowledge on breastfeeding is their problem. This, sometimes has caused mothers and family members decided to give food besides breastfeeding. For instance, formula milk and other liquids (honey, sweet tea, coffee) which is given as a shortcut for solving the barriers of breastfeeding. One of the causes of this issue is the lack of information that has been given to the mothers and their family about breastfeeding.

Counseling is a structured behavior and education program which can increase the successful rate of breastfeeding. The availability of counselor at health care facility also affect the successful rate of breastfeeding. BFI suggested that all of the women is provided by written information and individual counseling about the benefits and management of breastfeeding before 34 weeks of gestational age, and given the opportunity to attend a breastfeeding workshop (even when mothers are treated in that moment) (UNICEF, 2010). Ria Ambarwati (2013) conducted a research about intensive lactation counseling that affect the rate of knowledge, behavior change, and the number of mothers that breastfeed until the age of 3 months. Ni Putu Ayu (2017) conducted a research which says that a counseling intervention could affect the knowledge of a mother about breastfeeding and influence the awareness of breastfeeding.

Based on Nutritional Status in 2017 by Public Health Director General, Indonesian Ministry of Health 2018 the number of babies that achieve breastfeeding during the first 5 months is about 46.74%, whilst the number of babies that achieve breastfeeding during the first 6 months decreases to 35.73%. Banten province for exclusive breastfeeding scope during the first 6 months is about 47.9% in 2013, according to Provincial Health Department Report in 2012. Tangerang is the city with the lowest breastfeeding scope compared to other cities in Banten province.

2 METHOD

This research conducted a quasi-experiment with non-equivalent control group. The population of this research is the third trimester expectant mothers that checked their pregnancy at Azzahra Clinic in Tangerang. Research subjects collected by inclusion criteria, which is: the third trimester expectant

mothers that checked their pregnancy and delivered at Azzahra Clinic, not having a disease history and breast disease, agreed to become a respondent. Whilst the exclusion criteria is the mothers who weren't willing to attend the counseling class or not attending the counseling class completely.

The data sampling collection for this research is done by purposive sampling technique according to Sugiyono (2010) the definition is: a technique to determine the sampling with some consideration in order to collect a more representative data. With 66 sample respondents, divided into 2 group. 33 respondents with an experiment group that will get intensive counseling and delivers around July, August, and September 2018, and the rest 33 respondents that won't get intensive counseling and delivers around April, May, and June 2018.

Respondents in experiment group will get intensive counseling by the 35 weeks of gestational age until the 39 weeks of gestational age (4 times during prenatal period) or with the frequency of 'one time each week' with the duration of approximately an hour of counseling. The counseling that has been given is based on WHO standard on 40 hours counseling. On postnatal period, will be given 2 times which is 2 hours after deliveries and 3 days after deliveries. Observations conducted on postpartum until 3 days postpartum about breastfeeding.

The collected data is then grouped according to each data type and inputted on tables, and then counted. When it is done, the data will be processed by computerization. The purpose is to find any effect after the implementation of the intervention: Statistical Test is conducted with t-test and Pearson Correlation.

3 RESULT AND DISCUSSION

Result

a. Counseling

Table 1: Counseling

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Without Counseling	33	50.0	50.0	50.0
	With Counseling	33	50.0	50.0	100.0
	Total	66	100.0	100.0	

Sources: Primary Data

In the research which included 66 respondents with 33 respondents got a counseling and 33 others did not get a counseling, or 50% each.

b. Knowledge

Table 2: Knowledge

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Known ge not increase	24	36.4	36.4	
Known ge Increase	42	63.6	63.6	100.0
Total	66	100.0	100.0	

Sources:

Primary Data

On knowledge variable, it has obtained 24 of the people or about 36.4% has a steady knowledge and 42 of the people or about 63.6% has an increasing knowledge.

c. Breastfeed

Table 3: Breastfeed

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Not Exclusively Breastfeeding	26	39.4	39.4	39.4
Exclusively Breastfeeding	40	60.6	60.6	100.0
Total	66	100.0	100.0	

On breastfeeding variable, it is known that 26 respondents were not practicing breastfeeding or about 39.4% and 40 respondents or about 60.6% practiced the breastfeeding.

Table 4: Independent t-Test Results Group Statistics

	Counseling	N	Mean	Std. Deviation	Std. Error Mean
Knowledge	Without Counseling	3	1.303	.46669	.08124
	With Counseling	3	1.969	.17408	.03030
Breastfeeding	Without Counseling	3	1.333	.47871	.08333
	With Counseling	3	1.878	.33143	.05770

The purpose of this test is to find the mean differences between 2 treatments. There is a significant difference if the significant value is under 0.05. On knowledge variable, the significant value is 0.000, lower than 0.05 so it can be concluded that there is a significant difference on knowledge between the groups that got counseling and not. The group that got counseling had an increasing knowledge while the other group did not.

On breastfeed variable, the significant value is 0.000, lower than 0.05 so it can be concluded that there is a significant difference on breastfeed between the groups that got counseling and not. The group that got counseling tend to exclusively breastfeeding than the other group that did not get the counseling.

Table 5: Correlation

		Knowledge	Breastfeed	Counseling
Knowledge	Pearson Correlation	1	.551**	.693**
	Sig. (2-tailed)		.000	.000
	N	66	66	66
Breastfeed	Pearson Correlation	.551**	1	.558**
	Sig. (2-tailed)	.000		.000
	N	66	66	66
Counseling	Pearson Correlation	.693**	.558**	1
	Sig. (2-tailed)	.000	.000	
	N	66	66	66

** . Correlation is significant at the 0.01 level (2-tailed).

On knowledge variable, the significant value is 0.000 which is lower than 0.05, so it can be concluded that there is a significant correlation between giving counseling and knowledge. Correlation value is about 0.693 which shows the big correlation between giving counseling and knowledge. Correlation value of 0.693 shows the positive correlation, which means the person who got counseling tend to have a good knowledge or increasing knowledge.

On breastfeed variable, the significant value is 0.000 which is lower than 0.05, so it can be concluded that there is a significant correlation between giving counseling and breastfeeding. Correlation value is about 0.558 which shows the big correlation between giving counseling and breastfeeding. Correlation value of 0.558 shows the positive correlation, which means the person who got counseling tend to exclusively breastfeeding.

Discussion

It has been known that the significant value on breastfeed variable is 0.000 which is lower than 0.05, it means that there is a significant correlation between giving counseling and the practice of breastfeeding. Correlation value is about 0.558 which shows the significant correlation between giving counseling and the practice of breastfeeding. This result is similar with the research conducted by Ni Putu (2017) which says that the intervention in the form of counseling affects the knowledge of a mother about breastfeeding and affects the awareness to exclusively breastfeeding. This change in mother's knowledge would make mothers and their family to understand the barriers which they experienced in the early moment of breastfeeding. With a good knowledge they had, they would not take a shortcut to feed a baby with food besides breastfeeding.

Counseling is a part of mentoring health workers. Counseling that has been given to public must contained some approaches that adjusted the public condition. The counseling that has been given is based on WHO standard on 40 hours counseling. For the counseling itself, for the expectant mother is based on BFI recommendation about the education for breastfeeding has to be given since the 35 weeks of gestational age. Correlation value between giving counseling and knowledge is about 0.693 which shows the positive correlation, that means a person who got a counseling tend to have an increasing knowledge or better knowledge. Similar to the research conducted by Ria (2013) that said the intensive counseling during prenatal and postnatal period affects the exclusive breastfeeding.

FTKP in JKN (National Health Insurance) era has become a dependable health care facility in serving the public. The availability of competent breastfeeding counselor is a main need by the FTKP. This is similar to the research conducted by Ika Muryani (2014), which discussed the importance of the availability of breastfeeding counselor in the leading health service such as health center or other health facilities.

4 CONCLUSION

Based on hypotheses test, the conclusion of this research is the occurrence of significant correlation between intensive breastfeeding counseling and the success of exclusive breastfeeding during the first 3 days postpartum. Whereas that moment is the important moment to determine the successful rate of sustainability and success of breastfeeding effectively. The availability of a

counselor in health care facilities is to accompany mothers to prepare their breastfeeding period. There is no policies that has been made related to the availability of counselor in primary health care facilities.

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