

Community Based Breastfeeding Counseling for Succesfull Exclusive Breastfeeding

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ABSTRACT

Maternal problems during the postpartum are physiological and psychological changes. The postpartum period is a critical moment for mother to adapt after childbirth. Adaptations include adjusting to the partner and building positive interactions with the baby. The problems that occurred during the postpartum period was the fail in giving exclusive breastfeeding. The purpose of this study is to prove the influence of Community Based Breastfeeding Counseling on the success of exclusive breastfeeding. The research design used pre experimental design with one group pre-post test design approach. The respondents are Pospartum Primipara. Data collection with questionnaire for the success of Exclusive Breastfeeding. Data analysis using Chi-Square with significance level $\alpha = 0.05$ obtained result $\chi^2 = 0,000$ and coefficient contingency = 0.707 means there is a difference between Practice of exclusive breastfeeding before and after Community Based Breastfeeding Counseling means there is influence of Community Based Breastfeeding Counseling for Successful Exclusive breastfeeding.

Keywords: Community based breastfeeding counseling, exclusive breastfeeding

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INTRODUCTION

Maternal problems during the postpartum period are not only in terms of aspects of physiological change, but there are psychological changes that need special attention. The main factors that influence the psychology of post partum mothers are parity, newborn temperament, method of giving milk, length of labor, type of labor, health during pregnancy, educational status, socio-economic and family support for the mother's adaptation process postpartum. Postpartum period is a critical moment for one side of the mother is happy times as well as full of stress to adapt after giving birth. One of the problems that occurred during the postpartum period was the mother's failure to give exclusive breastfeeding. In 2007 in Indonesia only 18% of mothers gave exclusive breastfeeding for 4 - 6 months. That percentage is far from the national target of 80%. Exclusive breastfeeding can save more than 30,000 toddlers in Indonesia. The number of babies in Indonesia who get exclusive breastfeeding continues to decline because of the increasing number of babies under 6 months who are formula fed.

Based on research data from the 2012 Basic Health Research, mothers who succeeded in exclusively breastfeeding were recorded at 61.5% in 2010. While in East Java mothers who gave ASI were 61.52% in 2011 and Surabaya City was below the average (26.88%). (Pusat Data dan Informasi Kementerian Kesehatan Republik Indonesia, 2014) (Juanita, 2016).

The low level of exclusive breastfeeding because mothers do not know the benefits of breastfeeding for children's health. Support from the father also affects the success of exclusive breastfeeding for six months. The decision of mothers to breastfeed is influenced by family members' information about the benefits of breastfeeding, as well as lactation consultants (Wulandari, 2009). The low coverage of exclusive breastfeeding is caused by various factors, including: (1) changes in socio-culture, (2) imitating friends, (3) feeling outdated, (4) factors psychological, (5) lack of information by health workers, (6) increased promotion of formula milk, and (7) incorrect information. The impact of not giving breast milk exclusively can reduce the body's resistance so that babies are susceptible to infection, especially disorders of the digestive system.

Giving breast milk is very important for optimal growth and development both physically and mentally and baby's intelligence. Therefore breastfeeding needs to get the attention of mothers and health workers so that the breastfeeding process can be carried out correctly. Post partum and family mothers are part of the community so that as a promotive effort towards exclusive breastfeeding, collaboration between nurses and the community is needed. These community groups are experienced individuals and have received training in exclusive breastfeeding. In providing nursing care to postpartum mothers nurses must also be based on the conceptual model of nursing. Based on the above, researchers are interested in compiling and applying special interventions, namely Community Based Breastfeeding Counseling to increase exclusive breastfeeding in the postpartum period by using the integration of the Community As Partner conceptual model and Maternal Role Attainment Ramona T. Mercer.

MATERIALS AND METHODS

The research design used was a pre-experimental study with a one group pre-post test design approach. Respondents of this study were Pospartum Primipara in the Kelurahan Pojok Kota Kediri who met the inclusion criteria. Data collection with questionnaire sheets for the success of Exclusive Breastfeeding. Analysis of the data using the Chi-Square statistical test with a significance level of $\alpha = 0.05$, if the results obtained $\alpha < 0.05$, H_0 is rejected means that there is an influence of Community Based Breastfeeding Counseling on the Success of Providing Exclusive ASI. Prior to the research, ethical testing was conducted on June 16, 2017 and passed the Ethics Test at the Health Research Ethics Commission of the Ministry of Health Health Polytechnic Malang.

RESULTS

Table 1. Respondents Frequency Distribution Based on General Data

No	Characteristics	Frequency	Percentage
1	Age		
	< 20 year	1	4%
	20 – 35 year	22	73%
	>35 year	7	23%
2	Level of Education		
	Elementary School	4	14%
	Junior High School	9	30%
	Senior High School	13	43%
	University	4	14%
3	Work		
	Work	9	30%
	Housewife	21	70%
4	Information about exclusive breastfeeding		
	Yes	13	43%
	No	17	57%
5	Information about how to breastfeed		
	Yes	4	14%
	No	26	86%
6	Family Support		
	Yes	28	93%
	No	2	7%
7	Health Worker Support		
	Yes	28	93%
	No	2	7%
8	Community Support		
	Yes	27	90%
	No	3	10%

Table 2. Practices for breastfeeding before Community Based Breastfeeding Counseling

No.	Criteria for breastfeeding	Amount	Percentage
1.	Exclusive Breastfeeding	12	40%
2.	Predominan Breastfeeding	0	0%
3.	Non- Exclusive Breastfeeding	18	60%
	Total	30	100%

Table 3. Practice of breastfeeding after Community Based Breastfeeding counseling

No.	Criteria for breastfeeding	Amount	Percentage
1.	Exclusive Breastfeeding	12	40%
2.	Predominan Breastfeeding	10	33,33%
3.	Non- Exclusive Breastfeeding	8	26,67%
	Total	30	100%

DISCUSSION

Practice of Breastfeeding Before Community Based Breastfeeding Counseling

Practice of Giving Exclusive Breastfeeding Before Lactation Counseling is conducted Based on table 2, most of the respondents (60%) did not exclusively give breastmilk. This is because babies have received formula milk when breast milk is not good flow rate, giving formula milk is due to lack of knowledge of mothers about the adequacy of infant nutrition on the first day of labor, many mothers assume that breastmilk is not good flow rate, baby nutrition on the first day of birth is less so formula milk given to the baby. In addition, mothers also do not know how to breastfeed properly, especially about the position of breastfeeding and adhering to the right baby that affects the comfort of the mother and baby while breastfeeding, this condition is a breast inhibitor in producing milk, and forms the mother's belief that her milk is not enough on the mother's decision to give formula milk. This condition is supported that mothers do not know the dangers of formula milk to the growth and health of children. The culture of baby wrapping after birth with the aim that the baby is not cold is also a factor in the failure of exclusive breastfeeding, by giving baby wrapping after birth to babies resulting in no skin contact between mother and baby so that disturbing the baby while breastfeeding even frustrates both babies and mothers because there is not much breastmilk. Another socio-cultural factor influence is the practice of providing food other than breastmilk such as the provision of bananas which are still commonly practiced by the community. At the same time they have knowledge of local culture in the form of basic food for babies. Knowledge of local culture can be referred to as knowledge of non-exclusive breastfeeding which is clearly an inhibiting factor for the practice of exclusive breastfeeding.

Practice of Breastfeeding After Community Based Breastfeeding Counseling

At the end of the study, Based on table 3, the majority of respondents (40%) gave exclusive breastfeeding and 33.33% gave breastfeeding predominantly. This shows that intensive lactation counseling increases the number of mothers who give exclusive breastfeeding and Predominant breastfeeding. The results of statistical tests showed that there were differences in the practice of breastfeeding before and after Lactation counseling ($\chi^2 = 0,000$) with Contingency Coefficient = 0.707, this difference was due to an increase in knowledge and changes in attitudes towards mothers after intensive lactation counseling. Imdad et al. (2011), proving that prenatal counseling has an impact on breastfeeding up to 4-6 weeks, while counseling given at prenatal and postnatal effects on exclusive breastfeeding for up to 6 months.

After giving birth is a critical period in breastfeeding because breastfeeding problems arise, with intensive lactation counseling helping mothers to improve their abilities and skills in facing difficulties in breastfeeding. Community Based Breastfeeding Counselling helps mothers to obtain not only abilities, interests and opportunities but also emotions and attitudes that can influence in making choices and decision making. Attention and motivation in the form of home visits after giving birth by the counselor to the mother becomes support for exclusive breastfeeding. Home visits, meeting groups, growth monitoring sessions and cooking sessions are good opportunities for sharing information and for individual counseling (WHO, 2003).

Although there was an increase in knowledge and attitude changes in the respondent group, there were still mothers who gave formula milk on the first day. this is due to the lack of support from the family (parents, husband) and mother's concerns because of the condition of the child who cries continuously while the breastmilk production is not good flow rate. Short maternal care after giving birth also contributes to the failure of exclusive breastfeeding, the majority of mothers who give birth are only treated one day with the condition that the mother is still tired and unable to find a comfortable breastfeeding position plus the crying baby continues to influence the mother to decide to give milk formula.

The socio-cultural factors and traditions that exist in the community influence the behavior of mothers in the practice of exclusive breastfeeding to their babies, there is a close relationship between cultural values and exclusive breastfeeding. The absence of mentoring after childbirth by health workers is also a factor in the failure of exclusive breastfeeding, based on observations of new health

workers knowing mothers are not exclusively breastfeeding when immunizing their babies. Sustainable support is very important to ensure the success of breastfeeding. The counselor is able to identify and discuss barriers to breastfeeding and can increase a mother's confidence in breastfeeding.

CONCLUSION

1. There is a significant difference in the practice of giving exclusive breastfeeding before and after Community Based Breastfeeding Counseling.
2. Community Based Breastfeeding Counseling can increase the Success of Exclusive Breastfeeding.

SUGGESTION

1. To increase the success of giving exclusive breastfeeding, it should be Community Based Breastfeeding Counseling when the trimester III is pregnant and followed up to 6 months of labor.
2. Health Officers and Health cadres should master the Community Based Breastfeeding Counseling method so that Exclusive Breastfeeding in infants can achieve National targets and more optimal baby growth.

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