



The Effect of Breastfeeding Counseling Training on the Implementation of Exclusive Breastfeeding in the Primary Health Care

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ABSTRACT

Background : breast milk is an ideal nutrition for infants because it contains nutrients that best suits the needs of the baby . Achievement of exclusive breastfeeding in Primary health care X (PHC/Puskesmas X) for 3 years has fluctuated , at some earlier research states that the limited number of breastfeeding counselor also give effect to the implementation of exclusive breastfeeding. **Objective**: Determine the effect of breastfeeding counseling training on the implementation of exclusive breastfeeding in PuskesmasX**Methods**: this research is using Quasi-experiment Non Equivalent Control Group design. The samples are 60 people divided into 2 groups, consist of the trained midwife group and the untrained midwife group. The midwives were giving the breastfeeding counseling to the mothers and then evaluating for 2 months later to observe the mothers' practice on breast-feeding and their lactating problems. The data is analyzed by Fisher test.**Result**: the result of Fisher Test onPost test($p=0,012$) means there is a significant behavioral change to the mothers after counseling. The lactating problems in Post 1 ($p=0,165$) and Post 2 ($p=0,795$) means there is a significant difference. The most lactation problem is working. **Conclusion**:breastfeeding counseling training influence behavioral change on exclusive breastfeeding positively and maternal lactation problems.

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INTRODUCTION

Milk (ASI) is the ideal nutrition for infants because it contains nutrients that best suits the needs of infants and contains protection against various diseases [1]. Given the importance of breastfeeding for infant growth and development , then recommendations on how to feeding the baby properly according to the World Health Organization (WHO) and the United Nations Internationals Children's Emergency Fund (UNICEF) is to : 1) start immediately breastfeed within 1 hour after birth ; 2) breastfeeding infants exclusively from birth until the age of 6 months ; 3) from the age of 6 months baby gets Complementary feeding (MP - ASI) nutritious accordance with the needs of growth and development as well ; 4) continuing to breastfeed children until the age of 24 months [2].

Infant Mortality Rate (IMR) is one important indicator in determining the level of public health . The emergence of exclusive breastfeeding program is motivated by the high infant mortality rate (IMR) in Indonesia at 32/1000 live births, whereas the Ministry of Health Strategic Plan targets to be achieved by 2014 is 24/1000 live Nativity, and the 2015 MDG targets by 23 / 1000 Birth of Life [2]. Indonesian Demographic and Health Survey (IDHS) 2002-2003 shows the number of temporary exclusive breastfeeding up to the age of 6 months was 39.5 % . While data IDHS 2007 shows exclusive breastfeeding until the baby age of 6 months is 32.4 % . The success rate of exclusive breastfeeding in Indonesia as a whole tends to decrease [1]. Low breastfeeding is a threat to child development that will affect the growth and development of human resources in general [3] .

Achievement of exclusive breastfeeding until 5 months (E0 - E5) in Malang is 70.20 % , while exclusive breastfeeding comprehensive until 6 months (E6) is 40.28%, and especially at PHC X results of 5 months exclusive breastfeeding (E0 - E5) approximately 70.09% while exclusive breastfeeding comprehensive until 6 months is approximately 40.71% in breast-fed infants [4]. Education, knowledge and experience of the mother is a predisposing factor that positively affects the successful implementation of exclusive breastfeeding , whereas Early Breastfeeding Initiation (IMD) is strong factor to affect the success of exclusive breastfeeding

[5]. In terms of the drivers, support from health worker especially from personnel birth attendant most noticeable influence in the successful implementation of exclusive breastfeeding.

Early initiation of breastfeeding, support from health workers and husband support related to the success of exclusive breastfeeding, and support from health workers is the most influential factor on the success of exclusive breastfeeding. In order to improve breastfeeding, promotion efforts have been made to the World Health Organisation [6]. It is also inseparable from the role of health workers in promoting breastfeeding and supported mothers, families and communities, to inform on breastfeeding right and correctly so that mothers can breastfeed exclusively 6 months [7].

For many times, the socialization process of exclusive breastfeeding in the city of Malang disseminated to health workers including doctors, midwives, nurses and nutrition in the form of counselor training lactation/breastfeeding counselors. Especially in PHC X, the number of doctors as many as four people including the head of the health center, midwife as many as 12 people, officials nutrition 2. From those health workers, only one person (nutrition officer) who has been trained in breastfeeding counseling. So we need to make breastfeeding counseling training to improve the skills to support and protect the practice of breastfeeding for all health workers who care for mothers and children. Achievement of exclusive breastfeeding in PHC X for 3 years has fluctuated, at some earlier research states that the limited power breastfeeding counselor helped give effect to the implementation of exclusive breastfeeding.

Methodology:

This study design is a quasi experimental with Non Equivalent Control Group. The study was conducted in PHC X Malang, because in the last three years the achievement of exclusive breastfeeding fluctuated. This study was conducted in April-June 2015. The sampling technique used was purposive sampling, including nursing mothers who meet the inclusion criteria has a 0-3 month old baby who visited the PHC X Malang taken as a sample, to meet minimum sample boundary as many as 30 people each groups. Subjects were divided into 2 groups: group of trained and untrained midwives. Criteria for research subjects consist of: (1) Willing to be a study respondents (2) Able to read and write (3) Mothers who have not breastfed exclusively yet (4) Having a baby age 0-3 months (5) Represents the population in Puskesmas Kerep Kendal Town Malang at least 1 last year. (6) Childbirth assisted by health workers. The data collected in this study by distributing questionnaires. The questionnaire can be filled in by the respondents themselves or written by research assistant (enumerators) in a face-to-face. Tools or instruments and materials used in this study is a questionnaire and other official documents in the form of data on the scope of exclusive breastfeeding both in PHC X and Health Office Malang, besides the data cohort of infants contains the names of infants aged 0 to 3 months and other official documents. The test used was Fisher and Repeated Anova test in the presentation based on the data gathered are then summed and processed according to the variables included in the study.

RESULTS AND DISCUSSION

Subjects consisted of 60 mothers and 60 infants include 35 boys and 25 girls. The age of the majority of a sample of respondents in this study were respondents aged between 26-30 years is 32 people. Last education mostly a sample of respondents in this study is the last of the respondents with high school education is 49 people.

Table 1: Breastfeeding Implementation.

Breastfeeding Counselor	Breastfeeding Implementation Pre Test			Breastfeeding Implementation Post Test 1			Breastfeeding Implementation Post Test 2		
	non exclusive	exclusive	P	non exclusive	exclusive	P	non exclusive	Exclusive	P
Untrained	30	0		20	10	0.118	14	16	0.012
%	100	0.0		66.7	33.3		46.7	53.3	
Trained	30	0		14	16		5	25	
%	100	0.0		46.7	53.3		16.7	83.3	

Based on the table 1 obtained on the implementation of breastfeeding Pre Test which dealt Untrained midwives, there were 30 respondents. Meanwhile, none of the respondents are breastfeeding. On the implementation of breastfeeding Post 1 which dealt Trained midwives, there were 30 respondents, No respondents who breastfeeding Post 2 handled Untrained midwives, of 30 respondents among 20 people who provide non-exclusive breastfeeding and 10 people who give Exclusive breastfeeding to their babies. On the implementation of breastfeeding Post 2 handled midwives trained, from 30 respondents of which 14 were breastfed non-exclusive and 16 are exclusive breastfeeding implementation of breastfeeding Post 3 handled midwife Untrained, from 30 respondents of which 14 provide non exclusive breastfeeding and 16 people who provide exclusive breastfeeding. On the implementation of breastfeeding Post 3 Trained midwives are addressed, from 30 respondents including 5 gives non exclusive breastfeeding and exclusive breastfeeding 25.

Maternal age is crucial as it relates to maternal health condition of pregnancy , childbirth , postpartum, parenting and breastfeed. Results of this study are supported by previous studies [8] concerning factors that play a role in the failure of exclusive breastfeeding practice where most have given prelactal and weaning too early. Prelactal formula feeding as often done in health care such as hospital, clinics, with the main reason for breast milk has not come out and still having trouble feeding the baby so the baby will cry when left alone.

Changes in maternal behavior on breastfeeding implementation can also be influenced by breastfeeding counseling given by the midwife due to the increasing of information as well as knowledge about the importance of exclusive breastfeeding . These results are in line according to the research conducted in South Africa . The authors report that the administration in the form of breastfeeding counseling interventions succeeded in increasing exclusive breastfeeding . Counseling coupled with mentoring successful in increasing the participation of mothers to breast feed their babies exclusively , with an increase of 40 % [9].

Table 2: Lactation Problem.

Counselor	Lactation Problem Post Test 1			Lactation Problem Post Test 2		
	Problem +	Problem -	P	Problem +	Problem -	P
Untrained	18	12	0.165	17	13	0.795
%	60.0	40.0		56.7	43.3	
Trained	23	7		16	14	
%	68.3	23.3		53.3	46.7	

Based on the table 2 there is a problem lactation in Post 1 are handled Untrained midwives , of 30 respondents among 18 people who have problems such as working lactation, the milk a little out and the milk does not come out at all. While 12 respondents did not mention any problems (problems not mentioned or not there is a problem). On the issue of lactation Post 1 which dealt Untrained midwives , of 30 respondents among 23 respondents, while 7 respondents did not mention any problems (problems not mentioned or not there is a problem). On Post 2 significance value for Fisher test of 0,795 . This value is greater than the significance level of 5% , so it was decided accept H0. This means that at Post 2 , there is no relationship between the midwife and breastfeeding problem.

Based on the Table 2 obtained in lactation problems Post 2 handled Untrained midwives, of 30 respondents among 17 respondents, while 13 respondents did not mention any problems (problems not mentioned or not there is a problem). On the issue of lactation Post 2 handled Untrained midwives , of 30 respondents among 16 respondents, while 14 respondents did not mention any problems (problems not mentioned or not there is a problem). Based on the results obtained it appears that problems in breastfeeding is not much different between the treated midwife Trained and Untrained midwives .

There is 59.7 % of working mothers who breastfeed only 4 times a day, while if at any time during the given formula by families and caregivers [10]. Likewise, in others research, 60 % of working mothers do not comply exclusive breastfeeding for the baby [11]. The work is not a reason to stop exclusive breastfeeding [12, 13]. Exclusive breastfeeding is best for babies . It is powered by a naturally evidence that babies who are not breastfed exclusively be 3 times more often hospitalized than infants who were exclusively breastfed. This means that babies are exclusively breast-fed less frequently taken medicine so the mother rarely leave the job. The results are consistent with previous research that works with the baby's mother to continue breastfeeding, this study mothers who have babies still exclusively breastfed [14, 15]. Because of their solutions to accommodate breastmilk left in the bottle so although work remains breastfed babies and mothers work place also provided a place for breastfeeding .therefore, the status of working mothers who have babies do not affect breastfeeding.

Table 3: Knowledge , Attitude and Breast Care.

Variable	Counselor	Pre Test	Post Test
Knowledge	Untrained	5.667	6.967
	Trained	5.267	8.767
	p	0.056	0.000
Attitude	Untrained	4.200	6.533
	Trained	4.500	8.967
	p	0.243	0.000
Breast Care	Untrained	2.800	3.900
	Trained	2.967	5.533
	p	0.450	0.000

Based on the table significance value for the t test for group pre -test and post test of 0.000 is good for Untrained and Trained Midwives. After the treatment is given in the form of counseling, in which the significance value less than 0.05. This shows that after the treatment is given in the form of counseling, there are significant differences in knowledge, attitudes and treatment of breast between trained and untrained midwives. Experience and education of women since little will affect the attitude and their performance in

relation to breastfeeding in the future. A woman in the family or social environment on a regular basis in the habit of feeding or often see women who breastfeed their babies on a regular basis, would have a positive view of breastfeeding.

Table 4: Effect of Counseling Against Weight Infants.

Dealt	Post 1	Post 2	Post 3	Diifference Post 2 – Post 1	Diifference Post 3 – Post 1	Diifference Post 3 – Post 2
Control	3.863	4.923	5.597	1.060	1.733	0.673
Treatment	5.090	5.707	6.327	0.617	1.237	0.620
p	0.003	0.028	0.028	0.000	0.000	0.000

Based on the results of ANOVA, obtained a significance of 0.000 ($p < 0.05$). This shows that that treatment be trained and untrained midwives and provision of treatment for 2 months effect on body weight respondents. there are times when a baby experiencing a rapid growth spurt and gain weight or grow more than usual [7].

Exclusive breastfeeding influence on Weight Infants aged 4-6 months, there are differences in both of these conditions can be caused by nutrient content exclusive breastfeeding is different from Non-Exclusive breastfeeding. The main source of calories in exclusive breastfeeding is fat. Exclusive breastfeeding fat is easily digested and absorbed by infants because it contains exclusive breastfeeding lipase enzyme that digests fat triglycerides into diglycerides, so little fat that is not absorbed by the digestive system of the baby. While the Non Exclusive breastfeeding (formula) does not contain the enzyme because the enzyme will break down when heated. That is why, it would be difficult to absorb fat baby formula and cause the baby to be diarrhea and lead to accumulation of fat that will eventually lead to obesity (obesity) in infants. In addition, infants who receive other foods, such as rice or mashed banana will only get plenty of carbohydrates so that the nutrients that were not balanced. Too many carbohydrates cause children more easily suffer from obesity or overweight is not good or unhealthy.

Because supplementary feeding at the age of less than 6 months, opening the gates of entry of various types of germs especially not presented hygiene can cause diarrhea. While allergies are caused cells around the intestine is not ready to accept the content of the food so that the food intake can cause immune reactions and allergies occur [16].

Conclusion:

The success of the implementation process of breastfeeding and exclusive breastfeeding is highly dependent on the practice of breastfeeding mothers do. The practice of breastfeeding mothers is good and right then chances mothers to exclusively breastfeed and continue until the child is two years old is very large. Conversely if the mother fails to give milk in the beginning of the birth mother the opportunity to exclusively breastfeed their babies are very small and very likely the mother will discontinue breastfeeding before the child is two years old.

Training breastfeeding counseling to mothers between midwives trained and untrained have different influences, it can be concluded that breastfeeding counseling influencing behavior change mothers due to increased information about exclusive breastfeeding to infants as well as problems lactating mothers wane if mothers and health workers can work together to increase the successful implementation of exclusive breastfeeding.

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