



Breastfeeding Education for Third Trimester Pregnant as an Effort for the Success of Exclusive Breastfeeding

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ABSTRACT

Good and effective health education will help families to create a healthy and intelligent generation. One of them is education about exclusive breastfeeding because breast milk is the basis or foundation of life and the best food for babies. This study aimed to determine the effect of breastfeeding education on pregnant women in the third trimester with the practice of exclusive breastfeeding in the Pringsewu Regency. The type of comparative analytic research with the research design used is quasi-experimental. The sample consisted of 126 respondents from 9 sub-districts in the Pringsewu district with the criteria for pregnant women in the third trimester, primipara and multipara, living in rural areas. The Source of data is primary data that was observed for six months postpartum mothers. Analysis of the data used is the t-test. The results showed that mothers who could breastfeed exclusively were 88.1%. There is a relationship between breastfeeding education in third-trimester pregnant women and the practice of exclusive breastfeeding with a p-value of 0.001 (<0.05). This finding means that preparing mothers in the third trimester of pregnancy through breastfeeding education is very effective for successful breastfeeding. In this case, midwives and health professional is very important to provide education during pregnancy check-ups.

Kata kunci:

Pendidikan
Menyusui
ASI eksklusif
Ibu hamil

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ABSTRAK

Pendidikan kesehatan yang baik dan efektif akan membantu keluarga untuk menciptakan generasi yang sehat dan cerdas. Salah satunya adalah pendidikan tentang ASI eksklusif, karena ASI merupakan dasar atau pondasi kehidupan dan makanan terbaik bagi bayi. Tujuan penelitian ini adalah untuk mengetahui pengaruh pendidikan menyusui pada ibu hamil trimester III dengan praktik pemberian ASI eksklusif di Kabupaten Pringsewu. Jenis penelitian analitik komparatif dengan desain penelitian yang digunakan adalah quasi eksperimen. Sampel berjumlah 126 responden yang berasal dari 9 kecamatan di kabupaten Pringsewu dengan kriteria ibu hamil trimester 3, primi dan multipara, tinggal di daerah pedesaan. Sumber data adalah data primer yang di observasi selama 6 bulan ibu post partum. Analisis data yang digunakan adalah uji t test. Hasil penelitian menunjukkan ibu yang mampu memberikan asi secara eksklusif sebesar 88,1%. Ada pengaruh pendidikan menyusui pada ibu hamil trimester 3 dengan praktik pemberian asi eksklusif dengan nilai p value 0,001 (<0,05). Temuan ini bermakna bahwa mempersiapkan ibu pada kehamilan trimester 3 melalui pendidikan menyusui sangat efektif untuk keberhasilan menyusui. Dalam hal ini peran bidan dan tenaga kesehatan lainnya sangat penting untuk memberikan edukasi saat pemeriksaan kehamilan.

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INTRODUCTION

The policy of exclusive breastfeeding in Indonesia has been regulated in the Health Law (The Ministry of Health of Indonesia, 2009) and Government Regulation of the Republic of Indonesia number 33 of 2012. The expected target for exclusive breastfeeding is 80% (The Ministry of Health of Indonesia, 2013). In 2015, it was reported that the coverage of exclusive breastfeeding in Lampung Province was 54.4% (The Ministry of Health of Indonesia, 2015). Based on exclusive breastfeeding data between 2015 and 2017 for Lampung Province, there is a difference in achievement, namely in 2015 by 25.6% and in 2017 by 44.79%. So, the difference with the achievement target of the Ministry of Health is 8.61%. In Indonesia, many organizations collect data on breastfeeding and the results give different statistics but the difference is not significant, namely 1 - 2%.

Efforts are needed to increase the coverage target to 80%, in this case, there may be several factors that are known to contribute to the low practice of exclusive breastfeeding in Lampung Province, including culture, working mothers, feelings of lack of breastfeeding, family support, support from health workers and lack of information. . breastfeeding management (Afiyanti & Juliastuti, 2012). Research in 22 provinces in Indonesia in 2015 reported that the proportion of breastfeeding mothers in urban areas was relatively high in infants 0-3 months 91%, in infants 0-6 months 86% but less than half of them were exclusively breastfed, namely breastfeeding for more than six months. Month. Awareness of exclusive breastfeeding is higher among mothers who live in cities and have high socioeconomic status (Yohmi et al., 2015). Many mothers give complementary foods to breast milk before the age of 3 months and many mothers stop breastfeeding their babies before the age of 6 months for various reasons. (PERINASIA, 2018). In Indonesia, the main reason for mothers to stop breastfeeding is the perception of insufficient breast milk. This perception of inadequate breast milk can cause mothers to lack confidence because they are worried that breast milk is not sufficient for their baby's needs, it can actually increase the provision of formula milk or additional food from an early age which can cause the baby not to breastfeed. This condition has an impact on decreasing milk production (Suliasih, Puspitasari, & Dwi Pawestri, 2019). Exposure to formula milk advertisements that are often accepted by the public can lead to the perception that formula milk is equivalent to breast milk and even better than breast milk, exposure to these advertisements can affect the perception of mothers with low education.

Counseling should be provided during the third trimester of pregnancy and during (Al Otaiby T, Jradi H, & Bawazir A, 2013). The nurse's role is to provide appropriate guidance to improve the mother's ability to change behavior in breastfeeding practices and have a direct impact on pregnant women. impact on baby's health (Kurtz Landy C et al., 2012). Information related to false beliefs about infant food, insufficient milk production, working mothers, and maternal illnesses can lead to the failure of exclusive breastfeeding (Yaqub & Gul, 2013). Several studies have looked at the causal factors and family support, but the exclusive breastfeeding education intervention in the third trimester and six months of full breastfeeding experience has not been widely studied so that the promotion of exclusive breastfeeding can be done through several strategies (Lenja, Demissie, Yohannes, & Yohannis, 2016). Education is a strategy that is needed to provide support so that mothers are not given the opportunity to offer complementary foods

until the baby is six months old (Nuzrina R, Roshita A, & Nurcahyati Basuki D, 2016). However, if the mother stops breastfeeding because of illness, breastfeeding is not enough, the baby is sick, breastfeeding difficulties are difficult to overcome, including relaxation, it must be done immediately. (Praborini A & Wulandari RA, 2018).

In Indonesia, the cultural and psychological influences of mothers living with extended families greatly influence breastfeeding decisions. Especially for young mothers who have no previous breastfeeding experience. In addition to family factors, other inhibiting factors in exclusive breastfeeding are breast engorgement, mothers receiving formula milk samples (Susiloretni KS, Hadi H, Prabandari YS, Soenarto Y, & S, 2015), and inadequate physical space (Flaherman et al., 2018). This is because not all mothers know what the physiology of breastfeeding actually is. Full breasts occur 3-5 days after delivery. Mother will usually feel uncomfortable and her breasts feel heavy, hot and harrowing. It is at times like this that nursing mothers need regular assistance. From several research results, the assistance of mothers during the breastfeeding process carried out by social workers can help mothers to maintain breastfeeding for up to 6 months. This study aimed to determine the effect of breastfeeding education in the third trimester of pregnancy with the practice of exclusive breastfeeding in the Pringsewu Regency.

METHODS

This type of research is comparative quantitative with a quasi-experimental research design. To obtain a representative sample, the population in this study was all pregnant women in Pringsewu Regency. The sample size was calculated using the intervention research formula (Regina CM, Emanuella SJ, Priscilla SA, Paulo CA, & Lorena BX, 2015). The number of samples obtained was 126 respondents and the sampling technique used was consecutive sampling. The sample criteria included pregnant women in the third trimester, primiparous and multiparous women, living in rural areas. The variables studied were the characteristics of mothers and breastfeeding practices after 6 months postpartum. At the beginning of the study, pregnant women in the third trimester were given breastfeeding education interventions with focus group discussions, videos and booklets "Bacaan untuk ibu hamil dan kader" then observations and assistance were carried out both directly and using the media. WhatsApp groups for 6 months to see the success of exclusive breastfeeding. The researchers collected quantitative data using questionnaires and used observation sheets, in-depth interviews, and direct observation to participants. The questionnaire was adopted from the literature which consists of open and closed questions and has four parts, namely the characteristics of the respondents, knowledge about breastfeeding with a total of 8 questions (Chikaodili N et al., 2019), and knowledge about the Ten Steps to Successful Breastfeeding (Silvestre PK, Carvalhaes MABL, Venâncio SI, Tonete VLP, & CMGL., 2009) experiences during pregnancy with 7 questions and experiences during breastfeeding with 12 questions (UNICEF, 2018). Family support instrument with question number 20 (Masaudeh B et al., 2019) and social support adopted from the Multidimensional Scale of Perceived Social Support with question number 12 Zimet, Dahlem, Zimet & Farley, 1988 (Mitra J, Mahrokh D, Zohreh M, & Roqayeh A, 2017).

The type of data used is primary data and the data collection process is carried out for 12 months, starting from December 2019 to September 2021. Training and coaching were carried out in December 2019, breastfeeding education interventions were carried out for third-trimester pregnant women, out in December 2019 and December 2019. January 2020, then in February 2020 to September 2020 observation and assistance for breastfeeding mothers was carried out. Midwives and breastfeeding cadres provide assistance by maintaining ethical principles such as keeping names confidential, not harming respondents, and not forcing them to become respondents after giving informed consent. The ethics committee has declared this study ethically feasible at MAHSA University dengan Ref No: MAHSA/NUR/P23-1/C44 (68), date 21/11/2019.

Data analysis was carried out univariate and bivariate. Univariate analysis to see the sociodemographic characteristics of the respondents, namely: age, education, occupation, culture, place of residence, and history of breastfeeding. To determine the effect of breastfeeding education on pregnant women in the third trimester with breastfeeding practices in Pringsewu Regency, bivariate analysis was used, namely the T-test.

RESULTS AND DISCUSSION

Table 1.
Characteristic of Socio-Demographic Data, n=126

Variable	n	Percentase (%)
Age group (mean ± SD: 28,38 ± 5,759 year)		
17-20	7	5,6
21-25	39	31,0
26-30	41	32,5
31-35	20	15,5
36-40	17	13,5
41-45	2	1,6
Education		
Senior high school	39	31,0
Junior high school	41	32,5
Elementary school	46	36,5
Occupation:		
Housewife	50	39,7
Employes	76	60,3
Culture:		
Lampung	24	19,0
Jawa	75	59,5
Mix	27	21,4
Live:		
Family	64	50,8
Parent	62	49,2
History of breastfeeding, n=80		
Breast milk	41	51,2
Formula milk	39	48,8

Based on table 1 above, it is explained that the respondents in this study were aged between 17 years to 42 years with a mean age of 28.38 SD 5.759. Based on the age group 26-30 years at 32.5% followed by the age group 21-25 years at 31.0%, then the age group 31-35 years at 15.5%, then the age group 36-40 years at 13.5% and the rest are in the age group 17-20 years by 5.6% and 41-45 years by 1.6%. Mother's age at marriage and having children greatly affects breastfeeding. The age of 20-35 years is a good age for the reproductive period, and in general, this age has a better

lactation ability than mothers who are over 35 years old because their milk production is less than the reproductive age. Meanwhile, at the age of fewer than 20 years, they are generally not ready to become a mother, so that it can become a psychological burden that will cause depression and make it difficult for breast milk to come out (Hanifah, Astuti, & Susanti, 2017).

The percentage of mothers with primary education was 36.5% higher than mothers with almost the same secondary and higher education, namely 32.5% and 31.0%, respectively. Education will shape a person's mindset, both formal education and non-formal education. Several studies in America added self-efficacy as a variable to determine the relationship between maternal education and the practice of exclusive breastfeeding. Mothers who are highly educated correlate with better self-efficacy scores. A mother's education level has a positive relationship with the practice of exclusive breastfeeding. Previous research also explained that toddlers whose mothers had secondary education were 1.177 times more likely to get exclusive breastfeeding compared to toddlers whose mothers had no education. Furthermore, toddlers whose mothers graduated from college are 1,203 times more likely to get exclusive breastfeeding compared to toddlers whose mothers are uneducated.(Laksono, Wulandari, Ibad, & Kusri, 2021)

Respondents were also asked about their current job, more than half of the mothers worked as housewives 60.3%, and the rest as employees 39.7%. Being a housewife is a woman's big decision (Nuryati, 2012). A multitasking profession but a heavy workload sometimes makes mothers experience anxiety. Especially when a mother is breastfeeding, a mother must be happy while breastfeeding because mothers who experience psychological problems will affect milk production (Praborini A & Wulandari RA, 2018). Pada penelitian ini ibu rumah tangga mampu memberikan asi secara eksklusif, hal tersebut dikarenakan ibu telah mendapatkan pendidikan tentang menyusui dan pendampingan selama proses menyusui.

This study also asked about the mother's ethnicity, more than half of them were Javanese 59.5%, mixed ethnicity 21.4%, and the remaining 19.0% Lampung ethnic. In Indonesia, the influence of ethnicity on breastfeeding is still very high. The Javanese tribe is one of the tribes that has many myths and strong tribes related to breastfeeding, but not all myths are detrimental in exclusive breastfeeding, there are also many myths that actually support exclusive breastfeeding. (Warsiti & Sari, 2020). Pringsewu Regency is one of the regencies in Lampung Province which has a proportion of 62% Javanese. In this study, although there were many tribes in Pringsewu Regency and the influence of the tribe was still large, the mothers were more than most mothers succeeded in providing exclusive breastfeeding. Researchers also feel it is important to know who is currently living with the mother. Most mothers live with their husbands 50.8% and fewer than most mothers who live with their parents/in-laws 49.2%. Family is very influential in making decisions. Research conducted in Yogyakarta, husband or family support affects the success of exclusive breastfeeding every month (Ratnasari et al., 2017).

The proportion of previous breastfeeding experience, most mothers gave exclusive breastfeeding n = 80.51.2%, while those who gave formula milk were 48.8%. Mothers who have previous breastfeeding experience will usually continue to give exclusive breastfeeding, but when they are busy with work, mothers often leave their children to other families. (Abekah-Nkrumah, Antwi, Nkrumah, & Gbagbo, 2020). Multiparous women with no previous breast feeding

experience and those with a short duration of the previous breastfeeding should be provided with greater support to encourage longer breastfeeding durations. Multiparous women with longer breastfeeding durations should be encouraged to meet or exceed this duration with their current infant (Bai, Fong, & Tarrant, 2015).

Table 2.
Post education practise of exclusive breastfeeding (n=126)

Response	Exclusive breastfeeding	Persentase (%)
Yes	111	88,1
No	15	11,9

Based on table 2, it is known that after being given breastfeeding education, most mothers (88.1%) gave exclusive breastfeeding while those who could not give exclusive breastfeeding were only 11.9%. Table 2 shows that prenatal preparation is the most effective time to provide knowledge to mothers so that they can prepare themselves as well as possible in order to provide the best food for their children. This can be seen from the study results that almost all mothers who were respondents in this study were able to breastfeed their babies for six months.

This study was conducted in a clinical trial in Recife, Northeast Brazil 2018, with 112 third trimester pregnant

Table 3.
Distribution Health Education on Breastfeeding Exclusively

Education	Mean	SD	SE	p Vaue	N
Pre education	44,15	5,985	0,533	0,000	126
Post education	58,64	2,519	0,224		

Based on table 3, it is explained that the average before breastfeeding education was 44.15 with a standard deviation of 5.985. After being given breast feeding education an average of 58.64 with a standard deviation of 2.519. It can be seen that the mean difference between before being given breastfeeding education and after being given breastfeeding education is 14.49 with a standard deviation of 3,466.

The results showed a very significant difference, meaning that the information provided by the midwife or other health workers affected the success of exclusive breastfeeding. This research was conducted during the COVID-19 outbreak and Pringsewu Regency is one of the regencies in Lampung Province which is in the red zone. However, the implementation of observation and assistance carried out by midwives can be done well. This is because observation and mentoring are not only done directly but also utilize social media, namely WhatsApp groups. Not unlike an online survey study conducted on 277 African-American mothers who participated in group support on Facebook, the results showed that Facebook support was significantly correlated with breastfeeding duration. (Bridges, Howell, & Schmied, 2018; Kaakinen, Coehlo, Steele, & Robinson, 2018). Receiving peer support in the Facebook community can positively influence breastfeeding norms and beliefs about breastfeeding, help mothers overcome breastfeeding challenges, and ultimately prolong the desired duration of breastfeeding.(Robinson, Lauckner, Davis, Hall, & Anderson, 2019). In this study, researchers also used WhatsApp assistance, this made it easier to communicate with respondents or breastfeeding cadres, this proved to be quite effective because every day the respondent could report the condition of himself and his baby. The difference between this research and Robinson’s research is the social media

women, randomly distributed in the intervention and control groups. These results illustrate that the use of flipcharts as an educational tool positively affects breastfeeding self-efficacy scores and exclusive breastfeeding maintenance in the intervention. (Javorski et al., 2018).

Another study in a quasi-experimental study, reported that the duration of exclusive breastfeeding that was increased after being given promotion gradually could increase breastfeeding rates at three months postpartum and on average after being given the intervention for 18 weeks and could increase breastfeeding rates in pregnant women. woman. three months postpartum (Susiloretni KS et al., 2015; Vila-Candel, Soriano-Vidal, Murillo-Llorente, Perez-Bermejo, & Castro-Sanchez, 2019). The difference between the three studies lies in the research design and the strategy of using flipcharts and health promotion, but both of them get effective results in increasing the duration of breastfeeding. To support these results, the recommended strategy is to provide support from friends and professionals (Joanna Briggs, 2012), support from other family members including fathers to encourage new mothers to exclusively breastfeed (Lok, Bai, & Tarrant, 2017) because the continuity of exclusive breastfeeding is also related to clinical and psychosocial support.

users, this study uses Facebook, but this study also has the advantage that Facebook support is included in social support which can describe more broadly how social support can have a positive effect on breastfeeding. duration. Similarly, research in China using mobile technology has developed rapidly, they are taking advantage of communication applications such as WeChat (one of the largest social networking platforms in China) because of this method and the potential to easily improve health behaviors. This is because there the rate of exclusive breastfeeding is still low. This study is the first attempt to promote exclusive breastfeeding through WeChat in China and this method has proven to be one of the effective methods for promoting exclusive breastfeeding. Health education through WeChat has been used as a local breastfeeding promotion program(Wu et al., 2020). Continuous education and promotion will help mothers understand the importance of exclusive breastfeeding. Besides Facebook, WhatsApp, Instagram are also used in several studies related to breastfeeding. There are many complex reasons for suboptimal breastfeeding rates, including social factors. As the use of social media increases worldwide, social media influences behavior, decisions, and perceptions about health. The study found that Instagram is mobilized by users to showcase and share a variety of breastfeeding-related content publicly and to create a supportive network that enables new mothers to share experiences, build self-confidence, and overcome breastfeeding-related challenges. This media can be used as a forum to discuss and share positive experiences related to mothers’ experiences during breastfeeding, especially for young mothers (Marcon, Bieber, & Azad, 2019).

LIMITATION OF THE STUDY

The limitation in this study is that observation and assistance cannot be carried out simultaneously, this is because at the time of sampling the respondents were in the 3rd trimester of pregnancy, which had a gestation period of 7 months to 9 months. Including the respondent's estimates of childbirth, there are some that are not in accordance with the calculations so researchers must always be on standby to get information from respondents who will give birth.

CONCLUSIONS AND SUGGESTIONS

Breastfeeding education for pregnant women in the third trimester has a positive impact on the success of the practice of exclusive breastfeeding. This can be seen from the results of research that almost all mothers are able to maintain breastfeeding for up to 6 months without additional food. Not only breastfeeding education but assistance during the breastfeeding process is also very important so that mothers are able to maintain breastfeeding time. Of course, there are many factors that support this success, including support from health workers, families, and breastfeeding cadres. Meanwhile, a small percentage of those who fail to provide exclusive breastfeeding can also be caused by several factors, including lack of self-motivation, the environment in which they live, which includes living with their parents, and the influence of the many advertisements for formula milk that are carried around. out continuously so that it is considered by the mother to have the same content as breast milk. Breastfeeding information should have been given by the midwife or other health workers when the mother checked her pregnancy because so far every mother who had her pregnancy checked was only asked about the complaints she felt. Since the beginning of pregnancy, mothers should be exclusively breastfed. It is necessary to make a policy for the formation of breastfeeding cadres in each sub-district because this is also very important to assist the government in reducing stunting cases which are currently high.

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ETHICAL CONSIDERATIONS

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Conflict of Interest Statement

The author declares that there is no potential conflict of interest in relation to the authorship and publication of this article.

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