



## Breastfeeding Education Package And Successfully Of Early Breast-Feeding

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### Abstract

This study aims to analyze the effect of breastfeeding education packages for successful of early breastfeeding. This type of research was a quantitative study with a quasi-experimental design with a non-randomize Post-test Only Control Group Design. This research conducted at a health center in Bogor of months Juni until Agustus 2018. The number of samples of each group was 27 respondents to the sampling technique used unpaired numerical, analytical research samples. The media of education used booklets compiled by researchers from a variety of sources. The instrument used a questionnaire about successfully breastfeeding based on body position, emotion, anatomy, suckling, and time. Data were analyzed using the Mann-Whitney test. The median value of breastfeeding success in the intervention group was 26, while in the control group, it was 22. Based on the results of the analysis found that there is an influence of breastfeeding education packages on the provision of preliminary results with a value of  $p = 0.003$  ( $p < 0.05$ ). Successfully of early breastfeeding in the intervention group were given breastfeeding education package is higher than the control group. Conclusion: The breastfeeding education package significantly affects the success of early breastfeeding. Lactation management education, especially about early breastfeeding and support from health workers, is expected for successfully breastfeeding mothers.

**Keywords: Breastfeeding; Education Package**

### INTRODUCTION

Exclusive breast milk based on Indonesia Government Regulation No. 33/2012 is breast milk given to babies from birth for six months (Indonesia Health profile, 2015). Breast milk contains colostrum, which is rich in antibodies because it contains protein for endurance and germ killers in high amounts so that breastfeeding can reduce the risk of death in infants (Health profile, 2015).

This research conducted in Africa showed that neonatal deaths could prevent breastfeeding in the first hour and the first day of birth (Edmond, 2006). Breast milk also plays a role in developing the psychological process of the baby. The mental process between mother and baby will have a good effect on the baby's

growth and development process, which is more optimal (Saleh, 2009).

Achievement of exclusive breastfeeding in Indonesia has not reached the expected figure. Referring to the 2014 program target of 80% nationally, the coverage of exclusive breastfeeding for infants 0-6 months, according to the province in 2014, amounted to 52.3% not reaching the goal. West Java Province is the third province that has the lowest exclusive breastfeeding coverage of 35.3% (Health Profile, 2015). According to a report in December 2015, in Bogor City, attainment of exclusive breastfeeding was 45.3%, but still, there are some areas with coverage below 25%.

Besides that, mothers often lack confidence that their milk is sufficient for babies. Hence, mothers

tend to give formula milk (Istyaroh, 2015 ). Especially if the baby cries, the mother tends to give formula milk because the baby is still hungry and needs to be given additional milk besides breast milk (Perinasia, 2010 ). The deep understanding of mothers, families, and society about the importance of breastfeeding for infants causes failure in exclusive breastfeeding programs (Prasetyo, 2012).

Failures in breastfeeding are more common in the first days after giving birth. This failure happened because of the limited milk production in the early days ( Fikawati 2012). According to Cox (2006), the constraints of mothers who breastfeed their babies on the first days of breastfeeding caused by the anxiety and fear of the mother's lack of milk production and the lack of mother's knowledge about breast milk production and the lack of mother's knowledge about the breastfeeding process. P there are 48 hours of life, babies do not need milk too much, the period between when the baby is born and when the first contact is causing more than half of the babies received food prelakteal, whereas many as 77% of these infants receive formula (Judhiastuty, 2008). According to the results of Astuti's research (2013), the role of health workers is significant to provide support and education in the early lactation period and to monitor exclusive breastfeeding.

Specific support from health workers for the program to increase breastfeeding (PP-ASI) is one of the factors that influence the success of breastfeeding Afifah (2007), stating that the support and attitude of health workers is a reinforcing factor that affects exclusive breastfeeding. Facilitation of breastfeeding affects the increased motivation and ability of mothers in breastfeeding ( Suryaningsih, 2012 ). Early breastfeeding and teaching about breastfeeding techniques and exclusive breastfeeding require the role of health workers to provide education and support to mothers (Martalia, 2012; Juliani, 2018 ).

Lactation management education expects to help mothers successfully for breastfeeding. The success of breastfeeding begins with correct breastfeeding (Isyti'aroh, 2015 ).

Lactation education can increase self-efficacy for mothers to breastfeed their babies ( Pradanie, 2015). Tuition will increase knowledge, and knowledge will increase a mother's understanding. Most of the human expertise obtains through the eyes and ears. Learning or cognitive is dominant, which is very important for the formation of one's actions. Because based on experience and research, it turns out that behavior based on knowledge will be more lasting than practice based on information (Notoatmojo, 2007).

Based on this, we need a breastfeeding education that is not only informative but also builds a mother's knowledge. Material about lactation management accompanied by demonstration and direct evaluation when mothers breastfeed their babies because 90% of the content given to mothers will be natural to remember when see, hear, say, then do yourself a health education material (Efendi, 2009). The process is a learning process, which is a process carried out by humans to get a variety of competencies, skills, and attitudes. Abilities, skills, and beliefs are acquired gradually and continuously.

The success of breastfeeding will achieve if the midwife and health workers guide how to breastfeed so that the mother does not experience problems during breastfeeding and the baby also gets exclusive breastfeeding (Perinasia, 2010). The success of breastfeeding begins with proper breastfeeding. Assess breastfeeding activity seen from body position, response, emotion, anatomy, and time (Isyti'aroh, 2015).

Based on this, researchers are interested in examining the effect of a package of breastfeeding

education on the success of early breastfeeding for postpartum mothers in the Bogor Health Center.

## METHOD

This study uses a quasi-experimental method with a post-test only control group design approach. Data collected from June to August 2018 by the interview method using a questionnaire that had previously tested in the Bogor District Health Center. The subjects of this study were all postpartum mothers who gave birth usually and breast-fed their babies at the Bogor District Health Center, where there were delivery services and fulfilled the inclusion criteria. Inclusion criteria are gestational age 37-40 weeks, at the time of the initial data collection, normal birth, good communicator. Exclusion criteria are: labour with complications, flat nipples.

This study has been approved by the ethics review from the Health Research Ethics Committee (KEPK), Health Polytechnic of the Ministry of Health Bandung Number passed ethical review No: 19 / KEPK / PE / VI / 2018. This study used a non-probability sampling technique with the purposive sampling method.

The determination of the sample size to be carried out in this study was determined using a large sample formula of unpaired numerical, analytical research with a total sample of 54 respondents consisting of 27 samples for intervention and 27 control.

In this study, the experimental and control groups compared the value of breastfeeding success

through the posttest questionnaire. The intervention was to provide education packages to the treatment group, while the control group received treatment by the standard responses set by the Health Center.

The questionnaire regarding the success of breastfeeding was seen based on body position, response, emotion, anatomy, suckling, and time, which consisted of 28 questions on the Guttman scale. In this research, the breastfeeding education package discussed aimed at providing information about lactation with material including the benefits of breast milk, the benefits of breast milk, the importance of exclusive breastfeeding, the mechanism of breast milk production, early breastfeeding processes, newborn endurance, the capacity of the baby's stomach, myths and facts about breastfeeding, breastfeeding techniques and oxytocin massage techniques. Submission is carried out by the method of discussion and demonstration accompanied by guidance and evaluation. The information gave during the third trimester of pregnancy with the intention that the mother will have good knowledge and understanding of lactation, and this will support the mother's confidence to be able to breastfeed her baby after giving birth.

## RESULT AND DISCUSSION

**Table 1. Characteristics of Research Subjects**

Characteristics	Treatment n = 27	Percentage %	Control n = 27	Percentage %	p
<b>Education</b>					0.687
Basic education	16	59.3	10	37	
Further education	11	40.7	17	63	
<b>Profession</b>					.279
Does not work	25	96.6	23	85.2	
Work	2	7,4	4	14.8	
<b>Parity</b>					.406
Primipara	10	37	9	33.3	
Multipara	17	63	18	66.7	
<b>Cultural Views</b>					0.449
Not good	14	51.9	15	55.6	
Well	13	48.1	12	44.4	
<b>Husband's support</b>					.343
Not good	14	51.9	15	55.6	
Well	13	48.1	12	44.4	
<b>Experience</b>					0.996
Exclusive Breastfeeding	14	51.9	14	51.9	
Breast milk and Formula milk	2	7,4	5	18.5	
Inexperienced	11	40.7	8	29.6	

Based on Table 1, there are no significant differences in characteristics between the intervention and control groups. *Chi-Square* results  $p > 0.05$ , so it can conclude that there are no significant differences between the characteristics of respondents (education, occupation, parity, experience and cultural views, and husband's support).

Based on research data, most of the education in the control group is the group with higher education, while the intervention group is the basic education group. Ideally, education will affect knowledge. The better the mother's knowledge about the benefits of breast milk, then the mother will give milk to her child.

(Wowor,2013). However, several other factors influence, one of which is the number of TV commercials that offer a variety of formula milk products for babies. ( Rohmawati, 20 17 ). So the mother's knowledge is more about milk formula than information about breast milk.

Characteristics based on work both the intervention group and the control group did not work. These characteristics can support breastfeeding because mothers are more at home and closer to their babies. According to Bahriyah (2017), there is a significant relationship between work and breastfeeding. Mothers who do not work have a higher chance to give exclusive breastfeeding. For mothers who are actively

working, breastfeeding efforts often experience obstacles due to limited time off (Azzisyia, 2010).

Based on parity data, both in the control group and the intervention group in multipara.

Rahayu's research results (2014) found that statistically, there is no significant relationship between giving parity with exclusive breastfeeding.

**Table 2: Overview of Breastfeeding Success based on body position, Response, Emotion, Anatomy, Suckling and Time**

Breastfeeding Success	Intervention N = 27		Control N = 27		P
	Median (minimum- maximum)	Average $\pm$ sb	Median (minimum- maximum)	Average $\pm$ s b	
Body Position	2 (1-3)	2.07 $\pm$ 0.96	2 (0-3)	2.11 + 0.89	0.90
Responses	7 (6-7)	6.81 $\pm$ 0.40	6 (3-7)	5.37 + 1.64	0.00
Emotion	5 (2-5)	4.48 $\pm$ 0.64	5 (1-5)	4.00 + 1.41	0.42
Anatomy	5 (3-5)	4.43 $\pm$ 0.57	4 (1-5)	4.11 $\pm$ 1.01	0.03
Suckling	1 (0-1)	0.96 $\pm$ 0.19	1 (0-1)	0.85 $\pm$ 0.36	0.16
Time	7 (5-8)	7.22 $\pm$ 0.90	7 (5-8)	7.22 $\pm$ 0.89	1,00

Table 2 shows an overview of breastfeeding success seen from body positions, responses, emotion, anatomy, suckling and time. In this study, which shows a different picture based on median values and the range of values between the intervention and control groups are body positions, responses, emotion, anatomy.

Body position or body position is related to the position of the mother while breastfeeding. In the intervention group a higher median value of 3, with a minimum value of 1 and a maximum of 3, while in the control group a median of 2 with a minimum value of 1 and a maximum value of 3. This is possible because in the intervention group, in addition to the demonstration process but also the assistance and scheduled evaluation in the education package. There are 3 questions related to this body position, namely whether the nipple

blisters, whether there is no pain during breastfeeding, whether the baby seems to suckle calmly. If the baby is not attached properly it will cause injury and pain in the nipple and the breast will swell because breast milk cannot be removed effectively. The baby feels dissatisfied and he wants to suckle often and for a long time. The baby will get very little milk and the baby's weight does not rise and gradually the milk will dry up (Perinasia, 2010).

In this study an explanation and demonstration after the mother gave birth, so that redemonstration can be done directly when the mother breastfeeding her baby. Failure to breastfeed is often caused by an error in positioning and placing the baby. The mother's nipples become blisters and cause injuries that sometimes make her lazy to breastfeed, thus causing reduced milk

production. According to Astuti (2016) health education with a demonstration approach is proven to improve the ability of mothers to breastfeed, so that mothers can breastfeed with the right techniques.

The success of breastfeeding is seen in terms of response. In the intervention group the response value has a higher median value of 7 with a minimum value of 6 and a maximum value of 7. While in the control group has a minimum value of 3 and a maximum value of 7. This shows that in terms of response the intervention group has an evaluation in terms of more responses well. Response means the baby reaches the breast when hungry, the baby looks for the nipple when stimulated (rooting reflex), the baby is calm but still alert, the baby is still attached to the breast and there are signs of milk coming out like dripping milk. This response is related to physiology in lactation, namely reflexes in infants, attachment of

infants to the breast that will stimulate the hormones prolactin and oxytocin and evaluation of the oxytocin hormone in the presence of let down reflexes (Perinasia / 2010).

Based on emotion votes median values obtained in the intervention group 5 with a value range of 2-5, while the control group gained a median value of 5 in the range of 1-5. So it appears that the intervention group has a better range of values. Emotion plays an important role in the breastfeeding process because it affects the let down reflex / oxytocin hormone. Stress, anxiety, pain and insecurity can inhibit reflex letdown.

In the anatomy assessment, the median value was obtained in the intervention group 5 with a range of 3-5, while in the control group, the median value was 4 with a range of 1-5. This shows that the assessment of anatomy in the intervention group has a better picture of value.

**Table 3: Description of Breastfeeding**

Breastfeeding	Intervention Group (n = 27)	Percentage	Control group (n = 27)	Percentage
Pure breast milk	27	100	20	74
Breast milk and Formula	0	0	7	26
Formula	0	0	0	0

Based on table 3. it is known that all mothers who did an early breastfeeding education package succeeded in giving breast milk only within 7 days postpartum. According to Fikawati (2012) Failures in breastfeeding are more common in the first days after giving birth. This happens because of low milk production in the first days. Cox (2006) also said that the constraints of mothers who breastfeed their babies during the first days of breastfeeding are caused by the anxiety and fear of the mother's lack of milk production and the lack of

mother's knowledge about breast milk production and the lack of mother's knowledge about the breastfeeding process. According Rochana (2015) lactation education can improve self efficacy in primiparous mothers to breastfeed their babies. Researchers used media booklets to explain and as reading material for mothers at home accompanied by evaluation sheets of breastfeeding from days 1-7 postpartum so that mothers are expected to be able to evaluate early breastfeeding at home, if there are problems in giving early breastfeeding, the mother

can analyze the problem by reading again booklet that has been given and able to handle it. According to Astuti (2016) Every mother has the nature and instinct to breastfeed her child. However, some obstacles in breastfeeding are often faced by mothers, including lack of experience, lack of patience in breastfeeding and lack of information in breastfeeding so that it will trigger emotional mothers, thus making mothers desperate to breastfeed. According to Rochana (2015), providing education through media such as a booklet that contains comprehensive information about breastfeeding can successfully overcome the obstacles and challenges in breastfeeding so that it can influence psychologically which can increase maternal confidence in breastfeeding.

Cultural views in this study both in the intervention and control groups were still largely unfavorable. Some mothers still argue that if the milk has not come out or not smoothly in the first days after giving birth can be replaced with formula milk and if the baby continues to cry means less milk. Early breastfeeding education, especially regarding the need for breastfeeding in newborns, newborn endurance and myths about breastfeeding provide an understanding that babies have the ability to survive without any intake for 2x24 hours and breast milk that comes out the first 1-3

colostrum. Colostrum production is only about 7.4 teaspoons or 36.23 ml per day. The amount is very small, the color is yellowish and rather thick. Although the amount of colostrum is small but it is sufficient to meet the needs of newborns because the baby's stomach capacities are still small namely 5-7 ml (the size of marbles) on the first day, 12-13 ml on the second day and 22-27 ml on the third day (USAID, 2008).

The information is important to convey so that breastfeeding mothers understand how early breastfeeding is given, especially the first days of breastfeeding. Sopiyan (2014) found a very significant positive relationship between social support and motivation to provide exclusive breastfeeding, the higher (stronger social support, the higher the motivation in providing exclusive breastfeeding), so that educational efforts are very important in changing attitudes embedded as social and cultural in Public. Characteristics in husband's support are also still largely unfavorable in the intervention and control groups. Syahrani's research (2012) in the Tallo District of Makassar City, revealed that cultural factors and husband support factors significantly influence exclusive breastfeeding. Multivariate analysis showed that the husband's support variable was the dominant factor influencing exclusive breastfeeding.

**Table 4 . Effects of the Breastfeeding education package on early breastfeeding**

<b>Group</b>	<b>n</b>	<b>Median (minimum-maximum)</b>	<b>Average <math>\pm</math> sb</b>	<b>p</b>
Intervention	27	26 (22-28)	25.26 + 1.81	0.003
Control	27	22 (15-27)	22.59 + 3.43	

The results of the study in table 4 show the effect of the breastfeeding education package on early breastfeeding. Based on the results of the analysis found that there is an effect of

breastfeeding education packages on the provision of initial results ( $p < 0.05$ ).

Education conducted in this study apply the principles of learning with the media booklets as

learning materials with pictures and point core material, giving the material gradually covering the preparation of knowledge about lactation given during pregnancy to increase the confidence of the mother, Demonstration and direct guidance when the baby is born, and ongoing evaluation supports the success of the mother in early breastfeeding.

Isyti'aroh's research results (2015) state that education provided by adhering to the principles of learning that is the use of appropriate and interesting media, varied methods and stimulation of several senses of sight and hearing and taste through explanations and demonstrations as well as the existence of redemonstration with direct experience will increase successful learning of mothers in breastfeeding.

Failures in breastfeeding are more common in the first days after giving birth. This happened because of the small milk production in the first days (Fikawati 2012). According to Cox (2006), the constraints of mothers who breastfeed their babies on the first days of breastfeeding are caused by the anxiety and fear of the mother's lack of milk production and the lack of mother's knowledge about breast milk production and the lack of mother's knowledge about the breastfeeding process. This lack of knowledge can be enhanced by the role of health workers to provide support and education in the early lactation period and to monitor exclusive breastfeeding (Astuti, 2018).

According to anggraini research (2017), respondents who have received health education say that education is a source that influences the decision of mothers to give exclusive breastfeeding. Education provides a positive influence on the success of mothers giving exclusive breastfeeding. (Fikawati, 2009).

## CONCLUSION

In this study, which shows a different picture based on the median value and the range of values between the intervention and control groups are body positions, responses, emotion and anatomy, while in breastfeeding the whole intervention group gives only breast milk while the control group still gives formula milk. The results showed the effect of breastfeeding education package on the success of early breastfeeding in postpartum mothers.

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