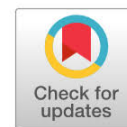


Effectiveness of prenatal breastfeeding counseling on breastfeeding practices



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ABSTRACT

One of the efforts to reduce infant mortality is through exclusive breastfeeding (EBF). The target of EBF coverage in the world shows a fluctuating trend that tends to decrease. One of the innovations needed to increase exclusive breastfeeding is through prenatal breastfeeding counseling. This study aims to look at the effectiveness of prenatal breastfeeding counseling on breastfeeding practice. This research used a quantitative approach using a quasi-experimental design with a post-test only control group design approach. The study was conducted in the working area of the Menteng Public Health Center in Palangka Raya in March-October 2018. Samples for each group were 20 respondents who met the inclusion criteria. The data collection tool uses a questionnaire. Data analysis included univariate and bivariate (Chi-Square and Odd Ratio tests). The results of comparative testing of the effectiveness of breastfeeding counseling found a significant relationship between prenatal breastfeeding counseling with breastfeeding practice p -value = 0.025 ($p < 0.05$) with an Odd Ratio of 0.222 which means that mothers given prenatal breastfeeding counseling have the potential to give EBF practice as much as $1 / 0.222 = 4.5$ times higher than mothers who were not given counseling. Prenatal breastfeeding counseling was effective in enhancing EBF practices.

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INTRODUCTION

The efforts to reduce Neonatal Mortality Rate (IMR), Infant Mortality Rate (IMR), and Under-Five Mortality Rate require some access to key interventions, one of which is exclusive breastfeeding. Exclusive breastfeeding (EBF) is the breast milk received by newborns until the age of six months without additional foods or drinks. It is recommended for infants to only receive exclusive breastfeeding based on Government Regulation No. 33 year 2012 (1). Breastfeeding increases infants' immune system and reduces the risk of the diseases that cause infant mortality. 0–5 months infants who are not exclusively breastfed have a significantly higher risk to get infection that causes mortality than infants who exclusively receive breastfeeding. This is also applicable to 6-24 months infants who are continuously breastfed. (2) (3) (4) If the practice of breastfeeding is better, the protection is also higher. (2) (5) (6) Furthermore, children who receive exclusive breastfeeding reach better cognitive and behavioral development as well as learning achievement than non-breastfed children. (3) (4) (5) (7) In addition to improving infants' health, breastfeeding can



also affect the health of the mother. The research conducted by Chowdury et al (2015) stated that a longer duration of breastfeeding can protect mothers from breast and ovarian carcinoma related diseases. Exclusive or dominant breastfeeding can also increase the duration of lactation amenorrhea as an alternative to natural birth control for breastfeeding mothers. (2)

Although breastfeeding offers many benefits for both mothers and infants, the rates of breastfeeding worldwide are still low. Only 43% of newborns in the world receive early initiation of breastfeeding, and 40% of infants aged ≤ 6 months receive exclusive breastfeeding. (8) The target of exclusive breastfeeding in Indonesia set by the Indonesian Ministry of Health is 80%, but it is still hardy to be achieved. It can be referred from the coverage of exclusive breastfeeding for 0-6 months infants national wide from year to year which shows a fluctuating trend and it tends to decline. In 2014, it dropped into 52.3% and in 2015 it plunged to 41.9%. The result of Basic Health Research (Risikesdas) in 2013 showed that there were three provinces with the lowest breastfeeding coverage; Central Kalimantan (15.8%), North Sumatra (20.3%) and DKI Jakarta (20.3%). (1) (9) The coverage of exclusive breastfeeding in Palangka Raya as the capital of Central Kalimantan is still far from the target set by the government. In 2015, it was 41.9% and in 2016, it slumped to 14.99%. In 2017 it slightly increased to 16.79% and in 2018 it surged to 41.69%. (10) The exclusive breastfeeding coverage in Main Public Health Center of Menteng in Palangka Raya only reached 6.13% in 2017 and increased to 19.13% in 2019. However, it is still included in the 3 health centers with the lowest breastfeeding coverage in Central Kalimantan. (9) (11)

The motivation and attitude to breastfeed are affected by the factor of mother's knowledge on the benefits of breastfeeding for them and the risks they bear if they do not breastfeed. In addition, the mother's willingness and confidence in breastfeeding can be boosted through prenatal breastfeeding plan. (12) Breastfeeding counseling, breastfeeding management, family's especially husband's support and workplace regulations can also affect mothers' decision to breastfeed and its long-term continuity. (13) (14) Furthermore, people's views on infant formula which can replaces breastfeeding can also affect breastfeeding motivation and practice. (15) Prenatal breastfeeding counseling is one of the assisting innovations designed to enhance the knowledge and boost the attitudes, skills and motivation of mothers to breastfeed as well as to encourage husbands to provide support during the breastfeeding process. Therefore, breastfeeding can be continually practiced. (8) (9) (16) (17) This is expected to increase the coverage of exclusive breastfeeding in mothers. Various studies on breastfeeding counseling have been conducted, but the coverage of exclusive breastfeeding has not yet increased, especially in Palangka Raya. (18) (19) (20) (21) (22) (23) (24) In this study, the researchers provided breastfeeding counseling interventions by providing assistance since the prenatal period to boost husbands' knowledge and support and therefore, mothers can practice breastfeeding for the newborn infants. This study aims to determine the effectiveness of prenatal breastfeeding counseling on breastfeeding practices.

METHOD

This study was a quantitative research using quasi-experimental design with post-test only control group design approach. The research was conducted in the work area of Menteng Public Health Center, Palangka Raya in March-October 2018. The sample in this study were pregnant women in their third trimester who were in Menteng Public Health Center, Palangka Raya meeting the inclusion criteria as a control and treatment group. The sample size was determined based on the hypothesis test formula with 2 difference of mean in the independent group consisting 20 people for each group. Therefore, the number of samples in this study were 40 people. The inclusion criteria for the control group were mothers with under-five children aged ≥ 6 months with long duration residing (≥ 6 months) in the working area of Menteng Public Health Center, Palangka Raya. Sampling was conducted with non-

probability sample / non random sampling with purposive sampling technique. The research was carried out after obtaining permission from the Research, Innovation and Technology Development Agency (BPPIT) of Central Kalimantan, the Health Office of Palangka Raya and ethical clearance from the Research Ethics Committee of Poltekkes Kemenkes Palangka Raya. The variable in this study was the independent variable of prenatal breastfeeding assistance. The dependent variable was the pattern of breastfeeding. While the external variables in this study were the characteristics of mothers consisting of age, education, employment, parity and husband's support. The data obtained were tabulated according to the group, then statistical analysis was conducted: 1) univariate analysis aimed to observe the characteristics of each variable studied, both dependent and independent variables. The univariate analysis was presented in the form of tables and narratives describing the frequency distribution by the percentage or proportion; 2) bivariate analysis conducted on two considered related variables which were prenatal breastfeeding assistance with dependent variable of breastfeeding pattern using the chi square statistical test with the degree of significance $\alpha = 0.005\%$.

RESULTS

This research was conducted to pregnant women in their third trimester in the working area of Menteng Public Health Center, Palangka Raya with a total sample of 20 mothers who were given prenatal breastfeeding assistance (treatment) and 20 mothers as control group.

Univariate Analysis

Table 1. Respondent Characteristics

Characteristic Respondent	Control		Experiment	
	n	%	n	%
Age				
<20 year	3	15	6	30
20-35 year	17	85	11	55
>35 year	0	0	3	15
Education				
Primary	0	0	9	45
Secondary	9	45	4	20
Higher	11	55	7	35
Occupation				
Employed	11	55	8	40
Unemployed	9	45	12	60
Parity				
Primipara	13	65	7	35
Multipara	7	35	13	65
Knowledge				
Sufficient	12	60	15	75
Insufficient	8	40	5	25
Husband's Support				
Supporting	12	60	12	60
Non-supporting	8	40	8	40
Breastfeeding Practice				
Exclusive Breastfeeding	5	25	12	60
Non-exclusive Breastfeeding	15	75	8	40

Bivariate Analysis

Bivariate analysis was used to test the effectiveness of prenatal breastfeeding assistance on breastfeeding patterns of mothers. The results can be referred in the following table:

Table 2. The Comparison of the Effectiveness of Prenatal Breastfeeding Counseling on Breastfeeding Patterns

Group	Breastfeeding Pattern		p-value	OR (95% CI)
	Exclusive	Non-exclusive Breastfeeding		
Control	5 (12.5%)	15 (37.5%)	0.025	0.222 1,6 – 18,3
Treatment	12 (30%)	8 (20%)		

Based on the table, out of 20 mothers in the control group, 5 (12.5%) were exclusively breastfeeding and 15 (37.5%) were not exclusively breastfeeding. Meanwhile, from 20 mothers in the treatment group (mothers who were given prenatal breastfeeding assistance), 12 of them (30%) exclusively breastfed and 8 mothers (20%) did not exclusively breastfeed. By using the Chi-Square test, a p-value of 0.025 ($p < 0.05$) was obtained indicating that there is a significant relation between prenatal breastfeeding assistance and breastfeeding patterns. As explained in the cross table, in the group of mothers who were assisted with prenatal breastfeeding, the majority of mothers breastfeed exclusively, while in the control group, the majority of mothers do not exclusively breastfeed. The Odd Ratio value of 0.222 implies that mothers who are assisted with prenatal breastfeeding have the potential to practice exclusive breastfeeding with the value of $1 / 0.222$ or 4.5 times higher than mothers who are not assisted to do so.

DISCUSSION

Age

The results of the study were taken from 40 research samples, the majority were 28 (70) mothers aged 20-35 years old. 9 (22.5%) mothers were under 20 years old and 3 (7.5%) mothers were over 35 years old. Descriptively, the majority of mothers were in the productive age. This is supported by the study of Fikawati and Syafiq showing that age plays an important role that affect mothers in giving exclusive breastfeeding. (6) The older mothers are, the more they provide exclusive breastfeeding. It is also in line with Abdullah's research which explained that the proportion of exclusive breastfeeding is higher for mothers in the healthy reproductive ages (20-35 years old) than mothers aged <20 years old and > 35 years old. (25)

Education

The majority of 18 mothers (45%) have accessed high education. Meanwhile, 9 mothers (22.5%) have gone to primary education and 13 mothers (32.5%) have had their education to secondary level. Descriptively, the majority of mothers' education levels were in the high category. In line with Fikawati and Syafiq's (2009) research, mothers with higher education have better knowledge regarding exclusive breastfeeding than informants with low education. Likewise with their behaviour, mothers with higher education and sufficient knowledge have the potential to intervene health workers, for example by advising to avoid infant formula and engaging in other positive behaviours such as giving colostrum, avoiding prelacteal food or drinks and exclusively breastfeeding. High education encourages high confidence on mothers to be able to express their opinions and desires. Higher education also opens wider access to knowledge and therefore, mothers can enhance and update their knowledge. (24) (26)

Employment

As many as 21 mothers (52.5%) were employed and 19 mothers (47.5%) were unemployed. Descriptively, the majority of mothers were employed. This is in line with the study conducted by Dahlan et al stating that there is a relation between employment status and exclusive breastfeeding involving 47 breastfeeding mothers. Most working mothers with the percentage of 83.3% do not provide exclusive breastfeeding, the remaining of 16.7% are the mothers who exclusively breastfeed. (27) The increasing working mothers is one of the

obstacles in achieving exclusive breastfeeding program. The return of mother to fully work before the infant reaches six months old causes the exclusive breastfeeding program not to be well practiced. Furthermore, the tiring physical and mental conditions from working all day and an inadequate diet will clearly result in the breast milk production. (14) (25)

Parity

20 mothers (50%) were primiparous and 20 mothers (50%) were multiparous. Descriptively, the number of primiparous and multiparous mothers was relatively the same. Mothers who have more children (high parity) tend to have shorter pregnancy and birth intervals and shorter breastfeeding period of time. (14) (26)

Knowledge

Knowledge is the result of knowing and it occurs after people sensing a certain object. Sensing occurs through the human senses; the senses of sight, smell, hearing, taste and touch. Most of human knowledge is obtained through the eyes and ears. Knowledge or cognitive is a very important dominant in forming people's actions. (6) The result of the study shows that 31 mothers (77.5%) have good knowledge about exclusive breastfeeding and 9 mothers (22.5%) have insufficient knowledge. Descriptively, the majority of mothers had good knowledge. Lack of prenatal knowledge and information is a problem that can affect mothers in breastfeeding their infants. Lack of knowledge that mothers have, especially on the benefits of breastfeeding for infants, mothers and families. (6) (17) (21) (26) The results of the research study which compared the knowledge of breastfeeding mothers in Katingan and Kapuas region showed that the majority of mothers with sufficient knowledge did not guarantee that they would exclusively breastfeed. (6) According to Abdullah (14) there are still mothers with high knowledge who do not provide with exclusive breastfeeding to their infants, possibly due to several factors, including people's attitudes towards health, traditions, public trust in health, the value system adopted by the society, culture, socio-economic level, availability of health facilities. However, this can be minimized by providing guidance and improvement for better public health behavior by implementing health education. To enhance the knowledge about breastfeeding, it is also necessary to provide counseling and guidance about the benefits of breastfeeding and how to provide breastfeeding properly, and therefore mothers can understand the importance of giving exclusive breastfeeding to their infants. (14) (19) (21) (28)

Husband's Support

As many as 24 mothers (60%) received support from their husbands and 16 mothers (40%) did not receive support from their husbands. Descriptively, the majority of husbands were involved and they participated in supporting mothers to breastfeed exclusively. This is also supported by the previous research which states that family support, especially husbands, is an emotional and psychological supporting factor given to breastfeeding mothers. Husbands play important role in dealing with difficult times that may weaken mothers in the breastfeeding process (20) (29) (26). It is also in line with other study stating that the proportion of exclusive breastfeeding by mothers whose husbands receive complete breastfeeding counselling process is greater than by mothers whose husbands receive incomplete breastfeeding counselling. (30) 31) (32) (33)

Breastfeeding Practice

The results showed that 23 (57.5%) mothers did not exclusively breastfeed while 17 mothers (42.5%) breastfed exclusively. Descriptively, the majority of mothers did not practice exclusive breastfeeding. The comparison of the effectiveness of breastfeeding assistance shows that there is a significant relation between prenatal breastfeeding assistance and breastfeeding pattern with p-value = 0.025 ($p < 0.05$). Meanwhile, the Odd Ratio value of 0.222 implies that mothers who are provided with prenatal breastfeeding are

potential to practice exclusive breastfeeding with the value of 1 / 0.222 or 4.5 times higher than mothers who are not given assistance. Based on this test, it is empirically proven that prenatal breastfeeding assistance is effective in the pattern of exclusive breastfeeding for mothers. Several previous studies explained that the factors influencing mothers in the practice of breastfeeding are education and assistance during childbirth ($p < 0.05$). (6) (32) (34). This finding is supported by the research on providing early breastfeeding counseling to improve knowledge and boost attitude of mothers in giving exclusive breastfeeding to their infants. (17) (35) (13) (36)

CONCLUSION

Prenatal breastfeeding assistance is proven to be effective in the pattern of exclusive breastfeeding for mothers. The mothers provided with prenatal breastfeeding assistance have the potential to practice exclusive breastfeeding 4.5 times higher than mothers who are not provided with assistance.

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