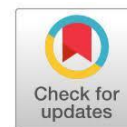


## Breastfeeding accompaniment to improve breastfeeding skill properly for primiparous postpartum mothers



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### ABSTRACT

*Breastfeeding is a natural process carried out by a mother to give nutrition for her baby directly from the breast. Some problems often occur during the process of breastfeeding, such as blisters on the nipples to mastitis. These problems cause the scope of exclusive breastfeeding not in accordance with the target set (90%). The success of breastfeeding highly depends on correct breastfeeding skills. This research aimed to determine the effect of breastfeeding accompaniment on correct breastfeeding skills in primiparous postpartum mothers. Study design: pre-experimental with a one-group pretest-posttest design, with a population of 30 primiparous postpartum respondents who met the inclusion criteria, using total sampling technique. The research instrument was a checklist for correct breastfeeding, the data were analyzed using the Wilcoxon Signed-Rank ( $\alpha=0.05$ ). The result of the research showed breastfeeding skill properly before accompaniment was unskilled (93.3%) with an average pretest value of 48.42 and after mentoring, the mothers were skilled (96.7%) with an average post-test of 82.25.  $Pvalue < \alpha$  ( $0.000 < 0.05$ ) was obtained, then  $H_0$  was rejected. It means there is an effect of breastfeeding accompaniment to correct breastfeeding skills in primiparous postpartum mother. These results, it is expected that breastfeeding accompaniment can be used as a solution of successful program in giving breastfeeding.*

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### INTRODUCTION

Breastfeeding is a physiological process to give nutrition to infant directly and optimally from a mother's breast. Breastfeeding can be a pleasant or an uncomfortable experience for both mother and infant. Breastfeeding looks very easy, yet various problems often occur in mothers while breastfeeding. Data from the World Health Organization (WHO) in 2016 stated that the world exclusive breastfeeding scope was only around 36% during the 2007-2014 period and it had not reached the expected target of 50%. The profile of the Indonesian Ministry of Health in 2018 stated that the scope of exclusive breastfeeding in Indonesia was still low and it had not reached the national target set at 90%. The percentage of infant receiving exclusive breastfeeding was 68.74%



and in East Java is 77.51%. Data from Malang City Health Office in 2018 stated that exclusive breastfeeding scope was still in the standard that was at 81.67%, while Malang regency was 74% in 2017 and breastfeeding exclusive coverage data for January-August 2019 in Pakis area that was only 51.5%.

The low scope of giving breastfeeding is caused of the problems in mother or infant. From maternal factors, there are breastfeeding problems such as blisters on nipples, or pain, swollen breasts, to mastitis<sup>1</sup>. The results of research conducted by Goyal, et al (2011) found that the problem that is often experienced by nursing mothers is abrasion nipples (57.4%). 95% of blisters occur due to improper breastfeeding techniques<sup>2</sup>. This is also supported by the Indonesian Pediatrician Association (IDAI) that states that the most common problem in breastfeeding mothers is nipple pain to improper breastfeeding techniques<sup>3</sup>. The results of research conducted by Dessalegn (2017) found that more than one-fifth of mothers (20.1%), the breastfeeding attachment and positioning were found to be lower than the national and global recommendations<sup>4</sup>. Not a few mothers who decide to stop breastfeeding early because of pain or discomfort<sup>5</sup>.

This problem is a cause of the low coverage of exclusive breastfeeding in Indonesia. This condition will have an impact on the quality of life of the nation's next generation and the range of infants to disease. The success of breastfeeding highly depends on correct breastfeeding techniques. Positioning and attaching the baby to the mother's breast appropriately will reduce the likelihood of problems in breastfeeding<sup>1</sup>.

Midwives play very important role in supporting the success of breastfeeding. It is written in the Minister of Health Decree no. 369/Menkes/III/2007 competence. It explains that midwives in providing care to postpartum mothers and care must have high quality. The initial role of midwives in supporting breastfeeding is to assist and ask mothers about caregiver techniques that are truly capable and trained mothers to care for their own babies independently<sup>1</sup>. Accompaniment is an activity of community empowerment with accompaniment that involves the facilitator, communicator, motivator and dynamicator<sup>6</sup>. Breastfeeding accompaniment is one of women's empowerment, in which the midwife acts as a facilitator, communicator and motivator. With this accompaniment, mother can learn about proper parenting techniques and having good skill in breastfeeding her baby.

In the previous research conducted by Mesra et al (2017), the result showed that there was a significant difference in the practice of giving breastfeeding skills before and after mentoring ( $t$ -test = 3.851  $p$  value 0.000)<sup>7</sup>. That research has several similarities and differences with the design of this current research. The similarities were found in the independent variable, and both examined the effect of breastfeeding accompaniment. The difference was that Mesra, et al (2017) used a quasi-experimental research method with a research mechanism, such as providing mentoring and counseling using modules, carried out once in 2 hours postpartum and assessed the practice of breastfeeding at 6 hours postpartum, then evaluated at 6 days postpartum. Whereas in this current research, the researcher wanted to analyze the effect of before and after breastfeeding accompaniment that was carried out 3 times by applying direct teaching methods to infants using pre-experimental research methods. From this description, it can be concluded that this research is different from previous studies, because it focuses on correct breastfeeding skills accompaniment.

This research aimed to identify the skills of postpartum primiparous mothers about correct breastfeeding before and after breastfeeding accompaniment and analyze the effect of breastfeeding accompaniment on correct breastfeeding skills in primiparous postpartum mothers.

## METHOD

The type of this research was quantitative method with pre-experimental research design, one group pretest-posttest approach. The assessment was carried out 2 times. There were before and after breastfeeding accompaniment. The accompaniment was conducted 3 times for 30-45 minutes. On the first day postpartum (6 hours postpartum), respondents measured their skill level first (pretest). At the same time as the first mentoring, postpartum day 3 was carried out the second mentoring, and on the 7<sup>th</sup> day postpartum the third accompaniment at the same time measured the level of skills (post-test). The location of the research was conducted at PMB (midwife clinic) Anik Rohanjarwati and data collection was carried out from November 19, 2019 to February 4, 2020.

The research population was all primiparous postpartum mothers on 17<sup>th</sup> day at PMB (midwife clinic) of Anik Rohanjarwati of 30 respondents. The sampling technique used was total sampling that met the inclusion criteria. The inclusion criteria of this research were postpartum primiparous mothers on 1-7<sup>th</sup> day, breastfeeding their babies, getting delivery accompaniment at PMB Anik Rohanjarwati, willing to do breastfeeding accompaniment as much as 3 times, on 1-7 postpartum days. Besides, during mentoring, there were no complaints or breastfeeding problems. The criterion of exclusion was not participating in breastfeeding accompaniment 3 times. The independent variable was breastfeeding accompaniment. Dependent variable was correct breastfeeding skills in primiparous postpartum mothers. The instrument used in this research was a checklist for correct breastfeeding compiled by Yuliana (2019) who had been validated by a lecturer in puerperal care<sup>8</sup>.

Data collection method used observation. Analysis of the data in this research used the Wilcoxon Signed Rank statistical test with a significance level of  $\alpha = 0.05$ . This research had received ethical approval from the Ethics Research Commission of the Ministry of Health Malang Ministry of Health with the number Reg.No/0569/KEPK-POLKESMA/2020.

## RESULTS

Table 1. Frequency Distribution of Respondent Characteristic

Characteristic	Frequency (f)	Percentage (%)
<b>Age</b>		
< 20 years	4	13,3
20 – 35 years	26	86,7
≥ 35 years	0	0
<b>Education Status</b>		
SD	3	10
SMP	6	20
SMA	18	60
PT	3	10
<b>Occupancy</b>		
Worker	15	46,7
Housewife	16	53,3
<b>Obtaining information how to breastfeed properly</b>		
Yes	2	6,7
No	28	93,3

Table 1 shows that characteristic of age in this research of 20-35 were 26 respondents (86.7%). The characteristics of the education of the respondents were mostly high school educated of 18 respondents (60%). The majority of the respondents were housewife of 16 women (53.3%), and almost all respondents stated that they had never obtained information about the correct way of breastfeeding of 28 respondents ( 93.3%).

Table 2. Breastfeeding Skills in Primiparous Postpartum Mother Before and After Breastfeeding Accompaniment

Treatment	Skill Category	f	%	Mean	<i>p value</i>
Before Accompaniment (Pre-test)	Unskilled	28	93,3	48,42	0.000
	Skilled	2	6,7		
After Accompaniment (Post-test)	Unskilled	1	3,3	82,25	
	Skilled	29	96,7		

According to table 2, it can be seen that before conducting breastfeeding accompaniment, skill of breastfeeding properly owned by most respondents was in category of unskilled of 28 respondents (93.3%). Therefore, after 3 times of breastfeeding accompaniment, the correct breastfeeding skills of the respondents were almost entirely skilled of 29 respondents (96.7%). Wilcoxon Signed Rank Test statistical test results aims to compare the effect before and after treatment. In this research it showed a significance level of 0.05 obtained *p value* 0,000, or *p value* <0.05 with means before pretest of 48.42 and means after posttest of 82.25.

## DISCUSSION

### Proper Breastfeeding Skill of Primiparous Postpartum Mother Before Breastfeeding Accompaniment

Table 2 shows that proper breastfeeding skill of most postpartum women before breastfeeding accompaniment was in category of unskilled of 28 respondents (93.3%) with an average pretest score of 48.42. The results of this research were in line with research conducted by Sumiyarsi (2016). It showed the average value of postpartum mothers' skills on correct/proper breastfeeding techniques before being given accompaniment was 67.23%<sup>9</sup> and research conducted by Mulati (2016) showed that the average value of skills postpartum primiparous mothers before being given training was 39,2<sup>10</sup>.

There are several factors that affect the correct level of breastfeeding skills. Sulistianingsih (2018) in her research stated that one of the influencing factors of the correct breastfeeding technique for postpartum mothers is knowledge (*p value* = 0.03)<sup>11</sup>. Notoadmodjo (2012) stated that skill is the application of knowledge, thus, an individual's level of skill is related to the knowledge acquired<sup>12</sup>. It was supported by the research results of Basrowi (2019) that knowledge (*P*=0.002) were factors associated with breastfeeding practice<sup>13</sup>. Causing factors of respondents in the unskilled category prior to accompaniment were lack of knowledge. Knowledge plays a very important role in forming behavior or improving an individual's skills.

The research conducted by Wardiyah (2019) showed the research that before health education on how to breastfeed properly was conducted, it was seen that the ability of postpartum mothers was low with an average score of 57.06 (SD 11.284) due to a lack

of knowledge<sup>14</sup>. Besides, it was supported by the research results of Wagner (2019) stating that breastfeeding knowledge and experience have a strong effect on correct breastfeeding practice, especially in primiparous mothers<sup>15</sup>. Research conducted by Cahyaningrum (2019) illustrates that some of the postpartum mothers have less knowledge of how to breastfeed properly of 20 (57.1%) mothers with inappropriate breastfeeding practices of 22 (62.9%) of respondents<sup>16</sup>.

Based on the researchers, the lack of knowledge of postpartum mothers about how to breastfeed properly was because of lack of information and direct learning about correct breastfeeding techniques. This was evidenced by the data obtained in this research showing that 28 respondents (93.3%) stated that they had never received knowledge about breastfeeding properly, while 2 respondents stated that they had received knowledge about breastfeeding properly through the pregnant women class. This was in line with Ayue's (2019) research that mothers given prenatal breastfeeding counseling have the potential to apply exclusive breastfeeding practices by  $1 / 0.222 = 4.5$  times higher than mothers who were not given counseling before<sup>17</sup>. Also supported by Maulida's research (2017) which showed that most (73.3%) of women who take a class of pregnant women implement breastfeeding techniques appropriately. The class of pregnant women is also one of the means to increase maternal knowledge about matters relating to breastfeeding. Besides, varied information media can also increase knowledge and can affect maternal behavior<sup>18</sup>. The unskillful method of breastfeeding properly in postpartum mothers in this research was due to the fact that almost all respondents had never received information about correct breastfeeding.

### **Proper Breastfeeding Skill of Primiparous Postpartum Mothers After Conducting Breastfeeding Accompaniment**

Table 2 shows that proper breastfeeding after breastfeeding accompaniment of respondents are in skilled category of 29 respondents (96.7%) with an average post-test score of 82.25. The results of this research was in line with research conducted by Mulati (2016). It showed the average value of postpartum primiparous women' skills after being given training and mentoring twice increased significantly of 95,8<sup>10</sup>. Same, research conducted by Sumiyarsi (2016) showed the average postpartum maternal skills about proper breastfeeding techniques after being given accompaniment had increased 84,24<sup>9</sup>. In addition, research conducted by Mesra (2017) showed that the knowledge and ability of proper breastfeeding techniques after mentoring had increased on average of 9.04<sup>7</sup>. This proves that accompaniment has an effect on an individual's skills.

Research conducted by Suryaningsih (2017) showed that breastfeeding technique accompaniment is also very effective in an effort to change cultural views and increase poor mother's trust in breastfeeding ( $p$  Value =  $0.000 < \alpha = 0.05$ ), thus it can improve the ability of mothers to correct breastfeeding<sup>19</sup>. In line with the research conducted by Mariani (2019), it revealed that breastfeeding accompaniment and breastfeeding counseling can increase the success of breastfeeding. The results showed that there was a significant difference in the ability of mothers to breastfeed between the treatment group and the control group ( $p = 0.000$ )<sup>20</sup>. Anggraeni's (2018) research also showed that after mentoring was carried out, there was an increase in mother's understanding of the importance of exclusive breastfeeding from the post test results by 90%. Good understanding will shape good breastfeeding behavior, which in turn will improve proper breastfeeding skills<sup>21</sup>.

Breastfeeding accompaniment in this research gives direct learning by involving verbal, visual, five senses and the involvement of respondents. Researchers provided

accompaniment and teach respondents how to breastfeed correctly which is practiced directly on the infant. If there are inappropriate steps, it will be immediately corrected and taught. This breastfeeding accompaniment applies the direct teaching method. In line with the theory of cone of experience put forward by Edgar Dale (1946) in Abdullah (2015), he states an individual's learning experience can be obtained through direct experience and indirect experience, the more directly involved with the object being studied, the more concrete the learning experience and the more remembered with object learned. In the cone of experience at the most basic layer is direct experience with doing the real thing. It means that it has the highest contribution of success (90%) to increase the understanding or skills gained and strong memory<sup>22</sup>. This is also supported by research Sinaga (2017) that states that there is an effect of direct teaching methods on understanding the concepts being studied. This direct teaching method emphasizes a declarative approach with a focus on the process of learning concepts and motor skills. Thus, it creates a more structured learning atmosphere<sup>23</sup>. Purwanti's research (2018) also stated that the application of the direct teaching model is very appropriate to improve skills and problems faced in the field can be resolved<sup>24</sup>.

Edgar Dale (1999) in Ntoadmodjo (2011) explains about the division of 11 health education media teaching aids and the intensity level of each of these tools in the cone drawing. It shows that the most basic layer is the original object. It means that it has the highest intensity of success to perceive the knowledge or skills acquired<sup>25</sup>. The more senses involved to receive stimulus, the more and more clearly the knowledge or skills acquired. Kurt Lewin in Ntoadmodjo (2011) also explained that the stimulus captured by the senses will be passed on to the brain, then, the brain will process it. After that, the processed product is forwarded or ordered to the limbs or motor and finally an action occurs in response to the stimulus<sup>25</sup>.

Mamo (2020) in the research said that Maternal health service centers should provide counseling, accompaniment, and education for women about breastfeeding<sup>26</sup>. This breastfeeding accompaniment is an appropriate learning method to improve the correct breastfeeding skills of postpartum primiparous women because it implements a direct learning method that involves the five senses, and uses tangible media as a learning medium. Thus, it eases respondents to receive stimulus provided by the facilitator, proven with an increase in scores after accompaniment.

### **The Effect of Breastfeeding Accompaniment toward Proper Breastfeeding Skill of Primiparous Postpartum Mothers**

Table 2 shows the improvement of skill. Before breastfeeding accompaniment of 28 respondents, there were in unskilled category (93.3%) with an average pre-test score of 48.42. While after breastfeeding accompaniment, 29 respondents were in the skilled category (96.7%) with an average post-test score of 82.25. In addition, the Wilcoxon Sign Rank statistical test results showed a p value of 0,000, where pvalue <0.05. It means that there is an effect of breastfeeding accompaniment on proper breastfeeding skills in postpartum primiparous women on 1<sup>st</sup>- 7<sup>th</sup> day. The results of this research were in line with Taufiqrahman's (2015) research, It showed that exclusive breastfeeding accompaniment to breastfeeding mothers can increase knowledge, attitudes and actions in giving exclusive breastfeeding (P <0.05)<sup>27</sup>. It was supported by Mesra's research (2017) that there were significant differences and changes in the ability to practice proper breastfeeding before and after mentoring in the control group and the intervention group (P value = 0.000)<sup>7</sup>.

Agrina et al., (2019) in their research explained that the use of health education with simulation technique using visual demonstration is appropriate intervention methods in improving maternal breastfeeding skills (P value <0.01), simulation techniques allow participants to improve real understanding through the use of visual demonstrations<sup>28</sup>. If it is analyzed with Edgar Dale's theory in the '*Cone of Experience*', health education in this research used a visual demonstration or simulation method that had a 50% success contribution to understanding and strong memory. While breastfeeding accompaniment in this research applied a real learning method with the contribution of success 90% of understanding, skills and memory. In addition, Goyal (2011) in his research recommended that every mother should be observed the correct way of breastfeeding, the position and attachment of the baby during the breastfeeding process by a healthcare provider<sup>2</sup>. Heidari (2017) in his research also mentioned that breastfeeding techniques must be taught to mothers before starting breastfeeding and the way mothers breastfeed should be observed by health professionals during the first week of breastfeeding. If there are errors, they should be corrected<sup>29</sup>. The recommendations in the research are in accordance with this research, namely using assistants as facilitators, communicators, motivators and providing education on how to breastfeed properly with individual education methods (individuals) with direct learning. This method can make contact between mother babies with officers more intensive, problems faced by mothers in terms of breastfeeding can be corrected and helped to solve.

Method used in accompaniment activity was individual education (individual) with direct learning. Notoadmodjo (2011) explained that individual education methods are intended to foster new behavior or someone who is interested in a change in behavior, until finally someone voluntarily, consciously and understanding will accept the behavior or change behavior<sup>25</sup>. A. Eksioğlu (2017) in the research said that giving breastfeeding training to primiparous with a personal demonstration technique to one-on-one individuals is more effective in reducing breastfeeding problems such as nipple (P <0.05)<sup>30</sup>. Besides, the research of Prasitwattanaseree (2019) stated that training mothers for proper lactation can help mothers understand clearly and practice breastfeeding correctly, and is the key to sustained exclusive breastfeeding<sup>31</sup>. The statement reinforces that breastfeeding accompaniment in this research is the right method to improve breastfeeding skills and prevent the emergence of breastfeeding problems due to improper positioning and attachment.

## CONCLUSION

Breastfeeding accompaniment has effect toward breastfeeding improvement skill properly of primiparous post partum mothers. In breastfeeding accompaniment, a learning process provides direct experience by involving the five senses, as well as the use of visual media as a learning medium. It ease respondents to receive stimulus provided by the facilitator. This method can make contact between the baby's mother with the officer more intensive. Thus, the problems faced by the mother in terms of breastfeeding can be corrected and helped to solve. Breastfeeding accompaniment can be used as a model for empowerment of postpartum mothers, health workers, or midwifery students in preventing problems in breastfeeding and the success of the successful breastfeeding program.

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