

Research Article

Counselling of Mothers to Improve Interest in Exclusive Breastfeeding

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Abstract. According to the World Health Organization and UNICEF, of all babies born in the world, only 32.6% are exclusively breastfed for the first six months, while in developing countries, only 39% of mothers carry out exclusive breastfeeding. In terms of ASEAN countries, exclusive breastfeeding coverage in India has reached 46%, in the Philippines 34%, in Vietnam 27% and in Myanmar 24%, while in Indonesia it is only 41.9%. One of the reasons mothers do not exclusively breastfeed their babies is a lack of information from health workers (25.6%). The role of health workers in exclusive breastfeeding is necessary, namely by providing information and counselling about the importance of exclusive breastfeeding to mothers. The purpose of this study was to determine the effectiveness of counselling on the interest in exclusive breastfeeding at RSUD Waikabubak in 2021. The research method used was quasi-experimental. The sample in this study consisted of 40 postpartum mothers who were being treated in the postpartum room at RSUD Waikabubak in February 2021 and who were recruited through purposive sampling. The results showed that the average value of interest in exclusive breastfeeding before counselling was 62.25, while after being given counselling, the average value was 63.50. Counselling was shown to have a significant effect on the interest in exclusive breastfeeding at RSUD Waikabubak ($p < 0.05$). Health workers should be more active in providing counselling about exclusive breastfeeding to pregnant and postpartum women.

Keywords: interest, exclusive breastfeeding

1. Introduction

According to the United Nations International Children's Emergency Fund (UNICEF), more than half of the world's newborns do not receive breast milk in the first hours of their life. Of the approximately 130 million babies who have been born, there are about 77 million who do not get breast milk in the first hours of their life. Delaying exclusive breastfeeding between two and 23 hours after delivery can increase the risk of infant mortality in the first month by 40%, and delaying breastfeeding for more than 24 hours can increase the risk of death by up to 80% [1].

Early initiation of breastfeeding and exclusive breastfeeding help children survive and build the antibodies they need to protect against various diseases that often occur

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in childhood, such as diarrhea and pneumonia. Evidence also shows that breastfed children perform better on intelligence tests, are less likely to be obese and overweight, and have a lower susceptibility to developing diabetes later in life. Increasing the number of breastfeeding mothers globally has the potential to save the lives of more than 820,000 children under five and can prevent the addition of 20,000 cases of breast cancer in women each year [2].

In Indonesia, only 1 in 2 infants under 6 months of age are exclusively breastfed, and only slightly more than 5 percent of children are still breastfed at 23 months of age. This means that almost half of all Indonesian children do not receive the nutrition they need during the first two years of life. More than 40 percent of infants are introduced to complementary foods too early, ie before they reach 6 months of age, and the food provided often does not meet the nutritional needs of infants [2].

According to the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) reported that of all babies born in the world only 32.6% were exclusively breastfed in the first 6 months, while in industrialized countries babies who were not exclusively breastfed were more more died than infants who were exclusively breastfed. Exclusive breastfeeding for 6 months was associated with a decrease in cases of diarrhea (53.0%) and ARI (27.0%). While in developing countries only 39% of mothers give exclusive breastfeeding. Exclusive breastfeeding coverage in ASEAN countries such as India has reached 46%, in the Philippines 34%, in Vietnam 27% and in Myanmar 24% [1].

The coverage of exclusive breastfeeding for infants 0-6 months in 2017 in Indonesia was only 41.9%. The three provinces with the highest achievement were West Nusa Tenggara (78.9%), East Java (65%) and Lampung (57.3%) while the three lowest provinces were Central Kalimantan (15.8%), North Sumatra (20.3 %) and DKI Jakarta (20.3%) [3].

Some of the reasons mothers do not exclusively breastfeed their babies are the lack of information from health workers (25.6%). Giving formula milk/water for the first time by health workers (20.9%), working mothers (18.7%), Mother's feeling of having a small amount of breast milk (13.9%), Baby crying and fussy, because they are still thirsty and hungry (11.6%) and advice/influence from family, friends, neighbors (9.3%) [4].

The role of health workers in exclusive breastfeeding is very necessary, namely by providing information and counseling about the importance of exclusive breastfeeding to breastfeeding mothers. Government Regulation of the Republic of Indonesia Number 33 of 2012 concerning exclusive breastfeeding explains that in order to achieve optimal utilization of exclusive breastfeeding, health workers and providers of health service facilities are required to provide information and counseling on exclusive breastfeeding

to mothers and/or family members of the baby concerned since the examination. pregnancy until the period of exclusive breastfeeding is over. Providing information and education on exclusive breastfeeding can be done through counseling, counseling and mentoring. Health workers are expected to support the success of the exclusive breastfeeding program, reducing people's habits of giving their newborn babies with other foods, such as formula milk, honey, bananas or others. The inhibiting factor in this case may be at the level of education, attitudes, perceptions, knowledge, beliefs and motivation of mothers on the importance of exclusive breastfeeding [5].

Breastfeeding counseling is one of the efforts that can be taken by the government in seven actions to encourage progress in breastfeeding, namely by increasing mothers' access to skilled breastfeeding counseling in health facilities. There is a need to listen and accept the mother's opinion without judgment and help the mother to make the best choice based on the relevant information and advice provided by the lactation counselor and this activity can be a motivation for breastfeeding mothers, so this breastfeeding counseling activity is expected to support mothers to always stay healthy. take care of breast milk given twice during pregnancy and five times after delivery [6].

Breastfeeding counseling includes explanations to mothers about the benefits of breastfeeding and how it can be started from the time the baby is born to the age of 2 years, which is contained in the program of 10 steps to successful breastfeeding, namely providing information to pregnant women about the benefits and management of breastfeeding, how to initiate breastfeeding. early, providing ways to breastfeed and how to maintain it, not giving other than breast milk (except for medical indications), carrying out joint care, encouraging breastfeeding on demand and not giving pacifiers or pacifiers [6].

The counseling method provided not only provides counseling to mothers but also involves husbands so that mothers and husbands can play an important role and support each other in achieving more optimal exclusive breastfeeding. In addition to counseling about the importance of breastfeeding, demonstrations were given on how to breastfeed correctly so that mothers have mastered breastfeeding techniques when they give birth. Husbands are involved to be taught how to massage oxytocin to facilitate milk production. Therefore, the counselor still continues to play a role until the mother enters the process of breastfeeding her baby, the counselor continues to monitor the mother's breastfeeding process, so that the counselor can evaluate whether the mother provides exclusive breastfeeding or not to her baby [7].

Counseling about exclusive breastfeeding should be given during antenatal care and after delivery. Counseling is an integral part that is very important in midwifery services,

by doing counseling means officers assist clients in choosing and deciding to. To make clients feel more satisfied, counseling will help clients in exclusive breastfeeding and increase success in breastfeeding [8].

Based on an initial survey at the RSUD Waikabubak on 10 mothers with babies 7-12 months old, 40% of mothers gave exclusive breastfeeding and 60% did not give exclusive breastfeeding because of the reason for the lack of milk production so that babies should be given formula milk to be full. Then from mothers who do not give exclusive breastfeeding, 50% of mothers have sufficient knowledge about exclusive breastfeeding but do not give exclusive breastfeeding to their babies because they work so they are lazy to give breast milk to their babies besides that they do not know the benefits of exclusive breastfeeding for babies and have never received counseling about Exclusive breastfeeding. And 50% of them say health workers have never been provide information and counseling regarding exclusive breastfeeding so that they are not interested in exclusive breastfeeding because they do not understand the benefits. Therefore, researchers are interested in conducting research on "Effectiveness of counseling on interest in exclusive breastfeeding at RSUD Waikabubak in 2021".

2. Methods

2.1. Design

This research was analytic with a cross sectional approach design, namely research that studies the correlation between exposure and effect, by observing exposure and effect at the same time (point time approach).

2.2. Sample

Sample was done by accidental sampling, which is sampling that was done by chance where the patient who incidentally met the researcher. Sampling was carried out in the period January 2021.

2.3. Procedure

This research carried out at RSUD Waikabubak. The population is the number of visits by children under five at RSUD Waikabubak in January 2021. The data will be used as the basis for describing and assessing the relationship between variables in the population

based on data obtained from the sample. The selection of methods adapted to the data collection technique and the measurement scale of the variables and the observation of the observational variables were carried out simultaneously and at the same time. Sampling was done by non-probability sampling with accidental sampling technique and distributing questionnaires.

2.4. Questionnaire for Data Collection

At the data collection stage, it is carried out in several stages, namely:

2.4.1. Submit a title and an application for research.

2.4.2. Research permit granted to related parties, in this case submitted to the Director of the RSUD Waikabubak.

2.4.3. intent and purpose of the author as well as approved approved.

2.4.4. Able to maintain the confidentiality of the data obtained.

2.4.5. Permission of interested parties to retrieve data on patient medical records.

After the permit is approved in writing then start conducting research in accordance with the research steps.

2.5. Data Analysis

The final statistical result is to determine whether the decision test H_0 is rejected or H_0 is accepted (failed to be rejected). With the provisions of p value $< (0.05)$ then H_0 is rejected, meaning that there is a significant relationship, if p value $>$ then H_0 fails to be rejected, meaning that there is no significant relationship between variables.

3. Results

Based on the table above, it can be seen that the significance value (p) in the Shapiro-Wilk test in the pre-test group is 0.138 ($p > 0.05$), so that based on the Shapiro-Wilk

TABLE 1

Table 1. Tests of Normality							
	Group	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Interest Result	PreTest	,140	40	,046	,958	40	,138
	Post Test	,142	40	,042	,961	40	,183

TABLE 2: Descriptive Results of the PreTest and Post Test Groups Descriptive Statistics

	N	Range	Minimum	Maximum	Sum	Mean		Std. Deviation	Variance
						Statistic	Std. Error		
Pre Test	40	70	30	100	2490	62,25	2,361	14,934	223,013
Post Test	40	70	30	100	2540	63,50	2,520	15,941	254,103
Valid N (listwise)	40								

normality test the data is distributed normal, while in the post test group it was 0.183 ($p > 0.05$), so based on the Shapiro-Wilk normality test the data were normally distributed.

Based on the table above, it shows that of the 40 pre-test sample data, the minimum value is 30, the maximum value is 100, while the post-test sample has a minimum value of 30, a maximum value of 100. It is known that the mean value in the pre-test group is 62.25 and posttest group of 63.50. The standard deviation value in the pretest group is 14,934 and in the post test group of 15,941.

Based on the table above, it can be seen that from the 40 respondents the descriptive statistical results of the two samples studied, namely the pre-test value (before being given counseling) obtained an average interest in exclusive breastfeeding (mean) of 62.25, while the post-test score (after being given counseling) obtained an average interest in exclusive breastfeeding (mean) of 63.50.

Based on the table above shows that the results of the correlation test between pre test and post test with a correlation coefficient value of 0.979 and a significant value (Sig) of 0.001 > 0.05 , it can be said that there is a relationship between pretest and posttest.

TABLE 3: Interpretation of Paired Sample T-Test Paired Sample Statistics

		Mean	N	Std. Deviation	Std. Error
Pair 1	PreTest	62,25	40	14,934	2,361
	PostTest	63,50	40	15,941	2,520

TABLE 4: Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Pre Test & Post Test	40	,979	,001

TABLE 5: Paired Samples Test

		Paired Differences			95% Confidence Interval of the Difference		t	df	Sig.(2-tailed)
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper			
Pair 1	Pre Test - Post Test	-1,250	3,349	,530	-2,321	-,179	-2,360	39	,023

Based on the table above, the results of the Paired Samples Test can be seen that the value of Sig. (2-tailed) is $0.023 < 0.05$, so it can be concluded that there is an average difference between the results of the pre-test and post-test, which means that there is counseling effectiveness on the interest in exclusive breastfeeding. at the RSUD Waikabubak.

4. Discussion

4.1. Interest in Exclusive Breastfeeding

From the results of the study, it can be seen that from the 40 respondents the results of descriptive statistics of the two samples studied, namely the value of the pre test (before being given counseling) obtained an average interest in exclusive breastfeeding (mean) of 62.25, while for the post test value (after being given counseling) obtained an average interest in exclusive breastfeeding (mean) of 63.50.

Interest is related to the driving force that drives a person to feel attracted to people, objects, activities or experiences. As a psychological aspect, interest is not only colored by a person's behavior, but more than that it can encourage people to do activities and cause people to pay attention and volunteer themselves to be involved in an activity. Interest contains elements of cognition (knowing), emotion (feeling), and konasi (will), therefore interest is considered a conscious response, because if there is no interest it will not mean anything [9].

The results of this study were in accordance with the results of research conducted by Ira Paramastri in 2016 in Tenggara, Kutai Kartanegara, which said that breastfeeding counseling by counselors can increase mother's knowledge about exclusive breastfeeding, then can also increase mother's interest in exclusive breastfeeding with a p value. value 0.001.

According to the opinion of researchers at RSUD Waikabubak, most of the respondents have a high interest and show differences in average scores before being counseled and after being counseled. From the results of this study, it can be seen that respondents who have low interest can change their interest to medium or high after receiving counseling. Because with counseling, respondents have obtained accurate knowledge and information from health workers, so that respondents who were not interested in exclusive breastfeeding to their babies changed their interest in giving exclusive breastfeeding to their babies, where mothers already know the many benefits of exclusive breastfeeding.

4.2. The Effectiveness of Counseling on Interest in Exclusive Breastfeeding

The results of the Paired Samples Test can be seen that the value of Sig.(2-tailed) is 0.023 <0.05, so it can be concluded that there is an average difference between the results of the pre-test and post-test, which means that there is an effectiveness of counseling on the interest in exclusive breastfeeding at RSUD Waikabubak.

The results of this study are in accordance with the theory of [10] which says that one strategy to obtain behavior change is to provide information to increase knowledge and readiness by providing information, thereby raising awareness and can be done with counseling. The results of this study are also supported by the theory of [11] which says counseling helps mothers to gain not only abilities, interests and opportunities but also emotions and attitudes that can influence in making choices and decision making. The presence of attention and motivation in the form of home visits after childbirth by counselors to mothers becomes support in exclusive breastfeeding. Home visits, group meetings, growth monitoring sessions and cooking sessions are good opportunities for information sharing and for individual counselling.

Exclusive breastfeeding is a form of maternal health behavior, and for healthy behavior there are many factors that influence it, namely interests, knowledge, attitudes, education, family, motivation, age, role of health workers, etc. A person's education will affect the mother's knowledge and will indirectly affect the mother's attitude and

interest in exclusive breastfeeding for her baby. Mothers who have good knowledge and receive counseling and information will exclusively breastfeed because they already know the benefits, advantages and components of breastfeeding. Counseling that has been provided by health workers is very useful to arouse mothers' interest in exclusive breastfeeding [12].

The results of this study are also in accordance with the results of research conducted by Ira Paramastri in 2016 in Tenggarong, Kutai Kartanegara, which said that breastfeeding counseling by counselors can increase mother's knowledge about exclusive breastfeeding, then it can also increase mother's interest in giving exclusive breastfeeding with p value. . value 0.001.

Research conducted by [8] in the working area of the Sokaraja 1 Health Center Banyumas, with the results of the study there were significant differences in maternal knowledge and attitudes between before lactation counseling and after lactation counseling and it can be concluded that counseling is one of the health promotions that can help clients in solving the problem, so that the client can make a more positive decision with a p value. value 0.001. And it is supported by research that has been conducted by [13] in the work area of the Arcamanik Health Center in Bandung City, with the results showing the effectiveness of health counseling "POSFLIP ASI" on the readiness of mothers in exclusive breastfeeding in the working area of the Arcamanik Health Center in Bandung City with a p value . values 0.000.

According to the researcher, the results of research at the RSUD Waikabubak showed the effectiveness of counseling on the interest in exclusive breastfeeding, this indicates that the counseling that has been given by health workers can play an important role in providing psychological support to help obtain information and knowledge in exclusive breastfeeding. Health workers who have good counseling skills will be more trusted by the community and always follow the advice that has been given. This belief will generate good interest in mothers who have babies to continue breastfeeding exclusively to their babies until the age of 6 months. Counseling that has been given by health workers can clearly cause a high interest in exclusive breastfeeding, and vice versa, counseling given by health workers in a long-winded manner will be difficult for mothers to accept so that it does not cause a strong interest in exclusive breastfeeding. The provision of counseling, especially for postpartum mothers, is very important because during the postpartum period there are many problems that arise in exclusive breastfeeding. By providing counseling during the postpartum period, it is expected to overcome the failure of exclusive breastfeeding. Usually, if there is good counseling and a good approach to mothers who have babies, then in general mothers want to obey and follow

the advice of health workers, therefore health workers are expected to be a source of information about the importance of exclusive breastfeeding for infants until the age of 6 months and after the age of six months. after six months, it is continued by giving complementary foods to breast milk by continuing to give breast milk until the age of 2 years.

5. Funding

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6. Conflict of Interest

We declare no conflict of interest.

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