



Home > Search

SEARCH

Search for

Additional Search Options (click to show)

ISSUE	TITLE	ABSTRACT PDF
Vol 2, No 1 (2018): January	Breastfeeding Counseling to Improve Self Efficacy of Post Partum Mothers in Providing Exclusive Breastfeeding	

Sherly Jeniawaty, Rijanto Rijanto

1 - 1 of 1 Items

SEARCH TIPS:

USER

You are logged in as...
sherlyjeniawaty
My Journals
My Profile
Log Out

INFORMATION

For Readers
For Authors
For Librarians

<http://heanoti.com/index.php/hn>



RESEARCH ARTICLE

URL of this article: <http://heanoti.com/index.php/hn/article/view/hn20111>

Breastfeeding Counseling to Improve Self Efficacy of Post Partum Mothers in Providing Exclusive Breastfeeding

Sherly Jeniawaty^{1(CA)}, Rijanto²

^{1(CA)}Department of Midwifery, Health Polytechnic of Ministry of Health at Surabaya, Indonesia; sherlyjeniawaty@gmail.com (Corresponding Author)

²Department of Midwifery, Health Polytechnic of Ministry of Health at Surabaya, Indonesia; ryno_louhan@ymail.com

ABSTRACT

Coverage of breastfeeding in Indonesia is still reached 61.5% of the national target (80%). This study used a quasi-experimental design with pre and post test approach control group. Data was collected using Breastfeeding Self-Efficacy Scale- Short Form (BSES-SF). The results of further analysis concluded that there were differences between the mean difference in scale between the groups ($p = 0.000$). Breastfeeding counseling intervention group self-efficacy can improve self efficacy postpartum mothers in exclusive breastfeeding. Psychological and emotional condition stable will increase interest and motivation to learn the mother.

Keywords: Counseling, Exclusive breastfeeding

INTRODUCTION

Basic Health Research in 2013⁽¹⁾ show the scope of breastfeeding in Indonesia increased to 42% from 32% of the data of basic Health Research 2007⁽²⁾. However, please note that the scope of this percentage is still below the target of 50% as determined by the WHO coverage. The current birth rate in Indonesia reached 4.7 million per year, so it could be concluded that breastfed babies do not reach half.

Adequate counseling and support needs to be given to the mother and family to start and maintain the self-efficacy of mothers in exclusive breastfeeding. Coverage of breastfeeding in Indonesia is shown by Indonesia Health Profile 2012 that the scope of exclusive breastfeeding in Indonesia is still reached 61.5% of the national target should be 80%⁽³⁾. Exclusive breastfeeding behavior according to the Health Profile of East Java (2012) which showed that the coverage of exclusive breastfeeding at 64.08%, and in the city of Surabaya breastfeeding coverage 60.52%, it is still far from the target of 80%⁽⁴⁾.

Based on preliminary studies researchers gather information from some women that a number of 10 respondents that the mother has been informed about the importance of exclusive breastfeeding and expectant mothers willing to give exclusive breastfeeding after the baby is born, but it contradicts after the mother giving birth, postpartum mothers said already provides baby formula milk does not come out for some reason, fear of inadequate breastfeeding and working mothers. Some mothers with babies aged 3 months to provide information that the baby is still breast-fed, but after the researchers asked whether after birth the baby does not get milk formula, food or drinks, the mother said that was after birth given formula a bit because breast milk has not out but after that the baby is only breastfed until now.

Statement respondents illustrates that at the time of post partum women experience self-efficacy were low on exclusive breastfeeding, for that we need the intervention of Group Counseling on exclusive breastfeeding after maternity or during the puerperal or post-partum so as to provide maternal motivation and improve self efficacy mother to continue to provide breast milk without any additional food or drink.

METHODS

This research used pre and post control group design. This design was used to determine differences in the scale of breastfeeding BSES (Breastfeeding Self-Efficacy) before and after group counseling intervention, then the outcome after the intervention was compared with the non-intervention group.

Samples taken in this research was post partum mother at BPS Midia Surabaya. While the exclusion criteria of this study was the prospective respondents can not read and write, experiencing mental limitations, maternal health conditions that prevent the mother to breastfeed. Samples was selected by consecutive sampling. Based on preliminary studies, it was known that the average post partum mothers who give birth each month ranged from 10 to 20 mother of birth. The data collection tool used in this research was structured questionnaire. The questionnaire already had a standardized Breastfeeding Self-Efficacy Scale- Short Form (BSES-SF) developed by Dennis & Faux (1999)⁽⁵⁾.

RESULTS

The lowest scale on the dimensions of the techniques of 5:06 (SD 0.5) in the intervention group and 4.94 (SD 0.42), the lowest scale dimensions of techniques 4.85 (SD 0.5). Statistically, this study showed no significant difference, but clinically it can be seen that the scale of the BSE non-intervention group was higher than the intervention group. On the measurement of one week after the intervention group counseling breastfeeding scale of BSE group of non-intervention increased to 5:24 (SD 0.30), the highest scale in the dimension of interpersonal, and the intervention group increased to 6.78 (SD 0.56), the highest scale also on the dimensions of interpersonal ie 7:06 (SD 0.6). Statistically there is a significant difference BSE scale before and after the intervention group counseling breastfeeding, both in non-intervention group and intervention group ($p = 0.000$ at $\alpha = 0.025$).

The difference in mean improvement BSE scale before and after the intervention in the intervention group compared with non intervention that is 1.7 points. The mean difference in scale of BSE in non-intervention group 0.14 (SD 0.2), while the intervention group 1.84 (SD 0.6). In the intervention group the highest increase in the dimensions of the technique that is 1.97 (SD 0.7), whereas in the non-intervention group the highest increase in the dimensions of interpersonal ie 0:16 (SD 0.2). The results of further analysis concluded that there are differences between the mean difference in scale between the groups has a significant BSE non-intervention and intervention groups has been given counseling after breastfeeding group ($p = 0.000$ at $\alpha = 0.025$).

These results indicate that the respondent characteristics such as age, education, occupation, parity, family support and health status of infants between non-intervention group and intervention group was statistically no significant difference. The p-value of each variable in both groups is greater than α (at $\alpha = 0.05$). means that the characteristics of the respondents in both groups before equal treatment or homogeneous. It is identified that influence the characteristics of respondents to the breastfeeding group counseling and breastfeeding changes have efficacy cells can be controlled. Effect of breastfeeding group counseling to increase self-efficacy in exclusive breastfeeding. The results of this study answers the hypothesis that breastfeeding group counseling interventions effectively increase the scale of self efficacy breastfeeding mothers in the early postpartum period. The measurement results one week after intervention shows that the scale of BSE has increased significantly, both in the non-intervention group and intervention group ($p < \alpha$, at $\alpha = 0.025$).

Breastfeeding counseling intervention group also proven effective in improving self-efficacy scale breastfeeding mothers in the early postpartum period amounted to 18.4%. These results show the research hypothesis is rejected. An increase in scale of breastfeeding self efficacy were significantly between before and after the intervention, both in the group of non-intervention and the intervention group ($p = 0.000$, $\alpha = 0.05$), after intervention there are differences in scale of breastfeeding self efficacy meaningful that is 1.7 points higher in the intervention group. The spread differential between the increase in scale of the BSE non-intervention group and intervention group was statistically significant ($p = 0.000$, $\alpha = 0.05$). Although both groups had increased scale of BSE in two weeks postpartum, but the group of mothers who received breastfeeding counseling intervention group experienced a higher increase. Statistically the results of this study showed that the breastfeeding group counseling intervention to increase the scale of BSE by 1.84 points (range 14-70 scale). These results are higher than the non-intervention group. Backed by several previous studies that support and information effectively improve the BSE. Social support during interventions improve the confidence of mothers in breastfeeding exclusively.

Based on the technical and interpersonal dimension, nursing mothers in the intervention group had a mean value of BSE in engineering dimension higher than the dimension of non-intervention techniques nursing mothers. So also with the interpersonal dimension was higher in the intervention group than non-intervention group.

Seen on the dimensions of the technique, is more focused on the proper feeding techniques, setting conducive conditions for breastfeeding, as well as an understanding of the principles needed for successful breastfeeding⁽⁵⁾. This dimension assesses how respondents know and understand the process of the infant while breastfeeding. In this study, the experience of success is an important factor especially dimensional techniques. The lack of experience regarding the process of breastfeeding and how to do it.

DISCUSSION

The postpartum period is a transition period for mothers who need adaptations or adjustments in order to provide exclusive breastfeeding. The ability of mothers in breastfeeding is influenced by self-efficacy is the belief

Breastfeeding and maternal assessment of the ability to exclusively breastfeed their children at the time of newborns up to the first six months of life without given additional food or drink. Breastfeeding counseling groups provide information and discuss the importance of exclusive breastfeeding problems and how to overcome them.

The results showed that the characteristics of the demographic data of respondents was 29, with a high school education level, parity primiparous, and the mother works. More than half of respondents getting great support from family and babies who are born in good health. All these factors affect the intervention. Statistically, there was no significant difference between the characteristics of respondents non-intervention group and intervention group. Thus both groups were found to equal or homogeneous.

CONCLUSION

This research was determined by the method, time and media that conforms to the needs of mothers. Therefore, interactions and relationships need to be performed by midwives before providing intervention, so as to observe and assess the readiness and ability of mothers in the study. Psychological and emotional condition stable will increase interest and motivation to learn the mother. The results of this study have implications for midwifery services and education to develop educational methods in accordance with the needs of mothers in the postpartum care unit. Especially direct contact with post partum and breastfeeding mothers are expected to implement programs related to the control and guidance on breastfeeding process so that the number of successful breastfeeding can be increased. Control program can be done by checking the level of self-efficacy maternal postpartum to breastfeeding, especially during the visit postpartum or puerperal to get a picture of confidence and readiness mother to make the process of breastfeeding, after that, the coaching can be done with group counseling breastfeeding so mothers gain knowledge and a good understanding of exclusive breastfeeding and increased confidence to make the process of breastfeeding. This program can be a solution to early prevention of the decline of exclusive breastfeeding of newborns.

REFERENCES

1. MoH-RI. Basic Health Research (Riset Kesehatan Dasar). Jakarta: Ministry of Health of republic of Indonesia; 2013.
2. MoH-RI. Basic Health Research (Riset Kesehatan Dasar). Jakarta: Ministry of Health of republic of Indonesia; 2013.
3. MoH-RI. Health Profile of Indonesia (Profil Kesehatan Indonesia). Jakarta: Ministry of Health of republic of Indonesia; 2012.
4. Health Office of East Java Province. Health Profile of East Java (Profil Kesehatan Jawa Timur). Surabaya: Health Office of East Java Province; 2012.
5. Dennis CL, Faux S. Development and Psychometric Testing of the Breastfeeding Self-Efficacy Scale. *Research in Nursing & Health*. 1999;22:399-409.