

THE EFFECT OF PREGNANT WOMEN'S PARTICIPATION IN PREGNANCY CLASSES ABOUT BREASTFEEDING SKILLS

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4 THE EFFECT OF PREGNANT WOMEN PARTICIPATION IN THE CLASSES FOR PREGNANT WOMEN ON BREASTFEEDING SKILLS: QUASY-EXPERIMENTAL STUDY

ABSTRACT

Pregnant women need to be taught about exclusive breastfeeding, which is obtained through the participation of mothers in pregnancy classes hence mothers' skills in breastfeeding will increase. This study aims to determine the effect of the participation of pregnant women in pregnancy class towards breastfeeding skills. The research design used a Quasi-Experiment with a control group using a double post-test design. The samples were taken using random permuted blocks sampling. Calculation of the sample size that meets the inclusion criteria there were 80 pregnant women in the third trimester in the Work Area of the Perumnas and Turup Public Health Center. The intervention group was treated with the implementation of classes for pregnant women using the Breastfeeding Preparation Module. The instrument used was the check List for assessing breastfeeding skills. Analysis data with dependent T-test. The results showed that there was to determine the effect of the participation of pregnant women in pregnancy class towards breastfeeding skills between two group with a p-value < 0.05. There was an effect of pregnant women's participation in pregnant women's class towards breastfeeding skills. Pregnancy classes toward exclusive breastfeeding are highly suggested for pregnant women to prepare breastfeeding during pregnancy so that exclusive breastfeeding.

Keywords: *Breastfeeding Skills; Classes for pregnant women; third trimester*

BACKGROUND

Exclusive breastfeeding skills for postpartum mothers should begin in the third trimester of pregnancy. One of the success factors for breastfeeding is the correct breastfeeding technique. Breastfeeding skills can be found in classes for pregnant women. Classes for pregnant women can be held during antenatal care during pregnancy which contributes to the success of exclusive breastfeeding (Alebel *et al.*, 2018). Mothers' skills in exclusive breastfeeding include breastfeeding techniques, and how to express, store and give breast milk correctly, which will make it easier for mothers to apply exclusive breastfeeding to their babies so that babies get enough breast milk of good quality.

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The results of the research by Maulida *et al.* (2018) stated that there was a significant relationship between participation in classes for pregnant women and breastfeeding. Various information media can be used as a means for mothers to increase knowledge or information that can influence maternal behavior. However, pregnancy classes are still needed, especially for first-time mothers to increase their knowledge about breastfeeding (Maulida *et al.*, 2018). According to Soriano *et al.* (2018), there is an influence of prenatal classes, knowledge education is the most important element influencing exclusive breastfeeding behavior, followed by subjective norms, practice control, and attitudes in women in Spain (Soriano-Vidal *et al.*, 2018)

The mothers' decisions to breastfeed or give formula milk to the baby are also influenced by factors of knowledge, attitude, and helpers (health workers) who do not accompany them when breastfeeding difficulties occur. Simultaneously affects the mothers' decision to give exclusive breastfeeding (Mawaddah, Barlianto and Nurdiana, 2018). The low coverage of exclusive breastfeeding in Rejang Lebong Regency is 77% compared to the target from the Ministry of Health of 90%, and the participation of pregnant women attending classes for pregnant women is also low due to various reasons being busy taking care of the household, difficulty managing time due to work, and socio-cultural factors that exist in the community. In class, pregnant women can learn together to increase knowledge about pregnancy care, preparation for childbirth, breastfeeding techniques, and exclusive breastfeeding. Pregnant women class is a study group for pregnant women with a gestational age of 20 weeks to 32 weeks with a maximum number of 10 participants. In this class, pregnant women will study together, discuss and share experiences about maternal and child health (MCH) thoroughly and systematically (Kemenkes RI, 2019).

The results of the research by Pradany and Margawati (2016) show that there is a significant relationship between the level of mothers' attendance in the class of pregnant women and the behavior of exclusive breastfeeding (Pradany and Margawati, 2016). According to Andayani et al. (2017) research for mothers who attend classes for pregnant women, the rate of exclusive breastfeeding is 1.86 times higher than mothers who do not take classes for pregnant women. The

classes for pregnant women can directly affect exclusive breastfeeding, even though antenatal care (ANC) and husband's support have been controlled (Andayani, Emilia and Ismail, 2017). An exploratory study of mothers who gave birth by cesarean section found that environmental support from health workers and family support played a role in breastfeeding habits during the first two months after giving birth (Wen *et al.*, 2021).

Based on an initial survey conducted in the Independent Practice of Midwives (PMB) in the Work Area of the Perumnas Public Health Center and Curup Public Health Center, from July to November 2020 there were 60 postpartum mothers who complained that their breast milk supply is low hence they did not breastfeed exclusively. Low milk supply can be caused by the mother's lack of knowledge about the correct breastfeeding technique, nutrition and so on. Nationally, the coverage of infants receiving exclusive breastfeeding in 2018 was 68.74%. This figure is still below the national target of 80%. Bengkulu Province was ranked 9th with a percentage of 65.46%. Rejang Lebong Regency in 2018 obtained exclusive breastfeeding coverage of 77% and this is still below the national target (Dinkes RL (Dinkes RL, 2020)

From the description above, it can be seen that the classes for pregnant women can be a means to gain knowledge about exclusive breastfeeding so that the mothers' skills in breastfeeding increase. The novelty in this study was the used of the breastfeeding preparation module which was used in classes of pregnant women with the demonstration method. The purpose of this study was to

determine the effect of the participation of pregnant women in the classes for pregnant women on breastfeeding skills

METHOD

Study design

The research design was a Quasi-Experiment with the control group using a double posttest (two-group posttest-only design).

Sample

The number of pregnant women in the Work Area of the Perumnas and Curup Public Health Center in 2021 was 126 pregnant women in the Third-Trimester. Calculation of the sample size that meets the inclusion criteria there were 80 pregnant women. The sample in the study was Third-Trimester Pregnant Women, with inclusion criteria: Primigravida, 32 Weeks Gestation, Singleton Pregnancy, able to read and write, pregnant women without pregnancy complications, and willing to be respondents and sign informed consent. The sampling technique used in this research was the random permuted blocks sampling technique. The random permuted blocks sampling technique randomized patients between groups in a set of study participants called blocks. The assignment of treatments in blocks is determined hence the order is random but the desired allocation proportion is reached within each block (Sugiyono, 2018).

Determination of the number of samples using the sample size formula according to Lameshow:

$$n = \frac{(Z_{1-\alpha/2} \sqrt{2P(1-P)} + Z_{1-\beta} \sqrt{P_1(1-P_1) + P_2(1-P_2)})^2}{(P_1 - P_2)^2}$$

Based on this formula, the number of samples obtained was 33 respondents.

The minimum number was added by 20% to 39,6 as anticipation of dropout respondents, hence the number of samples taken was 40 people per group. Thus the number of samples in this study was 80 people consisting of 40 people for the intervention group and 40 people for the control group.

Instrument

The media used in the study was a Breastfeeding Preparation module. The module was made by the research team based on sources from the ministry of health and has been consulted to experts and tested at the community health center at the Kampung Delima Health Center which carries out classes for pregnant women. The instrument used is the Check List for assessing breastfeeding skills from Suryaningsih Research (2012) which has been tested for validity and reliability with a Cohen's Kappa reliability test value of 0.815 (Suryaningsih, 2012). In this study obtained The lowest score in the intervention group was 42 and the highest score was 51 . While the lowest score was in the control group 39 and the highest score was 45

Intervention

Conducting classes for pregnant women 4 times according to standards from the ministry of health with a duration of 1 to 2 hours. The implementation stage of the research in the intervention group was the implementation of the classes for pregnant women 4 times using the breastfeeding preparation module with exclusive breastfeeding material, breastfeeding techniques, how to express breast milk, how to store breast milk, and how to increase breast milk. The pregnant women class was divided into 4 sessions with lecture, question and answer, brainstorming, and demonstration

methods. The control group was given counseling about breastfeeding skills. The measurement of breastfeeding skills was carried out 2 times, in the first week of postpartum, and the second week of postpartum.

Data collection

This research was conducted in September – November 2021 and Agustus – September 2022 in the Work Area of the Perumnas Public Health Center, and Curup Public Health Center, Rejang Lebong Regency, Bengkulu Province, Indonesia. Data collection using a breastfeeding skills checklist. Respondents have received the explanation and agreed to the informed consent.

Data Analysis

Univariate data analysis to see the distribution of respondents' characteristics, namely age, education, and occupation. Categorical data are presented by calculating the frequency and percentage. Bivariate analysis was conducted to examine the relationship between two variables, namely each independent variable and the dependent variable. This study uses a parametric test because the data scale is in the form of numeric. The results of the data normality test using Shapiro Wilk obtained a p-value > 0.05, which means that the data is normally distributed. Because the data is normally distributed, then the dependent T-test is then carried out. The confidence level was determined = 0.05 and the confidence interval was 95%.

Ethical Considerations

This research has received approval from the Research Ethics Committee of the Health Polytechnic of the Ministry of

Health of Bengkulu with No. KEPK.M/123/07/2021

RESULT

After conducting the research, the research data were analyzed using univariate and bivariate methods. The following is a univariate analysis. Characteristics of the subjects in this study include age, education and occupation. The characteristics of the research subjects in the two groups are presented in the following table in table 1.

Table 1. Characteristics of Age, Education, and Occupation of Respondents in the Intervention Group and Control Group in Public Center

Characteristics of Variabel	A	B	Sig
	N (%)	N (%)	
Age :			
- < 20 tahun and > 35 tahun	0 (0%)	0 (0%)	1,000
- ≥ 20-35 tahun	40 (100%)	40 (100%)	
Education :			
- Primary school and junior high school	3 (7,5%)	10 (25%)	
- Senior High School	23 (57,5%)	14 (35%)	1,000
- University	14 (35%)	16 (40%)	
Occupation :			
- Work	29 (72,5%)	17 (42,5%)	0,346
- Doesn't Work	11 (27,5%)	23 (57,5%)	

Note: A Intervention Group; B: Control Group

Based on table 1, shows that for all respondents aged 20-35 years (100%), more than half of respondents with intermediate education (57.5%) in the intervention group and almost half (40%) of respondents in the control group have higher education. Most of the respondents (72%) worked in the intervention group and a small portion (42.5%) worked in the control group.

The results of the analysis using chi square showed that the two study groups did not show a significant difference ($p > 0.05$) so that the two groups were said to be homogeneous and worthy of comparison.

The average value of breastfeeding skills in the control group and the intervention group are presented in table 2 below:

Table 2. Average breastfeeding skills in the intervention group and the control group

Breastfeeding skills score	Group	Mean	SD	SE	t	Mean diff	95% CI		p value*
							Lower	Upper	
Post 1 st	I	43,90	1,45	0,59	17,23	4,65	3,34	6,4	0,000
	C	39,25	2,97	0,65					
Post 2 nd	I	47,87	3,39	0,56	3,49	6,75	5,44	8,05	0,001
	C	41,12	2,80	0,61					

Based on table 2 shows that the average difference between the intervention group and the control group in the first measurement is 4.65 and in the second measurement is 6.75.

Bivariate analysis was conducted to examine the relationship between the two variables. The results of the data normality test using Shapiro Wilk obtained a p-value > 0.05 , which means that the data is normally distributed.

Table 3 : Differences in Average Skills in Breastfeeding Techniques, How to Express, and Storage of Breastmilk After being given the Breastfeeding Preparation Module

Variable	Mean	SD	T-test	95% CI		P value
				Lower	upper	
Maternal age in intervention group - Post 1 intervention group skills	19,28	3,90	22,65	17,51	21,06	0,000
Maternal age control group - Post 1 control group skills	23,57	4,13	13,94	10,69	14,45	0,000
Maternal age in the intervention group - Post 2 skills in the intervention group	21,23	4,76	20,43	19,06	23,40	0,000
Maternal age control group - post 2 control group skills	23,57	4,13	13,94	10,69	14,45	0,000
Post 2 intervention group skills - Post 1 intervention group skills	4,65	1,44	12,64	3,34	4,65	0,000
post 2 control group skills - Post 1 control group skills	1,87	2,07	3,78	0,76	2,65	0,001

Table 3 shows that there is a significant difference in the mean of breastfeeding skills between the intervention group and the control group based on age with a p-

value < 0.05 in the first and second measurements. This means that there is an effect of maternal age and participation of pregnant women in the classes for

pregnant women on breastfeeding skills. Statistically using the T-test showed that there was a significant difference between the intervention group and the control group with a p-value <0.05 in the first and second measurements, this means that there is an effect of the participation of pregnant women in the classes for pregnant women on breastfeeding skills.

DISCUSSION

The results of the study are in table 1, In line with this study, maternal age affects the skills of breastfeeding mothers. The results of Damayanti et al.'s study showed that there was a significant relationship between age and exclusive breastfeeding for infants. Not all women have the same ability to breastfeed. In general, younger women are better able to breastfeed than older women. One of the contributing factors is the development of mature glands at puberty and their changing functions after giving birth to a baby. For this reason, more preparation is needed for mothers aged 35 years and over in exclusive breastfeeding such as self-preparation in terms of increasing breast milk hence the breast milk supply is not low and sufficient for consumption by babies such as consuming nutritious food, adequate rest (Damayanti, Doda and Rompas, 2020).

According to the theory that the age of 20-35 years is the productive age range which should be the most ideal age for reproduction so that the ability to breastfeed is also considered the most optimal. Age above 35 years is an age with a high risk of pregnancy and childbirth, so it is considered that the ability to breastfeed has also decreased along with the aging of organ systems. Meanwhile, at the age of fewer than 20 years, the reproductive organs are still in

their infancy (immature), psychologically it is also considered not ready to become a mother so that it will interfere with the process of exclusive breastfeeding (Rahmawati and Wahyuningati, 2020). The mother's age of over 20 years shows the mother's physical and mental readiness to receive information. In-class participation of pregnant women (Rapingah et al., 2021). In line with this study, maternal age has an effect on the skills of breastfeeding mothers. For mothers who attend classes for pregnant women, the rate of exclusive breastfeeding is 1.86 times higher than for mothers who do not take classes for pregnant women. The classes for pregnant women can directly affect exclusive breastfeeding, even though the husband's support and ANC have been controlled (Andayani, Emilia and Ismail, 2017). Classes for pregnant women can be carried out during antenatal care, which contributes to the success of exclusive breastfeeding (Alebel et al., 2018).

A person's education affects their knowledge and mother's mindset hence the mother has a fairly high absorption of information, on the contrary, low or less education can hinder the development of a person's attitude towards the new values introduced so that knowledge is also lacking. According to research, Rahmawati and Wahyuningati (2020) state that education is related to the skills of breastfeeding mothers. This is because the higher the education of the mother, the easier it is for the mother to absorb information (Rahmawati and Wahyuningati, 2020). Revealed that the mother's educational background was a significant predictor of good intentions and motivation to practice exclusive breastfeeding. For the most part,

educated women tend to follow antenatal instructions as recommended, thereby changing their attitudes towards breastfeeding practices. This is in line with research that states that there is an effect of mothers' education level on their decision to give exclusive breastfeeding. Mothers with no formal education are less likely to do exclusive breastfeeding than mothers with higher education because uneducated mothers tend to be less well informed about the benefits of exclusive breastfeeding compared to mothers with higher education. In addition, knowledge of breastfeeding skills and sources of information about breastfeeding were found to be significant predictors of good intentions to practice breastfeeding (Jebena and Tenagashaw, 2022).

The results of data analysis in table 1 more than half of the respondents do not work. The results of Sutrini and Aulia's research stated that there was no relationship between the type of work and exclusive breastfeeding for working mothers. The type of mother's work is not related to breast milk production, even though they have different workloads, but all these types of work produce the same effect on the mother's physical and psychological condition (Sutrini and Aulia, 2020).

The results of the study in table 2 there is a significant difference in the mean of breastfeeding skills between the intervention group and the control group with a p-value < 0.05 in the first and second measurements. In line with the results of research by Maulida et al (2018), it is stated that there is a significant relationship between class participation of pregnant women and breastfeeding alone. The results of this study can be seen that the class for

pregnant women is not the only means to increase mothers' knowledge about breastfeeding and matters related to breastfeeding. Various information media can be used as a means for mothers to increase knowledge/information that can influence mothers' behavior. However, classes for pregnant women are still needed, especially for new mothers to increase their knowledge about breastfeeding (Maulida et al., 2018).

Similar studies suggest that breastfeeding skills can be imparted to pregnant women during antenatal classes, midwives and nurses teach mothers about breastfeeding, and the benefits of breastfeeding, during pregnancy or before the birth of the baby (Lumbiganon et al., 2016). According to the Ministry of Health (2019) Class meetings for pregnant women are held at least 4 times during pregnancy or in accordance with the agreement of the facilitator with the participants. At each meeting, the class material for pregnant women that will be delivered is adjusted to the needs and conditions of pregnant women but still prioritizes the main material, one of which is about breastfeeding and exclusive breastfeeding (Kemenkes RI, 2019). Breastfeeding is a natural and physiological way to provide nutrition to infants and toddlers. Breastfeeding is the optimal way of providing nutrition and caring for babies, and with the addition of complete foods in the second half of the first year, nutritional, immunological, and psychosocial needs can be met into the second year and beyond (Gupte, 2016).

The results in table 2 and 3 show that there is a significant difference in the mean of breastfeeding skills between the intervention group and the control group with a p-value < 0.05 in the first and

second measurements. This study is also in line with Sulistiyawati's research (2016), which states that exclusive breastfeeding is also influenced by other predisposing factors such as self-confidence, parity, experience and work. A mother who has had more than one child (multipara) should have more experience in caring for her child hence she has better exclusive breastfeeding skills than a mother who has just given birth to one child (primipara) (Sulistyawati, 2016). The amount of knowledge that individuals gain, either through formal or informal education, has a major contribution to individuals in making decisions to behave in a healthy life, which has a direct impact on health status (Sulistiarni, 2018).

The results of this study stated that breastfeeding success was obtained by the mother through the breastfeeding module, the mother was taught how to apply the correct breastfeeding technique. Skills in breastfeeding by applying the correct breastfeeding technique are one of the determining factors in whether the breastfeeding process will succeed or fail. Breastfeeding skills acquired by mothers with training mean increasing knowledge of postpartum mothers so that they can apply correct breastfeeding techniques appropriately when mothers breastfeed their babies, including in the management of expressed breast milk so that mothers can provide maximum breast milk to their babies. One of the activities that can help postpartum mothers become skilled in breastfeeding is to train postpartum mothers on correct breastfeeding techniques (Gupte, 2016). In line with the research, Jebena et al (2022) stated that health education information about breastfeeding techniques given during

antenatal care and follow-up perinatal care were variables that were significantly related to the practice of exclusive breastfeeding. Counseling pregnant women on breastfeeding issues during antenatal care services, enabling all mothers to gain access to perinatal care services and encouraging early initiation of breastfeeding (Jebena and Tenagashaw, 2022).

Another study stated that the decision of mothers to breastfeed their babies largely depends on their knowledge and attitudes towards breastfeeding. This lesson shows that the respondents have good knowledge, experience, and exposure to breastfeeding. Most of the participants were well-informed about the baby's health benefits of breastfeeding, knowing that it reduces the risk of disease and prevents respiratory infections, and most also know that breastfeeding can protect the mother from breast cancer (Alkazemi and Jackson, 2019). In line with the research results, Raissian et al stated that factors related to motivation and desire to breastfeed, such as knowledge about the benefits of breastfeeding, support, and attitudes about infant health, are important when health workers seek to provide health services to improve maternal and infant health (Raissian and Su, 2019).

This study found that there was a significant mean difference between breastfeeding skills in the intervention group and the control group. Mothers' participation in classes for pregnant women is support hence mothers get correct information about breastfeeding skills. Breastfeeding mothers need support from breastfeeding support groups. This is important because the mother will feel supported, cared for, and loved. This creates positive emotions that

will increase the mother's hormone oxytocin and subsequent milk production. This is supported by the research of Tan et al (2020) which states that breastfeeding education in antenatal provides prospective mothers with the information and skills needed to breastfeed (Tan *et al.*, 2020). Antenatal education interventions substantially increase breastfeeding rates. One individual antenatal education session increases the rate of initiation of breastfeeding and continuing breastfeeding at 2 weeks postpartum (Wong *et al.*, 2014).

In accordance with research by Astutik and Purwandari (2021), it was revealed that skills related to breastfeeding techniques increased after mentoring. Breastfeeding technique skills are provided through a 10-minute video, delivered in easy-to-understand language, accompanied by exercises using a phantom or baby doll so that it reflects breastfeeding conditions. This can help increase the success of exclusive breastfeeding. This is evidenced by 88% of all breastfeeding mothers giving exclusive breastfeeding in the fifth month. Breastfeeding skills can be obtained by the participation of pregnant women in pregnancy classes. Pregnant women who actively participate in pregnancy classes have better breastfeeding skills than those who do not (Astutik and Purwandari, 2021).

This study found that the participation of mothers in the classes for pregnant women is supported so that mothers get correct information about breastfeeding skills. Breastfeeding mothers need support from breastfeeding support groups. This is important because the mother will feel supported, cared for, and loved. This creates positive emotions that will increase the mothers' hormone

oxytocin and subsequent milk production. In line with the research of Yuniyanti, et.al (2017), breastfeeding support groups encourage pregnant women to have the confidence to breastfeed. Furthermore, in the classes for pregnant women, mothers learn to gain knowledge and learn about breastfeeding experiences from health workers, and cadres. Thus, the baby will get the best food and nutrition since the baby is born (Yuniyanti, 2017).

The researcher assumes that the presence of pregnant women in the class of pregnant women can improve breastfeeding skills because it is supported by the use of the breastfeeding preparation module. In classes used simulation and demonstration methods provide real experience for pregnant women in breastfeeding skills. Respondents' breastfeeding skills became better with the ability to apply correct breastfeeding techniques

In terms of limitations, researchers did not match the sample of the intervention group and the control group. Supporting variables and confounding variables were not examined. Analysis of the results did not meet to proceed to multivariate. Next is the difficulty in controlling a safe and comfortable environment for respondents when evaluating breastfeeding skills. Cultural and family factors also become obstacles in the study, where family habits that are carried out during breastfeeding such as how to breastfeed, when to breastfeed, and myths make some respondents hesitate in applying the breastfeeding skills that have been taught

CONCLUSION AND RECOMMENDATION

Research Conclusions include: The mean of breastfeeding skills in the intervention group and the control group was different with the mean difference in

the first measurement; There is a significant difference in the mean of breastfeeding skills between the intervention group and the control group; There is an effect of the participation of pregnant women in the classes for pregnant women on breastfeeding skills after being given the module for preparation for breastfeeding in the classes for pregnant women.

Recommendation: breastfeeding preparation is carried out during pregnancy so that exclusive breastfeeding can be given to the maximum

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