

The Effect Of Counseling On Knowledge, Attitudes, And Practices Of Mothers breastfeeding In The Work Area Of Sawah Lebar Community Health Center, Bengkulu 2017

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Abstract - A lack of knowledge and an attitude can cause failure in exclusive breastfeeding (ASI). Counseling has a significant role in enhancing abilities and encouraging someone to behave. The study aimed to determine the effect of counseling on knowledge, attitudes, and practices of mothers about breastfeeding in the work area of the Bengkulu SawahLebar Health Center in 2017.

This type of research is experimental research with quasi-experimental time series design with only one group control. The population is all pregnant women in the third trimester, amounting to 28 people. Samples were taken using the whole population technique. Counseling is done five times each month for five months using leaflets. Meanwhile, knowledge, attitudes and breastfeeding practices were collected using a questionnaire. Data analyses were univariate and bivariate using the paired t-test for data with normal distribution using SPSS 22 program.

Research showed an increase in average knowledge from 84.46 to 92.14, attitude from 31.61 to 33.96 and practices of breastfeeding from 69.76 to 83.81. There is Effect of Counseling on Knowledge ($p = 0,000$), Attitude ($p = 0,000$) and breastfeeding practice ($p = 0,000$)

Health workers should improve nutritional counseling by joining pregnancy class, participation through the promotion of exclusive breastfeeding at posyandu, and form a support group for breastfeeding to provide support to mothers in doing exclusively breastfeeding.

Keywords: Knowledge, Attitude, Practice, breastfeeding, pregnant women

I. INTRODUCTION

WHO recommends exclusive breastfeeding for six months and continues for two years or more. Infants who were not breastfed during the first two months of life

died almost six times because of infectious diseases than babies who were exclusively breastfed. Furthermore, infants who are not exclusively breastfed have four times more to get infection diseases than babies exclusively breastfed [1]. Various studies have proven that breast milk is the best, most complete and most important source of nutrition in the early days of a baby's life to achieve optimal growth and development (Ita, 2008). However, the global prevalence of exclusive breast milk is still low at 39%, and an estimated 36% in low-income countries [2]

Based on the 2013 Riskesdas data, only 30.2% of 6-month-old babies were given breast milk alone in the last 24 hours and were not given prelacteal food [3]. The low coverage of exclusive breastfeeding shows that not many mothers have succeeded in providing exclusive breast milk. Chin et al. (2008) stated that mothers who fail in exclusive breastfeeding practices are due to lack of knowledge and motivation [4]. Wibowo (2016) states that information support is significant for pregnant and lactating women in providing mothers exclusive breastfeeding [5]. Based on 24-hour recall-exclusive breastfeeding coverage in Bengkulu Province in 2016 were 74% and 63% in Bengkulu City (Dinkes, 2016) while Suryaniet al. (2017) research showed that exclusive breastfeeding coverage for health workers in the City of Bengkulu was 33.4% [6]. Exclusive breastfeeding campaigns are needed and encouraged by local governments and the private sector to support the program of exclusive breastfeeding.

The initial survey was conducted on three pregnant women in the third trimester at SawahLebar Community Health Center; two mothers stated that they did not provide exclusive breastfeeding to the baby, and one person gave it because they often came and asked the midwife. Nutrition counseling needs to be done to provide information about exclusive breastfeeding. Nutrition counseling activities are very beneficial for pregnant women and are motivating pregnant women to breastfeed exclusively.

Lack of mother's knowledge can be overcome among others by providing nutritional counseling. The effect of

supplementary feeding and nutritional counseling on the nutritional status of malnourished children under five in Kendari City and Konawe District in Southeast Sulawesi Province showed that there was a significant effect of providing counseling interventions on the nutritional status of infants [7].

According to the Bengkulu Provincial Health Office report in 2017, the City of Bengkulu ranked fourth lowest in the exclusive breastfeeding coverage. Research needs to be done about the influence of nutritional counseling with the knowledge, attitudes, and practices of mothers in breastfeeding at the SawahLebarCommunity Health Center of Bengkulu City in 2017.

II. METHODS

This research used a quantitative method with a quasi-experimental time series design. Counseling was carried out by researchers and assisted by SawahLebarCommunityhealth center nutrition staff who had been trained in breastfeeding counseling issues. The researcher explained the purpose of the study and asked pregnant women to become respondents. Respondents who want to participate must fill informed consent. Respondents were given pretest and posttest questionnaires to measure knowledge, attitude, and practice. The method of counseling with nutritional education was carried out for five months with a frequency of 1 time a month with a home visit. The activity lasts 60-100 minutes starting from the pre-test, material presentation, and post-test — the material in the form of nutrition and health education with leaflets as a teaching aid.

The population in this study were pregnant women in the third trimester with a gestational age of more than eight months who were checked for pregnancy with the midwife in SawahLebarCommunity Health Center in Bengkulu City, totaling 28 people.

Data analysis was carried out in univariate and bivariate. Bivariate analysis to determine the relationship between variables using a paired t-test. Data were obtained with the normal distribution ($p > 0.05$).

III. RESULT

The results of the study showed that there was an increase in maternal knowledge after being given counseling for five months. The increased average score of mother's knowledge and attitude can be seen in Table 1.

TABLE I CHANGES IN THE SCORE OF MOTHER'S KNOWLEDGE AND ATTITUDES AFTER FIVE MONTHS OF COUNSELING

Variable	Month	1	2	3	4	5
Knowledge	Mean	84.46	86.07	86.25	87.86	92.14
	Std. Deviasi	7.371	7.118	7.022	4.987	4.600
	CI 95%	81.61-87.32	83.31-88.83	83.53-88.97	85.92-89.79	90.36-93.93
	Mean	31.61	32.68	33.18	33.14	33.96
Attitude	Std. Deviasi	4.693	4.683	4.659	4.689	3.328
	CI 95%	29.79-33.43	30.86-34.49	31.37-34.99	31.71-34.57	32.67-35.25

Source: Research Result

Table 1 shows an increase in the average knowledge score starting from the first month to the fifth month. While for

the average attitude rate in the third and fourth months there is a slight decline, but it increases again in the fifth month. The results of the analysis of the influence of counseling on changes in knowledge, attitudes, and Practices of Giving Exclusive Breastfeeding can be seen in Table II

TABLE II. EFFECT OF COUNSELING ON KNOWLEDGE, ATTITUDES, AND PRACTICES OF BREASTFEEDING

Variable	Mean	SD	SE	p value
Knowledge_Pre	84.46	7.371	1.393	0.000
Knowledge_Post	92.14	4.600	0.869	
Attitude_Pre	31.61	4.693	0.887	0.000
Attitude_Post	31.96	3.328	0.629	
Practice_Pre	69.76	15.76	2.979	0.000
Practice_Post	83.81	16.27	3.075	

Source: Research Result

Table II shows the average knowledge before counseling which is 84.46 and after counseling 92.14. The average score of attitude before counseling was 31.61 and after counseling was 31.96. The average score of breastfeeding practice also increased, before counseling the average practical score was 69.76 and after counseling 83.81. The results of the analysis using paired t-test show that there was an effect of counseling on the knowledge, attitudes, and practices of breastfeeding ($p < 0.05$).

IV. DISCUSSION

The results show that all mothers thought that breastfeeding was the best food for babies. The reasons stated varied that giving breast milk is an instinct, not bought and is healthy and nutritious food. Mother believes that breast milk should be given until the child is two years old.

Statistical test results show that there are differences in knowledge caused by the intervention of nutrition education provided. Education with counseling methods that place mothers as subjects not as objects will have a great interest in participating in counseling. In line with the research conducted by Tella (2016) on mothers who have given birth, that there was a relationship between the provision of education and increased knowledge of mothers about breastfeeding. Besides, there is a link between useful knowledge and the provision of breast milk [8]. The knowledge possessed by the mother can show the mother's understanding of something so that it is oriented to practice it. It is consistent with the theory that knowledge can influence a person's mindset and shape the ability to understand health-related factors. Mothers with high education will tend to have high knowledge. Maternal education levels are essential determinants of infant feeding practices in several studies in Ghana (Aidam *et al.*, (2005) Iddrisu (2013).The results obtained by previous studies by Kosninet *al.* (2012), showed that there was a significant increase in knowledge scores in breastfeeding mothers who joined the Mother Support Group [9.]

Mother's knowledge strongly influences the practice of exclusive breastfeeding for her baby. The better the mother's knowledge, which was obtained from various sources such as the mass media, from friends to friends, fellow mothers who gave each other experiences in providing food to babies, as well as information from health workers and their own families. Besides, information about formula milk is critical because mothers can compare the advantages and disadvantages of each method of feeding the baby. Research conducted by Kushawaha *et al.* (2011) in the Lalitpur province of India on the impact of peer counseling conducted by support groups showed a significant increase in feeding practices for this study shows that most of the mothers graduated from high school and college. Mothers with a higher level of education may be able to understand and appreciate the benefits of exclusive breast milk in their babies and be more motivated to practice it. Besides, the experience of having had a child before will affect the mother in giving breastfeeding. Preferably, exclusive breastfeeding promotion programs should be carried out more attractive to mothers who have lower levels of education. Susinet *et al.* (1999) found that mothers with a high level of knowledge had a 6.5 times higher chance of exclusive breastfeeding at the end of the third month, and 1.97 times higher chance of continuing to breastfeed for the end of the sixth month [11]. Kong and Lee, (2004) concluded that maternal knowledge affects infant feeding. Mothers with a good level of knowledge will have a 3.4 times higher chance of exclusive breastfeeding than mothers with less knowledge.

Counseling provides a real influence on the ability of mothers to be able to access health services, especially getting correct and accurate information about infant care and breastfeeding. The same research was also carried out by Antonio *et al.* (2007) which aims to see change knowledge and practice of mothers in breastfeeding at Montes Claros, Brazil. The study showed the results of a significant increase in knowledge in breastfeeding after being educated by 152 community health volunteers ($p < 0.000$) [12].

Findings from another study conducted by Dungy *et al.* (2008) showed that maternal knowledge predicts breastfeeding initiation by breastfeeding mothers in Glasgow, Scotland [13]. Kosnin (2012) further stated that mothers with a high level of knowledge had 6.5 times higher likelihood of exclusive breastfeeding at the end of the third month and 1.97 times had a higher chance of continuing to breastfeed for up to six months [14]. Lin *et al.* (2008) in their study identified that breastfeeding education programs could increase knowledge that is meaningful for mothers in Taiwan about exclusive breastfeeding ($P < 0.001$) [15].

This study shows that there are differences in maternal attitudes before and after the intervention (p value < 0.05), in line with the research conducted by Kosninet *et al.* (2012 shows that giving breast milk to infants

is significantly affected by attitudes. Mothers who have a positive attitude high on breastfeeding will also be involved in high breastfeeding measures [16]. Lin (2008) research also showed a significant increase in attitudes after being given a 90-minute breastfeeding education program on breastfeeding mothers [17]. Mother's knowledge will be better so that she has a perception about the advantages of exclusive breastfeeding compared to giving other foods including formula milk. You will take an attitude or opinion that exclusive breast milk is better given to the baby, with a right attitude can give motherhood that indeed exclusive the right is the best for babies, so the mother intends to give exclusive breast milk to her baby in the form of exclusive breastfeeding practices for six months.

The role of health workers in Early Breastfeeding Initiation is critical. The initiation of early breastfeeding makes mothers more confident of continuing providing breast milk so that they do not feel the need to give any food/drink to the baby because the baby can comfortably attach to the mother's breast immediately after birth [18].

Riskiantiet *et al.* (2014) mention the natural process of breastfeeding needs to get support from many parties because the support of the mother's environment greatly influences the success of the mother in giving milk to her baby. Breastfeeding mothers who work, the work environment becomes one of the closest neighborhoods of the mother because most of the mother's time will be spent at work and the mother will be separated from her baby. Therefore, workplace support is one of the crucial factors in the success of exclusive breastfeeding among working mothers. Work supervisors also show an essential role in exclusive breastfeeding [19].

Health workers have a significant influence on the practice of giving breastfeeding to babies because they are very knowledgeable of healthy nutrition for baby's growth and development. Its role is expected in the promotion, protecting and supporting the provision of breastfeeding. Their ability to do this can be influenced by their knowledge and experience in exclusive breastfeeding practices for their babies. A study of health workers in support of exclusive breastfeeding stated that respondents who had personal experience of breastfeeding, 2.3 times would support breastfeeding practices [20].

The results showed that mothers did not work more than they did. Mother's work is one factor that can determine to give exclusive breastfeeding. Another factor is the place of labor and breastfeeding counseling after childbirth. Working mothers tend not to practice exclusive breastfeeding compared to homemakers. This finding is in line with research conducted in rural communities in northwest Ethiopia [21], Kinshasa [22] and Saudi Arabia [23]. Probably because working mothers do not have time to breastfeed their babies exclusively, or they have shor

labor leave. In contrast, a study conducted in Bangladesh shows that mothers who work outside their homes are more likely to practice exclusive breastfeeding. This difference is likely that in Bangladesh most women bring their babies to work [24].

The results showed that there were differences in breastfeeding practices before being given intervention and after being given counseling. In line with the research of Hunegnawe (2017) mothers who did not receive breastfeeding counseling after childbirth were 0.43 times less likely to carry out exclusive breastfeeding practices compared to mothers who received counseling (AOR 0.43, 95% CI 0.25, 0, 72). Bbaale (2014) states that counseling regarding breastfeeding practices during antenatal care is significantly associated with exclusive breastfeeding, namely mothers who received breast milk counseling during antenatal care had a 2.44 times higher chance of being able to provide exclusive breast milk than those who did not get counseling [25]

In line with the research of Imdadet *al.* (2011), proved that prenatal counseling has an impact on breastfeeding for 4-6 weeks while counseling given at prenatal and postnatal influences exclusive breastfeeding up to 6 months [26]. The Mekuria&Edris (2015) study states that the prevalence of exclusive breastfeeding is 60.8 percent. The characteristics of women who provide exclusive breast milk are mothers who do not work, get breastfeeding counseling on antenatal care, get counseling about feeding newborns during postnatal care, do not provide prelacteal food, and have good knowledge about breastfeeding [27]. Mannanet *al.* (2008) also stated that home visits in the first three days were strictly related to successful breastfeeding in newborns. Problems in the process of breastfeeding will increase in mothers who do home visits in the first week after Christmas [28]. It is in line with research by Kushawaet *al.* (2012) which showed the significant influence of counseling given by maternal support groups on the practice of feeding children [29]. Changes in breastfeeding practice are the tangible results of all aspects of knowledge and attitudes and will not shape a person's behavior/knowledge about the harassment obtained by mothers from five months of counseling can increase self-awareness which subsequently creates a definite interest or attitude and so on followed by the desire and commitment to change.

IV. CONCLUSION

There is effect counseling on increasing maternal knowledge, changing attitudes and practices of breastfeeding ($p < 0.05$)

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