Increasing Perception and Knowledge of Breast Milk Adequacy in Breastfeeding Mothers

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ABSTRACT

In Indonesia, exclusive breastfeeding is still far from achieving the target set by the government. Exclusive breastfeeding coverage in 2016 decreased where in 2013 the achievement of exclusive breastfeeding was reached 38% to 29.5%. One of the factors that influence the success of exclusive breastfeeding is the perception of breastfeeding mothers on the adequacy of their breast milk. In this community service activity, it is to increase the perception of breastfeeding mothers about the adequacy of breast milk production. The activities are carried out by providing exclusive breastfeeding health education, assessing the adequacy of breast milk, factors affecting breast milk production, ways to increase milk production. The target of this service is to breastfeeding mothers who have babies aged 0-6 months so that they can directly help increase the rate of exclusive breastfeeding in Pakkasalo Village. After education, there was an increase in knowledge of mothers about the adequacy of breastfeeding by 3.32 points. Thus, counseling is one way to help people change their attitudes and behavior to be healthier independently.

Keywords: Exclusive Breastfeeding, Perception, Breastfeeding

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INTRODUCTION

In terms of reducing the Infant Mortality Rate (IMR), the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) recommend that children only be given Mother's Milk (ASI) from the age of 0-6 months. After the child is 6 months old, then given additional food, it will be better, and continue to be given breast milk until the child is two years old (WHO, 2020). (1)

The Ministry of Health of the Republic of Indonesia, (2017) also emphasized that exclusive breastfeeding can reduce the risk of death in infants because exclusive breastfeeding contains high amounts of colostrum which is rich in antibodies for immunity and germ killers. In line with that, the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) recommend four important things that breastfeeding mothers must do, namely: First, give breast milk to babies immediately within 30 minutes after the baby is born. Second, giving only breast milk (ASI) without additional food and drink or exclusive breastfeeding from birth until the baby is six months old. Third, provide complementary food for Mother's Milk (MP-ASI) from the age of six months to 2 years. Fourth, continue breastfeeding until the child is 2 years old or more. In addition, breast milk can also prevent malnutrition and protect babies from infection because it contains nutrients that babies need. (1), (2)

WHO data (2016), shows that the coverage of exclusive breastfeeding in infants aged 0-6 months worldwide is 39%. Meanwhile, the coverage of exclusive breastfeeding for infants aged 0-6 months in Indonesia based on data and health profile information for 2018 is still low at 65.16%, where the target for achieving exclusive breastfeeding according to WHO should be 80%. Nationally, the coverage of babies who receive exclusive breastfeeding is 61.33%. This figure has exceeded the 2017 Strategic Plan target of 44%. (2)

The research results of Prabasiwi et. al. (2015) found that among other reasons for the failure of exclusive breastfeeding, one of them is because breastfeeding mothers feel that their milk is not enough to meet the needs of breast milk in infants. It was found that 35% of mothers provide additional food to babies who are less than 6 months old, this occurs due to the perception of insufficient milk. Some of the factors that influence this perception are the lack of knowledge of mothers regarding exclusive breastfeeding, especially the adequacy of breast milk for their babies. (3)

Knowledge is the result of knowing and occurs after people sense a certain object. If the behavior is carried out through a process based on knowledge, awareness and a positive attitude, then the behavior will be lasting. If a breastfeeding mother understands the signs of adequacy of breast milk, the types of food that stimulate milk production, and the timing of breastfeeding for the baby, it will affect the continuation of exclusive breastfeeding. (4)

Inadequate breastfeeding in infants during the neonatal period until they are 6 months old, greatly affects the development and growth of infants. Provision of complementary foods before the age of 6 months raises the risk of increased morbidity and mortality in infants. The lack of knowledge of the mother greatly influences the behavior of the mother in giving breast milk. (5) For this reason, it is recommended for
pregnant women to carry out nutritional counseling as a standard component of ANC. ANC also provides an opportunity to prepare mothers to start breastfeeding immediately after giving birth and provide exclusive breastfeeding for 6 months (6)

Exclusive breastfeeding according to the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) recommends breastfeeding as follows: initiation of breastfeeding within the first hour after delivery, exclusive breastfeeding for the first six months, and continuing breastfeeding for two years with complementary foods starting in the sixth month. Exclusive breastfeeding is that babies are only given breast milk, without additional liquids such as formula milk, oranges, honey, tea, water and without additional solid food ingredients such as bananas, papaya, milk porridge, biscuits and rice porridge. (7)

METODE

In the Community Service Activity on increasing the perception of the adequacy of breast milk in breastfeeding mothers. This activity was carried out with the target of breastfeeding mothers in Pakkasalo Village who have babies aged 0-6 months. This activity began with a field survey to find the number of breastfeeding mothers who had babies aged 0-6 months and found as many as 22 mothers breastfeeding babies who had babies 0-6 months.

In terms of increasing the perception of breastfeeding mothers, health education is carried out by providing material on exclusive breastfeeding, assessing the adequacy of breast milk, factors that influence milk production and training on how to increase breast milk, especially through breast care and oxytocin massage. Community service activities were carried out for 2 days, namely on 25-26 October 2021 at the Pakkasalo Village office which is the work area of the Sibulue Health Center, this was done with the consideration that counseling conducted in small classes would further increase the acceptance of the material provided. Monitoring of participants can be carried out directly by the service team during practice.

As for the detailed framework for solving the problem of perception of the adequacy of ASI can seen in figure 1 (Problem Solving Framework)
RESULTS AND DISCUSSION

Community service activities regarding increasing the perception of breastfeeding mothers regarding the adequacy of breastfeeding with a long duration of operation are carried out for 2 consecutive days. At the beginning of this activity, the first thing to do was to ask the extent of the mother’s knowledge about exclusive breastfeeding. Most of the mothers in this activity did not really understand about exclusive breastfeeding, which is breastfeeding for 6 months without providing any food or liquid other than breast milk except for vitamins or medicines given from the Public health center. After doing a common perception regarding exclusive breastfeeding, then the mother is then given an understanding of what is meant by adequate breastfeeding. In this activity, the speaker explains and describes the signs of adequacy of breast milk that can be seen and assessed from the condition of the baby. There are several signs of adequacy of breast milk in infants which include an increase in infant weight, infant elimination pattern (BAK/BAB), infant behavior during and after feeding. After providing an understanding of the adequacy of breastfeeding, then the presenters provide an understanding of how to increase milk production such as maternal rest patterns, nutritional intake, family support, and correct breastfeeding techniques.

![Counseling process](image.png)

**Figure 1. Counseling process**

In this activity the presenters also teach breastfeeding mothers about how to do breast care and oxytocin massage. Because by doing oxytocin treatments and massages can help expedite the production of breast milk. In teaching mothers about oxytocin care and massage, the presenters are assisted by students. In this case, breastfeeding mothers better understand and feel what right and proper practice is like. The Community Service Implementation Team involves students in this activity with the aim that students can directly practice providing health education to the community and understand phenomena or problems that are often encountered by the community, especially regarding exclusive breastfeeding.

The provision of health education is aimed at increasing the ability of mothers to provide exclusive breastfeeding. Mother’s ability is influenced by one factor, namely
perception of adequacy of breast milk. This is supported by the results of Prabasiwi’s research (2015) where perceptions can be influenced by a lack of knowledge or information. As many as 51.1% of breastfeeding mothers in Margadana and Tegal Selatan had a low perception of the adequacy of breast milk and as much as 58.6% had insufficient knowledge about milk production and energy intake needed by breastfeeding mothers. By providing an understanding of what is meant by adequate breastfeeding and how to increase milk production, self-confidence will grow to be able to provide exclusive breastfeeding. (3), (8)

The implementation team carried out an increase in understanding and knowledge about the adequacy of breast milk by providing material regarding signs of adequacy of breast milk, such as weight gain in babies. In general, babies at the age of 1-2 weeks will experience a decrease which then begins to increase in weight gain 2-3 times the birth weight when the baby is 3-4 months old. Other signs can be seen from the frequency of the baby suckling, the baby feeds at least every 2-3 hours or 8-12 times a day. Urinate with a frequency of at least 6 times per day and 3 times per day related to baby defecation. Babies who suckle with the right and proper attachment will feel comfortable and not fussy. (8)

Providing knowledge to breastfeeding mothers regarding factors that affect milk production, for example by maintaining the psychological condition of breastfeeding mothers, psychological conditions such as stress or depression can affect oxytocin production. Oxytocin is a hormone that can stimulate prolactin to continue to produce milk. Efforts to improve the psychological condition of the mother, at night the mother needs adequate rest for at least 8 hours. The influence of family support in maintaining the mother’s condition is very important and can reduce the mother’s worry, support can be shown by helping to take care of and care for the baby, helping to make decisions related to exclusive breastfeeding and nutrition for breastfeeding mothers must always be maintained. (4), (9), (10)

The results of research conducted by Prabasiwi (2015) show that breastfeeding mothers who maintain an intake of > 2200 kcal/day can lead to self-confidence that their milk production will be fulfilled. Breastfeeding mothers need to increase their intake of 300-500 kcal from their usual intake. One of the efforts to fulfill the nutrition of breastfeeding mothers is to maintain drinking intake. Consumption of water must be done at least 8-10 glasses per day so that dehydration does not occur in the mother. When a breastfeeding mother lacks fluid intake, it will affect milk production which will decrease. To maintain water intake in the body, breastfeeding mothers also need to consume fruits and vegetables that contain high water content such as broccoli, watermelon, melon. (3)
Breastfeeding continuously can increase milk production. Empty breast conditions will stimulate the brain to produce the hormones oxytocin and prolactin to produce breast milk. Use of bottles or pacifiers on infants should be avoided. This can cause nipple confusion in the baby. The suckling of a baby who uses a bottle or pacifier will not be as strong as that of a baby who feeds on the mother's breast. By doing oxytocin massage, it can help increase milk production. This massage creates a sense of comfort for the mother so that the letdown reflex will stimulate the production of oxytocin. This oxytocin massage is done by doing massage along the mother's vertebrae. The team carried out the massage practice directly on the mother so that the nursing mother could feel it directly and could clearly feel the area to be massaged and how to massage it. In addition to oxytocin massage, mothers are also trained for breast care. One of the most common problems encountered by breastfeeding mothers is the presence of breast milk dams (engorgement). The dam is due to full breast milk production but not being breastfed/expressed. Breast care is done by massaging the breast area until the milk comes out. This technique can be done by breastfeeding mothers who want to express their milk but do not have a milking device. (11),(12),(13),(14)

By providing an understanding to the participants, participants will understand more about how to assess that their baby is getting enough breast milk. Breastfeeding mothers’ understanding of the material provided is indicated by an increase in knowledge before and after being given the material. Breastfeeding mothers were distributed knowledge questionnaires about the adequacy of breastfeeding before
giving the material. One month after the material, then it was collected again to fill out the same questionnaire with the previous questionnaire. The team took data after one month of providing health education because the team wanted to know how the participants practiced the material at home. Statistical analysis results obtained.

Table 1. Differences in the level of knowledge of mothers about the adequacy of breast milk

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<th>Mean</th>
<th>Std Deviation</th>
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<tbody>
<tr>
<td>Prior knowledge</td>
<td>6.27</td>
<td>2.763</td>
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<tr>
<td>Knowledge after</td>
<td>9.59</td>
<td>1.790</td>
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Based on the table above, the average increase in mothers’ understanding of the adequacy of breastfeeding is 3.32. This indicates that the team was successful in conveying information to breastfeeding mothers. A person’s knowledge is most widely accepted through the sense of sight, which is 75%-85%, while through the sense of hearing 13% and other senses 12%. In this community service activity, the presenters not only provide health information through lectures but also by providing practice or practice methods. With the direct practice method, breastfeeding mothers were more active during the counseling. The sense of sight and the sense of hearing at the time of practice, so that it is more optimal in receiving the material.

While usually counseling in the form of lectures sometimes causes boredom, so that counseling participants are less active and sometimes do not concentrate. This can cause the information provided is not received optimally. This statement is in line with the research results of Merdhika et. al. (2014) which states that a person’s knowledge can be influenced by socio-cultural factors and the environment in which they live so that it affects a person in healthy behavior. With the intervention in the form of health education can improve a person’s attitude towards healthy behavior.

CONCLUSION

Efforts in disseminating health information to the wider community, namely by providing health education. By providing health education to the community, a positive attitude towards health will be formed which directly influences the community in behaving healthily. The aim of this activity is to increase the perception of the adequacy of breastfeeding in breastfeeding mothers, where mothers who are breastfeeding babies aged 0-6 months will directly help increase the rate of achievement of exclusive breastfeeding for Pakkasalo Village. With involvement in providing information on the adequacy of breast milk, it can be continued to other breastfeeding mothers through community activities, one of which is posyandu.

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REFERENCES

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