

The Effectiveness of Al-Qur'an Murottal and Effleurage Massage Using Jitu Oil by Breastfeeding Grandmothers on Mother's Confidence in the First Month of Birth

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ABSTRACT

Mothers' confidence in providing breast milk to babies is positively associated with increasing breastfeeding duration in various cultures and age groups. It's just that most breastfeeding mothers who are giving birth for the first time feel less confident so that breast milk doesn't flow smoothly. So it requires family support close to the mother, namely the grandmother. Smooth breastfeeding occurs if the mother is relaxed and comfortable. This comfort can be achieved by massage effleurage and listening to murottal Al-Qur'an. The design carried out in this research was a quasi-experiment using a one test only design. This research was conducted in the Arjasa Community Health Center Work Area, Situbondo Regency. The research was conducted in December 2023 - February 2024. The population in this study was post partum mothers who were in the TPMB working area of the Arjasa Health Center. The sampling technique used in this research was purposive sampling. Interpretation of Friedman Test Results on the Effectiveness of Murottal Al-Qur'an and Effleurage Massage Using Jitu Oil by Breastfeeding Grandmothers on the Independence of Breastfeeding Mothers. Descriptive statistics on 41 respondents whose data was collected 7 times in 1 month, namely day 1, day 5, day 10, day 15, day 20, day 25, and day 30 it can be seen that the average level of independence during treatment has increased successively. This study examines the impact of Al-Qur'an Murottal and effleurage massage using Jitu oil by breastfeeding grandmothers on mother's confidence in the first month post-birt.

Keywords:

Murottal Al-Qur'an, Massae Effleurage, Jitu Oil, Grandmother's Breast Milk, Faith

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1. INTRODUCTION

Breastfeeding exclusively during the first six months of life is advised by the WHO. Only 43% of babies aged 0–6 months are exclusively breastfed, despite the fact that optimal breastfeeding can save the lives of over 800,000 children under five each year [1]. Breast milk is the best food for babies because it has nutrients that are best suited to their needs as well as a number of compounds that guard against various illnesses. It is estimated that the incidence of diarrhea can rise by 50%, the incidence of upper respiratory tract infections (ARI) can increase by 1/3, and the incidence of severe intestinal disease in premature babies can increase by 58% if breast milk is not given to them during the first month of life [2]. Compared to newborns who are partially breastfed (not exclusively for six months), exclusively breastfed neonates or newborns have a lower risk of dying from infection in the first month of life. Reducing neonatal death and morbidity can be greatly aided by effectively promoting both exclusive breastfeeding during the first month of life and early breastfeeding initiation [3]. One strategy to support the successful initiation of breastfeeding, raise Breastfeeding Self-Efficaciousness, and sustain exclusive breastfeeding during the postpartum period is to assist moms and babies in making instant skin-to-skin contact in the operating room [4]. One factor associated with a mother's psychological state is her confidence in nursing her child. By using a variety of intervention strategies and focusing on breastfeeding moms who have high levels of self-efficacy, this condition can be changed. Studies carried out by Damstra [5] indicated that in order to promote exclusive

breastfeeding and longer breastfeeding duration during the postpartum period, interventions aimed at raising breastfeeding mothers' high Breastfeeding Self-Efficacy values can be initiated during pregnancy. As the crucial breastfeeding phase, the first week postpartum also determines the success of exclusive breastfeeding. This is consistent with studies done by Nurbaeti and Lestari [6] who said that in order to guarantee the success of exclusive breastfeeding, it is critical to offer thorough breastfeeding education interventions during the first postpartum week. Most women firmly believe that breastfeeding fosters a strong mother-baby bond and benefits the baby's health. In addition, women typically concur (strongly concur or agree) that breastfeeding saves a mother money and time, but it is also exhausting [7]. Available evidence suggests that when breastfeeding is promoted unrealistically and does not take into account the realities of motherhood or the challenges new mothers may face, women will feel unprepared and may experience additional difficulties in breastfeeding. [8] Thus, it makes sense that women's conceptions of breastfeeding come before their actual experiences. When faced with the challenges or realities of feeding a baby, women may have more negative experiences than they anticipate if they think breastfeeding is only a rewarding experience and do not anticipate that it will be difficult or labor-intensive [9].

The World Health Organization (WHO) advises against complementary feeding until the child is two years old and instead recommends exclusive breastfeeding for the first six months of life. Breastfeeding for at least six months is advised by the American Academy of Pediatrics (AAP), the Academy of Breastfeeding Medicine (ABM), and the Indonesian Doctors Association (IDA) (Dewi, 2020). Breastfeeding is the best investment for survival, better health, social development, and personal economics, according to the Ministry of Health. The best way to support improved baby health is to exclusively breastfeed for six months, then continue to do so until the child is at least two years old [10]. The exclusive ASI market share in Indonesia has not yet reached 80%. According to the 2017 edition of the Standard Diagnosis of Pediatric Trauma in Indonesia, the proportion of children under the age of six who receive special education services (ASI) in the hospital has increased over the past five years, rising from 42% to 52%. The percentage of children who do not meet ASI increased from 8% in the 2012 edition of the Indonesian Standard Diagnosis of Patient Welfare to 12% in the 2017 edition [11].

These elements lead mothers to choose not to breastfeed their children exclusively [12] Breast milk production can be influenced by a variety of factors, such as rest patterns, breast care, dietary factors, and the use of contraceptives. In addition to the previously mentioned factors, researchers will concentrate on physiological factors (hormones), mental health issues, and mental tranquility issues in their attempts to affect or enhance breast milk production. Therefore, it's critical to support exclusive breastfeeding and ensure that there is enough breast milk produced to meet the needs of the child. The effleurage technique is one way that massage is used to affect the production of breast milk. By calming the mother, this massage increases the hormone oxytocin, which facilitates the production of breast milk [13]. There are numerous methods used in effleurage massage therapy to help patients unwind, such as deep breathing exercises, Benson techniques, music therapy, hypnobreastfeeding, and more. Using Jitu Oil is one of the relaxation techniques. It is believed that by using Jitu Oil, mothers will feel more at ease and relaxed, which will increase the production of breast milk [14]. Lemon essential oil is one of the ingredients in jitu oil. Linalool and linalyl acetate are the primary active ingredients in Jitu Oil that contribute to its anti-anxiety (relaxation) properties. Muslim listeners, regardless of their proficiency in Arabic, experience profound physiological shifts when they hear the sacred passages of the Qur'an. They experience less melancholy, depression, and mental calm overall [15]. Giving Al-Quran murottal has a major impact on lowering stress levels. This demonstrates how the relaxation that results from listening to the Al-Quran can help people become calmer and experience a reduction in stress [16].

Success with breastfeeding is influenced by a number of factors, both internal and external. Internal variables include the mother's age, perception, and knowledge of exclusive breastfeeding, as well as the mother's and baby's health. Meanwhile, support from family, healthcare providers, formula milk promotion, social culture, and employment are examples of external factors, or factors that come from outside the person [17]. The mother's immediate family's support is crucial to the success of breastfeeding. Aside from her spouse, the mother's immediate family provides this support; grandparents and other relatives who have breastfed before are examples of this; the grandmother typically plays a more dominant role in the mother's life. The failure of exclusive breastfeeding can be influenced by family informational support, particularly from grandmothers who recommend giving drinks or Complementary Breast Milk (MP-ASI) from the time of birth. The likelihood that mothers will not exclusively nurse their newborns' breasts increases by 2.22 times when their grandmothers advise giving water or tea [18]. This is because a mother's presence will affect her child's decisions because mother and daughter have the strongest supportive ties in the family network [9]. If the right care is not given right away, difficulty adjusting to new roles following delivery may have an adverse effect on the health and wellbeing of both the mother and the child. Due to physiological adjustments following delivery, breastfeeding issues are frequently encountered in the first few days following delivery and throughout the first month. Because mothers frequently experience this condition, particularly when breastfeeding their first child, researchers looked more closely at mothers' attitudes regarding breastfeeding. In light of this context, the purpose of this study is to evaluate the impact of breastfeeding grandmothers' interpretations of the Qur'an and massage techniques using jitu oil on their confidence in their ability to breastfeed their infants during the first month of life.

2. METHOD

This quasi-experimental study with a one-group pretest-posttest design was conducted in the Arjasa Community Health Center Work Area, Situbondo Regency, from December 2023 to February 2024. Postpartum moms in the Arjasa Health Center's TPMB working area made up the study's population. Purposive sampling is the method of sampling that was employed in this study. It is based on the researcher's own considerations and past knowledge of the population's characteristics (Notoadmodjo, 2002). Forty-one persons made up the study's sample. Respondents who fit the inclusion criteria included postpartum women who gave birth on their own, had healthy, non-twin babies, practiced Islam, and enjoyed reading the murottal Al-Qur'an [19], have normal weights between 2500 and 4000 grams, are physically healthy, gave birth spontaneously, do not have hearing issues, are postpartum mothers who are treated for 2 (two) days at TPMB in the Arjasa Health Center working area, and are willing to undergo Massage Efluerege. Mother with bulging nipples and baby in a rooming-in position. Mothers who are under the age of eighteen, mothers who have given birth to twins, mothers with a disability related to their clinical and/or cognitive condition, and mothers who refuse to breastfeed for any reason are among the exclusion criteria.

This study employed 1 (one) instrument for data collection, which was a questionnaire with questions about respondent characteristics like mother's age, parity, and support. In addition, objective data from the checklist sheet for applying massage therapy with precise oil while listening to the Al-Qur'anic narration is included in this data collection tool [20]. After the intervention, the assessment is completed by watching the first breast milk to come out. After delivery and at the conclusion of the study, record the baby's weight, bowel movements, and urine to assess the effectiveness of the breastfeeding positions. The BAB-Q is used in the breastfeeding confidence instrument [7]. The questionnaire makes use of norms that the authors developed in order to operationalize women's views regarding breastfeeding, particularly those regarding the advantages and work involved in engaging in breastfeeding behavior. The scale's items were chosen and created after a review of studies that investigated breastfeeding behavior in infants using social cognitive theory. Faletehan University has issued an ethical certificate for this research, bearing the number 185/KEPK.UF/XI/2023.

3. RESULTS AND DISCUSSION

The results of the Friedman test on the effectiveness of Murottal Al-Qur'an and effleurage massage using Jitu oil showed significant improvement in the mother's confidence over the course of the month. Making decisions about processing research data parametrically or non-parametrically requires normally distributed data. A normality test can be used to ascertain whether or not the data is normally distributed. Due to the small sample size, the Shapiro-Wilk test was employed as the normalcy test in this investigation. The significance value (Sig.) serves as the foundation for decision-making when performing the Shapiro-Wilk test, where:

1. If the Sig value. < 0.05 , then the data is not normally distributed.
2. If the Sig. ≥ 0.05 , then the data is normally distributed.

Table 1. Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	df	Sig.
Independence Day To -1	.112	41	.200*	.935	41	.021
Independence Day To -5	.147	41	.026	.966	41	.244
Independence Day To -10	.135	41	.058	.959	41	.148
Independence Day To -15	.134	41	.060	.949	41	.063
Independence Day To -20	.109	41	.200*	.986	41	.892
Independence Day To -25	.157	41	.012	.817	41	.000
Independence Day To -30	.176	41	.003	.909	41	.003

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

The data on the independence of breastfeeding mothers for one month was subjected to the Shapiro-Wilk test using SPSS ver.25. The results showed consecutive values of Sig. 0.021(<0.05); 0.244(>0.05); 0.148(>0.05); 0.063(>0.05); 0.892(>0.05); 0.000(<0.05) and 0.003(<0.05). This indicates that the data on the first, 25th, and 30th days is not normally distributed, and it is decided that it cannot be tested routinely. Because all of the data are paired, the data are parametric even though some of the data are normally distributed.

Analysis of The Friedman Test Results Pertaining To Mother's Independence In Breastfeeding

A non-parametric statistical test called the Friedman test is used to examine differences between three or more related samples. The following decisions can be made based on the Friedman Test results:

1. A summary table, or output 1, presents a synopsis of the data's descriptive statistics.

Table 2. Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles		
						25th	50th (Median)	75th
Independence Day To -1	41	36.56	4.087	29	51	33.50	37.00	39.00
Independence Day To -5	41	43.32	5.646	30	55	39.00	42.00	48.50
Independence Day To -10	41	54.39	8.348	38	69	49.50	57.00	61.00
Independence Day To -15	41	58.59	9.638	39	76	50.50	60.00	66.00
Independence Day To -20	41	66.83	4.460	58	77	63.00	67.00	70.00
Independence Day To -25	41	89.39	6.082	62	102	87.00	90.00	93.00
Independence Day To -30	41	132.68	9.530	110	145	125.00	132.00	143.00

The average level of independence during treatment has increased progressively to 36.56; 43.32; 54.39; 58.59; 66.83; 89.39; and 132;68.1, according to descriptive statistics on 41 respondents whose data was collected seven times in one month, namely day 1, day 5, day 10, day 15, day 20, day 25, and day 30.

2. The average level of independence among nursing moms is shown in output 2 as a ranking.

Table 3. Ranks

	Mean Rank
Independence Day To -1	1.09
Independence Day To -5	2.02
Independence Day To -10	3.00
Independence Day To -15	3.90
Independence Day To -20	5.00
Independence Day To -25	5.99
Independence Day To -30	7.00

The lowest average independence was found in the breastfeeding mothers' independence ranking from lowest to highest in order from the first day of treatment; the highest average independence was found on the thirtieth day of treatment, when there was an increase in independence and not even a decrease during the data collection period. This demonstrates how breastfeeding moms are becoming more independent every day as a result of Murottal Al-Qur'an and Effleurage Massage with Jitu Oil by Breastfeeding Grandmothers.

A demonstration of whether there are notable variations in the average data can be found in output 3. The Sig value shows the foundation for decision making. Where:

- If the significance level (Sig) is less than 0.05, a noteworthy distinction exists between the outcomes of nursing mothers' independence and the intervention of breastfeeding grandmothers using Jitu oil and Murottal Al-Qur'an.
- If the significance level (Sig) is greater than or equal to 0.05, then there is no discernible difference between the outcomes of the breastfeeding mothers' independence and the intervention of breastfeeding grandmothers using Jitu oil and Murottal Al-Qur'an.

Table 4. Test Statistics^a

N	41
Chi-Square	243.229
Df	6
Asymp. Sig.	.000

a. Friedman Test

The final sign value. The average difference in the mothers' level of independence during treatment yields a value of 0.000 (<0.05), indicating a statistically significant difference between the mothers' levels of independence before and after the grandmother's Effleurage Massage Using Jitu Oil and Murottal Al-Qur'an treatment. breast milk.

29 questions were deemed valid based on the independence questionnaire's validity and reliability findings, as determined by the Pearson Product Moment Validity Test, which yielded a Sig. < 0.05. The breastfeeding mother's independence questionnaire, comprising 29 items, yielded test results with a Cronbach's Alpha value of 0.891 (≥ 0.6) for 30 respondents. This indicates that the questionnaire was deemed reliable or consistent when measured again.

The fill-in respondents were not among the respondents. Mothers with infants who resided in the vicinity of the Bayuputih health center were the respondents.

Interpretation of the Shapiro-Wilk test results regarding the impact of Jitu Oil Effleurage Massage and Murottal Al-Qur'an on the independence of nursing mothers by nursing grandmothers. The data on the independence of breastfeeding mothers for one month was subjected to the Shapiro-Wilk test using SPSS ver.25. The results showed consecutive values of Sig. 0.021(<0.05); 0.244(>0.05); 0.148(>0.05); 0.063(>0.05); 0.892(>0.05); 0.000(<0.05) and 0.003(<0.05). This indicates that the data on the first, 25th, and 30th days is not normally distributed, and it is decided that it cannot be tested routinely. Because all of the data are paired, the data are parametric even though some of the data are normally distributed.

After giving birth, breastfeeding is a natural way for a mother to nurture and grow her child. It takes strength to successfully provide exclusive breastfeeding because it is a difficult process. The first thousand days of a human being's life, from conception to age two, are described in the continuum of care theory as a critical time that affects both the short and long terms of that person's life. Exclusive breastfeeding is one strategy advised to get through the crucial first six months of life. In addition to facilitating the flow of nerves and breast milk channels in both breasts, efforts are being made to provide the mother a relaxing experience in order to increase the production of the breast milk hormones prolactin and oxytocin. These hormones are carried by the blood to the myoepithelial breast cells, where they are used to produce breast milk [21].

The frequency of breastfeeding and the stimulation of the baby's sucking have an impact on the production of sufficient amounts of breast milk. Milk production is smoother in mothers who breastfeed their babies on a regular basis. Breastfeeding less frequently can lead to a decrease in the production of prolactin and oxytocin, which are needed to produce breast milk. The baby will fuss or cry a lot and have hard bowel movements due to insufficient breast milk production [5]. The primary reason a mother quits breastfeeding is insufficient breast milk. This is due to the mother's perception that the baby's needs are not being met by the amount of breast milk produced. One of the factors making mothers frequently encounter difficulties with exclusive breastfeeding, with the primary barrier being insufficient breast milk production, was reported in a 2016 study [22]. One of the reasons why an uneven breastfeeding pattern can lower a baby's nutritional needs is because it doesn't produce enough breast milk. Breast massage is a safe and effective way to address breastfeeding issues (Directorate of Health Promotion and Community Empowerment) [23]. Her mother, the child's maternal grandmother, is one of the individuals who has an impact on the teenage mother; she regularly and actively takes part in decisions about what her grandchildren should eat. Her opinions and personal experiences with breastfeeding may help or hinder this practice. At least three Brazilian studies indicate that maternal influence, particularly from maternal grandmothers, may have shortened the duration of exclusive breastfeeding [24]. One medium that helps with breast milk production is oil. The aromatherapy oils are used in the massage technique. Where the massage oil will be absorbed by the skin (Asiyah & Wigati, 2015). Ningsih Investigations [14] which is suitable for use as a remedy claims that Jitu Oil can be used to manage stress because it can enhance the production of breast milk, have a calming and somewhat sedative effect, and reduce motor activity by up to 78%. Mothers may experience psychological effects from lavender oil. According to the variables that affect the production of breast milk, such as mental tranquility [25]. In this instance, it is well known that Jitu Oil is a medium that can help with the process of producing more breast milk. Therefore, the purpose of this research was to further optimize the process of fortifying breast milk. Lavender essential oil is typically used in massage and aromatherapy. In terms of clinical benefit, the central nervous system benefits most. Lavender: It is anticipated that lavender essential oil will contribute to a greater sense of comfort and relaxation, which will raise the production of breast milk. Popular essential oil lavender is used extensively in the clinical health field, particularly for the treatment of psychosomatic issues related to gynecology. Lavender is useful in neuropsychiatry for its sedative, anticonvulsant, anxiolytic, and analgesic properties [26].

According to Heru [27], Murottal therapy, which involves listening to the holy verses of the Koran chanted aloud, has been shown to improve life quality by lowering stress hormones, releasing endorphins naturally, promoting feelings of relaxation, and deflecting attention away from tension, fear, and anxiety. The body's chemical system, which reduces blood pressure and decelerates heart rate, respiration, pulse, and brain waves. Breathing more slowly or deeply is a great way to improve metabolism, calm down, and regulate emotions. An additional theory, Pedak [28] outlined in greater detail how impulses, or stimuli, enter the brain through the auditory area when listening to the Koran. The hippocampus, an emotional memory center, and the hypothalamus, an autonomous control center, receive signals from the cochlea that are translated into energy that benefits the heart when the sound of reciting the holy verses of the Koran is heard. The thalamus then passes these signals to the amygdala, an emotional center that is a significant component of the system that influences emotions and behavior. The closest environment a mother and child have is their family. Greater amounts of breast milk will be released when the oxytocin reflex is stimulated in a comfortable setting. The success of exclusive breastfeeding can also be influenced by the family environment, including the influence of support from spouses, parents, and in-laws. For instance, some highly educated mothers work outside the home, leaving their babies in the care of their in-laws and grandmothers. Therefore, as long as their social environment does not encourage them to do so, women with relatively high levels of education are not guaranteed to give up bad customs or habits when it comes to breastfeeding their children [29].

One attempt to help moms release more oxytocin and prolactin after giving birth is to massage specific body points. A massage can help a mother feel more at ease. This will activate the nerve cells in her breasts, which

will then send a signal to the hypothalamus. The anterior pituitary will then react by releasing the hormone prolactin, which will be transported by the blood to the breast's myoepithelial cells, where it will cause the mother to produce breast milk. The hormone oxytocin, which stimulates mothers to produce breast milk when nursing, can also be affected by massage therapy [21].

Concurrent effleurage massages have the potential to impact the peripheral nervous system and enhance the letdown reflex, which aids in releasing breast milk production for the infant. In order to decrease obstructions in the breast milk outlet and enhance blood flow to the body's tissues and organs, the nervous system can enhance stimulation and nerve-to-nerve communication. This will increase the release of the hormones prolactin and oxytocin [30]. Research by Vidayanti in the past has examined the impact of lavender essential oil on sufficient lactation [31] indicated that there is a difference in the smoothness of breast milk production between the group that massages with lavender oil and the group that does not, with a p-value of 0.007 and OR 4.84 (65% CI 1.68-13.93), when massaging the back in areas that use lavender essential oil for breast milk production. Seventy-five percent of newborn deaths happen during the first week of life, forty percent happen on the first day, and the majority happen at home [32]. Newborns' health and survival are greatly influenced by their family environment at birth; however, worldwide initiatives to increase newborn survival have mostly concentrated on bolstering health services, with little emphasis on enhancing the roles, customs, and relationships of non-Western families. Reduction attempts in neonatal mortality have been sluggish even with rising investment [33]. The identification of critical family-level practices—such as thermal care, exclusive breastfeeding, and evacuating infants in the event of danger—has led to a dearth of resources for supporting family caregivers. The majority of mother-daughter relationships are not autonomous entities; rather, they are a component of a wider family structure where the mother receives support from her relatives, particularly her grandmother [34]. Men and women play different roles, and as they get older and gain more experience, they are given more authority in the corresponding domains of responsibility. "Actors with more experience pass on their behavior to their younger counterparts with less experience [35]. In cultures that value collectivism, the female family members—whose wisdom and experience grow with age—bear the primary responsibility for all issues pertaining to mother and child health [36]. As a result, in non-Western cultures, families regard older women as the experts on all facets of a child's growth and frequently give men advice on the kind of support that is appropriate. "Grandmothers are revered as wealth of information and insight in Southeast Asia on a variety of domestic subjects, including mother and child health [37]. The impact of a grandmother is frequently felt outside of the family. Research conducted in five West African nations demonstrates the importance of an influential network of senior female relatives and non-relatives in the care of newborns, who together offer advice and supervision to expectant and postpartum mothers [38].

Researchers in Brazil [39] a study on breastfeeding in urban Mexico found that grandmothers continue to do the same, and reports that young urban mothers refer to their grandmothers as their eternal mentors because "they provide a sense of security and comfort based on the experiences accumulated by these women." serves as the family's main advisor and health advocate, exercising leadership. According to two studies conducted in Ghana, "grandmothers are seen by parents as symbols of wisdom and knowledge regarding newborn care." [40] and choices about the newborn's care are made by the husband's mother [41]. Researchers in Nepal came to the conclusion that it is impossible to reject the counsel of well-respected and wise grandmothers [37]. The impact of grandmothers on the mother's social network is documented by Indian researchers [42]. In non-Western cultural contexts, newborns also exhibit similar patterns and influences: care is important. coordinated by older women; men are rarely directly involved; younger women are learners. The grandmother is responsible for teaching a set of culturally prescribed practices, such as massage, umbilical cord care, colostrum, prelactal, thermal treatment, breastfeeding, newborn illnesses, and spiritual protection, as the culturally designated authority in newborn care. While there are some traditional practices that grandmothers pass down that are beneficial, like giving prelacteals and withholding colostrum, there are others that are not. In Karnataka, prelactal, umbilical cord, and thermal treatments are introduced to aspiring mothers by their grandmothers. Egyptian grandmothers soothed newborns' nighttime crying by giving them herbal drinks [43]. In Nigeria, grandmothers engage in risky behaviors at home, such as giving out water, prescribing prescription drugs, and using traditional remedies. In Brazil, new babies are given drinking water and traditional tea by their grandmothers [44]. In Northern Ghana, grandmothers demonstrate ancestral traditions involving burying the placenta and stimulating breast milk. In many cultures, greater grandmother training efforts are made in primiparas, to instill proper practices. replicated in subsequent newborns, for example in Uganda [45].

It is expected of young mothers to follow the counsel of their respected senior advisors. Studies conducted on infants in four African locations reveal that young moms frequently rely on their more seasoned grandmothers for full-time care, taking on full responsibility for the infant only after a few days or weeks [46] In Nepal, too, there are new births. Traditional newborn directions are irresistible to moms. A custom executed by well-respected grandmother [37]. Research results, for example in Mauritania [38] and India [42] that shows how mothers, in spite of medical professionals' advice, follow traditional grandmothers' advice on baby care because they trust and respect their grandmothers. Isolating the newborn and mother for varying periods of time is a common cultural practice for the newborn's first care, protection, and feeding. This is typically done under the guidance of an experienced grandmother or other senior female family member. Grandmothers in Nepal during the six days of Chhatiyar and in Karnataka during the forty days of confinement share their experiences about all mothers [47]. Numerous studies

have been conducted on the impact of grandmothers on the duration of breastfeeding mothers. While health professionals can offer advice to mothers, most women find that home breastfeeding coaches—grandmothers and other seasoned female relatives, for instance—are more beneficial. The mother-in-law is the main decision-maker in Bihar when it comes to breastfeeding initiation, procedures, and problems [48]. Most new mothers in Ecuador's cities view their grandmothers as their primary lactation advisors, and the majority of other mothers refer to older women as either kin or non-kin. Grandmothers' advice is the most valuable in Mexico's cities. the primary factor influencing a young mother's decision to breastfeed. Other Mexican researchers discovered, through social network analysis, that the majority of women (95%) received encouragement to breastfeed from their maternal grandmothers, whereas paternal grandmothers (42%) and doctors (58%) gave less encouragement. Grandmothers' advice to boost breast milk production has been documented in a number of studies, including those from Ghanaian rural and urban areas [41]. For example, in urban Bangladesh, both family and non-relative grandmothers provide recommendations regarding foods and liquid drinks that are good for nursing moms. foods that promote breast milk production. Grandmothers believe that some breast milk is of poor quality or insufficient quantity in many cultures. In Egypt, for example, this belief is prevalent [43]. Nutritionists dispute this notion. Grandmothers in Egypt feel that when babies cry after being fed, the breast milk isn't as good, which is why it's okay to give them herbal drinks [43]. As was previously mentioned, even though grandmother's advice might be incorrect, young mothers frequently find it extremely difficult to disregard it. guidance from their senior resident advisor for nursing. Research from a range of non-Western settings shows that when a newborn is ill, families acknowledge the value of grandmothers' skills in problem-solving, giving home care, and figuring out whether to seek outside help. Because of their authority in the home and community, older women and grandmothers in Ghana are frequently the ones who decide that a child needs treatment and frequently also choose the kind of treatment." Similar conclusions apply to the crucial role that grandmothers play in providing medical care for sick newborns in India [48]. Like in other situations, the researchers discovered that in Nepal, the husband's influence in making decisions regarding newborn illnesses was minimal and that the process was primarily carried out by female family members [47]. Many societies, like India, have mysterious newborn illnesses that are difficult for doctors to diagnose but that grandmothers are skilled at treating [49]. Numerous studies have looked into the impact of these social networks, which are primarily made up of senior women with experience who are either related or not, such as in Nepal [50] Regretfully, technology and medical services continue to dominate research, policy, and interventions for newborns on a global scale [51] and the mother to a lesser extent, and neglects newborn tactics in homes where the grandmother plays a significant role in the sociocultural family. the operating system. as well as Senegal. The illness, known as empacho in Latin America, is typically treated by grandmothers, aunts, and female neighbors outside of the official healthcare system.

Interpretation of Friedman Test Results by Breastfeeding Grandmothers on the Impact of Jitu Oil Effleurage Massage and Murottal Al-Qur'an on Breastfeeding Mothers' Independence. An analysis of descriptive statistics based on 41 respondents whose data was collected seven times in one month, on days 1, 5, 10, 15, 20, 25, and 30, shows that the average level of independence increased progressively during treatment, reaching 36.56, 43.32, 54.39, 58.59, 66.83, 89.39, da/vn 132;68. Murottal Al-Qur'an therapy can improve the body's chemical system to lower blood pressure, slow breathing, heart rate, pulse, and brain wave activity, and reduce stress hormones, activate natural endorphins, increase feelings of relaxation, and deflect attention from fear, anxiety, and tension. Breathing more slowly or deeply can help with relaxation, emotional regulation, deeper thought, and improved metabolism [27].

Breast milk production can be influenced by a variety of factors, such as rest patterns, dietary choices, and the use of contraceptives (Riksani, 2016). In addition to the previously mentioned factors, researchers will concentrate on physiological factors (hormones), mental health issues, and mental tranquility issues in their attempts to affect or enhance breast milk production. Back massage is one of the methods that researchers will use to affect the production of breast milk. The goal of back massage is to stimulate the hormones prolactin and oxytocin after giving birth by massaging the vertebrae of the spine to the fifth or sixth ribs. The hormone oxytocin is increased by this back massage, which helps calm the mother and encourage the release of breast milk [52].

Effleurage is one of the many techniques used in massage therapy. It involves beginning and ending the massage with soft, calming strokes that can be quick, slow, or continuous. Warming up the muscles with this movement will help them become more relaxed. Jitu Oil is one of the oil types that can be used in effleurage massage therapy. It contains essential oils of lavender and lemon that have reviving, energizing, and calming effects on the skin [14]. Research conducted by Ningsih [20] claimed that after receiving a four-day back massage with jitu oil, there was a change in the smoothness of the milk produced. The most popular type of treatment is aromatherapy massage with essential oils because it can permeate the skin and be absorbed by the body, healing and improving a variety of tissues and internal organs. Aromatherapy and massage are a well-liked and frequently used form of treatment in society. Their combination has been shown to be beneficial for the purposes for which it is intended. Among the most well-liked essential oils are lavender and lemon, which are used extensively in clinical health, particularly in the treatment of psychosomatic issues in the field of gynecology. The aroma that is inhaled through inhaling their volatile components has a psychologically therapeutic effect. When a mother uses Jitu Oil for massage, the essential oils of lemon and lavender evaporate and enter her respiratory system.

When a mother receives a gentle massage with Jitu Oil, she can relax, release tension from her muscles, and produce more breast milk. Essential oils of lavender and lemon have sedative, hypnotic, and anti-neurodepressive properties when used in aromatherapy. When a mother finds it difficult to express her breast milk, one way to help her relax is to massage her back, which will stimulate her oxytocin reflex. One area that is used to help with lactation is the upper back. The upper back, between the shoulder blades, is the source of the nerves that supply the breasts. Women frequently experience muscle tension in this area. Back massages help to release tension in the shoulders and activate the lowering reflex. Mothers benefit greatly from back massages using the effleurage technique and lavender aromatherapy oil. This is because the massage can increase a mother's level of comfort and relaxation by two times, which in turn increases the hormone oxytocin and increases the production of breast milk. The willingness and knowledge of nursing mothers to provide only breast milk to their infants aged 0 to 6 months has contributed to the success of exclusive breastfeeding in the Arjasa Health Center Work Area. Grandmothers support this condition both individually and in groups with other senior citizens who share their support: One way to support exclusive breastfeeding is to: 1) offer guidance or recommendations; 2) inspire; 3) show attention; 4) remind when the mother is away; and 5) provide stored breast milk while the mother is at work. However, during prenatal visits at community health centers, midwives and nutrition officers always advise and educate expectant mothers and brides-to-be about the value of exclusive breastfeeding. This will result in a rise in: 1) Mothers' and prospective brides' knowledge of the advantages of exclusive breastfeeding; 2) Their awareness of the need to breastfeed exclusively; 3) A shift in mothers' and prospective brides' perspectives about attaining exclusive breastfeeding. Additionally, it will help moms overcome obstacles in order to improve their exclusive breastfeeding practice [53].

, 2) Fulfill balanced nutritional needs when breastfeeding, 3) Maintain health, and drink herbal medicine which is believed to increase exclusive breast milk production. This situation will further influence the success of exclusive breastfeeding. The relationship between the roles of grandmothers and breastfeeding mothers in the process of achieving exclusive breastfeeding in the Arjasa Health Center Work Area.

The majority of the grandmothers in this study believed that: babies require a set breastfeeding schedule as opposed to on-demand feeding; one year is a crucial and foundational period for breastfeeding; and the introduction of solid foods should start before the sixth month of life. The appropriateness of breastfeeding varies depending on social and demographic factors. Nonetheless, the Ministry of Health and WHO advise against breastfeeding after the first six months and for at least two years [54]. The research conducted in Viçosa (MG) revealed that 69% of grandmothers offer water or tea to their infants, suggesting a link between these gestures and societal myths. According to the definition of a myth, it is "representations of real facts or characters, which is exaggerated by the popular imagination, by tradition." According to this research, one of the most common misconceptions is that breast milk cannot satisfy a baby's thirst. This highlights the significance of providing water or tea to a newborn in their early days of life in order to calm them down, ease their aches and pains, soothe their ears, prevent and treat colds, and most importantly, satisfy their thirst. Granted, grandmothers rarely object to nursing; however, this has a significant impact on the daily supply of water or other fluids to infants, unintentionally interfering with the success of breastfeeding (14). One intriguing aspect of providing fluids to infants is the possibility that women may not fully understand the concept of exclusive breastfeeding, as they may think it only refers to giving breast milk and not other types of fluids [55]. The father of the child and the maternal grandmother have opinions that are relevant when it comes to the fact that the mother chose and retained EB. According to a study by the Food and Drug Administration, mothers who believed that their mother's grandmother or the baby's father supported exclusive breastfeeding were more likely to do so for the first few weeks after the baby was born, without the use of formula, water, or tea [56]. An additional factor to take into account is that the majority of grandmothers (53.85%) believe that having a strict breastfeeding schedule is important. This further demonstrates the ignorance of these women, as the recommended approach is to encourage breastfeeding whenever the need arises, without regard to time constraints and length. Interestingly, 40% of grandmothers said they thought the baby might not be receiving enough breast milk, but they had no objective way to determine if the baby was being breastfed correctly. A common misconception that can be passed down from generation to generation is that weak breast milk exists.

In a cross-sectional study carried out in São Paulo, the primary reasons why mothers started supplementing their breast milk so early were examined. Of the mothers, 17.8% said that their breast milk was "weak" or "could not support" the baby. It's critical to keep in mind that "weak milk does not exist." All women, provided their malnourishment is not severe, are capable of producing milk that is adequate to meet their baby's needs for the first six months of life [57]. Some writers suggest that moms should aspire to be like their grandmothers. Additionally, they assist with household chores, which obliquely supports nursing. However, due to personal experiences, grandmothers may occasionally be hesitant to offer natural breast milk. This demonstrates that, given that nursing moms are more susceptible to advice and pressure from others, supporting breastfeeding calls for more than just understanding the advantages or handling techniques and learning the mother's intentions. third person [58]. It is clear from their close relationship and her help with housework, laundry, and cooking that the grandmother has a lot of potential and credibility. She also helps with bathing, changing sanitary napkins, changing diapers, and other baby care tasks. fostering the establishment and upkeep of breastfeeding, as long as they acquire the necessary information and abilities. If the mother or mother-in-law has acquired experience and understands the value of breastfeeding, their influence is seen as positive. Mothers frequently find themselves in the challenging position of

having to decide between their grandmother's customs and the approval of health authorities when it comes to breastfeeding.

In this instance, family members and grandmothers serve as valuable sources of information about breastfeeding, the incidence and prevalence rates of which we currently observe can be justified by their positive or negative influence. Grannies, particularly maternal grandmothers, are presumed to have the ability to encourage or oppose breastfeeding. We cannot, however, claim that this is the only influence because there are numerous other variables at play, including social, cultural, and economic ones. Within the family, the elder generation—especially the grandmothers of the infant—plays a crucial role in making decisions about pregnancy and childrearing. This is particularly valid in low- and middle-income nations. The grandmother is respected by members of her primary group because she is the inheritor of her own knowledge acquired through years of experience. As such, her opinion is valued. This is to ensure that your body is safe when food enters it [58].

Within the domain under analysis, this research enables us to draw the conclusion that daughters' and daughters-in-law's attitudes toward baby feeding are a component of grandmothers' social role, whose experiences carry significant cultural significance; additionally, grandmothers place a high value on breastfeeding. It is imperative to explore novel perspectives and approaches to everyday family care, particularly for families going through the breastfeeding transition. In order for nursing mothers to care for new life and breastfeed peacefully, it is imperative to take into account intergenerational knowledge and family social support. These factors are ingrained in the knowledge that he has acquired from his mother-in-law's group, his family group, and various other care systems. Because of this, health care teams' professional development adopts a family-centered approach, searching for interdisciplinary knowledge in the social, human, and biological sciences to enable a closer examination of the family as a whole and of its individual members.

4. CONCLUSION

This study concludes that the involvement of grandmothers in providing Murottal Al-Qur'an and effleurage massage using Jitu oil significantly boosts mothers' confidence in breastfeeding during the first month post-birth

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