



NURSING MOTHERS SATISFACTION AT PUSKESMAS AMPENAN WORKING AREA

Rani Dwi Sulistiawati , Tiyas Kusumaningrum , & Retnayu Pradanie 

Faculty of Nursing, Airlangga University, Surabaya, East Java, Indonesia

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CONTACT

Rani Dwi Sulistiawati
rani.dwi.sulistiawati-
2022@fkip.unair.ac.id
Faculty of Nursing, Airlangga
University, Surabaya, East Java,
Indonesia

ABSTRACT

Introduction: When moms who could only extract a few milks in advance or not at all were given the Marmet method, the results were excellent. One of the safest methods for encouraging breast milk to create more breast milk is Marmet's method.

Method: A cross-sectional study was conducted in this case. This research seeks to ascertain how Marmet's approach affects nursing mothers satisfy. 80 respondents were selected as research samples using cluster sampling. Mann Whitney and Wilcoxon's Test, with a significant level of 0,05, were used to examine the data.

Results: The Marmet technique has a significant impact on how satisfied mothers are with their ability to breastfeed, according to the statistical test results of the Wilcoxon Signed Rank Test in the treatment group with the value of sig (2-tailed) obtained $p = 0.000$ in which $p < 0.05$ is considered significant. However, the control group received a p value of 0.083, which means that the Marmet approach had no significant impact on the mothers' satisfaction with breastfeeding.

Conclusion: After using the Marmet approach to intervene, the mother is now more satisfied with her breastfeeding.

Keywords: *breastfeeding; satisfaction; the marmet's technique*

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INTRODUCTION

One strategy that may help lower newborn mortality, the risk of stunting, obesity, and chronic diseases is breastfeeding. Infant's difficulties sucking, breast deformities, and mothers' ignorance of nursing are the main reasons why breastfeeding attempts fail. These mistakes frequently lead moms to provide formula milk instead of breast milk instead of continuing the nursing process.

One of the things that causes in newborns is the discontinuation of breast milk in less than 6 months, which is considered too early, and then continued

with formula feeding. Several techniques, such as the Marmet's technique, warm compresses, back massages, breast care, endorphin and oxytocin massage stimulation, and suggestive provision, can be used to boost the production of breast milk. However, because nurses are rarely instructed in these procedures due to the lack of information in the health services regarding the implementation procedure, they are only known. The Marmet's approach is a secure method of inducing increased milk production in the breast. Effective usage of the

Marmet's technique will improve milk production and increase nursing satisfaction.

Two alternative perspectives can be used to understand maternal self-satisfaction. A cognitive component of subjective well-being is the mother's sense of self-satisfaction. First, there is the bottom-up hypothesis, which states that a person's perception of key areas of her own personality determine her level of self-satisfaction. The mother's level of self-satisfaction will have an impact on another person's pleasure domain, according to the top-down theory. Despite the fact that self-satisfaction in general is not only reliant on happiness with that domain, a person who feels good about herself will also view significant areas of life more favorably. When mothers can nurse their children, they frequently feel fulfilled.

METHOD

A cross-sectional study was conducted in this case. Breastfeeding mothers who worked at the Puskesmas Ampenan (Community Health Center) in six different integrated healthcare facilities made up the study's target population. The samples were split into the treatment group and the control group. The cluster sampling approach involved sampling using probability sampling. The Mann-Whitney and Wilcoxon tests were used to assess the data. A modified version of the Breastfeeding Self Efficacy Scale - Short Form (BSES-SF) scale was used to measure satisfaction, consists of 14 comments about mothers' trust in nursing. A Certificate of Ethical Feasibility from the Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia, has deemed this research to be "Ethically Feasible"

RESULTS

Characteristics of Respondents

Table 1. General Data

| General Data | Category | Treatment Group | | Control Group | |
|------------------------|-------------------------|-----------------|------|---------------|------|
| | | f | % | f | % |
| Mother's age (age) | 21-24 | 11 | 27,5 | 13 | 32,5 |
| | 25-28 | 18 | 45,0 | 15 | 37,5 |
| | 29-31 | 9 | 22,5 | 10 | 25,0 |
| | 32-35 | 2 | 15,0 | 2 | 5,0 |
| | Total | 40 | 100 | 40 | 100 |
| Educational stage | Junior high school | 20 | 50,0 | 22 | 55,0 |
| | Senior high school | 16 | 40,0 | 14 | 35,0 |
| | University | 4 | 10,0 | 4 | 10,0 |
| | Total | 40 | 100 | 40 | 100 |
| Profession | Civil servant | 3 | 7,5 | 2 | 5,0 |
| | Private employee | 2 | 5,0 | 4 | 10,0 |
| | Entrepreneur | 18 | 45,0 | 18 | 45,0 |
| | Housewife | 12 | 30,0 | 9 | 22,5 |
| | Other | 5 | 12,5 | 7 | 17,5 |
| | Total | 40 | 100 | 40 | 100 |
| Number of children | 1 st | 13 | 32,5 | 7 | 17,5 |
| | 2 nd | 20 | 50,0 | 18 | 45,0 |
| | 3 rd | 7 | 17,5 | 11 | 27,5 |
| | 4 th or more | 0 | 0 | 4 | 10,0 |
| | Total | 40 | 100 | 40 | 100 |
| Sex (child) | Male | 19 | 47,5 | 22 | 55,0 |
| | Female | 21 | 52,5 | 18 | 45,0 |
| | Total | 40 | 100 | 40 | 100 |
| Child's age (month) | 3 | 7 | 17,5 | 7 | 17,5 |
| | 4 | 7 | 17,5 | 10 | 25,0 |
| | 5 | 15 | 37,5 | 15 | 37,5 |
| | 6 | 11 | 27,5 | 8 | 20,0 |
| | Total | 40 | 100 | 40 | 100 |
| History of child birth | Normal | 40 | 100 | 33 | 92,5 |
| | Section Caesarea | 0 | 0 | 3 | 7,5 |
| | Total | 40 | 100 | 40 | 100 |

Table 2. Distribution of Breastfeeding Mothers' Satisfaction before given the Marmet's Technique in the Treatment Group

| No | Satisfaction Component | Number of Respondent (%) | | | Total (%) |
|-----|--|--------------------------|-----------|----------------|-----------|
| | | Dissatisfied | Satisfied | Very Satisfied | |
| 1. | When does the baby feed | 72.5 | 27.5 | 0.0 | 100 |
| 2. | Breastfeeding adjustment | 72.5 | 27.5 | 0.0 | 100 |
| 3. | Mother dissatisfied | 82.5 | 17.5 | 0.0 | 100 |
| 4. | Breastfeeding satisfied | 80.0 | 20.0 | 0.0 | 100 |
| 5. | Time management dissatisfied | 70.0 | 30.0 | 0.0 | 100 |
| 6. | Breastfeeding experience dissatisfied | 67.5 | 32.5 | 0.0 | 100 |
| 7. | Breastfeeding satisfied with family | 77.5 | 22.5 | 0.0 | 100 |
| 8. | Satisfaction with wanting to breastfeed the baby | 80.0 | 20.0 | 0.0 | 100 |
| 9. | Breastfeeding satisfied when the baby crying | 85.5 | 15.5 | 0.0 | 100 |
| 10. | Breastfeeding gives satisfied | 87.5 | 12.5 | 0.0 | 100 |
| 11. | Satisfaction because the baby sucks properly | 87.5 | 12.5 | 0.0 | 100 |
| 12. | Breastfeeding satisfied without formula milk | 95.0 | 5.0 | 0.0 | 100 |
| 13. | Satisfaction with successful breastfeeding | 95.0 | 5.0 | 0.0 | 100 |
| 14. | Satisfaction because the baby has got enough breast milk | 100.0 | 0.0 | 0.0 | 100 |

Table 3. Distribution of Breastfeeding Mother Satisfaction before being given the Marmet's Technique in the Control Group

| No. | Satisfaction Component | Number of Respondent (%) | | | Total (%) |
|-----|--|--------------------------|-----------|----------------|-----------|
| | | Dissatisfied | Satisfied | Very Satisfied | |
| 1. | When does the baby feed | 100.0 | 0.0 | 0.0 | 100 |
| 2. | Breastfeeding adjustment | 100.0 | 0.0 | 0.0 | 100 |
| 3. | Mother dissatisfied | 95.0 | 5.0 | 0.0 | 100 |
| 4. | Breastfeeding satisfied | 90.0 | 10.0 | 0.0 | 100 |
| 5. | Time management dissatisfied | 75.0 | 25.0 | 0.0 | 100 |
| 6. | Breastfeeding experience dissatisfied | 70.0 | 30.0 | 0.0 | 100 |
| 7. | Breastfeeding satisfied with family | 70.0 | 30.0 | 0.0 | 100 |
| 8. | Satisfaction with wanting to breastfeed the baby | 57.5 | 42.5 | 0.0 | 100 |
| 9. | Breastfeeding satisfied when the baby crying | 62.5 | 37.5 | 0.0 | 100 |
| 10. | Breastfeeding gives satisfied | 82.5 | 17.5 | 0.0 | 100 |
| 11. | Satisfaction because the baby sucks properly | 92.5 | 7.5 | 0.0 | 100 |
| 12. | Breastfeeding satisfied without formula milk | 85.0 | 15.0 | 0.0 | 100 |
| 13. | Satisfaction with successful breastfeeding | 77.5 | 22.5 | 0.0 | 100 |
| 14. | Satisfaction because the baby has got enough breast milk | 80.0 | 20.0 | 0.0 | 100 |

DISCUSSION

According to the study's findings, mothers' satisfaction with breastfeeding was generally shown to be impacted by the guinea marmet's approach. According to the statistical results with a significant value of $p = 0.000$, the guinea marmet's technique had an impact on mothers' satisfaction with breastfeeding because the respondents who were breastfeeding mothers in the treatment group routinely practiced every day before they breastfed their infants.

The marmet's technique was used in the treatment group prior to the intervention or pretest, and the study's findings indicated that all respondents fell into the unsatisfied category. The outcomes of a mother's unhappiness with breastfeeding are determined by prolactin levels in addition to occupational considerations. Prolactin levels will return to normal in the second to third week for postpartum women who are not breastfeeding. While stress, psychological factors, anesthesia, surgery, and a lack of nipple stimulation can all cause prolactin levels in breastfeeding moms to drop. They were unhappy because unable to breastfeed their children and continued to give them breast milk and formula. 18 respondents (45%) of the respondents are self-employed. Due to their hectic schedules outside the home and decreased satisfaction with breastfeeding, working mothers have less time to breastfeed their children. So that compared to non-working mothers, nursing satisfaction declines.

The study's findings revealed that all respondents fell into the category of the unsatisfied before the intervention/pretest was conducted. When their children were 3 months old, respondents reported they began giving them formula milk, and up until this point, there had been no issues. That at least 8 out of 15 breastfeeding women had given formula milk to their newborns as a substitute for breast milk was also mentioned by the midwives who were a part of the research team.

Contrary to popular belief, breast milk production does not begin right away. However, there is no discernible difference between moms of two or more children and mothers of one child if nursing patterns are improved, along with support for massaging and expressing breast milk so that milk production is more streamlined.

Based on the study's findings, it was determined that all respondents in the treatment group were satisfied following the application of the marmet's approach for the intervention and posttest. The highest percentage score in the first statement

concerning when the infant begins nursing, 2 relating to breastfeeding arrangements, 5 regarding the mother's dissatisfaction with finding time to breastfeed her child, 9 about the mother's satisfaction because she can breastfeed the child when he or she cries, and 11 about the mother's satisfaction since the child can properly suck (100%).

According to the study's findings, 40 respondents (100%) had normal delivery, which was based on the study's findings. Early mobilization following birth will allow the mother to care for her child independently right away, including through nursing. Because moms may breastfeed their infants as soon as possible, breastfeeding gives them a sense of contentment. In contrast, it takes more time for mothers who give birth via cesarean section to breastfeed their children. The mother's satisfaction with having successfully breastfed her baby in statement number 13 and her satisfaction with the baby receiving enough breast milk in statement number 14 are both impacted by the increase in satisfaction in statement number 11 regarding satisfaction because the baby suckles appropriately.

According to the study's findings, all respondents fell into the category of the unsatisfied after the intervention/post test was conducted. The percentage of mothers who are satisfied that their infant has received adequate breast milk has risen from 20% to 27.5% in statement number 14. 22 respondents, or 55 percent, had completed their primary or junior high education. Many additional respondents admitted that while they were aware of programs that supported breastfeeding, they also only occasionally breastfed their babies at home. A pump-style massage device, according to some, is simpler to use.

Another research team helped the researcher track and evaluate each respondent during the study. Asking respondents about their reactions and issues they had while participating in the study was the first step in the researcher and research team, which also included midwives, monitoring of the respondents. Marmet's method recipients report feeling more content to breastfeed their children. Respondents felt the intervention's effects gradually and reported higher levels of pleasure, such as the mother's contentment over effectively nursing her child and the baby's satisfaction over receiving adequate breast milk.

CONCLUSION

The guinea marmet technique can raise a mother's level of breastfeeding pleasure because the stimulation of the breast muscles caused by massage

and milking results in the milk ejection reflex, which makes the mother feel content because the quantity or production of breast milk is rising.

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