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COMPREHENSIVE BREASTFEEDING EDUCATION: AN INTEGRATION TO SUPPORT SUCCESSFUL BREASTFEEDING PRACTICE

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ABSTRACT

Breast milk is the best food for newborns, but the coverage of exclusive breastfeeding worldwide is only 40% (WHO, 2018). Babies who are not breastfed more susceptible to infectious diseases. The incidence of infants suffering from recurrent infectious diseases will result in malnutrition. The success of exclusive breastfeeding is largely determined in the first week of birth period as a critical phase in breastfeeding, so it is necessary to support comprehensive breastfeeding. The purpose of this study was to determine the effect of comprehensive breastfeeding education on the success of breastfeeding postpartum mothers in the Midwifery Independent Practice in Bengkulu City. The method used in this study was a quantitative pre-experiment with a two-group pre-posttest approach. The sample was taken by non-probability sampling by accidental sampling, in total 30 respondents. The group that was given the intervention was in the form of education in classes for pregnant women using a comprehensive breastfeeding education book, while the comparison group was given book only. The research variables studied were breastfeeding success (knowledge, attitudes, and breastfeeding practices) and external variables (age, parity, education, early initiation of breastfeeding, and husband support). Analysis test using Wilcoxon and Mann Withney and Ancova. The results showed that there was a significant effect of comprehensive breastfeeding education on attitudes, knowledge of successful breastfeeding practices ($p<0.05$). The implications of this research can be used as a reference as a development effort to increase breastfeeding success.

Keywords: exclusive breastfeeding, husbands support, comprehensive breastfeeding, successful breastfeeding

INTRODUCTION

The World Breastfeeding Trends Initiative states that of 9 countries in Southeast ASIA, Indonesia is the 6th lowest in the achievement of exclusive breastfeeding (WBTI, 2015). Data from the Indonesian Health Profile states that the achievement of complete breastfeeding coverage in 2017 only reached 52%, and there was an increase in 2018 to 68.74%. However, this figure is still far from the target of achieving 90% exclusive breastfeeding (Indonesian Ministry of Health, 2018). If babies are not breastfed, babies who don't get breast milk or get non-exclusive breastfeeding have a risk of death from diarrhea, 3.94 times greater than babies who get exclusive breastfeeding (Astuti, 2015). Babies who are not breastfed are more susceptible to infection. The incidence of infants suffering from repeated infectious diseases will result in malnutrition (17.7%) (Basic Health Research, 2018). The lack of accurate information and support from the family is still the cause of mothers not giving breast milk to their babies (WHO, 2018).

One of the challenges of health workers in the postpartum period is the need for efforts to meet the needs of mothers by providing education and support to mothers in breastfeeding their babies (Montgomery, 2011). Teaching patients and families are known as postpartum education (Bryanton et al., 2013). One study recommended that health workers be able to implement comprehensive breastfeeding support rather than just teaching breastfeeding techniques (Riordan et al., 2000). The success of exclusive breastfeeding is determined in the first weeks of the postpartum period as a critical phase in breastfeeding (Mozingo et al., 2000). Health workers and families are essential factors in mother breastfeeding success. Another success factor in breastfeeding babies is mother commitment to breastfeeding her baby, carried out early, called Early Initiation of Breastfeeding. The correct breastfeeding position for both Mother and baby,

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on-demand breastfeeding, and given exclusively (Roesli, 2005).

Bengkulu City is still included in the top 3 lowest regencies/cities out of 10 regencies/cities in Bengkulu province in the coverage of exclusive breastfeeding. The scope of exclusive breastfeeding in Bengkulu City has decreased significantly between 2017 and 2018. In 2017, 1328 babies did not receive exclusive breastfeeding, and the achievement of exclusive breastfeeding was only 61.2%, a decrease compared to 2016, which was 61.4 %. In 2018 it fell drastically to 39.9% in infants aged 0-6 months (Bengkulu City Health Office, 2018).

In the initial survey conducted in one of the Midwifery Independent Practice, in 5 breastfeeding mothers who had babies aged 6 months, it was found that 3 out of 5 mothers had difficulty in the breastfeeding process. Also, they experienced problems with breast, position, attachment, baby-sucking process, and oxytocin reflex. In comparison, 2 mothers do not experience significant difficulties but still need guidance, especially in position and attachment, which is also the key to successful breastfeeding. The success of breastfeeding is considerable because if mother is successful in breastfeeding in the early stages, the breastfeeding process will continue until mother can give exclusive breastfeeding. Postnatal education is an effort made by health workers, especially midwives, to carry out comprehensive breastfeeding education, starting from conducting assessments, identifying problems in breastfeeding, and providing educational support for mothers and families.

MATERIALS AND METHODS

The research design used in this study was a quantitative pre-experiment with a two-group pre-posttest approach. In this study, one group will be given intervention. Breastfeeding education given to mothers from the third trimester of pregnancy up to 3 days after delivery still accompaniment. Intervention group will get pretest questionnaire, education with Comprehensive Breastfeeding Education Book twice, which was held once a week and did a posttest 1 month after the 2nd meeting. Control group will get pretest questionnaire, Comprehensive Breastfeeding Education Book without accompaniment, and posttest 1 month later.

Successful Breastfeeding Practices each group is seen during the breastfeeding process after the baby is born with breastfeeding observation sheet from Breastfeeding Counseling Training Book (Indonesian Ministry of Health, 2007). This to find signs of breastfeeding going well and signs that breastfeeding difficulties may be found which consist of the general components of s, general of the baby, condition of the breast, position of the baby, attachment of the baby, and sucking.

This research was carried out from October 1 to November 30, 2020, at the independent midwifery practice with a class for pregnant women in Bengkulu City. The population in this study were all third-trimester pregnant women in the work area of the independent midwifery practice in Bengkulu city. The formula used for calculating the sample was using the Lemeshow formula, so the sample required was 15 people for each group, with the following inclusion criteria namely, third-trimester pregnant women with at least 36 weeks of gestation, pregnant women with a good history of pregnancy without accompanying diseases, and the mother is cooperative, able to read, write and is willing to breastfeed. The sampling technique in this study was non-probability sampling by accidental sampling. Submission of information and consent was carried out before the study began. Bivariate Analysis test using Wilcoxon and Mann Withney, multivariate analysis test using Ancova.

RESULTS AND DISCUSSION

Characteristics of respondents aim to determine the frequency distribution of the characteristics of research respondents, including age, education, and parity. Based on Table 1, it was explained that almost all respondents are 20-35 years (no risk), and nearly all respondents had not had an occupation. Almost all respondents had high education, from Senior High School, Diploma, to Bachelor degree. Some respondents were primiparous, practically all respondents did early initiation of breastfeeding, and some got high support from their husbands.

Table 1. Frequency distribution of Age, Parity, Husband's Support, Occupation, Education, and Early Initiation of Breastfeeding

No	Variable	Group			
		Intervention (n=15)	(%)	Comparison (n=15)	(%)
	Age				
1	Risk	2	13.3%	2	13.3%
	No risk	13	86.7%	13	86.7%
	Parity				
2	Primiparous	9	60.0%	7	46.7%
	Multipara/grande multipara	6	40.0%	8	53.3%
	Husband's support				
3	High	11	73.3%	9	60%
	Low	4	27.7%	6	40%
	Occupation				
4	No occupation	9	60.0%	14	93.3%
	Had occupation	6	40.0%	1	6.7%
	Education				
5	High	14	93.3%	12	80.0%
	Low	1	6.7%	3	20.0%
	Early Initiation of Breastfeeding				
6	Yes	15	100.0%	8	53.3%
	No	0	0.0%	7	46.7%

Table 2. Mean Scores of Successful Breastfeeding Practices, Knowledge, and Attitudes before and after in the intervention group and comparison group for postpartum mothers in the PMB in the Working Area of Bengkulu City

Variable	Intervention Group (N=15)					Comparison Group (N=15)				
	Min	Max	Mean	Median	SD (±)	Min	Max	Mean	Median	SD (±)
Successful Breastfeeding Practices										
Before	6	13	7.00	7.80	1.699	6	16	7.80	7.00	2.859
After	19	22	21.60	22.00	0.910	3	22	11.27	10.00	5.230
Knowledge										
Before	18	73	51.00	55.00	14.784	18	64	45.40	45.00	15.263
After	64	100	88.00	91.00	11.619	45	100	69.27	64.00	16.799
Attitude										
Before	56	91	73.80	75.00	11.497	47	84	60.73	56.00	10.734
After	84	100	93.67	94.00	5.499	50	100	66.67	63.00	14.356

The mean scores before and after this study aimed to determine the minimum range of Comprehensive Breastfeeding Education for respondents regarding the success of breastfeeding. Table 2 described the average success of breastfeeding before and after being given the intervention class for pregnant women. The mean value in the intervention group before the intervention, the practice value of breastfeeding success was 7.00±1.699, while after the pregnancy class, the mean value became 21.60±0.910. Meanwhile, the control group mean before the intervention was 7.80±2.859. Thus, after the intervention, the preparation and breastfeeding needs module increased to 11.27±5.230.

Table 3. Successful Breastfeeding Practices, Knowledge, and attitudes before and after the intervention group and comparison group for Postpartum Mothers in the PMB in the Working Area, Bengkulu City

Variable	Intervention Group (n=15)		Comparison Group (n=15)	
	mean rank	p-value	mean rank	p-value
Successful Breastfeeding Practices				
Before	0.00	0.01	7.17	0.28
After	8.00		8.21	
Knowledge				
Before	0.00	0.001	0.00	0.001
After	8.00		7.00	
Attitude				
Before	0.00	0.001	2.00	0.043
After	8.00		4.33	

*Wilcoxon test

The average knowledge about breastfeeding success before the intervention for pregnant women, the mean value in the intervention group before the intervention was 51.00±14.784. While after the pregnancy class, the mean value was 88.00±11.619. The mean value in the control group before and after the intervention was 45.40±15.263 and 69.27±16,799, respectively.

The average attitude about breastfeeding success before being given intervention for pregnant women, the mean value in the intervention group before the intervention was 73.80±11.497. While after the pregnancy class, the mean value was 93.67±5.499. The control group mean value before and after the intervention was 60.73±10.734 and 66.67±14.354, respectively.

Bivariate analysis was conducted to determine differences in breastfeeding success scores, knowledge, and attitudes before and after receiving comprehensive breastfeeding education. In addition, to determine the relationship between characteristic variables on breastfeeding success, knowledge, and attitudes. This bivariate analysis used the Wilcoxon and Mann-Whitney tests. The results of the research can be seen in the following table:

Table 3 was known from the 15 samples in the intervention group for the practice variable of successful breastfeeding. The mean rank before and after the intervention was 8.00 (p=0.01). So there was a significant difference between the success scores of breastfeeding before and after the intervention. The knowledge variable means rank before and after the intervention was 8.00 (p=0.001). So there was a significant difference between the success scores of breastfeeding before and after the intervention. The attitude variable means mean rank before 0.00, and after intervention becomes 8.00 (p=0.001), so there was a significant difference between breastfeeding success scores before and after the intervention.

While the 15 samples in the comparison or control group obtained scores for the practice variable of successful breastfeeding, the mean rank before 7.17 and after the intervention became 8.21 (p=0.28), so there was no significant difference between the scores of breastfeeding success. The knowledge variable mean rank before 0.00 and after the intervention became 7.00 (p=0.001). So there was a significant difference between the success scores of breastfeeding before and after the intervention. The attitude variable mean rank before 2.00 and after intervention became 4.33 (p=0.043). So there was a significant difference between breastfeeding success scores before and after the intervention.

Table 4. Practices of Successful Breastfeeding, Knowledge, and attitudes before and after the intervention group and comparison group for Postpartum Mothers in the PMB in the Working Area of Bengkulu City

Variabel	Method	mean rank	p-value
Successful Breastfeeding Practices	Intervention Group	22.33	<0.001
	Comparison Group	8.67	
Knowledge	Intervention Group	20.20	0.003
	Comparison Group	10.80	
Attitude	Intervention Group	21.83	<0.001
	Comparison Group	9.17	

*Mann Whitney

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Table 5. Relationship of Respondents Characteristics with Successful Breastfeeding Practices, Knowledge, and Attitudes of Postpartum Mothers in the PMB in the Working Area, Bengkulu City

Variable	Successful Breastfeeding Practices				Total		OR	p-value	Knowledge				Total		OR	p-value	Attitude				Total		OR	p-value
	Successful		Unsuccessful						Good		Poor						Good		Poor					
	n	%	n	%	n	%			n	%	n	%	n	%			n	%	n	%	n	%		
Age																								
Risk	4	100	0	0.0	4	100	1.529	0.287	3	18.8	1	7.1	4	100	0.333	0.602	2	11.8	2	15.4	4	100	1.000	1.364
No risk	17	65.4	9	34.6	26	100			13	50.0	13	92.9	26	100			15	88.2	11	84.6	26	100		
Parity																								
Primiparous	9	56.3	7	43.7	16	100	0.214	0.118	9	56.3	7	48.3	16	100	0.778	1.000	10	58.8	6	46.2	16	100	0.713	0.600
Multiparous/ grande multiparous	12	85.7	2	14.3	14	100			7	50.0	7	50.0	14	100			7	41.2	7	53.8	14	100		
Husband's support																								
High	14	70.0	6	30.0	20	100	1.000	1.000	11	68.8	9	64.3	20	100	1.000	0.810	12	70.6	8	61.5	20	100	0.705	0.667
Low	7	70.0	3	30.0	10	100			5	31.3	5	35.7	10	100			5	29.4	5	38.5	10	100		
Occupation																								
No occupation	7	100	0	0.0	7	100	0.609		11	68.8	12	85.7	23	100	0.399	2.727	2	11.8	2	15.4	4	100	1.000	1.364
Had occupation	14	60.9	9	39.1	23	100			5	31.3	2	14.3	7	100			15	88.2	11	84.6	26	100		
Education																								
High	18	69.2	8	30.8	26	100	1.333	1.000	0	0.0	4	28.6	4	100	0.037	0.714	11	64.7	12	92.3	23	100	0.104	6.545
Low	3	75.0	1	25.0	4	100			16	100	10	71.4	26	100			6	35.3	1	7.7	7	100		
Early Initiation of Breastfeeding																								
Yes	18	78.3	5	21.7	23	100	4.800	0.153	15	93.8	8	57.1	23	100	0.031	0.089	17	100	6	46.2	23	100	0.001	0.462
No	3	42.9	4	57.1	7	100			1	6.3	6	42.9	7	100			0	0.0	7	53.8	7	100		

Table 6. The Effect of Comprehensive Breastfeeding Education Intervention on Increasing Breastfeeding Success in Postpartum Mothers in the PMB of the Working Area, Bengkulu City

Independent Variable	Dependent Variable	Type III Sum Of Squares	Df	Mean Square	F	Sig.
Comprehensive Breastfeeding Education	Successful Breastfeeding Practices	0.542	1	0.542	3.305	<0.001
	Knowledge	2.997	1	2.997	54.722	0.081
	Attitude	2.229	1	2.229	17.122	<0.001

*Mancova

Table 4 described the successful breastfeeding practice variables. There were differences in scores between the intervention with a mean rank of 22.33, and the comparison group, with a mean rank of 8.67. Statistical test results obtained $p<0.001$, meaning there was a significant difference between the two groups. Likewise, for the knowledge and attitude variables, the mean rank value in the intervention group was more significant than the comparison group, with a $p= 0.003$ for the knowledge variable and $p0.001$ for the attitude variable. It means there was a significant difference between both groups.

Table 5 showed that from 30 samples, obtained variables related to the dependent variable, education of knowledge, with $p=0.037$ and an OR=0.714, meaning that mothers with higher education had 0.714 times more knowledge than mothers with low education. Variables related to the dependent variable, including early initiation of breastfeeding related to knowledge, with $p=0.031$ and OR=0.089, meaning that mothers who did early initiation of breastfeeding had 0.089 times more knowledge than mothers who did not. Likewise, early initiation of breastfeeding related to attitudes with $p=0.001$ and OR=0.462 means that mothers who do early initiation of breastfeeding had an attitude that was 0.462 times better than mothers who do not do early initiation of breastfeeding.

The multivariate test was carried out using the Mancova statistical test, which had previously been tested for several assumptions that must be met before carrying out the Mancova test. The final model of multivariate covariance analysis can be seen in the following table:

Table 6 showed that the Mancova test results obtained a significant effect of comprehensive breastfeeding education on the attitude and successful breastfeeding practice variables, with $p=0.000$. Meanwhile, the knowledge and covariates variables (age, parity, education, occupation, BMI, and husband's support) did not affect breastfeeding knowledge, attitude, and success, as indicated by the $p > 0.05$.

DISCUSSION

In this study explained that almost all respondents were aged 20-35 years (not at risk). Age is one thing that affects person level of knowledge (Dorland, 2010). So if mothers get good information about breastfeeding, it can be expected that mothers will also change behaviors and attitudes that support the success of breastfeeding their babies. It was found in this study that almost all of the respondents did not work. It was explained in Fauziandari (2019) that the sig value was 0.842, so the hypothesis was rejected, meaning that there was no influence between mother work and breastfeeding success. It means that both working mothers and non-working mothers were successful in breastfeeding. It was influenced by many factors, including the increasing number of working mothers aware of breastfeeding. Information about lactation management in working mothers was also the cause of the growing number of working mothers who provide exclusive breastfeeding to their babies. The government has also established several policies to increase the coverage of exclusive breastfeeding in Indonesia (Ministry of Health, 2015).

Almost all respondents had high education, including Senior High School, Diploma, and Bachelor. It is in line with Yuliawati *et al.* (2016) which explains that education influences breastfeeding success with $p < 0.05$. It was

demonstrated that the higher a person education, the easier it will be for someone to receive or understand the information provided. Most of the respondents in this study were Primiparous. Maternal parity also significantly affects mothers in the lactation process. It was also explained by Harahap *et al.* (2019) that mothers who exclusively breastfeed their first child are more likely to do the same for their second child and vice versa for multiparous mothers.

In addition, in this study almost all respondents did early initiation of breastfeeding. In this procedure, skin-to-skin contact was more significant than the initiation process. It can increase the success of breastfeeding from the beginning of birth. In addition, the early initiation of breastfeeding carried out by mother can increase mother knowledge about suitable attachment to support the subsequent breastfeeding process (Saputra and Lasmini, 2015).

Most of the respondents in this study received high support from their husbands. One study explained that mothers who did not receive support from their families had 15.867 times the risk of not giving exclusive breastfeeding (OR= 15.867) compared to those who received family support. Family support affects exclusive breastfeeding because most respondents who lack support from their families tend not to give exclusive breastfeeding (Tjung *et al*, 2020).

The results of the statistical test paired test (Wilcoxon) for the practice variable for breastfeeding success means that before 0.00 and after becoming 8.00 with p=0.01. It means there was a significant difference between the success scores of breastfeeding before and after the intervention. The knowledge variable means rank before 0.00 and after becoming 8.00 with p=0.001 showed a substantial difference between the practice scores of successful breastfeeding before and after the intervention. Attitude variables mean rank before 0.00 and after becoming 8.00 with p=0.001. So there was a significant difference between the scores of successful breastfeeding practices before and after the intervention. Meanwhile, in the comparison group, the score for the variable of successful breastfeeding practice, the mean rank before and after the intervention was 7.17 and 8.21, respectively, with p=0.28. So there was no significant difference between the scores of successful breastfeeding practice before and after the intervention.

The analysis of the difference test analysis between groups (Mann Withney) found that in the variable of breastfeeding success. There was a difference between the intervention group, with a mean rank of 22.33, and the comparison, with a mean rank of 8.67. Statistical test results obtained p=0.000, meaning there was a significant difference between the two groups. Likewise, for the knowledge and attitude variables where the mean rank value in the intervention group is greater than the comparison group, with p=0.003 for the knowledge variable and p=0.000 for the attitude variable < 0.05, which means there was a significant difference in both groups.

The results of Mizawati and Patroni (2019) stated that there was an effect of the pregnant women class intervention on knowledge and skills before and after attending the pregnant women class after one month of intervention. Increasing mother knowledge and skills so that the pregnant women class program is highly recommended to be implemented in *PMB* and at the community health centre to improve skills and knowledge to help improve the exclusive breastfeeding program. It is in line with the results of research conducted by Mesters *et al.* (2013). They found that the breastfeeding education program could show an average of six months of exclusive breastfeeding, as much as 48% increasing knowledge and a more positive attitude towards breastfeeding.

It is in line with Liliana (2017), which shows that lactation counselling affects breastfeeding success. With extended breastfeeding, health workers can provide knowledge about how to breastfeed, the ins and outs of breastfeeding, steps in breastfeeding, and proper attachment to minimize personal problems that often occur in postpartum mothers. Postnatal education is an effort made by health workers to carry out comprehensive breastfeeding education. It starts with conducting assessments, identifying problems in breastfeeding, and providing educational support to mothers and families that can be provided through various media, such as pregnancy classes, leaflets, modules, guidebooks, and others (Nurbaeti and Lestari, 2013).

In this study, the effect of a comprehensive breastfeeding education intervention on breastfeeding success with indicators of knowledge, attitude, and successful breastfeeding practice through the Mancova test. From the results of the Mancova test, there was a significant effect of comprehensive breastfeeding education on the variables of attitudes and practices of successful breastfeeding, with p=0.000 at the 95% assumption level. Meanwhile, the knowledge and covariates variables (age, parity, education, occupation, BMI, and husband support) did not affect breastfeeding knowledge, attitude, and success, as indicated by the $p > 0.05$. However, there was no statistically significant influence or relationship between the covariate and the dependent variable. Suppose viewed from the bivariate test results that the practice of breastfeeding success, knowledge, and attitudes towards breastfeeding success was also determined by whether mother did early initiation of breastfeeding or not and mother education.

There were classes for pregnant women that had not run correctly. Where with the lockdown caused by the COVID-19 pandemic, it was challenging to present classes with more than 2 pregnant women because they followed the rules from the government, which prohibited gathering more than 5 people this was because to prevent the spread of the coronavirus. There were dropouts during the intervention, which reduced the number of respondents being studied, to provide a sufficient sample size, 10% of the required sample size was added.

CONCLUSIONS

The results of this study indicate that comprehensive breastfeeding education influences mother attitudes and successful breastfeeding practices. The success of breastfeeding in the early stages will make the breastfeeding process continue until mother can give exclusive breastfeeding.

Comprehensive breastfeeding education carried out during pregnancy can form a good attitude in mothers to be ready to breastfeed from the early days of the baby birth and will make successful breastfeeding more effective if accompanied from the first day in the first week of breastfeeding.

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