ORIGINAL RESEARCH

THE IMPROVING OF BREASTFEEDING MOTHER’S SATISFACTION MODELS BY USING TRI-CORE BREASTFEEDING MODELS

S. Helina¹, J. Roito², Yanti³, E. Susilawati⁴, and S. Halimah⁵
¹Poltekkes Kemenkes Riau
Email: siska@pkr.ac.id

ABSTRACT

The low rates of exclusive breastfeeding have affected the growth and development of children. Some efforts to improve the achievement of exclusive breastfeeding have been conducted, like an education about breastfeeding, facilitating early breastfeeding initiation and providing motivation to mothers. These elements contain a form of health promotion care model called the Tri Core Breastfeeding Models. The purpose of this study is to determine the effect of Tri Core Breastfeeding Models on breastfeeding mothers’ satisfaction. This research was conducted in the working area of the Sidomulyo Health Center in Pekanbaru City in August 2019 to April 2020. This research is Pre-experimental Design. The population in this study was all third trimester pregnant women. The sample of 20 pregnant women was taken by consecutive sampling technique with 10 pregnant women in the intervention and 10 pregnant women for control. The Maternal Breastfeeding Evaluation Scale (MBFES) questionnaire was used to collect the data. The Mann Whitney Test with a significance level of 95% was used to analyze the data. The results showed that the average satisfaction of breastfeeding mothers in the intervention group was 134.80 (SD: 3.190) and the control group 119.10 (SD: 14.317), and it is found that there is a difference in breastfeeding satisfaction among mothers in the intervention group and the control group (p = 0.019). Finally, it is recommended that Tri Core Breastfeeding Models can be applied in providing midwifery care in the to support the success of exclusive breastfeeding.

INTRODUCTION

Mother’s Milk (ASI) is the best food needed in the first months of life to meet the nutrition of newborns, because it contains protein, carbohydrates, fat, sodium, potassium, calcium and phosphorus which can function in the growth and development of babies (Martin et al., 2016). Exclusive breastfeeding according to the World Health Organization (WHO) is to give only breast milk without giving food and other drinks to babies from birth until the age of 6 months, except drugs and vitamins. But that does not mean after exclusive breastfeeding is stopped breastfeeding, but still given to infants until the baby is 2 years old (Organization, 2010).

Exclusive breastfeeding provides many benefits for mothers and babies, but for babies who do not get exclusive breastfeeding can be fatal and can end in death. According to WHO every year there...
are 1-1.5 million babies in the world die because they are not given exclusive breastfeeding (Organization, 2010). Therefore exclusive breastfeeding is highly recommended for babies.

Exclusive breastfeeding is highly recommended by WHO as the perfect food for newborns (Motee & Jeewon, 2014). The Indonesian Pediatric Association (IDAI) also recommends a minimum exclusive breastfeeding time of at least 6 months (Siregar et al., 2018). Then Exclusive breastmilk is also regulated and explained in Government Regulation number 33 of 2012 which states that Exclusive breastmilk is breast milk that is given to babies from birth for six months, without any additional food or drinks except drugs, vitamins, and minerals (PP No 33 Tahun 2012 Tentang Pemberian Air Susu Ibu Ekslusif, 2012).

Based on Indonesian Health Profile data in 2017 the coverage of exclusive breastfeeding in Indonesia is 61.33%, while for Riau Province it is 57.65% (“Profil Kesehatan Indonesia 20”. Then for exclusive breastfeeding coverage in the city of Pekanbaru in 2018 as much as 67.80% The lowest exclusive breastfeeding coverage is in the working area of the Sidomulyo Puskesmas which is 26.95%. However, the scope of exclusive breastfeeding has not met the Ministry of Health's Minimum Service Standards (MSS) target of No.741 in 2014, which is 80% (“Profil Kesehatan Indonesia 2019,” 2019).

Factors that cause the failure of exclusive breastfeeding are the low level of maternal knowledge, not yet the maximum provision of information and education by health workers, increased promotion of formula milk, medical reasons, working mothers and low milk production (Fatmawati et al., 2020; Novitasari et al., 2019).

Various efforts have been made by the government to improve the achievement of exclusive breastfeeding ranging from health promotion, facilitating mothers to IMD and providing motivation to mothers. Preliminary study conducted at the Sidomulyo Health Center in Pekanbaru, obtained the results of labor data in 2018, from 1,594 mothers giving birth there were only 26.95% of mothers who succeeded in giving exclusive breastfeeding to their babies. This achievement is the lowest achievement in the District of Tampan.

Based on the program that has been carried out to improve the achievement of exclusive breastfeeding is to provide education and facilitate mothers for IMD (Early Breastfeeding Initiation). The program that has been implemented does not seem to be able to reach the target of exclusive breastfeeding which is 80%. Based on the results of a survey conducted in 2019, 2 out of 10 nursing mothers have high satisfaction while breastfeeding. Therefore we need a care method that can increase the achievement of exclusive breastfeeding.

Tri Core Breastfeeding Models is a practice guideline in the form of health promotion to mothers in breastfeeding, which can improve the health of mothers and children, consisting of three parts, namely: Self-Efficacy, Lactation Education, and Lactation Support (Busch et al., 2014). With this combination it is hoped that it can lead to the satisfaction of breastfeeding mothers which has an impact on increasing the achievement of exclusive breastfeeding.

Based on the explanation of the problem above, the researcher is interested in conducting a research entitled "The Effect of the Implementation of Tri Core Breastfeeding Models on the Satisfaction of Breastfeeding Mothers in the Work Area of Sidomulyo Health Center, Pekanbaru City".

**METHOD**

The type of research used is pre-experimental design. The study was conducted at the This research was
conducted in the working area of the Sidomulyo Health Center in Pekanbaru City in August 2019 to April 2020. This research is Pre-experimental Design. The population in this study was all third trimester pregnant. The population in this study was all third trimester pregnant women. The sample of 20 pregnant women was taken by consecutive sampling technique with 10 pregnant women in the intervention and 10 pregnant women for control. The Maternal Breastfeeding Evaluation Scale (MBFES) questionnaire was used to collect the data. The sampling technique uses consecutive sampling. Mothers who become research samples will be given education in antenatal classes with ppt media and booklets. Then home visits were made twice to provide breastfeeding education and involve the family in terms of providing breastfeeding support to mothers. During labor the mother is facilitated for early breastfeeding, and teaches mothers directly breastfeeding techniques that are good and right. At 2 weeks postpartum mothers were given an MBFES questionnaire to assess the satisfaction of breastfeeding mothers. The variables in this study were tri-core breastfeeding and mother’s satisfaction. The instrument uses a questionnaire that has been tested for validity and reliability. Data analysis uses Mann whitney Test.

RESULTS

The results of the current study entitled “The Improving of Breastfeeding Mothers Satisfaction by using Tri-Core Breastfeeding Models in the Sidomulyo Community Health Center Work Area of Pekanbaru City” are presented in Tables below.

Table 1
Distribution of Respondent Based on Characteristic Breastfeeding Mothers in the Work Area of Sidomulyo Health Center, Pekanbaru City

<table>
<thead>
<tr>
<th>No</th>
<th>Karakteristik</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ages of Mother (Years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;20</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>20-35</td>
<td>18</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>&gt;35</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>Parity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primipara</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Multipara</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Grandemultipara</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>History of breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exclusive</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Not/Yet Ekslusive</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on table 1, it can be seen that the majority of respondents are in the age range of 20-35 years (90%), the majority of parity is in the multiparous category (50%), and the majority of breastfeeding history is not exclusive (60%).

Table 2
The Effectiveness of Tri-Core Breastfeeding Models on the Satisfaction of Breastfeeding Mothers in the Work Area of Sidomulyo Health Center, Pekanbaru City

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>M</th>
<th>S.D</th>
<th>M</th>
<th>R</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interv</td>
<td>10</td>
<td>13</td>
<td>4.8</td>
<td>2</td>
<td>13</td>
<td>0.0</td>
</tr>
<tr>
<td>Contr</td>
<td>10</td>
<td>10</td>
<td>9.1</td>
<td>0</td>
<td>13</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Based on Table 2, it can be seen that the average satisfaction of breastfeeding mothers in the intervention group (134, 80; SD: 3,190) is higher than ones in the control group (119.10; SD: 14.317). Mann Whitney
Test Results with a 95% degree of confidence showed that the satisfaction of breastfeeding between mothers in the intervention group and those who were in the control was significantly different (p = 0.019) with a higher Mean Rank in the intervention group of 13.60 compared to the control group of 7.40, which means that the satisfaction of breastfeeding mothers in the intervention group was higher than ones in the control group.

**DISCUSSION**

The study, entitled The Effect of the Application of Tri Core Breastfeeding Models on the Satisfaction of Breastfeeding Mothers in the Work Area of the Sidomulyo Health Center in Pekanbaru City, proves that there is an effect of the application of the Tri Core Breastfeeding Models care to the satisfaction of breastfeeding mothers as seen from the results of statistical tests that have been done. Based on the results of statistical tests conducted on 20 third trimester pregnant women, the average satisfaction of breastfeeding mothers in the intervention group was higher than the control group, 134.80 (SD 3.190), while the average control group was 119.10 (SD 14.317). Mann Whitney Test results obtained p value = 0.019 <α (0.05), it can be concluded that there is an effect of the application of Tri Core Breastfeeding Models to the satisfaction of breastfeeding mothers in the working area of Sidomulyo Health Center, Pekanbaru City.

This study applies a health promotion care model called the Tri Core Breastfeeding Models which consists of elements that can increase the success and achievement of exclusive breastfeeding and satisfaction in breastfeeding. These elements consist of Education Lactation, Lactation Support and Self Efficacy which are interrelated and its implementation is more to assistance.

Lactation-related health education provided is about exclusive breastfeeding, breastfeeding and IMD (Busch et al., 2014), which is a strategy that can be carried out by midwives in lactation education. This material was given by researchers in an effort to build the level of satisfaction of mothers in breastfeeding. Factors like 'Health Education on Postpartum Mothers’ Knowledge, Attitudes, and Satisfaction in M. Yusuf Kalibalangan Hospital, North Lampung has a significant effect on health education on post partum maternal satisfaction with p = 0.025 (Apriyani et al., 2016).

Other factors that related with satisfaction in breast feeding are health education which can also increase maternal confidence. Husband Support also has positive correlation with maternal self efficacy for breast feeding mother. (Chan et al., 2016; Helina et al., 2020)

Breastfeeding support provided in this study came from her husband, family, and health workers. The support provided is an effort of researchers to build the level of satisfaction of mothers in breastfeeding, in the journal Clinical Practice Breastfeeding Recommendation for Primary Care (Busch et al., 2014) explaining that by providing support and assistance, facilitating IMD mothers, and teaching mothers breastfeeding techniques and burping the baby is good and right is a form of support in breastfeeding that will increase the satisfaction of breastfeeding mothers.

In addition to support provided directly by researchers, researchers also involve the participation of their husbands and families in an effort to build the satisfaction of breastfeeding mothers because the support of their husbands and family plays an important role in breastfeeding success. Success in breastfeeding is determined by how big the role and involvement of the husband begins during the period of pregnancy, because about 50% of the success of breastfeeding a mother is determined by how much the participation of her partner (Helina et al., 2020).
The last element is self-confidence (Self Efficacy). Mother's confidence in this study was built by providing support, forming a support group through the Whatsapp group, and helping mothers in accordance with the needs of breastfeeding mothers which will have an impact on increasing the satisfaction of breastfeeding mothers. This was done in accordance with the strategy carried out by midwives in increasing maternal confidence contained in the journal Clinical Practice Breastfeeding Recommendation for Primary Care (Busch et al., 2014) by establishing Lactation support groups, involving partners and family members, providing support effective by listening empathetically, helping mothers according to their needs, and encouraging breastfeeding efforts for mothers.

Of the three interrelated elements in the Tri Core Breastfeeding Models health promotion package which in its implementation emphasizes more on mentoring, it turns out influential and effective to be applied in providing care. The Journal of Clinical Practice Breastfeeding Recommendation For Primary Care mentions the Tri Core Breastfeeding Models in the large consensus of the literature identified as the most effective in breastfeeding success and they included this model to continue efforts to achieve public health by 2020.

Then the Tri Core Breastfeeding Models health promotion package that emphasizes the assistance and participation of health workers in this case are midwives, proven effective to build satisfaction of breastfeeding mothers as evidenced from the results of research that has been done in this study that is the average satisfaction of mothers the intervention group was at a high level of breastfeeding satisfaction while the average satisfaction of the control group was at a moderate level. So from the results of research that has been done, it is found that the Tri Core Breastfeeding Models health promotion package is very effective in increasing the self-satisfaction of breastfeeding mothers which leads to an increase in the achievement of exclusive breastfeeding.

CONCLUSIONS
The satisfaction of breastfeeding mothers in the group performed by Tri Core Breastfeeding Models was higher than in the control group. There is an effect of the application of Tri Core Breastfeeding Models to the satisfaction of breastfeeding mothers (p = 0.019).

REFERENCES


Helina, S., Yanti, Y., & Susilawati, E.


PP No 33 tahun 2012 tentang pemberian air susu ibu ekslusif, Экономика Региона 32 (2012).
