



EFFECT OF SUPPORTING EDUCATION IN THIRD TRIMESTER PREGNANT WOMEN TO PREPARATION FOR EXCLUSIVE BREASTFEEDING

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ABSTRACT	Keywords
<p>The prevalence of stunting in Indonesia is currently still at 27.7%. The prevalence is ranked 115th out of 151 countries in the world. (Ministry of Health RI, 2017). The achievement of exclusive breastfeeding is still a world problem whose target has not been achieved. The achievement rate of exclusive breastfeeding in Indonesia is still far below the national target. (Carpenito, 2013). Therefore, breastfeeding must be prepared early so that the obstacles that are often experienced at the beginning of breastfeeding can be prevented and anticipated. The purpose of this study was to analyze the effect of providing supportive behavior education on the preparation for breastfeeding in third trimester pregnant women in the working area of BPM Ulfa Surabaya. The design of this study used a Quasy experimental design with one-group pre-test-post-test design. The independent variable is supportive education about breastfeeding, while the dependent variable is the mother's behavior in the preparation of breastfeeding. The intervention was carried out 1 time each for 30 minutes. The data collection instrument used a questionnaire. The results showed an increase in the score of good readiness from 33.8% before the provision of supportive education to 69.4% after the provision of supportive education. Providing information as well as motivation (supportive education) on maternal readiness has an effect on the level of knowledge of pregnant women about breastfeeding.</p>	<p>Supportive Education, Preparation, Exclusive Breastfeeding.</p>

INTRODUCTION

The prevalence of stunting in Indonesia is currently still at 27.7%. The prevalence is ranked 115th out of 151 countries in the world. One of the ways to prevent stunting is through exclusive

breastfeeding from birth to 6 months of age. Breast milk has the potential to reduce the chances of stunting in children because of its micro and macro nutritional content. Ironically, the achievement of exclusive breastfeeding is still a world problem whose targets have not been achieved. The

achievement rate of exclusive breastfeeding in Indonesia in 2018 still reached 37.3%, far below the national target of 80%. The low achievement of exclusive breastfeeding also occurred in Surabaya, the coverage of infants who received exclusive breastfeeding in the city of Surabaya in 2016 was 65.10%, this achievement increased in 2017 to 71.53% and 71.62% in 2018 and 72, 48 in 2019. (East Java Health Office, 2019).

Counseling on breastfeeding for pregnant and lactating mothers through posyandu activities, PKK or other activities has been carried out. However, the challenge faced by these cadres is that most of the breastfeeding mothers in Wonokromo are migrants with lower-middle economic abilities and also work as working mothers on a daily basis, so they cannot participate in the activities held at the posyandu. In addition, the problem that is often encountered is the mother's motivation and readiness to give breast milk. Breastfeeding failure most often occurs in the early part of the puerperium, such as mothers feeling that their milk is not enough, worried that the baby is hungry, not confident and the mother is not ready or unable to breastfeed or lactation management.

Other problems of breastfeeding mothers that often occur include sore nipples, swollen breasts, blocked milk ducts, mastitis, breast abscess, or the baby is reluctant to breastfeed (Bahiyatun, 2009). Therefore, mothers must be ready to breastfeed both mentally and physically, meaning that mothers must have self-confidence and strong motivation or desire to breastfeed. Therefore, breastfeeding must be prepared from an early age, namely from the pregnancy phase so that the obstacles that are often experienced at the beginning of breastfeeding can be prevented and anticipated. Factors that affect a person's readiness to do something include physical and psychological comfort, besides the

desire to know more is needed before the patient is motivated to change habits/behavior (Fox in Meeker and Rothrock, 1999). Although the patient may have various needs to do something, a lack of motivation can hinder success in carrying out an activity.

Cannon, (1999 in Carpenito, 2013) said that information retention increases when the teaching and learning process involves various feelings. There are many strategies that can be used in providing education by involving feelings, one of which is the provision of structured supportive education (EST). Related to the mother's readiness to give breast milk, this effort can be done through the provision of information as well as motivation from the time of pregnancy, for example when the mother conducts a pregnancy examination.

METHOD

This study uses a quasi-experimental study with one group pre-test-post-test. The study was conducted in July-August 2022. The population in this study were 40 respondents in the third trimester of pregnancy. The sampling technique used is simple random sampling. The independent variable is supportive education about breastfeeding, while the dependent variable is the mother's behavior in the preparation of breastfeeding. Data analysis using Wilcoxon test.

RESULTS

Table 1. Distribution of respondents by age, occupation, education and parity.

Characteristics	Category	Amount	%
Age	<20	4	11,1
	20-35 t	28	77,8
	>35	4	11,1
Partitas	Primigravida	24	66,7
	Multigravida	12	33,3
	Grandemulti gravida	0	0
Work	Working	16	44,4

	Doesn't work	20	55,6
Education	Base	0	0
	Intermediate	28	77,8
	Tall	8	22,2

supportive education can increase mother's readiness to breastfeed.

DISCUSSION

The results showed that almost all respondents were of reproductive age, namely 20-35 years, reproductive age is the most ideal age for a woman to go through the process of pregnancy to postpartum and breastfeeding, at this age of course physical is not an obstacle in breastfeeding unless there are complications or complications in the condition of the mother's health, both physical and psychological health. However, the risk of complications is relatively lower in pregnancies of reproductive age, as the results of Putri, G. N., Winarni, S., & Dharmawan, Y. (2017) research that pregnancies at >35 years of age have a greater risk of complications during pregnancy.

Barriers to breastfeeding often occur in mothers who do not have experience in breastfeeding, other time-consuming activities such as working mothers, lack of family support and health workers. (Nirvana, 2011). Most of the respondents are primigravida (pregnant for the first time), primipara mothers are still afraid to hold the baby, there is still a sense of fatigue after giving birth, tired of caring for babies, breastfeeding, bathing, and social factors such as education level, economy and physiological changes that occur both physically and psychologically which makes mothers more sensitive and emotional. Psychological conditions that are not calm, mothers who feel afraid and insecure will inhibit the production of breast milk and the process of breastfeeding so that the baby is uncomfortable and does not want to breastfeed effectively, the impact that can occur the mother will be more anxious and feel herself not ready or unable. Likewise for mothers who work outside the home who require mothers to separate from their babies, as the results of research conducted

From table 1 above, it can be seen that almost all respondents are of reproductive age, namely 20-35 years, most of the respondents are pregnant primigravida (first pregnancy), most of the respondents are not working and most of the respondents have secondary education.

Table 2. Frequency distribution of preparation for breastfeeding before and after the intervention

Variable	Category	Frequency (n)	(%)	Minimum score	Maximum Score	Mean score	ρ value
Before intervention	Readiness:						0.01
	Well	14	33,8	12	22	17	
	Bad	22	66,2				
Total		36	100,0				
After intervention	Readiness:						
	Well	25	69,4	24	36	28	
	Bad	11	30,6				
Total		36	100,0				

Table 2 shows that the provision of supportive education is effective in increasing the readiness of pregnant women to breastfeed. Evidenced by the increase in the score of good readiness from 33.8% before the provision of supportive education to 69.4% after the provision of supportive education. The average score of sleep quality before giving aromatherapy = 13 (bad sleep quality) and after giving aromatherapy to 5 (good sleep quality), so the score is . The results of statistical tests with the Wilcoxon test, obtained the value of = 0.01. That means that there is an effect of providing information as well as motivation (supportive education) on mother's readiness in breastfeeding, providing

by Agustin et al. found that working mothers feel more unprepared to exclusively breastfeed because they feel that they will have to separate from their babies before the baby is 6 months old. . (Agustin, Dinar & Asttia, Andari Wuri, 2021)

The results of statistical tests show that there is an effect of providing supportive education on mother's readiness in breastfeeding, providing supportive education, namely providing information as well as motivation to increase mother's readiness to breastfeed. By providing information through supportive educational methods, mothers can actively involve mothers so that mothers can express what they feel, are worried about and what are their biggest motivations and their needs for information related to breastfeeding plans. In addition, in supportive education, the delivery of information is carried out in a persuasive and supportive manner and becomes more interesting so that it can convince the mother that she will be able to do it.

The results of this study are in line with the theory of principles and techniques in supportive education, among others, persuasive, namely sensitivity/warmth and attentiveness in communicating their attention to the counselee's needs, compulsive, namely being able to create an atmosphere in such a way that someone indirectly wants to change his attitude to be more positive, pervasive, namely repeating something information in the hope of influencing the counselee so that in the end it changes a more positive attitude towards the information it receives and coercive, namely with a little reinforcement, making the counselee sure about the benefits of information and his abilities (Bajoulvand et al., 2019). These results are also in accordance with the Health Belief Model (HBM) theory from Rosenstock which explains how perceptual factors can influence individual health behavior (Bayansalduz, 2014).

Preparation for breastfeeding during pregnancy is important, the preparation includes knowledge and psychological support to prepare mentally, and health services to prepare the mother's physical condition. With good preparation, mothers will be more confident and ready to give exclusive breastfeeding to their babies. The mother's physical readiness can be seen from the condition of the breasts, especially the nipples, and the mother's nutrition. While mental or psychological readiness can be seen from the attitude or decision of the mother who is positive about breastfeeding, can live up to her obligation to give breast milk since pregnancy or before pregnancy for readiness to fulfill breastfeeding. (Pujiastuti, 2019)

Preparation of exclusive breastfeeding is an effort made by mothers and families/social support to success of breastfeeding. In its management can be started during pregnancy, immediately after delivery and during breastfeeding. The preparation may include seeking information on exclusive breastfeeding, breast care, nutritional preparation, and psychological preparation (Rinata, 2015 ; Nisa, 2021).

Psychological preparation will be able to determine the efforts that will be made by the mother to achieve the success of breastfeeding. Factors that influence the increase in breast milk production include: mother's diet, prolactin reflex, let-down reflex (milk ejection reflex), the effect of childbirth, use of contraceptives containing estrogen, breast care, mental peace and support from health care providers (Walyani , 2015). These factors are interrelated with each other, for example, with support from family and health workers, it will increase self-confidence and strong motivation to breastfeed, it will also create psychological calm which will increase the relaxation hormone which leads to increased milk production. The readiness of the mother will

make the breastfeeding process easier, the baby will be more comfortable and will suckle more effectively, the active sucking of the baby will also stimulate the letdown reflex so that milk production will increase.

CONCLUSIONS

Providing supportive education in improving the ability of pregnant women in the third trimester is very important to provide knowledge about exclusive breastfeeding. So this is an important component that needs to be considered in helping the preparation of third trimester pregnant women.

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