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Effect of Exclusive Breastfeeding Training To The Skills of Breastfeeding Community Group In Jenepono District, South Sulawesi, Indonesia

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ABSTRACT

Background: Social support and inadequate nursing mothers' skills are the failure of exclusive breastfeeding.

Objective: The aim of this study was to determine the effect of exclusive breastfeeding training to skills of Breastfeeding Community Group in Jenepono District, South Sulawesi, Indonesia.

Materials and Method: This study design was quasi-experimental. The study started with the formation of Community Group of Breastfeeding. A total of 30 members were divided into 2 groups. The intervention group received the training (n=15) and the control group without training (n=15). Before the training, this study conducted pre-test and then one week after pre-test conducted post-test. Data were analyzed by independent t-test.

Results and Discussion: Most respondents were aged ≥ 40 years (40%), in the intervention group and aged 35-39 (33.3%) in the control group was. For the level of education and employment both groups showed the highest number in high school and housewife respectively 53.3% in the intervention group and 40.0% in the control group. The intervention group's skills had increased by an average of 10.4 and no improvement in the control group. Based on the independent t-test this study obtained by p value = 0.001, which means that there is the effect of training on skills. The improvement is most likely in stages of Early Initiation of Breastfeeding demonstrate skills and distinguishing characteristics of engorgement and mastitis. This material is supported by audiovisual media.

Recommendations: This research suggests developing a monitoring and evaluation of the activities of post-training to see the skill level. Similar training to other community groups to breastfeeding mothers could be conducted.

Keywords: Training, skills, exclusive breastfeeding

INTRODUCTION

WHO has recommended exclusive breastfeeding for 6 months to babies. Infants who are exclusively breastfed are generally less likely to suffer gastrointestinal diseases¹. Infants who are not exclusively breastfed

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had 4 times risk of acute respiratory infections², and of the 6.9 million children under five were reported killed globally in 2011, about 1 million lives could be saved by exclusive breastfeeding³. Exclusive breastfeeding reduces the risk of neonatal death, provides immunity and protects exposure to pathogens infectious⁴.

In 2010 the target of Exclusive Breastfeeding coverage in infants 0-6 months was 80%⁵. Based on the Basic Health Research, the percentage of exclusive breastfeeding in Indonesia in 2013 was in infants aged 6 months namely 30.2%. In South Sulawesi Province

amounted 66,5%⁶ while in the health center as the city of Makassar in 2013 amounted to 67,8%⁷. In Jeneponto, exclusive breastfeeding coverage was the lowest in South Sulawesi (20.57%) in 2012, then in 2013 increased to 67.66%.

The reasons of failure of exclusive breastfeeding are, the mother's social demographic factors⁸ inadequacy of skills of breastfeeding⁹, the plan to breastfeed¹⁰, social support¹¹, and cultural factors¹². In Jeneponto, lack of understanding about breastfeeding cause families are not able to provide social support¹³. Arungkeke sub-district is the lowest coverage of exclusive breastfeeding in Jenepontonamely 63.3%. Data of exclusive breastfeeding behavior and community participation in the area has found in previous studies. It was found that the level of participation is low on exclusive breastfeeding (52.9%)¹⁴. Then further studies have been conducted establishment for Community Group of Breastfeedingbut the process of this group does not have sufficient skills to use in delivering solutions about breastfeeding.

Therefore, the aimof this study was to determine the effect of exclusive breastfeeding training to skills of Breastfeeding Community Group in Jeneponto Dristrict, South Sulawesi, Indonesia.

MATERIALS AND METHOD

This study was conducted in Arungkeke Sub-district, one of the 11 sub-districts in Jeneponto, South Sulawesi of Indonesia. Arungkeke sub-district has an area of 29.91 km². It administratively is divided into seven villages. Generally, villages in the sub-district of Arungkeke are beach area. Arungkeke was selected as a research site because the Breastfeeding Community Group formed has not adequate skills yet in problem solving of exclusive breastfeeding failure.

This study design was quasi-experimental with non equivalent control group design. This study is an advanced researches of previous studies that have been published¹⁴⁻¹⁵. This study conducted an intervention such as a Giving Exclusive breastfeeding Training toward 15

members of a Breastfeeding Community Group and 15 others as a control without intervention.

This training used some tools and materials such as a baby doll, a model breast, audiovisual media, pictures and modules. Modules in this training was modification modules of the Module 40 Hours WHO/UNICEF, Module by Indonesia MOH and Modules Breastfeeding by DHO Jeneponto¹⁶. The Module was compiled by researchers with community members, experts and trainers. The Modification Module containsfour sessions. They are Knowledge of Early Initiation of Breastfeeding and The Breast milk, The Simulations of Breastfeeding Early Initiation and Breastmilk, Myths and Facts of Breastfeeding in Makassar Tribe, and Adds Value in the Myths.

The training was conducted for 2 days from 8.00 am until 5.00 pmheld in the Auditorium of DHO of Jeneponto. The facilitator was the native Jenepontowho has been certified and she also is working for DHOof Jeneponto. Before training, measured skills of both groups (pre-test), and in the range of 1-7 days after the training was done, re-assessment of skills (post-test). Againts the intervention group, pre test was conducted shortly before training begins. The control group was carried out at homes in the span of 1-7 days before training. Measurements were performed by reading the questions to the respondents. Respondents answered the questions by using the tools and materials provided. At the same time researchers conducted observations of participants' answers and assessment by filling out the observation sheet of skills with some guidance as follows: Score 1 if Need Improvement, Score 2 if Competent, Score 3 if Advanced. Measurements were carried out on 13 skill indicators. The indicators were derived from session 2 and 4 in Modification module. Data were analyzed with independent t-test and paired t-test.

RESULTS

Table 1 shows that the age group of the respondents in the intervention group more that at age ≥ 40 years (40%), while the control group is aged 35-39 years (33.3%). Most of respondents' education level was high school in both of groups (53.3% and 40.0%). Similarly with the type of work showed the same in both groups, most of them were Housewife (53.3% and 40.0%).

Table 1: Respondents Characteristics

Respondent Characteristics	Intervention		Control		Total	
	n	%	n	%	n	%
Age group by Year						
≤19	0	0	1	6.7	1	3.3
20-24	0	0	2	13.3	2	6.7
25-29	2	13.3	4	20	6	20
30-34	2	13.3	3	16.7	5	16.7
35-39	5	33.3	5	33.3	10	33.3
≥40	6	40	0	0	6	20
Education Level						
Elementary School	1	6.7	5	33.3	6	20
Junior High School	4	26.7	2	13.3	6	20
Senior High School	8	53.3	6	40	14	46.7
Diploma	2	13.3	1	6.7	3	10
Bachelor	0	0	1	6.7	1	3.3
Type of Work						
Housewife	8	53.3	12	40	20	66.7
Self Employed	5	33.3	1	6.7	6	20
Government Employees	1	6.7	0	0	1	3.3
Teacher	0	0	2	13.3	2	6.7
Permanent Employees	1	6.7	0	0	1	3.3
Marital Status						
Married	13	86.6	11	73.3	24	80
Not Married	2	13.3	4	26.7	6	20

In the Figure 1, Intervention skills for the sample group had increased by mean values of 10.400. There was decrease in the control group (0.200). Based on *statistics of independent t-test* obtained by value $p = 0.000$, it means that there is the effect of training on skills.

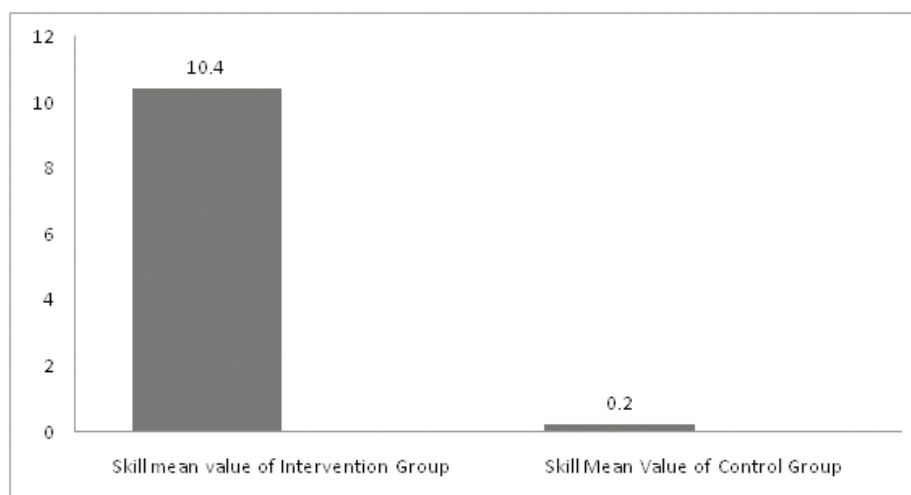


Figure 1: The Amount of Change, Before and After on Intervention and Control Group

* Independent t test $p < 0.05$

Table 2 shows that there the improvement was most likely in demonstratingskills in stages of Breastfeeding Early Initiation and distinctive characteristics of engorgement and mastitis.

Table 2: Skills Proficiency Levels, Before and After Intervention on Intervention group and Control Group

Skills*		pre test	post tets	p value**	Δ SD	p value***
		\bar{x} SD	\bar{x} SD			
A	Intervention	1.20 ± 0.41	2.7 ± 0.45	0.001	1.53 ± 0.74	0.001
	Control	1.07 ± 0.25	1.07 ± 0.25	1	0.00 ± 0.37	
B	Intervention	1.60 ± 0.5	2.60 ± 0.50	0.001	1.00 ± 0.75	0.001
	Control	1.13 ± 0.35	1.13 ± 0.35	-	0 ± 0	
C	Intervention	1.67 ± 0.48	2.60 ± 0.50	0.001	0.93 ± 0.70	0.001
	Control	2.00 ± 0	1.87 ± 0.35	0.164	-0.13 ± 0.35	
D	Intervention	1.73 ± 0.45	3.00 ± 0	0.001	1.27 ± 0.45	0.001
	Control	1.67 ± 0.48	1.67 ± 0.48	1	0.00 ± 0.37	
E	Intervention	1.67 ± 0.48	2.93 ± 0.25	0.001	1.27 ± 0.59	0.001
	Control	1.53 ± 0.51	1.60 ± 0.50	0.582	0.07 ± 0.45	
F	Intervention	1.00 ± 0	2.46 ± 0.51	0.001	1.47 ± 0.51	0.001
	Control	1.00 ± 0	1.00 ± 0	-	0.00 ± 0	
G	Intervention	1.20 ± 0.41	2.40 ± 0.50	0.001	1.20 ± 0.67	0.001
	Control	1.47 ± 0.51	1.53 ± 0.51	0.334	0.67 ± 0.25	
H	Intervention	1.27 ± 0.45	1.87 ± 0.51	0.014	0.60 ± 0.82	0.075
	Control	1.13 ± 0.35	1.27 ± 0.59	0.334	0.13 ± 0.51	
I	Intervention	1.33 ± 0.61	1.80 ± 0.41	0.014	0.47 ± 0.63	0.006
	Control	1.60 ± 0.50	1.53 ± 0.51	0.334	-0.67 ± 0.25	
J	Intervention	1.80 ± 0.67	1.53 ± 0.51	0.164	-0.27 ± 0.70	0.096
	Control	1.27 ± 0.45	1.33 ± 0.48	0.334	0.67 ± 0.25	
K	Intervention	1.53 ± 0.74	1.60 ± 0.50	0.774	0.67 ± 0.88	0.772
	Control	1.27 ± 0.45	1.27 ± 0.45	-	0.00 ± 0	
L	Intervention	1.33 ± 0.48	1.67 ± 0.48	0.096	0.33 ± 0.72	0.19
	Control	1.00 ± 0	1.07 ± 0.25	0.334	0.67 ± 0.25	
M	Intervention	1.33 ± 0.48	1.87 ± 0.35	0.001	0.53 ± 0.51	0.001
	Control	1.20 ± 0.41	1.20 ± 0.41	-	0.00 ± 0	

paired t test p<0.05, * Independent t test p<0.05

H: Distinguishing marks of Lessbreastmilk and not

*A: Demonstrating stages of Early Initiation of Breastfeeding

B: Distinguishing characteristic feature of the right and wrong attachment

I: Linking between myth with Unsufficientbreastmilk

C: Identifying breastfeeding

J: Identifies Reasons of babies cry

D: Assessing breastfeeding

K: Linking myth with baby crying

E: Demonstrating the position of the baby on the breast

L: LinkingbetweenmythwithBreastmilkProduction

F: Distinguishing characteristics of swelling breast and mastitis

M: demonstrating oxytocin massage

G: Demonstrate how to express milk by hand

DISCUSSION

According to¹⁷ skill is the degree of skill consistent success in achieving a goal effectively. From the measurement results, before training the respondents do not have a good enough skill on exclusive breastfeeding. Thus the materials, information and some simulations of this training has been able to provide a positive benefit, among others, is characterized by respondents skills increased and statistically has been proven that there is influence skills training to residents.

In this study, there were not found participants with advanced skills before the training. Most of them still need improvement on skills distinguishing characteristics of breast engorgement and mastitis. In addition, there were still many who had not discovered the participant can demonstrate Early Initiation of Breastfeeding stages as well as how to reddened milk by hand. After the training, there has been increased skill of distinguishing characteristics of breast swelling and mastitis and reddenedmilk more become stage proficient. This is because the training has been a transfer of information is also supported by most of the participants hasan experience in giving breastfeeding. These results are consistent with research¹⁸ that breastfeeding skills were influenced by health education and parity. While many participants become proficient in Early Initiating of Breastfeeding stage skills because of the use of video and images in the training process. This is in line with research¹⁹that the provision of health education with audiovisual methods can significantly improve their knowledge. As written by²⁰ that with the media, participants can use as many senses to observe, listen, feel, and ultimately have a certain amount of knowledge, attitudes and skills.

The large of increase also occurred on the skill of assessing breastfeeding and demonstrates the position of the baby on the breast. In training, this material was supported by the use of baby dolls and breast models. This is according to research²¹ that health education can affect breastfeeding technique correctly.

When it is associated with the level of psychomotor accordingtoSimpson in²² and²³ the results of learning skills in training are at a stage *complex response* for example, a series of position of the baby in breast, a series of nursing position in a sequence is a combination of some sub skills into a synergistic whole movement.

There was no significant effect in skills in linking the relationship between myths with a crying baby and also increase milk production. According to²⁴some myths that are believed to be true in Indonesian among others, the newborn should be given honey and coffee. In this training has been given materials about the meaning of a baby crying and milk production process. According tothe realm of psychomotor, the skills' transformation in this variables are still at the stage *set*.

CONCLUSIONS

Giving Exclusive breastfeeding Training is proven to increase the skills of community group. Therefore, it is expected that further training can improve skills in an effort to reduce the infant morbidity and mortality rate. It is also expected to evaluate the activitiesthe community group after the training. Furthermore, this research suggests doing a similar training to other community groups.

Conflict of interest: Nil

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Ethical clearance: The ethical clearance of this research was based on the letter from the Ethical committee of Medical School of Hasanuddin University, Makassar Indonesia No. 1787/H4.8.4.5.31/PP36-KOMETIK/2015.

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