The Effectiveness of 7 Counselor Contacts in Health Facility at the First Level to Increase Exclusive Breastfeeding Coverage in Tangerang

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Abstract

Breast milk is really beneficial for baby's nerves and brain system development so it can be optimal andit can decrease infection risk. This is not directly proportional with exclusive breastfeeding coverage score in Indonesia, which reached 42% and it is still below of WHO standard one of factors which affects the succeed of giving breast milk was an availability of counselor in Health Service Facility. The objective of the research is to know how deep the beneficial of breastfeeding counseling through 7 counselor contacts based on WHO standard onto mothers and family, especially in increasing breastfeeding coverage score. The research methodology used was quasi experiment. The subject of the research was pregnant women up to the phase of breastfeeding in Health Facility at the First Level in Tangerang. The used sampling technique was purposive sampling. The amount of sample was 30 mothers. The statistical analysis used was t-test paired test. The result shows that all of the samples who got treatment of having 7 counselor contacts reached 100% of breastfeeding until it last to the end. Meanwhile, t test result of counselor contacts with baby's weight was having average differences of newly born baby's weight and in the day 1-3, it was proved with significance score 0,000. The average score of baby's weight who were newly born got 3, 16 kg and in the day of 1-3, got 3, 08kg, means decreased. However, for the t-test paired test, the baby's weight in the day of 1-3, day of 7, day of 14 and day of 40, had average differences with significance score 0,000. The average score of baby's weight in the day of 1-3, in the day of 7, in the day of 14, and in the day of 40 got increased. It can be concluded that the implementation of 7 counselor contacts of breastfeeding based on WHO standard was effective to increase exclusive breastfeeding coverage score and increase baby's weight in Health Facility at the First Level. This research is supposed to be implemented in all of Health Facilities at the First Level, so the score of exclusive breastfeeding coverage increased.

Keywords: *Counselor, Breastfeeding, Breast milk, Exclusive.*

Introduction

The amount of baby's death in Indonesia based on Survey of SDKI shows 23 deaths per live birth. The degree of society's health from the death amount was really far from the SDGS target, that was 12 per 1000 live birth. One of the efforts that can be done to decrease infant mortality rate is giving brestfeeding.[1]

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According to the report of Provincial Health Office, coverage distribution of exclusive breastfeeding for baby aged 0-6 months was 54.3%, meanwhile, the percentage in Banten province was still 47.9% below, means it is far from WHO standard (80%). The result of systematic view about the breastfeeding impact in short term and in long term, shows that it can decrease risk of diarrhea, chest infection, asthma, dermatitis atopic, obesity, leukemia, baby sudden death syndrome [2]

Breastfeeding is a precious gift from a mother given to her baby where it refers to process of giving breast milk to baby or to a child from mother's breast. The baby uses reflex of suction to get and to swallow breast

milk. The breastfeeding process has prolactin reflex and letdown reflex[3]. Breast milk has many fruitful things such as through 16 times of breastfeeding given to baby, tends to be rare of being hospitalized, and it has many specific nutrients which enroll in brain development such as dokosaheksaenoat and arachidonic acid for brain and retina development and choline to increase memory[4].

Some factors that annoyed breastfeeding succeed is the lack of mother's knowledge about breast milk advantageous, the lack of physic and mental of mother's preparation, the lack of family support and environment, the lack of health service facility[3]. Therefore, a mother must seek information, so she can do breastfeeding in optimal way. For the mother who wants to succeed of breastfeeding, must dig information from trusted source. Once she gets the information, then she must seek the truth of the information through books or medical staff, such as doctor, midwife, and breast milk counselor[5]

Lactation counselor is (either medic or non-medic background) someone who has followed lactation counselor training based on WHO-40 hours module. Counseling aspect which becomes main activity from a lactation counselor consists of 2 components: listening and accepting opinion or mother's point of view without judging; and help them to decide the best choice based on relevant information and also suggestions that have been given by a lactation Counselor[5]

The lactation Counselor practices all of the skills and the competences that is supposed to have, especially the skill of communication ability as what has been explained above. The lactation counselor and breastfeeding mother and also family work together to discuss and decide the best thing that will be done by the mother that suits with relevant information and also suggestions that have been given by the lactation counselor regards to the condition of that breastfeeding mother.

The research that is conducted by the researcher that entitles " The implementation of breast milk counseling for the pregnant mothers shows the result that they tend to be more patient and more confident to feed breast milk for their baby within the early 3 days of babies born. In the previous research, there is no treatment done through 7 standard counselor contacts of WHO-based and the research time does not answer the succeed of feeding breast milk exclusively within at least 40 days after having the last counselor contact.

Therefore, it needs to do a continuous research through 7 counselor contacts based on WHO standard which is started from 28 weeks of pregnancy age until 40 days of babies' born age. The research is urgent to do since it is very important of giving breastfeeding counseling in order to increase the coverage rate of exclusive breastfeeding

Materials and Method

This experimental quasi research aims at describing the cause effect relation to see the effectiveness of breastfeeding counseling through 7 counselor contacts based on WHO standard. The subject of this research were the coverage rate of exclusive breastfeeding. The object of the research was breastfeeding counseling through 7 counselor contacts. The population in the research was the pregnant mothers. The sample taken in this research used purposive sampling, whose respondents were taken based on specific purpose. This research took 30 sample of mothers.

The quantitative data collection for the breastfeeding counseling consist of: a.) The implementation of 7 counselor contacts for 28 weeks of pregnant mothers, 36 weeks of pregnant mothers, when the baby was newly born, 1-3 days of baby's newly born, parturition within seven days, parturition within fourteen days, parturition within forty days) b.)The observation of exclusive breastfeeding: Made checklist list of the succeed of exclusive breastfeeding mothers. C)the growth of baby's weight: it was done through weigh babys'weight within the contact given in parturition of BBI (contact 3 (IMD)), BB2 (Contact 4 (1-3 days period of hospitalized). BB3 (contact 5 (parturition of day 7) BB4 (contact 6 (parturition of day 14)BB5 (contact 7 (parturition of day 40). The data analysis used was T test require data coming from normal distribution and homogeny. T test used was Paired T-test.

Results

a. The descriptive result of Counsellor contact

Table 1 Counsellor contact with breast milk

7 Counsellor Contact	n	Breast Milk
Meeting I (28 weeks of pregnancy)	30	-
Meeting II (36 weeks of pregnancy)	30	-
Meeting III Newly born baby (IMD)	30	100%
Meeting IV 1-3 days of newly born baby	30	100%
Meeting V Parturition within 7 days	30	100%
Meeting VI Parturition within 14 days	30	100%
Meeting VII Parturition within 40days	30	100%

b. The descriptive result of Counselor contact with baby's weight

Table 2 Contact with baby's weight

	n	Minimum	Maximum	Mean
BB1 {Third contact (IMD)}	30	2.80	3.60	3.1567
BB2 {Fourth contact (1-3 days of being hospitalized	30	2.70	3.50	3.0767
BB3 {Fifth contact (Parturition within 7 days)}	30	2.80	3.60	3.1800
BB4 {Sixth contact (Parturition within 14 days)}	30	3.00	3.80	3.3700
BB5 {Seventh contact (Parturition within 40 days)}	30	3.20	4.00	3.5633
Valid N (list wise)	30			

1. The average score of baby's weight in the third contact was 3.16 kg and in the fourth contact, the baby's weight was 3.08. It means decreased
2. The average score of baby's weight in the fourth contact was 3.08 kg and in the seventh contact, the baby's weight was 3.18. It means increased
3. The average score of baby's weight in the seventh contact was 3.18 kg and in the fourteenth contact, the baby's weight was 3.37. It means increased
4. The average score of baby's weight in the fourteenth contact was 3.37 kg and in the fourth contact, the baby's weight was 3.56. It means increased

c. The Normality test of Counselor contact with baby's weight

Table 3 Normality Test

Statistic			**Df**	**Sig.**
BB1 {The third contact (IMD)}			30	.200*
BB2 {The fourth contact (1-3 days of baby's born being hospitalized)			30	.194
Levene Statistic		**Sig.**		
BB1-BB2	Based on Mean	.845		
	Based on Median	.850		
	Based on Median and with adjusted df	.850		
	Based on trimmed mean	.842		
BB2-BB3	Based on Mean	.798		
	Based on Median	.765		
	Based on Median and with adjusted df	.765		
	Based on trimmed mean	.800		
BB3-BB4	Based on Mean	.316		
	Based on Median	.348		
	Based on Median and with adjusted df	.348		
	Based on trimmed mean	.316		
BB4-BB5	Based on Mean	.937		
	Based on Median	.844		
	Based on Median and with adjusted df	.844		
	Based on trimmed mean	.927		
BB3 {The fifth contact (Parturition within seven days)}			30	.170
BB4 {The sixth contact (Parturition within 14 days)}			30	.151
BB5 {The seventh contact 7 (Parturition within 40 days)}			30	.051

In the normality test, the data will be normally distributed if the significance score was higher than 0.05. The normality test result shows that significance score was higher than 0.05. It means it can be assumed that it fulfils to do parametric test.

d. The homogeneity test of counselor contact with baby's weight

Homogeneity Test: The homogeneity test, if the significance score from levene statisticis higher than 0.05. Homogeneity test is to do to know whether the data coming from the same population or not. The above result shows the all of data groups have the significance score higher than 0.05. It can be said that it is homogeny. Therefore, the assumption of homogeneity was fulfilled, then parametric test can be tested. The used parametric test was paired t test.

e. Paired TTest

Table 4. Paired Samples Test

	T	Df	Sig. (2-tailed)
Pair 1 BB1 {The third contact (IMD)} – BB2 {The fourth contact (1-3 days of babies born being hospitalized)}	5.442	29	.000
Pair 2 BB2 {The fourth contact (1-3 days of babies born being hospitalized)} – BB3 {The fifth contact (Parturition within seven days)}	-13.676	29	.000
Pair 3 BB3 The fifth contact (Parturition within seven days)} – BB4{The sixth contact (Parturition within 14 days)}	-7.577	29	.000
Pair 4 BB4 {The sixth contact (Parturition within 14 days)} – BB5{The seventh contact (Parturition within 40 days)}	-29.000	29	.000

1. There is significance average differences of baby's weight in scale of day if the significance score was lower than 0.05
2. There is significance average differences of baby's weight in day 3 and day 4 which is proved with the significance score 0.000 (sig<0.005)
3. There is significance average differences of baby's weight in day 4 and 7 which is proved with the significance score 0.000 (sig<0.005)
4. There is significance average differences of baby's weight in day 7 and 14 which is proved with the significance score 0.000 (sig<0.005)
5. There is significance average differences of baby's weight in day 14 and day 40 which is proved with the significance score 0.000 (sig<0.005)

Discussion

From the data collection shows that the 7 counselor contacts have been executed with 100% coverage and the baby's weight was 100% normal > 2500gram. The baby's weight average after being born, mean was 3.100 gram, it is upper from the normal line of the lowest data 2.800 gram and the higher data when baby just being born was 3.600 gr, then the baby's weight increased from each step of counselor activity. The breast milk was given simultaneously and continuously. However, there was a decrease of baby's' weight average score in the third contact, that was 3.16 kg and in the fourth contact 3.08. This decrease was about 2.5%. This happened was not merely caused the lack nutrition of breast milk, but it happened because of the theoretically stated it was normal weight decrease. For the newly born baby, the normal decrease of weight was estimated 5-7%, then it must be a weight gain at least reach 20 gram per day. The content of breast milk has protective factor and proper nutrientthat guarantee the nutrition status of baby and also illness and death of babies were decreased. Some epidemiology research result that breast milk can protect baby from infection illness. The early introduction about foods that are low in nutrients and energy served in unhygienic can decrease children's nutrition and can have low body endurance[6].

The research about nutrition counseling and intensive lactation and husband's support about exclusive

breastfeeding until the baby's age reach 1 month conducted by Ramlan[7] Shows that there is significant difference between control group and experiment group with p= 0.000

The same research was done by Febriani[8] explained that all of respondents, 66 persons and from 35 respondents who did7 breast milk counselor contacts in UPTD Puskesmas Lingkar Barat Bengkulu were 27 persons succeed giving exclusive breastfeeding (77, 1%),the succeed of breastfeeding with p value chi square test p=0,000 (<0.05). In American Journal of Heath Promotion 2013 "The Effectiveness of multilevel promotion of exclusive breastfeeding in rural Indonesia" explained that structured health promotion can increase breastfeeding. BMC journal entitles "Developing a workplace lactation promotion model in Indonesia using Delphi Technique" explained that a wisdom of a company which provides breastfeeding counselor can increase human resource. By the existence of counselor, an employee can work properly if need of the baby's breast milk is fulfilled.

The research conducted by Mulyani[9] explained that by giving counseling of breastfeeding, it can increase the attitude of post-partum mother's breastfeeding effectively after being given the counseling in the period of prenatal, intranatal, and postnatal. The research about breastfeeding counseling toward baby's weight was also conducted by Ni Putu[10]. The result shows thatthe counseling can increase mother's knowledge about breastfeeding, so it affects mother's awareness to give exclusive breast milk and it also affects baby's weight gain. Therefore, from the result of the research, it can be said that 7 counselor contacts have run effectively, so Health facility in the First Level and Health Staff actually hold strategic role to increase coverage of exclusive breastfeeding until the baby's age reach 6 months[11-14].

Conclusion

It can be concluded that the implementation of seven counselor contacts based on WHO standard in Health facilty at the First Level, affect babys' weight gain. It also increase score of coverage of exclusive breastfeeding by seeing baby's weight gain. The implementation of this research hopefuly for all of Health Facilities at the First Level use 7 counselor contatcs, so score of coverage of exclusive breastfeeding increased based on WHO standard.

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Conflict of Interest: Nil

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