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RESEARCH ARTICLE

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Evaluation of the Success of Breastfeeding Support Groups on Exclusive Breastfeeding Coverage in the Central Sulawesi Province

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ABSTRACT

Mother's readiness to exclusively breastfeed her baby is influenced by family factors, health workers, and peer support. The purpose of the study was to evaluate the success of the exclusive breastfeeding support group (KP-ASI) on the coverage of exclusive breastfeeding in the province of Central Sulawesi. This type of research was experimental with posttest only control group design. The research locations were three regencies, namely Banggai Regency, Donggala Regency and Poso Regency. The research period was two months (August-September 2021). Sample size was 114 respondents, divided into two groups, namely 57 respondents from the intervention group and 57 respondents from the control group. The intervention group was given exclusive KP-ASI support treatment, while the control group was given no treatment. Data analysis using Mann Whitney test. The results of the Kruskal Willas test obtained p-value of 0.000. The statistical meaning stated that there was a difference in support between the health cadre group, the grandma group and the youth group for exclusive breastfeeding coverage. The conclusion of the study was that the health cadre group as supporters of exclusive breastfeeding was more effective in increasing the coverage of exclusive breastfeeding than the grandma group and the youth group.

Keywords: breast milk care group; exclusive breastfeeding; health cadre group; grandma group; youth group

INTRODUCTION

The success of exclusive breastfeeding is influenced by physical, mental factors, family support, and support from health workers ⁽¹⁾. The success of exclusive breastfeeding coverage is often associated with direct variables such as; husband's support, information support, promotion, mother's knowledge, mother's job, socio-cultural, attitude and behavior of health workers ⁽²⁾. Research proves that peer support that comes from a group of mothers of the same age is able to increase the understanding and willingness of mothers to give exclusive breastfeeding. Community support for breastfeeding mothers during home visits is more of a role as a motivator as well as a counselor to provide exclusive breastfeeding. Peer support is easier to accept in the breastfeeding mother community than non-peer groups ⁽³⁾. The research of Sunarto, et al (2021) stated that negative family support in the extended family type, grandmother's decision is more dominant in the failure of exclusive breastfeeding. Information support and continuous health education are needed for grandmothers, husbands and other family members about the importance of exclusive breastfeeding for infants aged 0-6 months through various media. ⁽⁴⁾

In 2021, globally the incidence of infant mortality every day is around 47%. The percentage of infant mortality was calculated from the end of the neonatal period to the age of the first five years of life. One of the main causes of infant mortality is malnutrition. Malnutrition makes children more susceptible to disease. One of

the efforts to protect and or prevent malnutrition is exclusive breastfeeding from birth and good mother care and getting complementary foods that are nutritious enough ⁽⁵⁾. The difference in this study lies in the process of assisting peer groups to increase the coverage of exclusive breastfeeding, so that the incidence of malnutrition can be prevented. Indirect variables related to this research are socio-cultural in the form of mentoring ⁽⁶⁾. Breast milk contains growth factors and antibodies. Growth factors in breast milk play a role in helping the process of maturation of organs and hormones, while antibody substances function to help the process of maturation of the body's immune system ^(7,8). If breast milk is not given adequately and exclusively until the age of six months, then the maturation process of the body's immune system is disrupted, so that the baby is susceptible to infectious diseases and can lead to death ⁽⁹⁾.

One of the ways to prevent infant mortality is by exclusive breastfeeding. Nationally, the coverage of infants who received exclusive breastfeeding for 0-6 months in Indonesia in 2018 was 68.74%. This coverage has exceeded the target set by the government based on the strategic plan of the Ministry of Health by 47%. There are many risk factors that cause the failure to achieve the exclusive breastfeeding program. Failure in exclusive breastfeeding is often associated with the mother's disobedience to midwife education, lack of family support, when the newborn is at the point of care 0-6 hours postpartum because the baby is crying, the mother has not given her milk, the mother is tired after giving birth, habit factors and so on ⁽¹⁰⁻¹²⁾. The failure of exclusive breastfeeding also often occurs in hospital deliveries, even though there are many posters that provide information on the importance of exclusive breastfeeding ⁽¹³⁾. This hypothesis needs to be proven, because the report on the results of research on the failure of exclusive breastfeeding is due to unsupportive husband factors, the place of delivery in first-level health facilities, and the provision of wrong information by health workers ⁽¹²⁾.

This study focuses on evaluating the involvement of the breastfeeding companion group (KP-ASI) which contains peers as one of the established interventions. The intervention dose was given for two months after the mother gave birth and was accompanied regularly twice a week. There are three research sites with three different interventions with the hope of choosing which breastfeeding companion group intervention is the most effective in increasing exclusive breastfeeding coverage. Theoretically, the release of breast milk is strongly influenced by the hormones prolactin and oxytocin. These two hormones are closely related to the hypothalamus, while the hypothalamus is the center of behavior. The mentoring process is more directed at increasing motivation and education to foster confidence, this has something to do with positive stimulus signals that go to the hypothalamus.

The KP-ASI intervention is expected to increase the mother's confidence to be able to exclusively breastfeed her baby. Mothers can get support and learn from the experiences of other breastfeeding mothers who are members of the companion group. Furthermore, the baby will get the best complementary food for breastfeeding from the start. On the other hand, husbands and family members have a role as supporters of the success of breastfeeding mothers. Health workers can choose other companion communities to get continued support for maintaining exclusive breastfeeding. Therefore, the purpose of this study was to evaluate the success of the exclusive breastfeeding support group (KP-ASI) on the coverage of exclusive breastfeeding in the province of Central Sulawesi.

METHODS

This type of research was an experimental design with a posttest only control group design. The research locations were in three regencies, namely Banggai Regency, Donggala Regency and Poso Regency, Central Sulawesi Province. The research time was for three months starting from August to October 2021.

The population was breast milk care group in the districts of Banggai, Donggala and Poso. Sample size was 114 respondents, with details of 57 respondents from the intervention group and 57 respondents from the control group.

The independent variable was in the form of exclusive KP-ASI support intervention, while the control group was not given any treatment. The companion group (intervention) was previously given three days of mentoring training. The dependent variable was exclusive breastfeeding. The technique of collecting data was through interviews, the compliance of the companion group was known from the checklist. Data analysis using the Kruskal Wallis test. The ethical feasibility test was issued from the ethics committee of the Poltekkes Kemenkes Palu, Indonesia.

RESULTS

The results of the analysis showed that most of the respondents who received exclusive breastfeeding assistance provided exclusive breastfeeding. Table 1 shows that from 57 respondents from three different groups of exclusive breastfeeding companions, it was found that the cadre group obtained the highest exclusive breastfeeding coverage rate, which was around 40.4% compared to the other two companion groups. In fact, assistance from groups of grandmothers and teenagers has a high failure rate. In the non-intervention group, the results showed that all three experienced failure in exclusive breastfeeding.

Table 1. Distribution of exclusive breastfeeding in the intervention group in Banggai, Donggala and Poso districts, Central Sulawesi Province in 2021

	Breastfeeding companion group participation			
	Breastfeeding support group		Non breastfeeding companion group	
	n	%	n	%
Health cadre group				
Exclusive breastfeeding	23	40.4	10	17.5
No exclusive breastfeeding	3	5.3	16	28.1
Grandma's group				
Exclusive breastfeeding	15	26.3	7	12.3
No exclusive breastfeeding	6	10.5	14	24.6
Youth group				
Exclusive breastfeeding	2	3.5	2	3.5
No exclusive breastfeeding	8	14	8	14

Table 2. Kruskal Wallis test results

	Group	n	Mean rank	p
Exclusive breastfeeding coverage	Health cadre	52	47.25	0.000
	Grandmother	42	60.14	
	Youth	20	78	

The results of the Kruskal Wallis statistical test as shown in table 2 obtained p-value of 0.000 ($p < 0.05$) thus statistically it was stated that there was a difference in the coverage of exclusive breastfeeding between the cadre group, the grandmother group and the adolescent group.

DISCUSSION

There are three groups who care about breastfeeding from the results of this study, namely a group of cadres who care about breastfeeding, a group of grandmothers who care about breastfeeding, and a group of teenagers who care about breastfeeding. The results of the study illustrate that breastfeeding assistance carried out by the cadre group is more effective than the other two groups. The low level of early breastfeeding (early initiation of breastfeeding) followed by exclusive breastfeeding has adverse health and social implications for women, children, society and the environment. These health implications result in greater budget expenditures for the provision of the national health program budget. The 2002 global infant and young child feeding strategy adopted by all WHO member states provides the basis for initiatives to protect, promote and support exclusive breastfeeding. Experience shows that breastfeeding can be protected, promoted, and supported only through joint and coordinated action through community empowerment in the form of mentoring community groups who love or care about breastfeeding.⁽¹⁴⁾ Pregnant women and breastfeeding mothers need family support in increasing self-efficacy and behavior in breastfeeding^(15,16).

The failure of exclusive breastfeeding often starts from the early phase after the baby is born, when the mother is still tired from the birth process, the baby is fussy and cries, then is given formula milk. The availability of a special room for breastfeeding supports the success of exclusive breastfeeding⁽¹⁷⁾. On the other hand, the group of mothers who participated in breastfeeding care training increased the awareness of new mothers to give their breast milk exclusively⁽¹⁸⁾. In Saudi Arabia, the absence of policies related to breastfeeding support in hospitals, increases the failure to cover exclusive breastfeeding⁽¹⁹⁾.

According to Nurrohmah, et al (2015) the role of the mother's support group has a significant effect on exclusive breastfeeding behavior. The exclusive breastfeeding support group from the group of mothers had a 12.85 times higher chance of exclusive breastfeeding behavior than mothers with other support groups. The contribution of husband's support and social support greatly influences the behavior of exclusive breastfeeding. The role of the exclusive breastfeeding support group from the mother's group increases with the involvement of the closest people to the mother such as husbands, parents, family, colleagues and communities who care about breastfeeding to support the success of the exclusive breastfeeding program⁽²⁰⁾. Exclusive breastfeeding for 6 months can reduce under-five mortality by 13%. Community-based strategies such as mother-to-mother support groups in Kenya have increased the exclusive breastfeeding coverage rate to 61% but the variability is still quite high. Maternal support groups are an effective strategy in promoting exclusive breastfeeding in rural areas with low socioeconomic conditions⁽²¹⁾.

Based on the results of interviews with breastfeeding mothers, it was found that several obstacles were felt as obstacles in the process of exclusive breastfeeding. Limited knowledge about breastfeeding and understanding of nutrition in infants, lack of self-confidence, and a stressed mother's state of mind make breastfeeding more difficult. In addition, the increasing number of different formula milk products on the market makes it an easy choice for mothers to give milk to their babies, even though in reality, formula milk does not have the same nutritional content as breast milk. The importance of social media, social communities that care about exclusive breastfeeding are social capital for empowering women who care about exclusive breastfeeding⁽²²⁾. Some of the benefits of a mother's support group include: breastfeeding mothers have the confidence to breastfeed, get support from experienced people, family members can monitor maternal compliance in exclusive breastfeeding.

Health cadres are one of the social capacities that support exclusive breastfeeding in the community. Prior to the evaluation of the activities of the ASI support group with cadres, they were trained to increase their knowledge and understanding. Training in addition to increasing knowledge and skills, which is no less important is to cultivate empathy⁽²³⁾. Cadres can carry out promotive and preventive activities, because they are always in the midst of society. The role of promotive cadres is to provide health education and counseling about the importance of breastfeeding for babies. The preventive role of cadres in the form of movements that support exclusive breastfeeding⁽²⁴⁾. Breastfeeding support groups, hereinafter referred to as KP-ASI, are groups formed by health service facilities and the community to support pregnant women, new mothers and breastfeeding mothers to provide exclusive breastfeeding and breastfeeding until the baby is two years old. The initial part of supporting the breastfeeding care movement is the provision of special breastfeeding rooms in every health service facility, office, mall and other public services, therefore it needs continuous evaluation and promotion⁽¹⁷⁾.

Evaluation of the results of the study, not all mothers want to exclusively breastfeed even though they have been given group assistance, especially those who are not accompanied by groups, the failure rate is very high. Sutomo's research (2019) reports that breastfeeding mothers who are not accompanied by a group have a 2.65 times greater risk of failure to not breastfeed exclusively than breastfeeding mothers who are accompanied by KP-ASI⁽²⁵⁾. Several research reports state that maternal education factors, socioeconomic factors, child ownership factors, husband's support, family type and mother's participation in pregnant women's classes are suspected as the cause of the mother's failure to not give exclusive breastfeeding⁽¹⁶⁾.

The results of the study illustrate that the role of grandmothers as a companion for breastfeeding groups has not been maximized, because the failure rate is quite high, the influence of dominant grandmothers as the cause of exclusive breastfeeding coverage in Ngawi, East Java also fails⁽²⁾. The results of this study are different from the research report by Yuliana (2019) that grandmother's classes can increase the success of exclusive breastfeeding⁽²⁶⁾. Looking at these two different research results, culturally and socially, there are cultural differences between Javanese culture and Sulawesi culture, so further research is needed regarding the variables of grandmother's cultural characteristics, to answer the differences in supporting breastfeeding. Grandmother's Javanese culture still has a strong influence on decision making, especially in the extended family type.

Analysis of research results from the group of adolescents who care about breastfeeding, the failure rate is also quite high. The formation of the capacity of adolescents to care about breastfeeding is very good, especially for the planning generation (GENRE) youth. However, in terms of empathy to provide assistance to mothers to exclusively breastfeed their babies, it is lacking. The characteristics of the group of adolescents who were part of this study were mostly adolescents with general education, and few of them had formal education in health. The weakness of this study lies in the aspect of capacity characteristics, not all capacities have good empathy, so that in the trainings for the formation of KP-ASI from the adolescent group, the burden of lesson hours related to psychology material, empathy needs to be added. Analysis of the three breastfeeding support groups,

CONCLUSION

Based on the discussion, it can be concluded that the role of cadres as a breastfeeding support group is more effective in providing exclusive breastfeeding assistance than the grandmother and adolescent groups in increasing exclusive breastfeeding coverage. Suggestions that can be recommended for puskesmas and village governments are the need to utilize health cadres, mother-to-mother movement, and empowering grandmothers in the family to become exclusive breastfeeding support groups in the form of breastfeeding care capacity.

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