

RESEARCH ARTICLE

The Effectiveness of Lactation Counseling on Knowledge, Self-Confidence, and Successful Breastfeeding for Postpartum Mothers

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Abstract

The best primary nutrition for babies is breast milk. Exclusive Breastfeeding is given since the baby is born for six months. Breastfeeding proved to reduce infant mortality and morbidity. The rate of exclusive breastfeeding in Indonesia is still low at around 37.3%. The cause of the low number of breastfeeding is the lack of information obtained by the mother, affecting the mother's knowledge and belief. Breastfeeding mothers need the correct information. This information can be obtained from lactation counseling provided by health workers. This study aims to analyze the effect of counseling on knowledge, mothers' self-confidence, and breastfeeding ability in postpartum mothers. This research was conducted in July–September 2021 in the working area of the Sukaluyu Public Health Center, Cianjur regency. This research method uses a quasi-experimental design with a post-test only with a control group design—the sample in this study was 60 respondents, primigravida mothers aged 37 weeks to 1 month postpartum. The analysis used is the t-test and the Mann-Whitney test. This study uses three instruments: knowledge, self-confidence in the form of a Breastfeeding Self-Efficacy Scale Form (BSESF) questionnaire, and a breastfeeding ability observation sheet. The study results on mothers' knowledge in the intervention group were higher, namely 26, and there was a significant difference between the knowledge of the two groups ($p=0.03$). There are differences in the beliefs of breastfeeding mothers after being given counseling ($p=0.001$). There is no difference in the mothers' ability of the two groups after counseling ($p=1.000$). In conclusion, lactation counseling using video media increases the knowledge and confidence of breastfeeding mothers compared to those given standard care.

Keywords: Breastfeeding ability, counseling, knowledge, self-confidence

Introduction

The best primary nutrition for babies is breast milk, with exclusive breastfeeding can help the growth, development, and survival of babies. Breastfeeding that is not optimal can increase the risk of malnutrition, morbidity, and mortality.¹ Exclusive breastfeeding is given for six months and continued until the baby is two years old. Complementary foods for breast milk are introduced after the baby is six months old.^{2,3}

Many studies on exclusive breastfeeding have been carried out, but breastfeeding coverage is still low. The 2018 Indonesian Basic Health Research stated that exclusive breastfeeding in Indonesia is 54.3% and decreased in 2018 to 37.3%.⁴ Exclusive breastfeeding data in West Java in 2018 reached 53%, while the range of exclusive breastfeeding coverage in Cianjur regency was 63.18%.⁵ This figure exceeds the coverage range of the province.

The data from the Cianjur Regency Health Office in 2017 shows that the lowest coverage of

exclusive breastfeeding is in the Sukaluyu Health Center working area, at around 20.5%. Based on data from the Sukaluyu Health Center in 2018, only about 46.51% of babies were given exclusive breastfeeding.⁶

One of the causes of the lack of breastfeeding is the lack of information obtained by the mother. It affects the mother's knowledge about lactation and her belief in breastfeeding. Mothers need lactation information. This information can be obtained from lactation counseling provided by health workers. Counseling will be effective when using various media and affect the absorption of information and increase knowledge about lactation.⁷⁻⁹

Many media are used in counseling, one of which is audio-visual media such as video. In addition to the use of media in counseling, community support also affects the duration of breastfeeding. The support can be in technology, for example, using cell phones.^{1,7,10-12}

The results of the literature study show that structured counseling programs impact

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breastfeeding performance. Jerin et al.¹ showed that breastfeeding support is given during pregnancy, and postpartum can increase exclusive breastfeeding. Support is also more successful if it is provided through interpersonal communication. Interpersonal communication support is carried out using cellular telephones.

Based on the study results, it was found that providing support via the telephone can increase exclusive breastfeeding. In addition, the use of cellular phones and text messaging interventions can be measured at several points in time and has a low cost of conducting counseling.^{1,11,12}

The purpose of this study was to analyze the effect of counseling on the level of knowledge, self-confidence, and breastfeeding success in postpartum mothers.

Methods

The method in this research is quantitative with a quasi-experimental design. All primigravida pregnant women aged 37 weeks to one month postpartum were the population in this study. The sample selection used a nonprobability/nonrandom sampling technique with a consecutive sampling method. The sample in this study was 60 respondents, where 30 respondents were in the intervention group, and 30 respondents were in the control group. This research has received ethical approval from the Research Ethics Committee of the University of 'Aisyiyah Bandung with the number 61/KEP.01/UNISA-BANDUNG/X/2021.

The counseling media used in this research is video media. The variables in this study are knowledge, self-confidence, and breastfeeding

success. Measuring self-confidence in mothers using the Breastfeeding Self-Efficacy Scale Form (BSESF) questionnaire developed by McCarter-Spaulding and Dennis¹³ in 2010, evaluation of breastfeeding success was assessed at one month postpartum by observing breastfeeding using observation sheets in each group.^{14,15} Analysis of the data used in this study used the Mann-Whitney test method to determine differences in knowledge, self-confidence, and breastfeeding success.

Results

Based on Table 1, it was found that most of the research respondents were aged 20–35 years, namely 22 people (73%) and 20 people (66%). Based on the characteristics of the last education, most of the mothers had higher education (high school and university), as many as 20 people (66%) and 17 people (56%). Based on the work characteristics, it was found that most of the homemakers were 17 people (56%) and 20 people (66%).

Based on Table 2, the median knowledge of mothers in the intervention group was 26. The results of the Mann-Whitney test were $p=0.03$ ($p<0.05$), meaning that there was a significant difference between the knowledge of the two groups. The median value of maternal confidence in the intervention group was 65, and there was a significant difference between maternal beliefs in the two groups ($p=0.001$, $p<0.05$). The median value of the mother's ability to breastfeed in the intervention group was the same as the control group, which was 24.50. Furthermore, analysis based on the Mann-Whitney test results showed

Table 1 Characteristics of the Research Respondents

Characteristics	Groups	
	Intervention n=30 (%)	Control n=30 (%)
Age (years)		
20–35 (not at risk)	22 (73)	20 (66)
<20 and >35 (at risk)	8 (27)	10 (34)
Education		
Low (elementary, junior high school)	20 (66)	17 (56)
High (senior high school, university)	10 (34)	13 (44)
Work		
Housewife	7 (16)	20 (66)
Work	38 (84)	10 (34)

Table 3 Effect of Counseling in Postpartum Mothers

Variables	Groups		p Value
	Intervention (n=30)	Control (n=30)	
Knowledge			0.030
Average (SD)	4.934	4.934	
Median	26	23	
Range	23.89–27.58	20.89–24.58	
Self-confidence			0.001
Average (SD)	4.673	8.520	
Median	65	54.50	
Range	61.86–65.34	52.85–59.21	
Breastfeeding ability			1.000
Average (SD)	2.501	2.501	
Median	24.50	24.50	
Range	23.50–25.37	23.50–25.37	

no difference between the mother's breastfeeding ability in the two groups ($p=1.000$, $p>0.05$).

Discussion

Counseling is a process of changing the behavior of individuals, groups, or communities to obtain specific goals. In providing counseling services, professional skills are needed to achieve the goals of counseling.

Health promotion efforts in increasing mothers' knowledge of breastfeeding success need to be done with lactation counseling. It is evident from the results obtained in this study that the median value of mothers' knowledge in the intervention group was 23 and higher than the control group, which was 23. Based on the results of the Mann-Whitney test, there was a difference in knowledge between the two groups ($p=0.03$, $p<0.05$). Lactation counseling needs to be given in a planned manner, and the use of various counseling media such as audio-visual or video media will increase the mother's knowledge. This study is in line with research by Liliana et al.¹⁶ that after being given lactation counseling using video media, there was a change in knowledge in the intervention group ($p=0.000$, $p<0.05$). The results of other studies showed an increase in knowledge in the intervention group after being given counseling ($p=0.04$, $p<0.05$).¹⁷

Increased knowledge is due to planned lactation counseling. Thus mothers understand more about lactation so that it can affect the implementation of mothers in giving breast milk to babies. In addition, the intensity of counseling

also affects the increase in knowledge. Therefore, the mothers are often given lactation counseling, and the more information about lactation the mother gets. In addition, increasing knowledge will also increase the mother's confidence in breastfeeding her baby. A mother's self-confidence is one of the factors in the success of breastfeeding. Therefore, breastfeeding mothers will try to keep breastfeeding, emotionally controlling mothers in overcoming difficulties in breastfeeding.¹⁸

Breastfeeding Self-Efficacy Scale Form (BSESF) can be formed from breastfeeding experiences, both personal and other people's experiences. Health workers can help increase motivation and understand the psychological condition of breastfeeding mothers.^{19,20} BSESF is a mother's confidence and ability to breastfeed her baby and influences the duration of breastfeeding so that it can predict the continuation of breastfeeding.

Based on Table 2, it was found that the median confidence of mothers who received planned counseling was higher than the control group, namely 65 and 54.50. The Mann-Whitney test results obtained $p=0.001$ ($p<0.05$), which means that there are differences in the confidence of breastfeeding mothers in each group.

In this case, the provision of counseling by midwives to mothers using video media can strengthen the mother's confidence to give exclusive breastfeeding. The strategy in this counseling uses interactive communication methods. In this method, communication is focused on constructing thoughts, emotions,

perceptions, and commitments of breastfeeding mothers. Armini et al.¹⁹ showed an increase in the average self-efficacy before and after counseling interventions from 69.33 to 89.67. Providing counseling using video media is an effort to increase awareness of breastfeeding mothers.

Riyanti et al.'s²¹ research state a difference between breastfeeding self-efficacy before and after counseling. So it can be concluded that the less counseling, the mother's confidence level will also decrease. Therefore the importance of counseling related to maternal beliefs earlier in the third trimester so pregnant women will have high confidence to breastfeed.^{21,22}

Breastfeeding success is the mother's ability to provide exclusive breastfeeding and the correct breastfeeding technique. Proper breastfeeding technique is a factor in breastfeeding success, which needs to be considered in breastfeeding techniques, namely the breastfeeding position and attachment of the baby's mouth to the mother's breast.⁷

Table 2 shows that the median value of the mother's ability to breastfeed in the intervention group is the same as the control group, which is 24.50. In addition, the Mann-Whitney test results showed no difference between the mother's ability to breastfeed in the two groups ($p=1.000$, $p>0.05$).

It is because breastfeeding behavior is a mother's instinct. Still, this attitude will change when the mother faces problems in breastfeeding, such as disturbed milk production, no support from her husband and family, and no support from health workers. The research above is supported by Ambarwati et al.,²³ stating that there is no difference in breastfeeding success before and after lactation counseling ($p=0.577$).

The success of lactation counseling is influenced by several factors, namely: lack of acceptance of mothers with breastfeeding problems, lack of health services in overcoming issues of public health status, beliefs or cultural values in society, and environmental factors that do not support.²⁴⁻²⁶

However, this study was strengthened by research by Ambarwati et al.²³ that the control group showed no difference in breastfeeding success before and after being given counseling. The cause was the lack of knowledge and motivation of breastfeeding mothers. Lactation counseling during pregnancy is ineffective in changing knowledge and success of breastfeeding because mothers learn more from breastfeeding

experiences in previous children and experiences from parents.

Conclusions

There is an effect of counseling on the level of knowledge and self-confidence, but not on the breastfeeding success in postpartum mothers. Lactation counseling with video media in the intervention group increased the knowledge and confidence of breastfeeding mothers compared to the control group.

Conflict of Interest

In this study, all authors declare no conflict of interest.

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