

THE ROLE OF INTERVENTION TO IMPROVE THE UNDERSTANDING OF BREASTFEEDING DYNAMICS

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ABSTRACT

Introduction: WHO has not achieved its 50% exclusive breastfeeding target. To understand the causes, two different studies were conducted. **Study 1:** Performed a worldwide literature review of various breastfeeding reports, indexing: obtained through electronic media (International Breastfeeding Journals, Google Scholars) using guided keywords (breastfeeding, attitude, experience, intervention). Twenty articles representing countries with varying information were selected. **Result:** Breastfeeding was not properly understood. **Study 2A:** a one-shot case study design was performed on 110 pre-or several day post-natal women, who received verbal, written (reading a booklet), or verbal+written information. Subjects were contacted by mail approximately a year later to complete a quantitative and qualitative questionnaire, 45 responded. **Result:** 88.9% succeeded in breastfeeding longer than six months. No significant differences in knowledge attainment between the three methods of intervention were found. Qualitatively it was shown that the importance of breastfeeding was not sufficiently understood. Subjects had better understanding after intervention, became more motivated, and experienced physical, psychological, and social wellbeing. Study also showed that breastfeeding was not actively promoted by the medical team and environment. **Study 2B:** a one-group pre-post-test design, performed on 30 pregnant and 30 post-natal women, each divided in three sub-groups. Each sub-group received either verbal, written, or verbal+written information. **Result:** all interventions had a larger influence on pregnant compared to post-natal women. **Discussion and Conclusions:** verbal and written intervention have positive effect on breastfeeding knowledge and attitude. Health Promotion should be actively performed or promoted, especially on pregnant women, ideally by a competent motivator for the welfare of family and nation as well.

Keywords: Breastfeeding, Intervention, Understanding, Success, Wellbeing.

ABSTRAK

Pendahuluan: Target WHO agar 50% ibu menyusui secara eksklusif belum tercapai. Untuk menelusuri penyebabnya dilakukan 2 studi yang berbeda. **Studi 1:** dilakukan revidi literatur mancanegara tentang proses menyusui, index didapat melalui media elektronik (*International Breastfeeding Journals, Google Scholars*) dengan bimbingan kata kunci (menyusui, sikap, pengalaman, intervensi). Duapuluh artikel mancanegara dengan variasi informasi terseleksi. **Hasil:** proses menyusui belum dipahami dengan betul. **Studi 2A:** suatu *one-shot case study design* dilakukan pada 110 ibu pra-atau beberapa hari pasca-melahirkan. Pada mereka dilakukan intervensi penyuluhan secara verbal atau tertulis (membaca booklet) atau verbal+tertulis. Mereka dikontak setahun kemudian per surat untuk mengisi kuesioner (kuantitatif dan kualitatif). Yang merespon adalah 45 ibu. **Hasil:** yang berhasil menyusui lebih dari enam bulan sebanyak 88,9%. Tidak ada beda signifikan dalam peningkatan pengetahuan antara ketiga macam intervensi. Secara kualitatif ditunjukkan tentang kurangnya pemahaman proses menyusui sebelum intervensi. Setelah intervensi, mereka menjadi lebih mengerti, lebih termotivasi, dan menjadi lebih sejahtera secara fisik, psikis, dan sosial. Juga diutarakan bahwa tim medis dan lingkungan kurang aktif mempromosikan untuk menyusui. **Studi 2B:** suatu *one-group pre-post-test design* dilakukan pada kelompok 30 ibu hamil dan kelompok 30 ibu pasca melahirkan, yang masing-masing dibagi dalam 3 sub-kelompok. Setiap sub-kelompok menerima intervensi penyuluhan secara verbal atau tertulis atau verbal+tertulis. **Hasil:** ketiga macam intervensi mempunyai pengaruh lebih besar dan signifikan pada ibu hamil dibandingkan ibu pasca melahirkan. **Diskusi/Kesimpulan:** intervensi verbal dan tertulis berperan positif pada pengetahuan dan sikap menyusui. Penyelenggara Promosi Kesehatan diharapkan berperan aktif dalam menggalakkan menyusui, terutama pada ibu hamil, dan dianjurkan dilakukan oleh mereka yang kompeten, demi kesejahteraan anak, keluarga, dan bangsa.

Kata Kunci: *Menyusui, Intervensi, Pemahaman, Sukses, Kesejahteraan*

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INTRODUCTION

The World Health Organization's¹ global target for exclusive breastfeeding (meaning that a child is 100% breastfed for

the first 6 months) is 50% by 2025. According to the Global Breastfeeding Scorecard² which evaluates 194 countries, exclusive breastfeeding levels have only

reached 40%. Only 23% of countries achieved 60% levels.

In Indonesia³, lack of knowledge, in addition to sociocultural, economic, and personal reasons, steers mothers towards formula feeding. Nevertheless, an increase in breastfeeding rate was observed, from 32% in 2007 to 42% in 2012. Breastfeeding rates do not correlate with maternal education, rural or urban areas, as well as wealth. Breastfeeding decisions are still heavily influenced by older family members and by health care workers. In 2009 Indonesia launched a legislation to stress the right of every child in the first six months to receive exclusive breastfeeding from mothers, donors, or from breast milk banks, unless medical reasons prohibit it. However, according to the Indonesian Demographic Health Survey 2012, health experts argue that this law is not well implemented, and formula companies continue to aggressively encourage post-natal mothers to use their products.

Susiloretni et al³ stresses that if the Government seriously implements this law, a radical increase in breastfeeding could be expected. A holistic approach, including from volunteers, health workers, birth attendants, religious leaders, neighborhood leaders, supported by training, promotional media, and home visits, will improve breastfeeding. Their study of 163 families in Demak (Central Java, Indonesia) who

were given holistic intervention, compared to the non-intervention control group, showed the following results: exclusive breastfeeding at the age of 1 week, increased to 75.3% from 28.0%, 64.2% from 14.6%, 50.6% from 8.5%, and 37.0% from 3.7%, at the age of 1, 8, 16, and 24 weeks, respectively.

The above input leads to two research questions: 1) what are the profiles of breastfeeding dynamics in different countries? and 2) what kind of intervention can be implemented to achieve success in breastfeeding? Answers to these questions could be traced through a literature review⁴ and research⁵.

METHODS

- 1) Literature review: search of literature was conducted through electronic media (Indexing: International Breastfeeding Journal and Google Scholar). Keywords were breastfeeding, attitude, experience, and intervention. Inclusion criteria were exclusive or non-exclusive breastfeeding, attitudes, experiences, and interventions. Exclusion criteria were government policy, disease, delivery mode, and economy. There were 73 literatures (2003-2015), of which 20 met the inclusion criteria and each represented one country.

2) Research: two research (A & B) were conducted in several health locations in Surabaya, Indonesia. All interventions were done by the researchers, and written information (a booklet) was created by the researcher.

Research (A): is a one shot case study design. Interventions were performed once, approximately one year before the study, on 58 pregnant women (30 women received verbal information, and 28 women received verbal and written information), and 68 post-natal women (18 women received verbal and written information, and 50 women received written information). Based on demographic data and pregnancy history, the women whose children were estimated to be older than six months, were traced. A questionnaire of 18 items on understanding the breastfeeding process (14 were valid, with a reliability of 0.870) was sent to them. Forty-five of them responded. Analysis was conducted to know the strength differences between interventions. The demographic data showed the amount of successful breastfeeding. There were also three open ended questions to be analyzed qualitatively.

Research (B): is a one-group pre-post-test design. Intervention was performed on 30 pregnant women and 30 post-natal women. The questionnaires were the same as in research A. Each group was

divided into 3 sub-groups, each of which was given an intervention through verbal, written, or verbal and written information. Analysis was conducted to know the strength differences between those interventions.

RESULT

1. Literature review: result showed that WHO recommendation for breastfeeding and related dynamics has not been done optimally. Early breastfeeding initiation, the meaning of skin-contact, colostrum, exclusive breastfeeding, avoiding milk formula before six months, has not been well understood. Inadequate interventions, both from family members as well from medical teams, confused the mother's obligation to breastfeed and meet her child's right.
2. Research (A): result showed that 84% of mothers managed to breastfeed (exclusive or non-exclusive) for more than six months. There were no influence differences between the three interventions towards the insight of breastfeeding process.

It was shown qualitatively that the intervention enhanced knowledge, self-consciousness, skill, optimism, as well as physical, psychological, and social well-being. Due to breastfeeding, a strong bonding effect developed, that increased

the mother's responsibility to give the child the right and optimal growth as well as development.

Research (B): result showed that all three kind of intervention have a positive influence on the insight of breastfeeding process, and have a greater impact on pregnant than in post-natal women.

DISCUSSION

Success in breastfeeding is one of Family Medicine responsibilities, a medical science that focuses on holistic health in context of person and the family. WHO⁶ suggested that: "Humanistic approaches to health of the whole family, broad-based care of the person rather than focusing on the disease, and improvement of quality of life are some pertinent concerns of the discipline. The scope of the family medicine encompasses all ages, sexes, each organ system, and every disease entity."

Quality of life improvement starts from the beginning of birth, a golden period in which the foundation of health is built. In 1948, WHO⁴ formulated that: "health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." This bio-psycho-social aspect is a mind-body perspective that plays an important role in the success of breastfeeding, as mentioned in the literature review.

This review revealed that some negative constraints cause the target for exclusive breastfeeding not to be achieved, such as giving extra drinks or solid foods too early; no opportunities and facilities at work for breastfeeding or breast pumping; the perception that milk production is inadequate; assumption of obesity due to breastfeeding; work task; recommendations for switching to formula; childbirth in younger age; and inadequate health promotion. On the other hand, there are positive things that cause successful breastfeeding, namely understanding that breastfeeding reduces the likelihood of breast cancer; the intention to follow the recommendation; prevalence in developing countries that tends to increase; and effective education conducted in groups and individually on attitudes, adaptations, and execution.

Effective informal education, as part of Health Promotion, were shown in the studies of Wattimena et al⁷. The intervention had a positive impact on the success of breastfeeding and well-being. Breastfeeding was not properly understood before. After intervention, women have a better understanding, became more motivated, and experienced physical, psychological, and social wellbeing. These results supported the WHO⁸ statement which read: "Health Promotion is the process of enabling people to improve

control over their health and its determinants, and thereby improving their health." Improved mind and body health was experienced after intervention. Women experienced happiness and excitement from breastfeeding by saying: "I am happy after information was given because now I know and understand that breast milk is very beneficial for children."

Breastmilk and the process are useful for health and education. In this interaction, the mother is learning by doing, which is supported by knowledge and skills to behave healthy, controlled, and responsive⁹. Research studies¹⁰ suggested that inside the mother's feeling occurs a collaboration between self-awareness and self-determination, a form of good self-management. She is aware about spiritual excellence and power in breastmilk. It establishes a positive affection, a good mood, in determining a strong and virtuous attitude towards the right and interest of the child. This empowers her in facing challenges, physical and psychological stresses, personal interests, and temptations, which makes her successful in breastfeeding as recommended.

Positive affection leads to a flexible, creative, integrative, open-minded, and efficient mindset¹¹. This condition contributes to the increase in brain activity, which is expected to contribute to positive physiological

regulation of the body, including the production of breastmilk. Meneses¹² studied 311 nursing women. The goal was to examine the emotions in the breastfeeding process and its relationship to the cognition process. The result showed that mood as an emotional reaction, is an emotional instinct of reaction rather than a rational decision, to realize the actualization of its potential.

The actualization of potential for success and benefit has a high factor weight on welfare. Wattimena et al⁷ showed that the actualization of its potential is in the 88,9% success rate of breastfeeding for more than six months. This success showed women's strength and virtue in facing challenges. It is their determination to give the child its right and interest in breast milk. The well-being of mother and child (health, happiness, experience intensive non-verbal communication, and bonding) and family welfare (happiness and economically secured) are a manifestation of this success. This formidable nature of determination is described by Deci and Ryan¹³ as human motivation, self-development, and welfare. Determinants of success are positive attitudes in competence, autonomy, and connectedness, which are obtained through learning and experience.

Wattimena et al¹⁴ suggested that learning and experience are also obtained by children who are breastfed. Values

(positive mind, closeness, togetherness, stimulation, and respect), life skills (independence, adaptation, communication, and self-efficacy), and character (wise, courageous, affectionate, confident, and happy) were formed during this time. Without realizing, education is given from mother to child through this process.

In empowering to educate, support is recommended. The husband's help and emotional support relieve the burden of their wives and empower them for success¹⁵. Studies also showed that the medical team and environment were not actively promoting breastfeeding⁷. This less supportive condition is anticipated by government regulation (number 33/2012) which supports programs to raise awareness and knowledge in breastfeeding.

Government involvement was studied by Fikawati and Syafiq¹⁶. They reviewed descriptively studies of implementation and policies of exclusive breastfeeding and early breastfeeding initiatives in Indonesia (based on Health Ministerial Decree No. 237/1997, PP No. 69/1999, Kepmenkes No. 450/2004). Results showed low level of exclusive breastfeeding and lack of optimal facilitation of IMD (Inisiasi Menyusui Dini or Early Breastfeeding Initiation). Exclusive breastfeeding policies are incomplete and uncomprehensive, and

IMD has not explicitly entered the policy. Analysis of advocacy coalition frameworks confirms the weaknesses of external systems and policy subsystems in exclusive breastfeeding policy formulation.

The negative influence of formula milk is important to note. To oppose the formula milk promotion, the government issued a regulation (Regulation of the Minister of Health, number 15/2014) which expressed administrative sanctions for health and education workers, as well as formula milk distributors, who do not support exclusive breastfeeding.

Health Promotion plays an important role for the success in breastfeeding. Verbal and written information has positive effect on breastfeeding knowledge and attitude. It should be actively performed, especially to pregnant women, and is recommended to be promoted by competent motivators⁷. The behavior advocated in promoting should improve health, foster functional ability, and develop wellbeing in all stages. The last goal in health promoting behavior is a healthy state in the optimal welfare, fulfillment of satisfaction, and a productive life of child and family.

The holistic support of various parties is in accordance with the World Breastfeeding Week 2017¹⁷ theme which reads "Sustaining Breastfeeding Together."

It is working together for the common good.

CONCLUSION

In a worldwide review of publications, it has been shown that breastfeeding was not properly understood. Intervention by verbal and written information has a positive influence towards breastfeeding success. In context of Family Medicine, breastfeeding needs to be given intensive attention because mental and physical health of children are optimally formed from an early age. This favorable state assures the physical, psychological, and social well-being of breastfed children, families, and Indonesia.

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