



**APPLICATION OF AREOLA AND ROLLING MASSAGE USING JITU OIL
WITH AL-QURAN MUROTTAL RELAXATION ON SUCCESSFUL
BREASTFEEDING**

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ABSTRACT

Breastfeeding is a mother's effort to provide the best nutrition for her baby. Even if a mother intends to breastfeed, successful breastfeeding is not always achieved because many factors influence it. Rolling and Areoal massage is one of the efforts to ensure the smooth flow of breast milk combined with Jitu Oil and relaxation of Al-Qur'an Murottal. Sixty-four samples of breastfeeding mothers with instrument measurements using the Person Product Moment Validity Test. Data were analyzed using the Kolmogorov-Smirnov Normality and the Chi-Square test. Independent Successful Breastfeeding between the pre-test and post-test was significantly different; all respondents experienced an increase in Independent Successful Breastfeeding. So, applying Areola and Rolling massage using Jitu Oil with Al-Qur'an Murottal relaxation significantly affects successful breastfeeding independently.

Keywords: rolling massage, areola massage, successful breastfeeding, independent

ABSTRAK

Menyusui merupakan upaya seorang ibu untuk memberikan nutrisi terbaik bagi bayinya. Sekalipun seorang ibu berniat untuk menyusui, keberhasilan menyusui tidak selalu tercapai karena banyak faktor yang mempengaruhinya. Rolling dan Areoal Massage merupakan salah satu upaya kelancaran aliran ASI yang dipadukan dengan Minyak Jitu dan Relaksasi Murottal Al-Qur'an. Sampel ibu menyusui sebanyak 64 orang dengan instrumen pengukuran menggunakan Uji Validitas Person Product Moment. Data dianalisis menggunakan Normalitas Kolmogorov-Smirnov dan uji Chi-Square. Keberhasilan Menyusui Mandiri antara pre-test dan post-test berbeda nyata; seluruh responden mengalami peningkatan Keberhasilan Menyusui Mandiri. Jadi penerapan pijat Areola dan Rolling menggunakan Minyak Jitu dengan relaksasi Murottal Al-Qur'an berpengaruh signifikan terhadap keberhasilan menyusui mandiri.

Kata Kunci: Rolling massage, areola massage, keberhasilan menyusui, mandiri

INTRODUCTION

Breastfeeding is one of a newborn's first experiences, promoting both short- and long-term health. Breastfeeding also improves maternal health, lowering the risk of breast cancer (Allen et al., 2016). Father support has been associated with longer breastfeeding duration. (Ningsih, 2018) optimal professional health worker assistance (Dewi Andariya Ningsih, 2018). Relational issues such as learning how to understand the baby's circumstances, signals and reactions are integral to introducing the breastfeeding process. Some mothers offer their breasts whenever the baby gives signs. For some mothers, a baby's crying is considered a sign of breastfeeding problems, and some even consider it a criticism of themselves after becoming mothers. A crying baby causes discomfort about its ability to produce enough breast milk for the baby and has the potential to trigger weaning of the baby (Nilsson et al., 2022).

The World Health Organization (WHO) recommends that babies be given exclusive breast milk for six months and continue to provide complementary foods for breast milk until the age of 2 years or more (WHO, 2022). Although the benefits of exclusive breastfeeding for society have been well documented, but the rate of exclusive breastfeeding globally is still low (40%) (Issaka et al., 2017). 29.5% of babies in Indonesia receive exclusive breast milk until the age of six months (Kemenkes, 2018). It does not fulfil the target of the Ministry of Health's Strategic Plan that 50% of babies under six months old receive only breast milk, which is the target from 2015 to 2019. Early and exclusive breastfeeding for six months helps protect children from digestive conditions that can shorten their growth. (WHO, 2014). Based on the profile of Situbondo Regency, 758 of the 1022 evaluated babies, or 74.2% of them, were exclusively breastfed in Situbondo Regency in 2020, according to monthly data (Dinkes Situbondo, 2021). Newborn deaths occurred at the Arjasa Community Health Center in 2021 in as many as four cases. The neonatal mortality rate for newborns aged 0–6 days was 2 cases, and for newborns aged 7–28 days was 2 cases (*Profil Puskesmas Arjasa Kabupaten Situbondo*, 2021).

Internal and external factors of the mother influence the success of breastfeeding. Some massage therapies that can be used as complementary therapy include Oxytocin massage with or without a combination of other therapies which can help mothers to produce exclusive breast milk. Other massages are Oketani Massage, Woolwich massage etc. For areola massage and rolling massage, massage the breasts and back (Tania et al., 2023). Rolling massage carried out with another person's help, is an effort to facilitate breast milk by massaging the mother's back area so that the mother's body relaxes and can produce breast milk well. The mother herself can do an areola massage. Jitu Oil can help mothers relax and feel more at ease, which may increase breast milk production. Jitu Oil is an essential oil blend that includes lemon essential oil. Linalool and linalyl acetate are the main active ingredients in Jitu Oil that contribute to anti-anxiety (relaxation) effects. (Ningsih et al., 2023).

Listening to the holy verses of the Al-Qur'an, a Muslim can feel enormous physiological changes, whether they speak Arabic or not. They generally felt decreased depression, sadness, and peace of mind (Putri & Utami, 2021). There is a significant effect of giving Al-Quran murottal on reducing stress levels. It proves that listening to the Al-Quran therapy can make people calm so that stress decreases due to the relaxation that arises when listening to the Al-Quran (Azizah, 2016).

The rolling and areola massage technique combines two techniques to stimulate oxytocin in post-partum mothers. Still, it was not widely known, carried out, and socialized to post-partum mothers, both normal post-partum mothers and cesarean section mothers. Additional relaxation from Jitu Oil and Al-Qur'an murottal had many benefits, but it had not been implemented optimally by breastfeeding mothers. Based on the findings of a preliminary study of 10 breastfeeding mother respondents conducted by researchers. Eight of them had never heard of it or knew about rolling

and areola massage, and three mothers said they had heard of it but forgot how to apply it. Based on this phenomenon, researchers wanted to know the effectiveness of rolling and areola massage using Jitu Oil with Murottal Al-Quran relaxation on successful breastfeeding independently.

METHOD

Participant characteristics and research design

The population was 64 breastfeeding mothers, and used a sampling technique, total sampling. Characteristics of respondents who lived with their husbands or extended family because the rolling massage was done with someone else's help. The data collection process began by obtaining approval from the relevant department and consulting with the coordinating midwife regarding the travel distance and time to the respondent's home. After that, the researcher carried out a perception equation with the enumerator on duty and obtained informed consent from respondents who fulfilled the criteria. Then, researchers provided souvenirs to respondents and recapitulated research tools in the final stage.

Sampling procedures

The sampling selection procedure is to identify the mother's labour process. This research only focuses on normal post-partum mothers. Respondents who fulfilled the inclusion criteria were as follows: Post-partum mothers with spontaneous labour, Muslim and like Al-Qur'an murottals, no hearing loss, Post-partum mothers who were treated for 2 (two) days in the Arjasa Health Center working area, Post-partum mothers who were willing to undergo areola massage and rolling massage two hours post-partum, mothers with babies born at full term, normal weight 2500-4000 grams, physically healthy and born spontaneously and standard suckling, mothers with babies in joint care (Rooming in), mothers with nipples milk stood out and was not one of the mothers who were picky about using massage oil. The intervention started since the birth of the baby. The massage was carried out twice in the morning and evening. The researcher provided an observation sheet filled in routinely by the enumerator. And a questionnaire sheet that the respondent filled in. The research period was March-May 2023. The questionnaire that respondents will fill in will be tested for validity and will be filled out on the first day of birth and the seventh day of the baby's birth.

Sample size, power, and precision

The sample was 64 people. The questionnaire used quoted from The Breastfeeding Self-Efficacy Scale-Short Form (Amini et al., 2019)

Measures and covariates

Instrument measurement used the Pearson Product Moment Validity Test.

Data analysis

Pre-test and post-test results using the Kolmogorov-Smirnov Normality and the Chi-square test. The frequency of applying areola massage using Jitu oil with Al-Quran murottal relaxation on the success of mothers breastfeeding independently.

RESULTS AND DISCUSSION

A. Pearson Product Moment

The basis for decision-making is the Pearson Product Moment Validity Test by looking at the significance (Sig.) value, where:

1. If the significance value is < 0.05 = valid
2. If the significance value is > 0.05 = invalid

Independent Breastfeeding Success	Pre-test		Post-test	
	Sig. Value	Result	Sig. Value	Result
Independent Successful Breastfeeding Indicator 1	0,000	Valid	0,000	Valid
Independent Successful Breastfeeding Indicator 2	0,090	Invalid	0,000	Valid
Independent Successful Breastfeeding Indicator 3	0,000	Valid	0,003	Valid
Independent Successful Breastfeeding Indicator 4	0,008	Valid	0,048	Valid
Independent Successful Breastfeeding Indicator 5	0,013	Valid	0,000	Valid
Independent Successful Breastfeeding Indicator 6	0,013	Valid	0,000	Valid
Independent Successful Breastfeeding Indicator 7	0,000	Valid	0,000	Valid
Independent Successful Breastfeeding Indicator 8	0,013	Valid	-	Constant Value
Independent Successful Breastfeeding Indicator 9	0,013	Valid	0,000	Valid
Independent Successful Breastfeeding Indicator 10	0,103	Invalid	0,004	Valid
Independent Successful Breastfeeding Indicator 11	0,000	Valid	0,003	Valid
Independent Successful Breastfeeding Indicator 12	0,300	Invalid	0,000	Valid
Independent Successful Breastfeeding Indicator 13	0,385	Invalid	0,000	Valid
Independent Successful Breastfeeding Indicator 14	0,004	Valid	0,000	Valid

Table 1. Validity test results of independent successful breastfeeding items

Interpretation of Pre-test and Post-test Wilcoxon Test Results for Mothers' Successful in Breastfeeding Independently

The basis for decision-making for the Wilcoxon Hypothesis Test is by looking at the significance (Sig.) value, where:

1. If the significance value is < 0.05 , there is a difference between the success of independent breastfeeding before and after the Areola and Rolling Massage intervention using Jitu Oil with Al-Qur'an Murottal Relaxation.
2. If the Significance value is > 0.05 , there is no difference between the Success of Independent Breastfeeding before and after the Areola and Rolling Massage intervention Using Jitu Oil with Al-Qur'an Murottal Relaxation.

With additional interpretations, including:

1. Negative Ranks, which show a decrease from the pre-test score to the post-test score
2. Positive Ranks, which show an increase from the pre-test score to the post-test score
3. Ties, which show the same value between the pre-test and post-test

Negative Ranks	Positive Ranks	Ties	Sig. Value	Result
0	64	0	0,000	Independent Successful Breastfeeding between the pre-test and post-test was significantly different, with all respondents experiencing an increase in Independent Successful Breastfeeding.

Table 2. Results of the pre-test and post-test Wilcoxon test for the success of mothers breastfeeding independently

Interpretation of Chi-Square Test Results Frequency of Rolling and Areola Massage Application Using Jitu Oil with Al-Quran Murottal Relaxation on the Successful of Mothers Breastfeeding Independently

Successful breastfeeding Coding is assessed from the instrument's total score. If the total score is greater than 80% of the full score (28 points), then the respondent is considered successful, and vice versa. As for coding the frequency of intervention, if greater than 80% of respondents doing areola

massage using Jitu oil with Al-Quran murottal relaxation for one week (14x/week), then it is considered that the respondent routinely carries out intervention and vice versa.

The basis for decision-making for the Chi-Square Test Relationship is by looking at the significance (Sig.) value, where:

1. If the Sig. Value is < 0.05 , then there is a significant relationship between family support and smooth breastfeeding.
2. If the Sig. Value is ≥ 0.05 , then there is not enough statistical evidence of a significant relationship between family support and smooth breastfeeding.

Intervention		Independent Successful Breastfeeding		Total	Sig.	Result
		Succeed	Not successful			
Frequency of Rolling and Areola Massage Using Jitu Oil with Al-Quran Murottal Relaxation	Routine	56	1	57	0,04	There is a significant relationship
	Not routine	7	0	7		
Total				64		

Table 3. Frequency of Rolling and Areola Massage Using Jitu Oil with Al-Quran Murottal Relaxation

Based on Table 1, the questionnaire used consisted of 14 questions for the pre-conference; 4 questions were invalid. At the post-conference, there was 1 question with a constant value, so Cronbach's Alpha was used with the results of the questionnaire repeatedly. Based on Table 2, the results of the Wilcoxon test showed that all respondents experienced an increase in independent successful breastfeeding. In Table 3, it was reported that there was a significant relationship. Seven mothers were unable to breastfeed independently. If referring to the questionnaire to measure breastfeeding success, there were 14 items. The failure to breastfeed experienced by mothers was supported by the low results of the questionnaire in number 2 with the question "I can still breastfeed my baby even though I do many things, the respondent answered "No". According to researchers, the frequency of breastfeeding affects breast milk production, so the more frequently a baby breastfeeds, the more breast milk is produced. The frequency of breastfeeding is related to the ability to stimulate the hormones prolactin and oxytocin in producing breast milk to avoid insufficient breast milk; the baby is given breast milk every time he feels hungry (or 10-12 times in 24 hours) within two weeks post-partum. When a baby is breastfeeding at that time, the suction that occurs provides direct stimulation to the brain; at the same time, the hormone prolactin circulates in the blood and then causes the alveoli to produce breast milk while the task of the hormone oxytocin is to make the muscles in the alveoli contract so that the milk comes out smoothly. According to researchers, breastfeeding mothers do not do rolling and areola massage due to a lack of information and ignorance of the benefits of massage. The smooth flow of breast milk is influenced by several hormones, one of which is the hormone oxytocin. When the hormone oxytocin is inhibited, milk production will decrease, so stimulation is needed in the form of a rolling massage carried out by the husband or family.

The first two hours after giving birth are referred to as the critical period for establishing and maintaining breastfeeding. The baby's feeding behaviour, rooting and sucking activity, is very strong at this optimal time, as are most of the baby's responses to tactile, heat, and olfactory stimuli from their mother's body. Babies can even start breastfeeding independently, taking advantage of the baby's innate behaviour to initiate breastfeeding. It can increase successful breastfeeding and maximum benefit from this period, achieved with skin-to-skin contact. Skin-to-skin contact enables full-term babies to move towards the mother's nipple and effectively breastfeed. (Karimi et al., 2019). The most important nutritional intervention for reducing child mortality and disease is exclusive breastfeeding. Breastfeeding is regarded as a critical practice for achieving the 2030 Sustainable Development Goals, particularly SDG 2, which focuses on ending hunger and

improving nutrition globally, and SDG 3, which focuses on reducing child and maternal mortality rates and improving health worldwide. Breastfeeding is an ideal food for babies because it contains all of the nutrients required for their growth and development and protects them from many childhood diseases. (WHO, 2019). According to Mareza Yolanda Umar et al, there is a relationship between exclusive breastfeeding and nutritional status, with a P value of 0.000 and an OR value of 5.938, which means that babies who do not receive exclusive breastfeeding have a 5938 times higher risk of experiencing low nutritional status (Umar & Puspita, 2021).

Massage, touch therapy, or light massage that stimulates the body to release endorphin compounds that are pain relievers and can create a feeling of comfort is one way to increase breast milk production. Several theories underlying body massage's effect on the body include the "gate control" theory, where massage on the body provides stimulation to stop pain signals to the brain. Body massage stimulates the release of chemicals in the body, such as serotonin or endorphins. Massage on the nervous system has a sedative effect on the body. The sedative effect relieves disturbed nerves caused by discomfort due to stress, insomnia, fatigue and headaches. Massage increases the activity of muscles, blood vessels and glands. Rolling massage affects the muscular system by balancing relaxation and contraction. The rolling massage makes muscles and soft tissues stretch and relax, and reduces tension and cramps. During the back massage process, relaxation and contraction movements occur, which send signals to the brain (hypothalamus). The hypothalamus stimulates the pituitary, and then the pituitary stimulates the parasympathetic nerves to release chemicals/hormones dopamine, serotonin, oxytocin, and endorphins, which function for relaxation and trigger the release of breast milk. At the same time, the pituitary reduces the hormones cortisol, norepinephrine, and epinephrine. This condition will increase a person's comfort, create a sense of happiness, satisfaction, and psychomotor balance, decrease heart rate, decrease blood pressure, and increase blood and lymph circulation, so the body's homeostasis returns to balance and the feeling of breastfeeding the baby increases.

Worldwide, according to evidence-based recommendations, only a small number of babies are breastfed, and there is no universal approach to supporting breastfeeding families (Victora. et al., 2016). As a result, global breastfeeding rates remain lower than required to protect women's and children's health. The United Nations International Children's Emergency Fund (UNICEF) and the World Health Organization (WHO) developed 'Ten Steps to Successful Breastfeeding' as a key component of the Baby Friendly Hospital Initiative to create an environment where breastfeeding families feel supported. The second Step suggests that "staff have sufficient knowledge, competence, and skills to support breastfeeding" (UNICEF/WHO, 2018).

With increased awareness of the benefits of ongoing health professional development and the benefits of breastfeeding, breastfeeding education interventions must use a multi-model approach, allowing healthcare professionals to challenge pre-existing attitudes about breastfeeding, gain competency-based current skills, and implement evidence-based practices when supporting breastfeeding families. To ensure that the necessary time, resources, and funding are provided for breastfeeding education for health professionals, innovative ways to capture learning and measurable service outcomes over long periods must be considered (Mulcahy et al., 2022). Health workers must involve husbands in promotion and counselling programs and pay attention to the problems of breastfeeding mothers (Ayalew, 2020). According to Oktalesmana et al. Before being given health education, some primiparous mothers lacked knowledge and skills in lactation management. Through health education with a modeling approach, it has been proven to be able to increase the knowledge and skills of primiparous mothers in lactation management (Oktalesmana et al., 2019). So that preparation for exclusive breastfeeding can be maximized. There is a relationship between family support and the implementation of exclusive breastfeeding for working mothers. It is hoped that this can increase understanding about breastfeeding, and mothers can also involve all family members to play a role in breastfeeding (Komalasari et al., 2023).

(Ayalew, 2020) states that antenatal care is positively related to the practice of exclusive breastfeeding. The results are consistent with research conducted by (Ningsih et al., 2022) that follow-up antenatal care can provide good opportunities for nutritional counselling and education about exclusive breastfeeding. Professional health support and good access to health services during antenatal also facilitate exclusive breastfeeding (Dewi Andariya Ningsih, 2018). For most parents, having a baby and breastfeeding is important because they face an unexpected birth. Challenges relate to breastfeeding time, correct breastfeeding position and how to feed the baby. Apart from that, the nipples are sore, and the milk production is low, so they need support related to their complaints. Many ask for support from grandparents, siblings or friends, and health workers. This support is based on accessibility, beneficial breastfeeding experiences and their attitudes towards the breastfeeding process. Individually tailored support is essential to building meaningful and rewarding relationships. Success in realizing effective breastfeeding requires time and parents, which illustrates the need for patience and self-confidence. The breastfeeding experience and its emotional impact on parents is critical for confidence in successful breastfeeding (Nilsson et al., 2022). Breastfeeding training programs significantly increase the self-efficacy of Health Care Providers in providing evidence-based support to breastfeeding mothers. Following training, the intervention group had greater self-efficacy in assisting mothers in resolving breastfeeding issues, such as breastfeeding when it hurts or the baby does not follow the growth chart. Furthermore, this training program significantly improves Health Professionals' ability to provide information to parents about breast milk production, the health benefits of breastfeeding for the mother, and early signals to the baby that he wants to breastfeed, as well as showing mothers how to breastfeed, including how to breastfeed with a cup, spoon, or feeding utensil when the baby requires a substitute (Blixt et al., 2023).

Based on researchers' monitoring in this study, it was dominated by grandmothers of breastfeeding mothers rather than the baby's fathers. These findings support evidence from a systematic review of 85 cultural contexts in 48 countries that grandmothers play an important role in maternal and child health decision-making, including pregnancy and childbirth, newborn care, and breastfeeding practices (Ferreira et al., 2018). Usually, the maternal grandmother is responsible for transferring these skills to the new mother (Adugna, 2017).

Breastfeeding is a complex phenomenon that is influenced by a wide range of variables. Physiological factors only have a short-term (first month) impact. Simultaneously, the variables influencing the medium and long-term breastfeeding processes are largely identical, including socio-cultural factors and breastfeeding practices, particularly in the first days after birth. As a result, it can be used to create more efficient breastfeeding promotion strategies (Gutierrez-de-Terán-Moreno et al., 2022). Nursing mothers intend to breastfeed, but many challenges and obstacles can force them to abandon exclusive breastfeeding and return to other feeding options (Brown & Davies, 2014). Most of them believe they are inexperienced and unable to decide about baby feeding. Previous research in Kenya found that first-time mothers were less likely to breastfeed exclusively. (Nepali, 2018). Successful breastfeeding practices in the first pregnancy predicted successful subsequent breastfeeding practices (Abdallah, 2018). Elmi Nuryati et al reported that preparing mothers in the third trimester of pregnancy through breastfeeding education is very effective for successful breastfeeding. In this case, it is very important for midwives and health workers to provide education during pregnancy checks (Nuryati et al., 2022).

CONCLUSIONS AND SUGGESTIONS

Based on the Chi-Square results of 0.04, there is a significant relationship between the Frequency of Rolling and Areola Massage Using Jitu Oil with Al-Quran Murottal Relaxation and the success of manual breastfeeding. This combination can be used as a reference in the successful production and

provision of breast milk for prospective breastfeeding mothers. The health agency closest to the community should play an important role in supporting the provision of special breastfeeding by actively playing a technical role in providing education involving pregnant women, breastfeeding mothers, husbands and families regarding the importance of exclusive breastfeeding so that breastfeeding mothers can provide special breast milk to their children. The desired village midwife can play an active role in serving as a breastfeeding counselor so that special breastfeeding can be implemented.

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