



## Effectiveness of Breastfeeding Assistance Model for Mothers in West Tulang Bawang District in 2023

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## ABSTRACT

*Breast milk is considered the gold standard for infant nutrition due to its complete, balanced nutrients tailored to the baby's needs. Breastfeeding significantly supports child survival, growth, and development. Breastfeeding begins with Early Initiation of Breastfeeding (EIBF) and continues exclusively for six months. However, only 3.7% of Indonesian infants receive breast milk within the first hour of birth.*

*This study aims to analyze the implementation of a breastfeeding model for pregnant, laboring, and postpartum mothers in Tulang Bawang Barat Regency in 2023. The research used a quasi-experimental design with a pretest-posttest group. The intervention involved assistance by trained health workers and community health volunteers at each reproductive stage.*

*Results showed significant relationships between breastfeeding success and health worker support ( $p=0.027$ ), family support ( $p=0.004$ ), duration of assistance during pregnancy ( $p=0.013$ ), frequency of maternal class attendance ( $p=0.017$ ), and maternal health condition ( $p=0.029$ ). However, maternal motivation ( $p=0.598$ ) was not significantly related. The study recommends strengthening support systems through ongoing training for health personnel and companions to improve breastfeeding outcomes.*

**Keywords:** *breastfeeding model, EIBF, exclusive breastfeeding, maternal support*

## ABSTRAK

*Air Susu Ibu (ASI) merupakan makanan dengan standar emas bagi bayi karena mengandung zat gizi lengkap, seimbang, dan sesuai kebutuhan bayi. Pemberian ASI dimulai dengan Inisiasi Menyusui Dini (IMD) dan dilanjutkan dengan ASI eksklusif selama enam bulan. Namun, hanya 3,7% bayi di Indonesia mendapat ASI dalam satu jam pertama setelah kelahiran. ASI berperan penting dalam kelangsungan hidup, pertumbuhan, dan perkembangan anak.*

*Penelitian ini bertujuan untuk mengetahui penerapan model menyusui pada ibu hamil, bersalin, dan nifas di Kabupaten Tulang Bawang Barat tahun 2023. Metode penelitian menggunakan quasi experiment dengan desain pretest-posttest group. Intervensi berupa pendampingan oleh tenaga kesehatan dan kader terlatih kepada ibu sesuai tahapan reproduksi.*

*Hasil menunjukkan bahwa dukungan tenaga kesehatan ( $p=0,027$ ), dukungan keluarga ( $p=0,004$ ), lama pendampingan saat hamil ( $p=0,013$ ), frekuensi kelas ibu ( $p=0,017$ ), dan kondisi kesehatan ibu ( $p=0,029$ ) berhubungan signifikan dengan keberhasilan menyusui. Namun, motivasi ibu ( $p=0,598$ ) tidak berhubungan signifikan. Studi ini merekomendasikan penguatan peran tenaga kesehatan, kader, dan pendamping melalui pelatihan berkelanjutan untuk meningkatkan keberhasilan menyusui.*

**Kata kunci:** *model menyusui, IMD, ASI eksklusif, pendampingan ibu*

## INTRODUCTION

Breast milk is the gold standard of nutrition for infants because it contains nutrients that are complete, balanced, and in accordance with the needs of infant growth and development. Breastfeeding begins with Early Breastfeeding Initiation (IMD) and continues with exclusive breastfeeding for the first six months of life (Munzia, 2013).

Despite the enormous benefits of breastfeeding, only 3.7% of babies in Indonesia are breastfed within the first hour after birth. In fact, exclusive breastfeeding can reduce under-five mortality by 20%, and IMD contributes to the reduction of newborn mortality, and supports the achievement of Millennium Development Goals (MDGs) point 4.

Failure to breastfeed is often caused by a lack of understanding of proper breastfeeding techniques, especially among working mothers. Therefore, support from health workers, families, and communities is essential in supporting the successful implementation of IMD and exclusive breastfeeding.

The 2018 Riskesdas data shows that exclusive breastfeeding coverage in Lampung Province only reached 37.3%, far below the national target of 60%. In West Tulang Bawang District, exclusive breastfeeding coverage was even lower at 29.1%, with the proportion of IMD <1 hour at 39.6% and IMD >1 hour at only 1.8%. This suggests that the implementation of IMD and exclusive breastfeeding still needs strengthening.

Based on the importance of IMD and exclusive breastfeeding in supporting child growth and survival, this study aims to evaluate the effectiveness of a breastfeeding mentoring model that has been developed from previous research in West Tulang Bawang District.

## **RESEARCH OBJECTIVES**

### **General Purpose**

Assessing the effectiveness of the breastfeeding assistance model for pregnant, giving birth, and postpartum women in West Tulang Bawang District in 2023.

### **Specific Objectives**

- a. Analyze the characteristics of pregnant women and breastfeeding assistants in West Tulang Bawang Regency in 2023.
- b. Assess the relationship between health worker support, family support, duration of mentoring, and frequency of participation in motherhood classes during pregnancy on breastfeeding success.

## **RESEARCH METHODS**

This study applies the *Mentoring-Based Breastfeeding Model* that targets pregnant women, birth mothers, and breastfeeding mothers through two main components of the intervention, namely: Family Training as Mother's Companion, Training is provided to family members who are the main companions of mothers, aiming to increase knowledge and skills in supporting the breastfeeding process, from preparation to postpartum. Monitoring and Assistance by Health Workers and Mother's Companions, Assistance is carried out intensively in phases: Labor and IMD: Direct assistance during the Early Breastfeeding Initiation process. Pregnancy and Breastfeeding: Assistance to pregnant women and breastfeeding mothers in terms of preparation, techniques, and sustainability of exclusive breastfeeding.

### **Research Design**

This study used a *quasi experiment* design with a *pretest-posttest group* design. Activity stages include: Intervention, Implementation of assistance in breastfeeding preparation, IMD implementation, and exclusive breastfeeding. Monitoring and Evaluation, conducted to measure the effectiveness of the intervention in improving breastfeeding success.

### **Population and Sample**

Population: Pregnant women, delivery women, and postpartum/breastfeeding women in the working area of the West Tulang Bawang District Health Office in 2023. Sample: A total of 90 respondents consisting of 30 pregnant women, 30 delivery women, and 30 breastfeeding women, who were selected using *purposive sampling* technique based on predetermined inclusion and exclusion criteria.

### Data Collection Technique

Data was collected through: Documentation study, Structured interviews, Direct observation of respondents. All data was kept confidential through anonymization using the respondent's identity code (ID).

### Research Procedure

The mentoring was conducted for six months using the *Breastfeeding Mentoring Handbook* as the main instrument. The handbook is also the basis for the development of a breastfeeding mentoring model guidebook for sustainable program implementation at the regional level.

## RESEARCH RESULTS

**Table 4. Effect of Independent Variables in Intervention Group and Control Group on breastfeeding Success**

Independent Variable	Intervention Group				Control Group			
	Very good	Good	P-value	n	Very good	Good	P-value	n
<b>Health Worker Support</b>			0,027	45			0,746	45
- Less	10	7		17	5	7		12
- Good.	25	3		28	16	17		33
<b>Family Support</b>			0,004	45			0,689	45
- Good.	4	6		10	4	3		7
- Very good	31	4		35	17	21		38
<b>Duration of Assistance During Pregnancy</b>			0,013	45			0,689	45
- Good.	6	6		12	4	3		7
- Very good	29	4		33	17	21		38
<b>Motivation</b>			0,598	45			0,713	45
- Enough	1	1		2	5	4		9
- Good.	6	2		8	16	20		36
- Very good	28	7		35	14	11		25
<b>Frequency of Pregnant Women Class</b>			0,017	45			0,081	45
- Less	13	0		13	11	10		21
- Good.	13	3		16	8	5		13
- Very good	9	7		16	2	9		11
<b>Mother's Health Condition</b>			0,029	45			0,029	45
- Less Good	13	8		21	13	8		21
- Good.	22	2		24	22	2		24

## **Interpretatio**

Health worker support: In the intervention group, health worker support had a significant effect on breastfeeding success ( $p = 0.027$ ), in contrast to the control group which showed no significant effect ( $p = 0.746$ ). Family Support: Excellent family support was significant in the intervention group ( $p = 0.004$ ), but not in the control group ( $p = 0.689$ ). Duration of Mentoring: Excellent mentoring duration significantly increased breastfeeding success in the intervention group ( $p = 0.013$ ), but had no effect in the control group ( $p = 0.689$ ). Motivation: Motivation did not show a significant effect in either group (intervention:  $p = 0.598$ ; control:  $p = 0.713$ ), although the trend of the results showed differences in success rates. Frequency of Maternity Classes: Frequency of participation in pregnancy classes showed a significant effect in the intervention group ( $p = 0.017$ ), but not in the control group ( $p = 0.081$ ). Maternal Health Condition: Maternal health condition significantly influenced breastfeeding success in both the intervention and control groups ( $p = 0.029$  in both).

## **DISCUSSION**

### **a. Effect of Health Professional Support on Breastfeeding Success**

Results showed that mothers who received good support from health workers had higher breastfeeding success rates (41 highly successful, 20 successful), compared to those who received less support (15 highly successful, 4 successful). The  $p$  value = 0.159 ( $<0.25$ ), indicating a positive association between health worker support and breastfeeding success. Support includes the provision of breastfeeding information by health workers, especially midwives, covering 4-6 important topics. Education since pregnancy can build mothers' knowledge and confidence in breastfeeding, and encourage the implementation of early initiation of breastfeeding (IMD) and exclusive breastfeeding. These results are in line with Piro & Ahmed's findings that antenatal interventions increase mothers' *Breastfeeding Self-Efficacy (BSE)*. This is also reinforced by the study of Nilsson et al. (2020), which emphasizes the importance of health education not only to mothers, but also families. Health workers must have effective communication, information and education (IEC) skills, as mandated in Permen PPPA No. 3 Year 2010. Thus, the success of breastfeeding is greatly influenced by the active role of health workers, especially in providing continuous education and assistance.

### **b. Influence of Family Support on Breastfeeding Success**

Respondents with excellent family support had higher breastfeeding success rates (48 highly successful, 25 successful) compared to those with only good support (8 highly successful, 9 successful). The  $p$  value = 0.158 ( $<0.25$ ) indicates a positive effect of family support on breastfeeding success. Family support, especially from husbands, such as attendance at pregnancy and delivery check-ups, has been shown to increase mothers' confidence. This is supported by research from Nasution & Purba (2017), Mannion, and Rosenblad & Funkquist (2022), which showed that family emotional support strengthens mothers' self-efficacy in breastfeeding. Lack of family support can reduce breastfeeding motivation, as confirmed by Vieira et al. (2018) and Li et al. (2022). Therefore, breastfeeding education needs to involve the family. Research by Ejie and Rahmayanti et al. (2021) emphasized the importance of family empowerment in supporting breastfeeding mothers, and Wulandari (2009) mentioned the role of husbands as the key to exclusive breastfeeding success. In conclusion, successful breastfeeding requires synergistic support from health workers and families. The involvement of all parties since pregnancy will support exclusive breastfeeding, which has a positive impact on infant growth and development and stunting prevention efforts.

### **c. Influence of the Duration of Assistance During Pregnancy on Breastfeeding Success**

The results showed that mothers who received excellent assistance (duration  $>30$  minutes, frequency  $\geq 3$  times, good companion knowledge) tended to be more successful in breastfeeding (46 very successful, 25 successful) compared to those who only received good assistance (10 very successful, 9 successful). However, statistical tests showed a  $p$  value = 0.336 ( $>0.25$ ), so there was no statistically

significant effect. However, the literature suggests that the effectiveness of mentoring is not only determined by duration, but also by the quality of interactions and information provided. Erna Mesra emphasized that mentoring during pregnancy can increase positive attitudes towards breastfeeding. In line with Notoatmodjo's (2012) theory, understanding gained through direct education can strengthen mothers' readiness to breastfeed. Thus, although not statistically significant, improving the quality of mentoring is still important in an effort to support successful breastfeeding, especially if accompanied by emotional and educational support from family and health workers.

**d. Influence of Maternal Motivation on Breastfeeding Success**

Respondents with very good motivation showed higher breastfeeding success (42 very successful, 23 successful), compared to those with good motivation (14 very successful, 11 successful). However, the bivariate test results showed a  $p$  value = 0.453 ( $>0.25$ ), so there was no significant effect between motivation and breastfeeding success. Motivation in this study includes the mother's attitude towards lactation, based on her understanding of breastfeeding. Although the results of this study do not support a significant relationship, a number of studies such as Wulandari et al., Srgati (2016), and Ribek (2014) show that high motivation plays an important role in exclusive breastfeeding success, especially when accompanied by family and environmental support. Therefore, it is important to maintain maternal motivation by creating a supportive environment and providing ongoing education. Further studies are needed to explore the interaction of motivation with other factors in breastfeeding success.

**e. Effect of Frequency of Maternity Classes on Breastfeeding Success**

The results showed that mothers who attended pregnancy classes more than three times had a higher breastfeeding success rate. Statistical tests yielded a  $p$  value = 0.021, indicating a significant effect between the frequency of maternity classes and breastfeeding success. Pregnancy classes are an important educational medium that equips mothers with knowledge about pregnancy, childbirth, and breastfeeding. In line with the theory of Green & Kreuter (2005) and the findings of the Directorate General of Nutrition and MCH (2015), health education has been shown to be effective in changing behavior and increasing maternal knowledge. This finding also supports a study by Selfy Rosida Bakker et al, which showed that maternal education has a positive effect on breastfeeding success. Therefore, the sustainability and quality of the implementation of pregnant women's classes need to be improved by involving cross-sectors and delivering materials that are easy to understand.

**f. Relationship of Pregnancy, Labor, and Postpartum Health Conditions to Breastfeeding Success**

The study showed a significant relationship ( $p = 0.000$ ) between maternal health conditions during pregnancy, labor, and postpartum with breastfeeding success. Mothers who were in good health conditions showed a higher rate of successful breastfeeding compared to those with poor conditions. Maternal health conditions include pregnancy monitoring, nutritional status, medical complications, and physical and mental conditions. Balanced nutrition and good mental health contribute positively to breast milk production and sustainability (Dewey, 2001; Kendall-Tackett, 2007). In addition, the labor process and postpartum care also affect a mother's comfort with breastfeeding (ACOG, 2018; 2020). Optimal support during the postpartum period plays a major role in breastfeeding sustainability.

**Policy Implications**

Based on the findings of this study, the following are some policy recommendations:

1. Structured Breastfeeding Education There is a need to develop a breastfeeding education program for pregnant women that involves health workers as the main facilitators.
2. Health need to be trained regularly on breastfeeding techniques, effective communication, and handling lactation problems.
3. Family Support Policies that encourage husband and family participation in breastfeeding are essential to creating a supportive environment for the mother.

4. Postpartum Assistance The model of postpartum home or clinic visits by health workers can strengthen breastfeeding success.
  5. Evaluation and Involvement of Mothers Regular monitoring of breastfeeding programs and involvement of mothers in evaluations will strengthen policy relevance and effectiveness.
- This findings-based policy approach is expected to create a comprehensive support system that promotes successful breastfeeding and improves the health of mothers and infants in a sustainable manner.

### **Research Limitations**

This study has limitations in the availability of literature and data sources related to integrated breastfeeding assistance models from pregnancy, childbirth, to postpartum and breastfeeding.

### **Conclusion**

Based on the research results, the following conclusions were drawn:

1. Respondent Characteristics The majority of respondents were 20-35 years old (85.4%), had a secondary school education (51.1%), with multigravida pregnancy status (65.6%) and most were not working (84.4%).
2. The characteristics of the companions were mostly adults (85.6%), had secondary education (52.2%), and worked as farmers or self-employed. Most deliveries were accompanied by the husband (90%).
3. There was a significant effect of health worker support, family support, duration of assistance, motivation, frequency of pregnant women's classes, and maternal health condition on breastfeeding success.

### **Advice**

1. For Scientific Development, it is necessary to increase knowledge for health workers, cadres, and mother's companions to be able to provide optimal support in the breastfeeding process. The results of this study can be used as a reference in the development of midwifery science, especially in preparing for breastfeeding since pregnancy.
2. For Health Service Practices and Policies Puskesmas, midwives' independent practices, and related stakeholders need to develop a comprehensive breastfeeding assistance program, involving families and communities. Ongoing support is essential to maintain maternal motivation and encourage the success of exclusive breastfeeding for up to two years.

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### **Ethical Considerations**

This study was conducted in accordance with ethical standards, and appropriate approvals were obtained prior to data collection.

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### **Conflict of Interest Statement**

The author declares no conflict of interest.

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