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Peer Counselling on Breastfeeding : Assessing Mother's Knowledge and Attitudes

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Lack of knowledge and attitudes of mothers about breastfeeding can cause mothers give formula milk feeding. One way to increase knowledge and attitudes breastfeeding is through *Peer Conseling* method. Peer counseling is one method of counseling services provided by peers who have trained to be a peer counselor. The aim of this study is to analyze the effect of Peer Conseling on Mother's Breastfeeding Knowledge and Attitudes. This research study was designed as a quasi-experiment. The population of this study was a group of mothers who were in reproductive age. Pre test was conducted before the intervention. Peer Counseling was given for four times in four weeks with different theme. The number of the subjects was 34 mothers in Ibul Besar 1 village. The Subjects of intervention were educated by personal *door to door*. Post test was conducted after the intervention. Data were analyzed by dependent t- test for normally distributed data. Results of this study are Average score of knowledge before intervention is 6,8 point while average score of knowledge after intervention is 11,1 point (there was an increase about 4,3 point) (p value < 0,001). On attitudes variable showed that Average score of attitudes before intervention is 12,4 point while average score of attitudes after intervention is 26,7 point (there was an increase about 14,3 point (p value < 0,001). Intervention peer counseling can increase breastfeeding knowledge and attitudes

Keywords : Peer Conseling, breastfeeding, mother

1. INTRODUCTION

Breast milk or ASI is the best nutrition for babies because it contains all the nutrients a baby needs for growth, especially aged 0 to 6 months. Exclusive breastfeeding from 0 to 6 months are highly recommended^{1,2} followed by giving complementary foods while breastfeeding up to two years old^{3,4}.

The practice of exclusive breastfeeding in Indonesia is still low. One factor associated with the practice of exclusive breastfeeding is the lack of knowledge about the benefits of breastfeeding and mothers awareness of the importance of exclusive breastfeeding⁴ (Sartono, 2012).

According to ⁵ only 32.6% of babies born around the world who are breastfed exclusively up to six months. The similar situation in Indonesia, which is only 30.2% ⁶. According to the ⁷ nationwide coverage of exclusive breastfeeding in Indonesia fluctuated and showed a downward trend over the last 3 years. Exclusive breastfeeding in infants 0-6 months fell from 62.2% in 2007 to 56.2% in 2008, then decreased to 52.3% in 2014⁸. The area OganIlir have data coverage exclusive breastfeeding is relatively low when compared to other districts, which only reached 15.86% ⁹.

To increase the understanding and awareness of mothers on the importance of breastfeeding is needed a community development programs in the health sector by forming groups concerned ASI, the various components of society such as religious leaders, community leaders, health workers, village, village assistant, cadres Posyandu, and the group Mother's own. One model of health promotion can be done through personal counseling in counseling health activities through established two-way communication, listening and learning difficulties being faced related to the practice of breastfeeding support. Then, providing the right information and provide solutions to the problems facing mothers in breastfeeding. Nationally, the number of breastfeeding counselors reached 4314 people⁸ this number is still smaller than the target required approximately 9323 Counselor. so as to accelerate the increase in the number of counselors breastfeeding peer counselling activities to do. According to¹⁰ peer counselling is defined as a variety of interpersonal helping behaviours assumed by non professionals who undertake a helping role with others. Peer counseling activities can increase breastfeeding practice. The aim of this study to reveal the effect of Peer Counselling on Mother's Breastfeeding Knowledge and Attitudes.

2. METHODS

This research study was designed as a *quasi - experiment*. The population of this study was a group of mothers who were in reproductive age. Pre test was conducted before the intervention. *Peer Counselling*

was given for four times in four weeks with different theme. The number of the subjects was 34 mothers in Ibul Besar 1 village.

Sample Selection Techniques

minimum sample size in this study will be calculated using a sample size for two different proportions (Lameshow, 1997), namely:

$$n = \frac{(z_{1-\alpha/2} \sqrt{2\bar{P}(1-\bar{P})} + z_{1-\beta} \sqrt{P_1(1-P_1) + P_2(1-P_2)})^2}{(P_1 - P_2)^2}$$

Assuming the difference in the proportion of knowledge in the treatment group and the control group by 40%, the proportion of good knowledge of the treatment group and the control group 80% to 40%. This study tests the strength of 80% with $\alpha = 5\%$.

Based on calculations of the samples obtained minimum sample size for a group is 15 respondents. To avoid loss to follow-up the minimum sample will be increased by 10% ie 2 respondents for each cluster. Thus, the total minimum sample size for the intervention group to 17 respondents, so the total sample were taken to 34 respondents.

The inclusion criteria for the sampling for the group that will intervene and control group intervention are as follows: Respondents are mothers who have children and noted as permanent residents of the village of Ibul Besar 1 to sample the intervention group.

3. RESULT & DISCUSSIONS

Table 1 shows that majority of respondents are >30 years old, not only about 44.1% of respondents are graduated from elementary school but also about 70.6% of respondents as housewives.

Table 1 Respondent Characteristics Distribution

Variables	Category	Total (n)	Percentage (%)
Age	<18 years old	1	2.9
	18-25 years old	9	26.5
	26-30 years old	7	20.6
	>30 years old	17	50
Education	No education	2	5.9
	Elementary School	15	44.1
	Junior High School	10	29.4
	Senior High School	5	14.7
	Academy/ University	2	5.9
Occupation	Housewife	24	70.6
	Private Employee	6	17.7
	Labor	3	8.8
	Civil Servant	1	2.9

Table 2 Mean Differences Between Knowledge and Attitude of Respondents

Variables	Score	
	Mean	Deviation Standard
Knowledge*		
Pre-test	6.76	1.49
Post-test	11.15	2.19
Δ Knowledge	4.39	2.71
Attitude*		
Pre-test	12.35	1.94
Post-test	26.74	2.79
Δ Attitude	14.39	3.45

*Significant (p-value<0.001)

Table 2 shows that score of knowledge of respondents before intervention is about 6.76±1.49 points otherwise score of knowledge of respondents after intervention is about 11.15±2.19 points. Based on Paired Sample T-test that there is a significant differences of score of knowledge between before and after intervention with mean differences score of knowledge is about 4.39±2.71 points (p-value<0.001).

The score of knowledge after intervention has been risen compared to before intervention. There is indicated that the appropriate target of intervention and the correct mechanism can give the best result such as an increasing knowledge of respondents about exclusive breastfeeding (EBF).

The result is similar to the research which states that counselling method is one of the methods that can be used to improve the knowledge of mothers on exclusive breastfeeding¹¹. Another research also states that one of the programs that promote mother for giving exclusive breastfeeding to their babies is through counselling¹². Counselling is a method that relies heavily on communication skills and personal relationships between people as well as counselling can be created a conducive working atmosphere, comfortable and established trust between counselee and counselor^{13,14}. Counselling will be able to provide a greater understanding of exclusive breastfeeding nutrients and exclusive breastfeeding benefits for mother and baby that reserved to mother (especially young mothers). Thus, the young mothers will be more motivated to breastfeed as soon as possible (after birth) and give exclusive breastfeeding to babies until 6 months.

Furthermore, table 2 shows that score of attitude of respondents before intervention is about 12.35±1.94 points otherwise score of attitude of respondents after intervention is about 26.74±2.79 points. Based on Paired Sample T-test that there is a significant differences of score of attitude between before and after intervention

with mean differences score of attitude is about 14.39±3.45 points (p-value<0.001).

Attitude is a condition that is created not from innate, but it was formed and studied continuously for the relationship between human being and their objects¹⁵. The positive knowledge to exclusive breastfeeding which have been formed through counselling activities are able to form a positive attitude towards exclusive breastfeeding by mothers too. This research is similar to the research¹¹ which states that the counselling methods are able to improve a positive attitudes of mothers in exclusive breastfeeding.

This is reflected in the respondents' answer to the attitude of mothers that the nutrient content of breast milk can be replaced with formula milk. Before counselling is being given, more than 90% of mothers answered that the nutrient content of breast milk can be replaced with formula milk. However, after counselling is being given about 94% from 90% of this mothers stated that the nutrient content of breast milk can not be replaced with formula milk. This result shows that the counselling given succeeded in increasing a positive attitude towards exclusive breastfeeding by mothers. In addition, most of the characteristics of respondents are as housewives that it can be used for conducting a training for the respondents to become a breastfeeding counselor. So that, they are able to provide information about exclusive breastfeeding to others mothers and be able to motivates young mothers to provide breast milk to their babies.

4.CONCLUSIONS

Counselling methods are able to improve mothers knowledge and attitude about exclusive breastfeeding. This method is one of the effective methods that can be applied in the community. Primary Health Care of Pemulutan should be more cooperative with health workers through improved communication, information and education (IEC) that the health workers are able to give more information about exclusive breastfeeding and able to give more motivations for mothers (especially young mothers) for exclusive breastfeeding in the work are of primary health care. Thus, exclusive breastfeeding can be achieved the target.

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