

## **THE EFFECTS OF BREASTFEEDING COUNSELING TO CULTURAL VIEW AND BELIEF OF EXCLUSIVE BREASTFEEDING IN PERINATOLOGY ROOM RSUD CIBABAT CIMAHI**

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### **Abstract**

*Cultural view and belief of maternal breastfeeding affect to exclusive breastfeeding program. It may discourage breastfeeding activities and provides the negative sense among breastfeeding mother. Breastfeeding counselling by nurses is an appropriate intervention to change these cultural and belief barriers since it provides the accurate information of exclusive breastfeeding benefits instead of the negative impact for breastfeeding mothers. This study aims to identify the effects of breastfeeding counselling to cultural view and belief of exclusive breastfeeding program in perinatology room at RSUD Cibabat Cimahi. This study employs quasi experimental method using one group pretest-posttest design. Whereas, 17 of breastfeeding mothers in perinatology room are participated. This study investigates further about the cultural view and belief of exclusive breastfeeding program before and after counseling (in 5 meeting). The questionnaires with 15 questions are used as research instruments and the collected data are analyzed by mean for univariate analysis and statistical t-test for bivariate analysis. The finding shows that the average of breastfeeding cultural view and belief before counseling is 6,53 and it changes into 12,88 after counseling. It means breastfeeding counseling significantly changes the negative cultural view and belief of breastfeeding mother toward exclusive breastfeeding program in Perinatology room RSUD Cibabat Cimahi. The result obtained P Value (0,000) <  $\alpha$  (0,05). Therefore, breastfeeding counseling by nurses in perinatology room can be recommended as the crucial intervention for breastfeeding mother due to reach the successful exclusive breastfeeding program.*

**Keywords:** *The effects of counseling, cultural view and belief of breastfeeding, exclusive breastfeeding program.*

### **Introduction**

Exclusive breastfeeding is very beneficial for infants since it contains a complete nutrition. It was commonly given 1 hour after delivery (Siregar, 2007). Furthermore, it gives many benefits for infants include avoiding and healing infants from any diseases and gaining extra-protection from antibodies (Depkes RI, 2007). Susenas (2004-2012) in Result of National Basic Health Research (Riskesdas) has reported that Indonesian still in the lower rate of exclusive breastfeeding program. In fact, the implementation of this program on newborn infants at the age of 0 to 6 months only reaches 54,3% out of the national target as much as 80% or higher. Furthermore, this program reached to 33,7% in West Java, Indonesia (Kemenkes RI, 2014). Data of Bidang Pelayanan Kesehatan Dinas Provinsi Jawa Barat (2012) prove that Cimahi (one of city in West Java) has the lower rate or around 15.1% of the implementation of exclusive breastfeeding program.

Ludin (2008) stated that breastfeeding cultural and beliefs becomes one of the influential factor causes breastfeeding restriction since it determines mother to exclusively breastfeed their infants. Likewise, Azwar (2008) highlight, the social value whether norm, tradition or culture will indirectly determine people behavior. Newman (2009) reveals that many cultural beliefs lead to a negative view toward exclusive breastfeeding. In fact, some breastfeeding mothers assume that breastfeed infants will change the shape of their breast that will affect to lower mothers' confidence. Furthermore, exclusive breastfeeding program will restrict mother's activities and breastfeeding mothers are less able to produce exclusive breastfeeding that resulted in children's famines.

Edmond et al (2008) highlight, breastfeed infants with less of exclusive breastfeeding consumption have four highest risk of death than the normal breastfeed infants with enough exclusive breastfeeding consumptions. This higher risk caused by the negative breastfeeding culture and belief influences and threats children health and safety. Therefore, the beneficial intervention must be done to reach the successful breastfeeding program. In this sense, breastfeeding counseling is an appropriate intervention to change the negative perspective into the positive cultural view and belief of exclusive breastfeeding program (CDC, 2013).

Breastfeeding counseling provides the positive influences for breastfeeding mothers. This program gives the accurate and real knowledge of exclusive breastfeeding program and it will significantly change mothers' negative assumption. In fact, mothers will confidently breastfeed their infants if they know the benefits of exclusive breastfeeding (Sidi et al, 2010). In reaching this successful program, nurses can take the role as counselor by sharing the accurate knowledge and information of exclusive breastfeeding benefits such as improving the confidence of breastfeeding mothers, changing their negative view of breastfeeding disadvantages, and conducting counseling practice toward the appropriate breastfeeding activity after delivery (Siregar, 2007).

### Method

This research uses quasi-experimental method employing one group pretest-posttest design. Pretest is given firstly before counseling due to assessing the influence of exclusive breastfeeding cultural view and belief. Then, breastfeeding counseling is given in five meeting (two times in hospital and the rest are conducted in respondents' houses). After all the process are conducted, the authors asses the result of breastfeeding cultural view and belief in breastfeeding mother as the posttest.

The populations in this study are post-partum in perinatology room at RSUD Cibabat Cimahi involving 17 respondents. Consecutive sampling focuses on inclusion criteria are chosen in determining the samples. Furthermore, research instruments uses questionnaires contains 15 questions of exclusive breastfeeding cultural view and belief by employing Guttman scale, where the answers are only Yes and No. Univariate analysis is conducted by mean while bivariate by statistical t-test which focuses on two different dependent mean.

### Result

#### 1. Cultural View And Belief Of Maternal Breastfeeding Toward Exclusive Breastfeeding Program.

**Table 1. Distribution Of Average Score On Cultural View And Belief Of Maternal Breastfeeding Toward Exclusive Breastfeeding Program Before Counseling In Perinatology Room At RSUD Cibabat Cimahi**

Variable	N	Min	Max	Mean	Deviation Standard
Cultural view before counseling	17	5	9	6.53	1.231

Table 1 shows that 17 breastfeeding mothers have the negative cultural view and belief toward exclusive breastfeeding program before counseling. In fact, the average of their scores on breastfeeding cultural view and belief are 6.53 with deviation standard 1.231 where the lowest score is 5 and the highest score is 9.

#### 2. Cultural View And Belief Of Maternal Breastfeeding Toward Exclusive Breastfeeding Program.

**Table 2. Distribution Of Average Score On Cultural View And Belief Of Maternal Breastfeeding Toward Exclusive Breastfeeding Program After Counseling In Perinatology Room At RSUD Cibabat Cimahi**

Variable	n	Min	Max	Mean	Deviation standard
Cultural view after counseling	17	11	15	12.88	1.317

Table 2 proves that 17 breastfeeding mothers get the highest score after counseling. It means that breastfeeding counseling gives the positive influence on their cultural view and belief. The scores are increased to 12.88 with deviation standard 1.317. The lowest score is 11 and the highest score is 15.

### 3. The Effect Of Breastfeeding Counseling To Cultural View And Belief Of Exclusive Breastfeeding Program.

**Table 3. Distribution Of Average Score**

**On Cultural View And Belief Of Maternal Breastfeeding Toward Exclusive Breastfeeding Program Before And After Counseling In Perinatology Room RSUD Cibabat Cimahi**

Variable	n	Mean	Difference Mean	SD	P Value
Cultural view before counseling	17	6.53	6.25	1.579	0,000
Cultural view after counseling		12.88			

Table 3. proves that the scores of breastfeeding cultural view and belief in breastfeeding mother before and after counseling is 6.25 with deviation standard is 1.579. Statistical t-test obtained p value : 0.000 and alpha 5%. In this sense, there are the differences of average scores on maternal breastfeeding cultural view and belief toward exclusive breastfeeding program before and after breastfeeding counseling. Therefore, breastfeeding-counseling affects to maternal breastfeeding cultural view and belief and it gives the positives influences on exclusive breastfeeding program in Perinatology room at RSUD Cibabat Cimahi 2017.

## Discussion

### 1. Cultural view and belief of exclusive breastfeeding program before counseling

The finding shows that the average score of cultural view and belief of exclusive breastfeeding program before counseling is 6.53 with deviation standard 1.231 where the lowest score is 5 and the highest score is 9. In this process, breastfeeding mothers still have the negative assumptions to breastfeed their infants.

Sidi, et al (2010) stated that culture and belief in socio-environment are two major factors contributing to children health. For example, these two major concerns related to mother's assumption in determining to breastfeed their children. Exclusive breastfeeding should be given to their infants where they are in 0 month until 2 years. However, many cultural views determine that exclusive breastfeeding are given when the infants are less than 2 years or 6 months.

Socio-environment takes the major concern on maternal breastfeeding awareness since it indirectly determines mother's decision to breastfeed their infants or not. For example, the experience of breastfeeding, the knowledge of breastfeeding benefits and the attitude of paramedical in helping breastfeeding mother. (Sidi, et al, 2010).

The majority of respondents participated in this study comes from Sundanese where they still have the highest and strongest culture and belief. It shows in the questionnaire related to cultural view and belief of exclusive breastfeeding program. Many of respondents convince that the first exclusive breastfeeding is yellow color and it cannot be given to their newborn infants. Likewise, they assume that the first exclusive breastfeeding produced in the morning is stale and not well-consumed for their infants. Some of them are agree if their newborn infants eat another food beside exclusive breastfeeding. Maternal breastfeeding experiences does not affect to culture and belief of exclusive breastfeeding program. Therefore, almost of breastfeeding respondents still have the highest negative assumption toward exclusive breastfeeding program.

Moreover, the negative cultural view and belief toward exclusive breastfeeding program caused by the tradition of their descendants related to obscure cultural knowledge and belief without the accurate, reasonable and scientific proofs (Lowdermilk, Perry & Cashion, 2013).

## **2. Cultural view and belief of exclusive breastfeeding after counseling**

The average score of cultural view and belief of exclusive breastfeeding after counseling proves the highest different scoring (12.88) before counseling. The deviation standard is 1.317 where the lowest score is 11 and the highest score is 15.

In this sense, breastfeeding counseling can be given to breastfeeding mother. This program is conducted in five meeting by following the step as follows; breastfeeding mothers attend this meeting in Perinatology room RSUD Cibabat Cimahi. The authors provide *bina trust* and give informed consent while the respondents breastfeed their infants. When they are agree to participate in this research, the authors ask them to fill the pretest questionnaire completely related to cultural view and belief of exclusive breastfeeding. However, some of them feel confused while filling up the questionnaires since it contains the scientific words such as colostrum, etc. Ludin (2008) highlight, paramedical take the great role to share and give the information and convince breastfeeding mothers.

Cultural view and belief of exclusive breastfeeding program is variously improved. In fact, a half of this program contributes the most to the positive perspective of breastfeeding mother while several respondents still confidently follow the existed culture and belief. The findings shows that this condition are caused by several factors such as the tradition, socio-environment, types of job and both individual awareness and decision to follow the tradition or not (Yani, 2012). Counseling is an interactive way between two or more people due to help and solve the problem. It proposes to gain the cognitive change and modification, or to change the irrational into rational belief (McLeod, 2006).

## **3. The effects of breastfeeding counseling to cultural view and belief of exclusive breastfeeding**

The findings in the Table 3 proves that the average score of cultural view and belief toward exclusive breastfeeding mother before and after counseling is 6.25 with deviation standard 1.579. Statistical t-test obtained p value : 0.000 with alpha 5%. In conclusion, there are the differences of average score on maternal breastfeeding cultural view and belief toward exclusive breastfeeding program before and after breastfeeding counseling. Therefore, breastfeeding counseling affects to maternal breastfeeding cultural view and belief and gives the positives influences on exclusive breastfeeding program in Perinatology room RSUD Cibabat Cimahi 2017.

Breastfeeding counseling is proved to create togetherness and equal perception since it significantly avoids people from dissimilar assumptions. In this sense, the role of counseling aims to provide alternative and consultative information and recommendation (*BPKB* East Java). Therefore, breastfeeding counseling should be given to provide the accurate information about the benefit of exclusive breastfeeding and the positive cultural view and belief of this program.

Cahya, et al (2008) stated that, maternal post-partum after delivery experiences the transitions where they feel the different condition before and after delivery and have newborn infants, they usually get lack of knowledge about caring infants and giving exclusive breastfeeding appropriately. Breastfeeding mothers should need much information, whether it is from paramedical or other health professional care to enhance their understanding. Likewise, paramedical in hospital should share and give any knowledge related to delivery and exclusive breastfeeding program by demonstration, leaflet, poster, or exclusive breastfeeding counseling.

Notoatmodjo (2010) highlight, an appropriate exclusive breastfeeding counseling will optimally increase mothers' understanding since they will get the information as long as they learned. As exclusive breastfeeding information is given, maternal breastfeeding awareness will arise. Therefore, breastfeeding mothers will give the positive behavior based on their knowledge or information. The findings prove that breastfeeding counseling is optimally effective to change the negative cultural view and belief of exclusive breastfeeding. It means that, breastfeeding counseling should be conducted to increase maternal breastfeeding confidence after delivery. This program is expected to obtain the positive cultural value, increase children health and solve the common problem on breastfeeding activities.

### Conclusion

1. The average score of cultural view and belief toward exclusive breastfeeding before counseling is 6.53 (respondents still have the negative cultural view and belief).
2. The average score of cultural view and belief toward exclusive breastfeeding after counseling is 12.88 (counseling changes the negative into the positive assumption).
3. Breastfeeding counseling changes cultural view and belief of exclusive breastfeeding in Perinatology room RSUD Cibabat Cimahi 2017 with P value  $(0.000) < \alpha (0.05)$ .

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