

Participation in Pregnant Mother Class and Implementation of Exclusive Breastfeeding in Betungan Community Health Center, Bengkulu

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ABSTRACT

Background: Exclusive breastfeeding can be seen from the role of the world in which in 2006, WHO (World Health Organization) issued a Child Growth Standard which is then applied throughout the world. The content is to emphasize the importance of breastfeeding only to infants from birth to 6 months of age. After that, the baby begins to be given complementary foods beside ASI. Data from the Health Profile of Bengkulu Province in 2014 showed that only 20.67% of infants aged 0-6 months get exclusive breastfeeding from the total number of infants aged 0-6 months ie 12.508 (Health Office, 2014). The purpose of this study is to obtain in-depth information about the implementation of prenatal class on exclusive breastfeeding at community health center.

Subjects and Method: The qualitative research design used was Rapid Assessment Procedures, which is a qualitative approach or study. The population of mothers who have 0-6 months old baby sample was 16 people while the others were 4 heads of community health center, midwife, and cadre. Then the information received was processed and analyzed its theme (data reduction, data presentation, conclusion / verification) and then was tested for its validity with triangulation.

Results: The lack of role of pregnant mother class in increasing exclusive breast feeding is caused by various factors. The practice of exclusive breastfeeding successfully performed by larger informants is due to the policies of maternity providers and post-maternal conditions for both mother and infant. For the maternal and child health program program, it is expected to be able to conduct periodic evaluation of the prenatal class.

Keywords: exclusive breastfeeding, intention and classes of pregnant women

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BACKGROUND

Exclusive breastfeeding is seen from the role of the world in 2006 indicated from the fact that WHO (World Health Organization) issued a Child Growth Standard which is then applied throughout the world. The content is to emphasize the importance of breastfeeding only to infants from birth to 6 months of age. After that, the baby begins to be given complementary foods beside ASI (WHO, 2006).

Health development is to create a healthy, smart, productive human who have a high fighting power so that they are

ultimately able to create a developed and independent nation. If the health development is successful, it will increase people's welfare. In accordance with the mission of the Ministry of Health, one of them is "improving the degree of community's health through community empowerment including private and civil society" (MOH, 2011).

The coverage of the first visit of pregnant women (antenatal KI) has reached 81.3%, while the coverage of the 4th antenatal visit reaches 70.0%, the coverage of deliveries is assisted by health personnel of 86.9%. However, this is not necessarily

accompanied by the decline in maternal mortality rate (MMR), where the MMR in Indonesia is still high at 359 / 100,000 live births. That is where the MDGs Indonesia target in 2015 amounted to 102 / 100,000 live births, so the target is still not achievable (Risksedas, 2013).

SUBJECTS AND METHOD

This study employed a qualitative approach, namely a research method that intends to understand the phenomenology of what is experienced by research subjects such as behavior, perception, motivation, actions, etc., holistically and by using descriptions in the form of words and language, in a specific, natural context and by utilizing various natural methods (Moleong, 2007). This research had been conducted in the Working Area of Bengkulu City Community Health Center, precisely in posyandu who have actively implemented the Maternal Class Package. The study was conducted in the first week of May-July in 2016.

- a. The population is mothers who have babies aged 0-6 months
- b. Samples have these following criteria:
 - 1) Group of infant mothers with 0-6 month age range who previously attended Pregnant Women's Class and Exclusive Breastfeeding Implementation.
 - 2) Group of infant mothers with 0-6 months age range who previously attended the Pregnant Mother Class and who did not perform Exclusive breastfeeding.
 - 3) Group of infant mothers with 0-6 months age range who had not attended Mother's Pregnancy Class and Exclusive Breastfeeding Implementation
 - 4) Group of infant mothers with 0-6 months age range who had not attended the Pregnant Mother's Class and who did not perform Exclusive breastfeeding.

The key informant group, in this case included a local health center chief who is in charge of the KIH Package, two midwives who became KIH facilitators, and a posyandu cadre.

RESULTS

1. Perception of PMC

Some informants who joined PMC said that PMC was good and they feel quite happy to join PMC, beside to learning and adding knowledge about the process of pregnancy and labor, pregnant mothers can also gather with other pregnant women and consult with midwives as stated in the following statements:

“Well, it is very good because I am happy to gather with other pregnant women so that I know how to breastfeed, I followed the delivery class for 3 times so that I already understand how to bathe the baby”(A1)

“It is good because I have never given birth and now I know how to give birth” (A2)

The same thing was obtained from the results of FGD on groups of informants who joined the PMC but did not give exclusive breastfeeding, most of them said that the existence of PMC was quite good. It was stated on the following statements:

“Well it is good, because it is about how to handle the baby, and I also learned about breastfeeding, there is also a pregnancy exercise, it is good because sometimes I checked my pregnancy” (B2)

“Pregnant mothers class, right? Yes, I have joined the class, well it is just a regular class and I only joined at the end of the class, my friends asked me to join the class so I joined the pregnancy class” (B4)

While the perception on the group of informants who did not join the PMC but did exclusive breastfeeding said that they did not know that there was a package of

PMC organized by health center. But some others have a poor perception of PMC by saying that joining the PMC was not necessary. They felt that they did not need to spend their time to learn at PMC because they have found the place to check their pregnancy. It was stated on the following statement:

“Woah I do not even know that there is a pregnancy class, I think it is good because I can get the knowledge about pregnancy...” (C4).

Similar to the results obtained from FDG in the group of informants who did not follow PMC but did exclusive breastfeeding, most of them have an ordinary perception. Some others have poor perceptions about PMC by saying that currently, PMC was rarely done, resulting in less motivation to come to the midwives. It was stated on the following statement:

“I often forgot so that I did not come.....”

2. Material in PMC

From the results of FGD conducted to the group of informants who followed the PMC and did exclusive breastfeeding, it was known that most informants said that the materials presented at PMC were about breastfeeding, birth delivery, and pregnancy exercise. The statements of informants about the material were described in the following passage:

“Well, about the way to breastfeed, and feeding the baby after 6 months old” (A1)

“About the process of birth delivery, pregnancy exercise, how to breastfeed, and they also explained about puerperium time” (A5)

Similar thing was found with FGD results in the informant group who followed the PMC but did not give exclusive breastfeeding. Some of them said that the materials presented at PMC were about the

signs of labor, the preparation of birth delivery, and breastfeeding. It was stated on the following statements:

“About the way to breastfeed, nurturing, and the position in giving birth” (B3)

“Well, about the symptoms of birth delivery, how to breastfeed, and the pregnancy exercise” (B6).

3. Factors that affect intention

In the group of informants who joined the PMC in exclusive breastfeeding, most informants stated that they only followed the rules in labor's place only, but some said that they had the intention to give exclusive breastfeeding for 6 months.

“When the baby was coming, they placed the baby on my chest and then the baby was looking for the nipple/breast milk” (A6)

“I have the intention to give exclusive breastfeeding to my baby” (A4)

While on the group of informants who joined the KIH but did not give exclusive breastfeeding, most informants stated that they already have the intention to give exclusive breastfeeding.

DISCUSSIONS

Factor that affects the behavior is intention.

Ajzen (2008) stated that the individual has the right to decide whether to do the behavior or not depend on the internal factors and external factors. Internal factors were factors that come from pregnant mothers in giving Exclusive Breastfeeding. External factors were the availability of opportunities and resources such as money, time, and support from other parties that triggered the behavior and the opportunity, therefore, the intention to behave was greater.

The intention in providing exclusive breastfeeding need to be strengthened by the policy of maternity services to implement exclusive breastfeeding to every birth delivery, and supported by every midwife. From the results of the study, it was known that there was an intention to give exclusive breastfeeding, most of the informants stated that they provided exclusive breastfeeding, however, that was not the only determinant of exclusive breastfeeding.

A study by Putri (2009) about the knowledge, attitudes and intentions of pregnant women to provide exclusive breastfeeding. From the study, it was stated that the intention of pregnant women in giving exclusive breastfeeding depend on the availability of the breast milk, this was the determinants of giving exclusive breastfeeding was the availability of the breast milk and also the maternal intention to give exclusive breastfeeding and midwife.

The conclusion of this study was pregnant mother class in increasing exclusive breastfeeding was not really helping, this caused by various factors, such as the frequency of informants' presence who did not attend the maximum three meetings in one class, and also the delivery of BC material/Exclusive breastfeeding on PMC was also less optimal (not including the benefits of BC for mothers and infants, and how Exclusive breastfeeding should be implemented). The practice of exclusive breastfeeding which successfully performed by larger informants was due to the policies of maternity services and postpartum conditions of both mothers and baby.

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