

Developing an educational package through

by Dewi Andariya Ningsih

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Developing an Educational Package through Handbook of How to Express Breast Milk for Working Mother at Sumberejo Banyuputih Village in Situbondo

Dewi Andariyah Ningih^{1*}, Miftakhar Rohmah²

^{1,2}Universitas Binaan Indonesia

Jurusan Dikti Koordinasi STRADA Indonesia, Solo-Jawa Tengah

*Correspondence author: andariyah_ningih@gmail.com

ABSTRACT

The aim of this research was to produce an educational product in the form of a handbook of how to express breast milk for working mother in order to improve their knowledge. The sample of this research was 31 pregnant mothers of 2nd and 3rd trimester. The design of this research was a Research and Development (R&D). The result of Wilcoxon test showed positive ranks which indicated all of the respondents' knowledge improved after the intervention. The analysis showed that there was a significant relationship between the use of Expressed Breast Milk handbook and respondents' knowledge. The result of pre-test and post-test showed a significant improvement after the handbook was given. If mothers faced difficulty, they are suggested to go to the midwife or health workers nearby to be educated with expressed breast milk knowledge. The implication of this research was to ease pregnant mothers in studying expressed breast milk handbook because the handbook can be used every time and everywhere by anyone.

Keywords: Handbook, Expressed Breast Milk, Working Mothers' Knowledge

BACKGROUND

Exclusive breastfeeding is adequately proved to be one of the effective interventions that lowered the IMR. Result of the recent research by Indonesian researcher shows that babies who get complementary feeding before 6 months old suffered from diarrhea, constipation, colds, and fever than babies who only get exclusive breastfeeding. Nationally, the scope of exclusive breastfeeding in Indonesia is fluctuating in the last three years. The 2010 Basic Health Research states that babies who are exclusively breastfed until the age of 6 months have only reached 75.3%, the remaining 24.7% of babies do not receive exclusive breastfeeding. Based on the data from the Profile of the East Java Health Office, it was found that the coverage of exclusive breastfeeding for 6 months at the provincial level increased from 52.3% to 62.5% in 2009, decreased by 51.9% in 2010, and did not yet exclusive breastfeeding were 48.1% (Health, 2018).

The data from the Health Office of Situbondo District reveals that the coverage of exclusive breastfeeding in 2017 only reached 46.19%. This result has increased from last year's achievement which was 34.91%. The achievement of exclusive breastfeeding in the last five years has not changed much that is around 40%, whereas the government's target for exclusive breastfeeding is 60%. The data from the Banyuwangi Health Center, Situbondo Regency shows the number of exclusive breastfeeding to be around 39.8%. Mothers need support from their surrounding environment for breastfeeding in order to create healthy toddlers (Purwadi & Afif, 2018). The reason why mothers do not provide exclusive breastfeeding is due to their responsibility to return to work immediately, community culture in which parents or in-laws provide other food besides breast milk, mothers' preference to give formula milk as persuaded by TV advertisement, and mother's perception that breast milk is not enough for the baby. The low level of exclusive breastfeeding is influenced by the rampant production of formula milk, the mother has to return to work, mothers' lack of awareness and knowledge about breastfeeding (Prasetyawan, 2012). In addition, on the first day of breastfeeding, the milk has not come out so that the baby is given another drink or the breast is too small so that it is considered as not producing milk even though the breast size does not determine whether the milk production is sufficient or insufficient (Kristiyansari, 2009). Mothers who choose to do exclusive breastfeeding are following the right step. It will result in many positive things for babies and mothers. Babies who are given formula milk tend to be very susceptible to diseases such as gastrointestinal infections, respiratory infections, potential risk of allergies, asthma attacks, reduction of the cognitive intelligence development, potential risk of obesity, heart and blood vessel disease diabetes mellitus, and chronic disease (Rozali, 2008). Mothers, families, and communities' low understanding about the importance of breastfeeding for babies results in unoptimal breastfeeding programs (Sugih, 2012). For most mothers, the easiest way to breastfeed their baby is by placing it directly on the breast. However, when the mother has started working, it becomes a problem because the mother is required to carry out other activities which makes direct breastfeeding is almost impossible to do. Many mothers also often feel that their breasts are full and uncomfortable, so that breast milk needs to be expressed (Rozita, 2010). The problem is that mother who has just given birth will leave their babies to work when the leave period has ended while the baby needs to be breastfed. For working mothers, breastfeeding is hampered by the working hours which cause lack of meeting intensity between mother and child. Therefore, it is common for working mothers to prefer to give their babies formula milk compared to breast milk. As a result, the babies experience illness more often because of their poor immune system (Anestesa, 2014). Working mothers are at risk of experiencing problems in the production of breast milk (ASD). Exclusive breastfeeding for working mothers is lower than non-working mothers because breast milk production tends to decrease when mother starts working actively (Rahmawati, Aritia, Prayogi, Biseput, 2017). The number of workers in Indonesia reaches around 40.74 people and 25 people among them are of reproductive age. Therefore, adequate attention should be paid to working mothers' status as not to make it a reason to stop exclusive breastfeeding (Depkes, 2012). The problem of working mothers who have just given birth is they will leave their babies to work after the leave period has ended but breastfeeding is needed by the babies. For working mothers, breastfeeding is hampered by the working hours which cause lack of meeting intensity for mother and child. It is common for working mothers to prefer to give their babies formula milk compared to breast milk. As a result, the babies are susceptible toward diseases because of their poor immune system (Wulandari, 2014).

Research by Rozita (2010) revealed the fact underlying the reason why working mothers provide exclusive breastfeeding through expressed milk and the things that hinder it. The results showed that the reasons for not giving exclusive breastfeeding were, among others, mother's

fatigued, high workload, limited time off, insufficient infrastructure, and the demands of family economic needs. While the things that prevent working mothers in giving exclusive breastfeeding are influenced by various factors such as: economic factors, maternal physical factors, physiological factors and lack of supporting facilities and infrastructure, as well as the increase of formula milk primos (Ningsih, Dewi Andariya, 2018). One of the supporting factors is father's support to breastfeed which can influence and contribute to the decision making of breastfeeding initiation, sustainability, trust, and when they are about to wean their babies (Ningsih, Dewi Andariya, 2018).

All of the information about breastfeeding is usually obtained from books, mass media and the internet. Based on the initial survey conducted by researchers through interviews with 10 working breastfeeding mothers, it was found that 4 working breastfeeding mothers knew about breastfeeding and give expressed breast milk to their children every time they worked, and 6 out of 10 working breastfeeding mothers did not know about giving expressed breast milk. Therefore, the researchers thought it is necessary to provide information on expressed breast milk in the form of a handbook because it can act as a source of information. Handbook is a small book that can be stored in a pocket and are easy to carry everywhere (Language Center, 2016). One of the ways to increase knowledge is by using pocket books which encourage the researcher to conduct research entitled "Developing an educational package through a handbook media of how to express breast milk for working mothers at Sumberejo-Banyuputih village in Situbondo".

METHODS

The type of this research is (Research and Development) R&D which is a research method that is used to produce certain products and to test the effectiveness of the products. According to Borg and Gall, R&D research is carried out in several stages, namely 1) Product analysis, 2) Product development, 3) Validation by media and material experts, 4) Small-scale field trial, and 5) Large-scale field trial. The step done in the development of pocket-book about expressing breast milk was by doing HDG activities to gather information or data from the interviewees that consisted of a midwife who served as a coordinator, a village midwife, a cadre representative, a midwifery lecturer and pregnant women who lived in the research area. A need analysis was conducted so that it could be used as a reference in developing a handbook. This is a quasi-experimental (one group pretest and posttest design) research that was conducted in August 2019–February 2020. The sample in this research were 33 pregnant mothers that were in their 2nd and 3rd TM who were domiciled in the area of Banyuputih Health Center, Banyuputih District, Situbondo Regency. The sampling was done using purposive sampling method.

RESULT

Table 1. The Characteristics of Pregnant Mothers in Sumberejo Village, Banyuputih, Situbondo, 2019

Age category	Frequency	Percentage
17-25 years	12	36%
26-35 years	16	53%
>35 years	1	9%
Education	Frequency	Percentage
Elementary	5	15%
Junior High School	5	15%
Senior High School	12	36%
College	11	33%
Profession	Frequency	Percentage
Teacher	2	6%
entrepreneur	10	30%
Farmer	1	3%
Housewife	20	61%

Trimester	Frequency	Percentage
II	7	21%
III	26	79%

Based on Table 1 the characteristics of mothers become pregnant by age, the highest percentage was in the category aged between 26-35 years as much as 55% (18 people) and the lowest percentage was between >35 years as much as 9% (3 people).

The distribution based on mother's last education was classified into Elementary, Junior High School, Senior High School and College. The data showed that the highest percentage was that respondents had the last education at the level of Senior High School as much as 36% (12 people) and the lowest percentage was Elementary level as much as 15% (5 people) and Junior High School as much as 13% (5 people).

The distribution based on profession was divided into Teacher, Entrepreneur, Farmer and Housewife. The highest percentage was in the Housewife category as much as 61% (20 people) and the lowest percentage was 6% as teacher (2 people).

Table 2. Changes in Knowledge before and after the Implementation of a Handbook about Expressing Breastmilk for working mothers in Sumberejo

Village, Hanuputih, Subdistrict

Respondent	Pre	Post
1	40	75
2	45	75
3	45	75
4	50	80
5	55	85
6	45	85
7	55	80
8	60	80
9	55	75
10	65	95
11	60	90
12	60	85
13	50	80
14	55	85
15	70	90
16	50	85
17	50	75
18	40	75
19	40	70
20	45	85
21	60	90
22	60	85
23	60	85
24	60	85
25	55	80
26	55	80
27	55	85
28	50	80
29	60	85
30	55	90
31	50	90
32	45	70
33	55	85
Mean	53.18	81.67
Increase	53.56%	

Table 2 shows that the average acquisition value of pre-conference and post conference experienced an increase of 53.56%.

Table 3. The test results of the components of the handbook by the material expert on how to express breastmilk.

COMPONENT	EXPERT I	EXPERT II	AVERAGE RATING
Content Feasibility Aspects	3.15	3.4	3.27
Material suitability	3.2	3.0	3.1
Material accuracy	3.0	3.2	3.1
Material novelty	3.4	3.0	3.6
Encourage curiosity	3.0	3.6	3.3
Presentation Feasibility Aspects	3.75	3.65	3.7
Presentation technique	3.4	3.6	3.5
Presentation support	3.0	3.2	3.4
Promotion of learning	4.2	4.0	4.1
Cohesiveness and clattering of thought lines	3.8	3.8	3.8
Aspects of Language Eligibility	3.6	3.44	3.52
Straightforward	3.4	3.2	3.3
Communicative	3.6	3.4	3.5
Diagnostic and interactive	4.0	3.8	3.9
Conformity with development	3.8	3.6	3.7
Compliance with language rules	3.2	3.2	3.2
Contextual Eligibility Aspects	3.8	4	3.9
Contextual nature	3.6	3.6	3.6
Contextual component	0	4	4.2
			3.59

Average (very good)

Based on the test results by material expert above stated that the quality and feasibility of the handbook about breastfeeding developed was in the very good category. It can be seen from the average percentage of the four aspects of the components of handbook about expressing breastmilk that was 3.59%.

Table 4. The test results of the components of the handbook by the media expert on how to express breastmilk for Working Mothers

COMPONENT	EXPERT I	EXPERT II	AVERAGE RATING
Handbook Size	3.3	3.5	3.5
Compatibility of handbook size with ISO standards	3.2	3.4	3.3
Size conformity with the context of the handbook	3.4	3.6	3.5
Cover Design	3.35	3.25	3.35
Appearance elements of layout	3.6	3.2	3.2
Color elements of layout	3.8	3.2	3.4
Interesting and easy to read letters	3.0	3.2	3.6
Cover illustration of handbook	3.2	3.4	3.2
Handbook Contents Design	3.2	3.2	3.25
Consistency of layout	3.2	3.0	3.2
The element layout fields of point and spaces	3.4	3.2	3.3
The element layout title and illustrations	3.0	3.2	3.4
Layout	3.2	3.2	3.2

The typography of the pocketbook contents is simple.	3.4	3.4	3.4
The typography of the pocketbook contents is helpful	3.4	3.2	3.4
Content illustration	3.2	3.2	3.2
			3.36
Average			(Very good)

According to the media expert, Faizah C.H.I in a lecture of DIII Midwifery study program demonstrated the quality and feasibility of Handbook about expressing breastmilk that was developed as a whole, was included in the category of very good. It can be seen from the average percentage of the three aspects of the components of Handbook about expressing breastmilk that was as much as 3.36%. Study validation by media expert that included the size of the handbook, the design of the cover, the design of the contents of the book, following is the recapitulation of the results of the validation by media expert:

The effectiveness Test of Handbook about Expressing breast milk
The significant difference test on mean average results of the pretest and post-test obtained were tested by using the Wilcoxon test:

Table 4.6. Results of the analysis of pretest and post-test on handbook how to express breastmilk

	N	Mean Rank	Sums of Ranks
<i>Posttest - Pretest</i>			
<i>Negative Ranks</i>	0 ^a	.00	.00
<i>Positive Ranks</i>	32 ^b	(6.50)	528.00
<i>Ties</i>	0		
<i>Total</i>	33		

Wilcoxon Signed Rank Test

The Wilcoxon test results showed positive ranks which indicated that all respondents get an increase in knowledge after being given the intervention.

Test Statistics*		
	Post Conference - Pre Conference	
Z	-5.138	
Asymp. Sig. (2-tailed)	.000	

a. Based on negative ranks.

b. Wilcoxon Signed Ranks Test

Result of p-value = 0.000 < 0.05 so it can be said that there is a difference between the pre-conference and post-conference on the development of a package of education through the medium of a handbook about expressing breast milk for working mothers.

DISCUSSION

The Development of Expressed Breastfeeding Handbook

Print media is one of the types of media exposure that affects pregnant mothers. Print media has advantages such as durable, covers many people, low cost, can be carried anywhere, makes it easier to understand. In theory, handbook as media outreach is effective in efforts to improve pregnant mothers' knowledge because the handbook is a media that can accommodate a lot of writing, images, and it is practical. Health education about expressing breast milk greatly affects the attitudes of working pregnant mothers. Health education is an activity that can improve attitudes in maintaining and improving their own health (Adzam, 2011).

Based on the research results on the working mothers' knowledge on how expressing breast milk can be concluded that they experienced an increase by 53.56% of respondents. It was closely related to the behavior of humans as a form of response to stimulus. However, to provide a response is very dependent on the characteristics of the person. This means that even though the stimulus is the same in some people, but the response can be different depending on the characteristics of each person. To realize the attitude becomes a real act, we needed factor support that are facilities and other supports. Green, L.W. Health

promotion Planning an Educational and Environmental Approach. second edition. Mayfield Publishing Company. USA. 1991 explained that behavior is motivated or influenced by several factors, one of them is predisposing knowledge. According to the experience and research, behavior which was based on knowledge would be more durable than the one that was not (Notohamidjo, 2003). The analysis result of this research showed that there was a significant relationship between the use of breastmilk handbook on the increase of respondents' knowledge. It was due to how each individual perceive differently about the concept of health and illness so that it affected the response to an individual's action.

Another study revealed that the effectiveness of handbook on how the knowledge changed was significant (Sugihara & Sury, 2016), as claimed by Sugihara & Sury (2016) that the use of handbook was effective towards the students' retention taught by SQ3R method. The result of this research was in line with what (Noviatusmedio S., 2010) stated that knowledge was the result of human sensing, or his knowing about objects through his senses (eyes, nose, ears, etc.). Knowledge referred to the result of remembering something, recalling the events happened either intentionally or unintentionally and it happened as soon as a person got a contact or observation on a certain object. Knowledge or cognition became a very important domain in forming one's actions (inert behavior), since regarding experience and research, the behavior that was based on knowledge was more durable than the one which was not. According to the World Health Organization (WHO), there are three theories of behavior change, one of them was providing the information. According to this theory, providing information toward the ways to get a healthy life, how to maintain health, how to avoid disease, and so on, increased the knowledge of people about it (Noviatusmedio S., 2010).

Mother's Knowledge on Breastmilk Handbook

Education improved a person's thinking ability in a directed and rational manner. High education let a person have extensive knowledge. Knowledge plays a very important domain in forming the behavior. The higher a person's education was, the higher the abilities and skills he might have than the others might not. The higher the level of education of a person was, the wider the mindset and behavior he might have. The level of education will have a different tendency to understand and react to their health. Breastfeeding given immediately after birth increased the success of exclusive breastfeeding, and exclusive breastfeeding given until to baby at the age of 6 months was able to reduce morbidity and mortality. Health facilities and personnel, especially birth attendants, play a very strategic role in increasing the coverage of exclusive breastfeeding until the age of 6 months (Widodo, 2011). It did not extend the possibility for working mothers who still wanted to give exclusive breastfeeding to their babies.

The problem found on the working mothers who just gave birth was that they felt anxious when they leave the babies for working, while the babies needed breastfeeding the most. Newborn babies born was recommended to get exclusive breastfeeding for 6 months until they reach 2 years old. To working mothers, breastfeeding was hindered while facing the breastfeeding as their the intensity of meeting with the babies reduced. Working mothers made their work as excuses that delayed them in breastfeeding the baby. Breast milk was beneficial and advantageous as a protective substance since it contained anti-infective, clean and free contamination (Semenat, Dea, & Ananda Purn, 2018).

Expressed breast milk was milked from the breast to be stored and later given to babies, whilst breast milk was the main source of nutrition. Milking was done manually by hand or a breastfeeding tool or you can use both alternately depending on conditions (Maryamani, 2015). According to the research done in Sumberjaya village Ranuyupan district, the researcher analyzed that the respondents did not give Expressured breast milk because they knew that they were lack of knowledge about Expressured breast milk, they thought that breastfeeding was impractical and assumed that milking was very difficult, they preferred going home to breastfeed the babies and some of them chose to give formula milk. This reason was obtained from the interview result done by the researcher with respondents. Besides, the number's education was also very important in giving breastmilk to the baby, because it affected the respondent's behavior to change towards the health. Education became the main factor in forming knowledge. Education and knowledge determined a person's attitude in decision making in breastfeeding (Rahmawati & Bisaria Prayogi, 2017). A person who had higher education would be easier in receiving information from various media, health workers including information about ASI PERAH, how to implement its practice, how to apply ASI PERAH to increase the mother's knowledge so the breastfeeding was not hampered and the baby still got what he needed. It was in contrast to the research result done by (Fahriati,

Rohaiswati, & Hendarto, 2014) as the education level has no relation to do with exclusive breastfeeding for 6 months. We found that mothers whose last education level was Junior High School were able to seek for knowledge and insights about breastfeeding through the internet, social networking community on Facebook, twitter, and blackberry group. Through this social community, they shared information about breastfeeding and discuss problems and difficulties during breastfeeding. It became one of the factors supporting the success of exclusive breastfeeding in groups of mothers whose last education level was Junior High School. The results of this research was in accordance with (Nurhayati & Nurlatifah, 2018). The research results revealed that the better the level of knowledge was, the better the educational behavior in breastfeeding would be. It was also in line with the results of a cross-sectional research conducted in Tanzania which found that a group of mothers with sufficient knowledge of breastfeeding were 3.4 times more likely to be exclusively breastfed for 6 months. The appropriate knowledge of mothers on the exclusive breastfeeding was obtained significantly by exclusive breastfeeding (TE & SE, 2011, 6).

The positive effect of working mothers' behavior in providing exclusive breastfeeding helped the family's food needs. By giving exclusive breastfeeding, the baby was fulfilled with food (nutritionally). There was no need to buy milk or extra food for babies, so that the economy was diverted to improve the food quality for other family members, including breastfeeding mothers. Meanwhile, the negative impact of not giving the exclusive breastfeeding was that would grow slowly and even experience malnutrition (Sulistiyawati & Putri Shrawantari, 2014). It was in relation with what Sunell defined that a mother's understanding on exclusive breastfeeding as a feeling or thought that encouraged someone to do or not power, especially in attitude (Azwar, 2011).

Knowledge was vital to mother's behavior, mother's knowledge on breastfeeding brought her to deep understanding about the good or bad effects of breastfeeding. This understanding acted as the basis for mothers to behave in giving ASI PERAH to their babies. The results of this research indicated that the better the level of knowledge was, the better the educational behavior in breastfeeding would be (Nurhayati, Fitri, Nurlatifah, Sofi, 2018). The results of this research had correlation with the one conducted by (Martini & Ni Putu Widya Astuti, 2017) which claimed that good knowledge about breastfeeding supported the success of exclusive breastfeeding, besides that, according to (Hilmanati, 2012), works were assumed to affect the knowledge and opportunities of mothers in giving ASI PERAH. The respondents' knowledge who worked was better than the ones who did not as working mothers got better access to various information on good breastfeeding method, including the information of breastfeeding. Thus, handbook as educational media was needed to support the mother's knowledge on how to milk the breastmilk. The results of several researches suggested that handbook was effective in increasing knowledge. Defined that a handbook was an independent teaching material designed in a systematic, directed and measurable manner to achieve learning objectives, in this case handbook played a role in increasing the knowledge and interest of students. From the results of the pre-test and post-test, there was a significant increase after distributing the handbook, as well as the check list on how to milk the breastmilk in postpartum mothers, it was shown in every handbook of postpartum mothers is checking the process of milking the breastmilk, if the postpartum mother found some obstacles, she went to midwives or health workers nearby immediately concerning the increase in milk production. The implication of this research was that post-partum mothers were easier to study the handbook of breast milk, as this handbook was able to be used anytime, anywhere and by anyone.

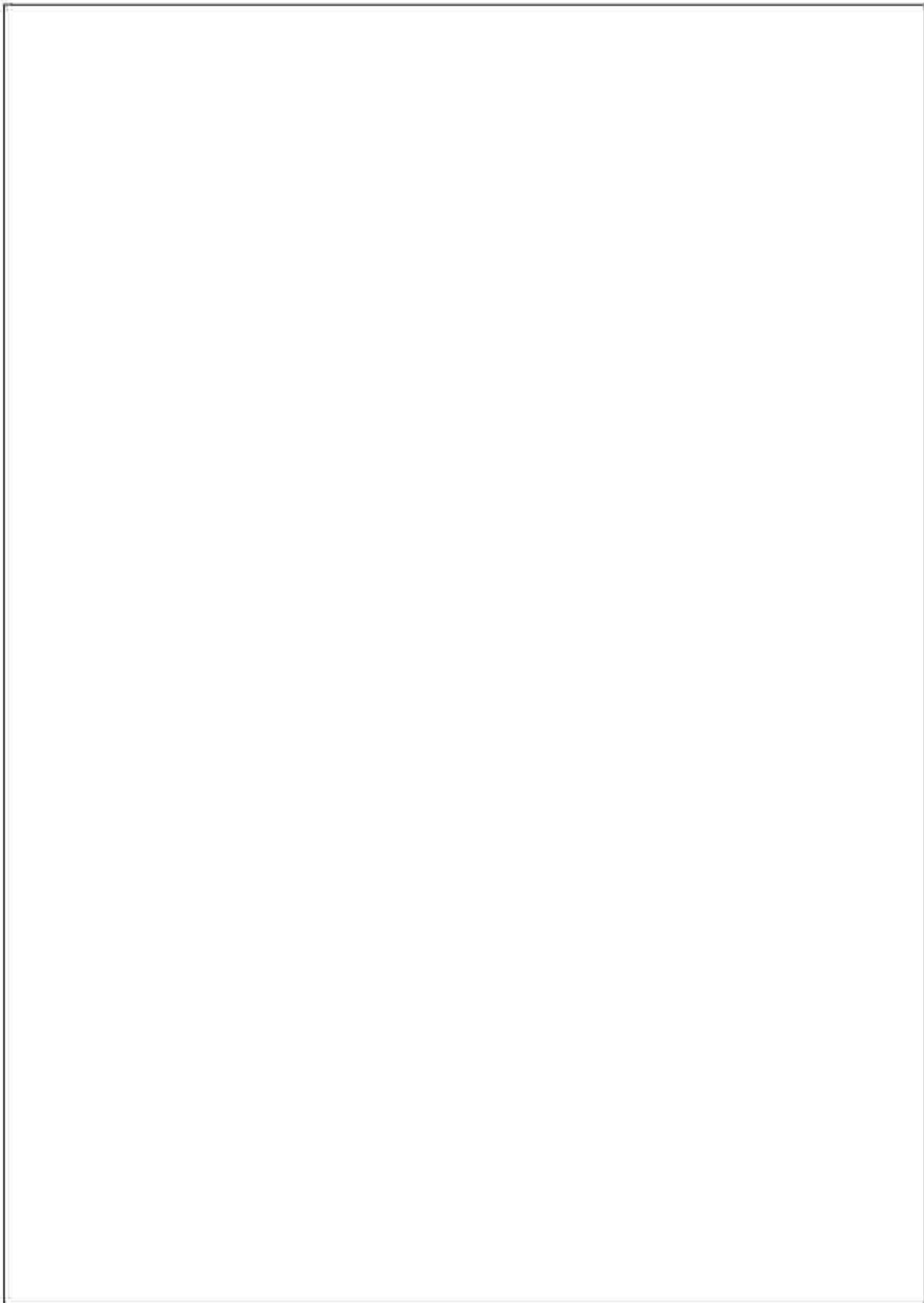
CONCLUSION

Based on the results of research and data analysis conducted by the researcher, it can be concluded that there was an effect of the application of the educational package development through handbook on how to milk breastmilk to working mothers in the Simberjo village, Banyuwangi, East Java. A handbook on how to milk breastmilk as a medium of education for pregnant women is appropriate and is able to give good impacts on exclusive breastfeeding.

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