



## The Effect of Counseling on Dairy Milk Management on The Knowledge and Attitudes of Working Mothers

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### Abstract

*Based on data from the United Nations Children's Fund (UNICEF) in 2012, only 39% of babies under the age of 6 months receive exclusive breastfeeding worldwide. Riskesdas data in 2013 stated that the success of exclusive breastfeeding was only 54.3%. The coverage of exclusive breastfeeding can be increased if puerperal mothers, especially those who work, can apply dairy milk management. The purpose of this study is to analyze the effect of counseling on dairy breast milk management on the knowledge and attitudes of working mothers in the work area of the Karang Pule Health Center in Mataram City. This research is a pre-experimental design with a one-group pretest-posttest research design. The samples in this study were 30 samples with purposive sampling technique. The data were measured with questionnaires and analyzed using the Wilcoxon Match Pairs Test. The results of this study were that there was a difference in the average level of maternal knowledge of 2.48 and a difference in the average attitude of working mothers of breastfeeding of 24.29 with a p-value of 0.001 which means that there was a significant difference in the knowledge and attitudes of working mothers before and after being given counseling. The conclusion in this study is that there is an influence of counseling on the knowledge and attitudes of mothers working before and after being given counseling on dairy milk management. The suggestion from this study is expected to increase the knowledge and attitudes of working mothers about good dairy milk management so that it can be applied directly*

**Keywords:** *counseling, dairy breast milk management, knowledge, attitudes, working mother*

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## Introduction

Breast milk is an ideal food for babies, and it is very useful for both mother and baby. However, working mothers are more likely to choose not to breastfeed or stop breastfeeding prematurely (Altamimi, et al, 2016). The practice of breastfeeding is exclusively influenced by maternal knowledge and attitudes, as well as socio-demographic and local cultural factors (Mogre, et al, 2016).

Based on data from the United Nations Children's Fund (UNICEF) in 2012, only 39% of babies under the age of 6 months get breast milk exclusively worldwide, so exclusive breast-feeding in the world is still low. China, which is one of the countries with a sizable population in the world, only has an exclusive breastfeeding success rate of 28%. Another country, Namely Tunisia, gave bad news with the percentage of exclusive breastfeeding which decreased very drastically from 45.6% down to 6.2%.

Exclusive breast-feeding in Indonesia is also still lacking, based on Basic Health Research (Riskesdas) in 2012 exclusive breast-feeding in Indonesia reached 27.5%. The latest calculation of the percentage of breast milk based on Riskesdas data in 2013,

the success of exclusive breast milk is only 54.3%. This amount has not met the target of exclusive breast-feeding for 6 months set nationally by the government, which is 80% of the number of babies in Indonesia (Riskesdas, 2013). Exclusive breast-milk coverage can be increased if puerperal mothers, especially those who work, can implement Dairy Breast Milk management.

The 2012 Indonesian Health Demographic Survey showed that 57% of the workforce in Indonesia is women. Factors that hinder the success of breastfeeding in working mothers are short time off work, lack of workplace support, short rest time at work (not enough time for milking breast milk), the absence of room for breast milking, the conflict of maternal desires between maintaining work performance and breast milk production.

The coverage of exclusive breast-feeding to infants in West Nusa Tenggara averaged 77.66%, this coverage decreased when compared to the coverage of exclusive breastfeeding in 2016 which was 86.63%. West Nusa Tenggara consists of 11 districts, namely the city of Mataram with an exclusive breastwater coverage rate of 75.48%, West Lombok 95.88%, Central Lombok 90.23%,

East Lombok 78.25%, Sumbawa 81.05%, West Sumbawa regency 67.50%, Bima city 77.31%, Bima 78.67% and Dompu 91.76%. (Profil Kesehatan Provinsi NTB, 2017). Based on this data, the coverage of Exclusive Breast Milk in the city of Mataram is still lacking.

Breastfeeding is the right of every mother, including working mothers, so in order to carry out breast-feeding, complete information is needed about the benefits of breast milk and breastfeeding and how to carry out lactation management. In addition, support from the management, work environment, and empowerment of female workers themselves is needed (Depkes, 2015).

In working mothers, the scope of lactation management in the postnatal period includes exclusive breast milk, how to breastfeed, squeeze breast milk, store dairy breast milk, and give milk (Siregar, 2009). Exclusive breast-milk coverage can be increased if puerperal mothers, especially those who work, can implement Dairy Breast Milk management.

Some things that hinder exclusive breastfeeding include low maternal knowledge and maternal attitudes regarding the benefits of breast milk and the correct

way of breastfeeding, lack of lactation counseling services and support from health workers, socio-cultural factors, intensive marketing of formula milk, and factors of working mothers (Dinkes, 2008).

One of the efforts so that information can be understood and can have an impact on changes in community behavior, especially on mothers, is to use counseling as a method of conveying information. This is because counseling is one way of approaching society that is good and effective in order to provide or convey messages or health information with the aim of changing behavior by increasing community knowledge and attitudes (Fitriani, 2011).

The Government's Productive Healthy Women's Workers Movement (GP2SP) is implemented in the central, provincial, districts/cities and companies. The Productive Healthy Women's Worker Movement program is directed at fulfilling the nutritional adequacy of female workers, health checks for female workers, reproductive health services for female workers and increasing breast-feeding during work time at work (Info DATIN, 2015).

Based on the background of the above problems, researchers are interested in conducting research on the influence of counseling on the management of dairy breast milk on the knowledge and attitudes of working mothers in the work area of the Karang Pule Health Center in Mataram City.

### **Method**

The research method used is pre-experiment design with a "one group pretest-posttest" design. The location of this study is in the Working Area of the Karang Pule Health Center in Mataram City and this research was carried out from March to May 2020.

The population in this study was 30 mothers working breastfeeding with the number of samples using total sampling, sampling techniques using purposive sampling by determining inclusion and exclusion criteria.

Data collection will be carried out by distributing questionnaires to working mothers for pretests, then researchers providing counseling on dairy breast milk management. After the counseling was completed, the researcher distributed the questionnaire to the posttest mother.

Univariable data analysis using descriptive analysis and bivariable analysis using Wilcoxon Match Pairs Test analysis technique.

### **Result and Discussion**

#### **1. The Effect of Dairy Breast Milk Management Counseling on the Knowledge of Working Mothers**

The results showed that the knowledge of working mothers about the management of dairy breast milk before being given counseling, most of the respondents were less knowledgeable as many as 19 people (63.33%), while after being given counseling, most of the respondents were well-informed as many as 21 people (70%).

Based on the results of the Wilcoxon test, it was shown that there was a difference in the level of knowledge of working mothers before and after counseling on dairy breast milk management, where before counseling the average level of maternal knowledge was 5.67 increased to 8.15 after counseling. There is a difference in the average level of knowledge of 2.48 with a p-value of 0.001 which means that there is a significant difference in the level of knowledge after the provision of counseling

and counseling has proven effective in increasing knowledge.

Efforts to increase respondents' knowledge about Dairy Breast Milk can be done by providing counseling in a sustainable and systematic manner so that respondents' acceptance of the information that has been provided can be better absorbed. Information that is conveyed repeatedly will be better remembered and understood.

This is in line with Sari's (2018) research on the effect of Dairy Breast Milk counseling on the knowledge and implementation of Dairy Breast Milk in working mothers that there are significant differences in the level of maternal knowledge before and after counseling on Dairy Breast Milk, where before counseling the average level of maternal knowledge is 5.55 increased to 8.10 after counseling. There is an average difference in knowledge level of 2.45 with a p-value of 0.001.

According to Mira (2013) that to increase maternal knowledge in providing breast milk to babies, it is necessary to have support from the family, especially the support of the husband. Therefore, to increase the coverage of mothers giving breast milk, it is necessary to make more

intensive health promotion efforts. The results of Merhika's research (2014) stated that there were differences in maternal knowledge about exclusive breast milk between mothers who were given counseling with the pocket book method, mothers who were given counseling with the simulation method and mothers who were given counseling without being given any method (Merdhika et al., 2014).

According to Machfoedz and Suryani (2013) Health counseling here is a health education activity, which is carried out by spreading messages, instilling beliefs, so that people are not only aware, know and understand but also willing and can do a recommendation that has something to do with health (Machfoedz & Suryani, 2013).

A person's good knowledge can be used as a basis in the formation of one's behavior, maternal knowledge about dairy feeding will bring a deep understanding to the mother about the good or bad effects of giving breast milk. This understanding will be the basis for mothers to behave in giving dairy breast milk to their babies (Tindaon & Hanum, 2019).

### **The Effect of Dairy Breast Milk Management Counseling on the Attitude of Working Mothers**

The results showed that the attitude of working mothers before being given counseling on dairy breast milk management, most of the respondents were in the negative attitude category of 22 people (73.33%), while after being given counseling, most of the respondents were in the category of positive attitudes as many as 21 people (70%).

Wilcoxon's test results showed that there were differences in the attitudes of working mothers before and after counseling on dairy breast milk management, where before counseling the average maternal attitude of 58.56 increased to 82.85 after counseling with a standard deviation of 2.89. There was an average difference of 24.29 with a p-value of 0.001, which means that there was a significant difference in the attitude of working mothers before and after counseling.

A person's attitude is inconsistent because it can still be influenced by other things that the mother considers important. Therefore, for mothers whose attitude is negative, it is necessary to get more

intensive information about how the management process of milking of dairy milk when the mother is working, so that the attitude of the mother increases to be positive.

This is in line with Purba research (2017) on the effect of exclusive breast-milk counseling on the knowledge and attitudes of pregnant women, stating that there is a significant influence of exclusive breast-milk counseling with an increase in maternal attitudes before and after being given counseling with a p-value of 0.000 . Merdhika's research (2012) states that by providing counseling, the mother's attitude will change in a positive direction.

According to Azmi (2012), who proved that counseling about exclusive breast milk affects the attitude of mothers in providing exclusive breast milk in Karangawen District, Demak Regency. In addition, Musri's research (2017) on the effectiveness of leaflet promotion media on the knowledge and attitudes of pregnant women about early breastfeeding initiation, states that there are significant differences between the attitudes of pregnant women before and after being given counseling and leaflet media, so it can be interpreted that there is

an influence of counseling with leaflet media regarding Early Breastfeeding Initiation.

According to Lawrence Green quoted by Notoatmodjo (2012), states that a person's behavior is influenced by 3 factors, namely predisposing factors, enabling factors and reinforcing factors. The mother's attitude is a predisposition to factors that can be changed by providing health information or messages.

### Conclusion

The knowledge of working mothers before being given counseling on the management of Dairy Breast Milk in the Karang Pule Mataram Health Center Work Area was majority lacking, after counseling increased to a good majority. Meanwhile, the attitude of working mothers before being given counseling on dairy breast milk management was mostly negative, after counseling it increased to a positive majority, so it was concluded that there was an influence of counseling on dairy breast milk management on the knowledge and attitudes of working mothers.

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