

IMPROVING BREAST CARE PRACTICES FOR PREGNANT WOMEN THROUGH HEALTH EDUCATION

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ABSTRACT

Due to mistakes and a lack of previously acquired knowledge, many moms believe they have failed to provide their newborns with exclusive breastfeeding. This study's goal was to ascertain whether third-trimester pregnant women's breast care behaviors had increased. In this study, a one group pretest-posttest method is used in a pre-experimental research design. 32 pregnant women were included in the study's purposive sampling sample. Wilcoxon statistical test with 0.05 was employed for data analysis. After receiving health education, the practice of breast care among third-trimester pregnant women with a sufficient percentage improved to good. Based on the findings of statistical tests, it was determined that the p value was 0.000, indicating that after receiving health education, third-trimester pregnant women were more likely to take care of their breasts. If breast care is performed appropriately and effectively during the third trimester of pregnancy, the mother will be able to breastfeed her kid successfully after giving birth and meet all of their nutritional demands.

Keywords: Practice, Breast Care, Third Trimester Pregnant Women, Health Education

ABSTRAK

Banyak ibu merasa gagal memberikan ASI eksklusif kepada bayinya karena kesalahan dan kurangnya informasi yang didapatkan sebelumnya. Tujuan penelitian ini adalah mengetahui adanya peningkatan praktik perawatan payudara pada ibu hamil trimester III. Penelitian ini menggunakan desain penelitian pre eksperimen *design* dengan pendekatan *One Group Pretest-Posttest*. Sampel penelitian sebanyak 32 ibu hamil didapatkan dengan teknik purposive sampling. Analisis data menggunakan uji statistik wilcoxon dengan α 0,05. Praktik perawatan payudara pada ibu hamil trimester III dengan prosentase cukup kemudian meningkat menjadi baik setelah diberikan penyuluhan kesehatan. Berdasarkan hasil uji statistik didapatkan p value 0,000 yang berarti ada peningkatan perawatan payudara pada ibu hamil trimester III setelah diberikan penyuluhan kesehatan. Praktik perawatan payudara pada ibu hamil trimester III jika dilakukan dengan baik dan benar, maka ibu dapat menyusui dengan baik setelah melahirkan sehingga kebutuhan gizi pada anak dapat terpenuhi.

Kata Kunci: Praktik, Perawatan Payudara, Ibu Hamil Trimester III, Penyuluhan Kesehatan

INTRODUCTION

Fulfillment of nutrition in 1000 First Day Of Life in children is very important

because it affects their growth and development. Breastfeeding is the best way to fulfill nutrition in children (Kemenkes,

2020). However, some mothers fail to provide exclusive breastfeeding because of errors and lack of information obtained (Astutik, 2014).

Similar studies have been conducted in the past, such as Niswatun and Ika Agustina's (2015) study on the impact of health education on third-trimester pregnant women's breast-care skills. The findings indicated that health education had an impact on pregnant women's capacity for breast care. In line with research by Agung Wibowo (2017), which claims that pregnant women's understanding of breast care increases as a result of receiving health education.

If previous research could be done directly, this research is slightly different because of the Covid-19 condition which limits activities directly. This training will be carried out online and offline by following health protocols.

In order to fulfill child nutrition at 1000 First Day Of Life, researchers will provide health education to improve breastfeeding practices for pregnant women. Thus, breastfeeding, especially exclusive breastfeeding, can work well to fulfill nutrition in children.

METHODS OF STUDY

In this study, a one group pretest-posttest method is used in a pre-experimental research design. From January

to February 2021, the study was carried out in the Sukomoro Public Health Center's working space..

32 pregnant women who were in their third trimester made up the study's sample. Purposive sampling was used to select the sample, which satisfied the inclusion requirements of physiological pregnant women (no history of abortion and preterm labor).

RESULT

How To Collect Data

Researchers made observations twice on the practice of breastfeeding pregnant women with observation sheets. The first observation was carried out before being given health education. Subsequent observations were made after the respondents were given health education. Health education is provided with video media about breast care for pregnant women, questions and answers via whatsapp groups, and leaflets so that pregnant women can remember the material that has been given.

How To Analyze Data

Before being used for respondents, the observation sheet was tested for the validity of the product moment Pearson correlation with SPSS. To find out the improvement of breastfeeding practice in pregnant women, a

statistical test was performed using the

Wilcoxon signed-rank test.

RESULTS

Table 1 Presents The Respondents' distribution.

	Age (Years)		Education		Work		Pregnant to				
	Σ	%	Σ	%	Σ	%	Σ	%			
< 20	6	19	No school	0	0	Government employees	1	3	1	16	50
20-35	18	56	Primary School	3	9	Farmer	1	3	2	12	37
>35	8	25	Junior High School	12	37	Private employees	6	19	3	4	13
			Senior High School	12	37	Housewife	24	75	4	0	0
			College	5	17						
Total	32	100		32	100		32	100	32	100	

According to table 1, the majority (56 percent) of respondents are between the ages of 20 and 35. 37 percent of respondents have completed both junior and senior high school. Most (75%) work as housewives. Half (50%), respondents are pregnant with their first child.

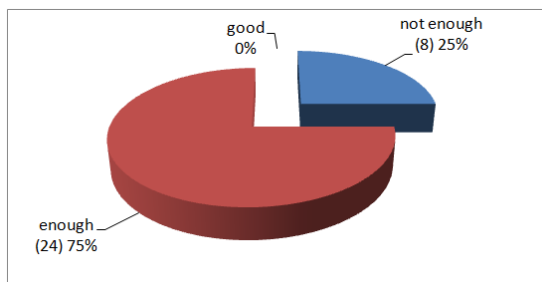


Figure 1. Breast care practice before health education

Figure 1 reveals what is known about most of the respondents (75%) practice breast care for pregnant women before being given health education in the sufficient category.

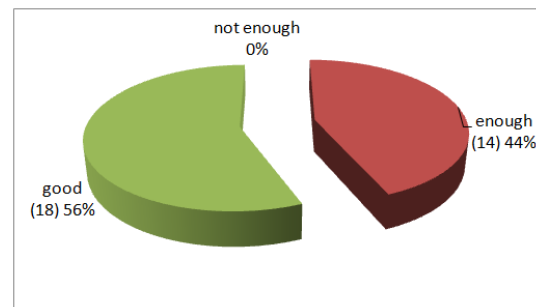


Figure 2. Breast care practices for pregnant women after health education

Figure 2 shows that the majority of respondents (56%) conduct breast care for pregnant women before receiving health education in a positive category.

Table 2. Cross tabulation of breast care practices

Practice before education	Practice after education						Total	
	Not enough		Enough		Good		N	%
	N	%	N	%	N	%		
Not enough	0	0	7	21,9	1	3,1	8	25
Enough	0	0	7	21,9	17	53,1	24	75
Good	0	0	0	0	0	0	0	0
	0	0	7	43,8	18	56,2	32	100

Table 2 reveals that the majority of respondents (53.1%) who initially practiced adequate breast care, after being given health education became good.

Table 3. statistical test results

	Practice POST – Practice PRE
Z	-4.914 ^a
Asymp. Sig. (2-tailed)	.000

After receiving health education, pregnant women's breast care increased, according to the analysis's results using Wilcoxon, which yielded a p value of 0.000.

DISCUSSION

The study's findings indicated that after third-trimester pregnant women received health education, there was an increase in the practice of breast care. The increase after the health education was influenced by the age of the respondent. Most of the respondents are in middle adulthood so they have a good grasp of the information received. After being given health education, respondents understand and are able to practice breast care properly.

Mature age has a very positive effect on the achievement of one's knowledge. Maturity or emotional maturity is the benchmark for someone in thinking positively so that they can increase knowledge about improving breast care during pregnancy.

Mature age has a very positive effect on the achievement of one's knowledge. Maturity or emotional maturity is the benchmark for someone in thinking positively so that they can increase knowledge about improving breast care during pregnancy. While this is going on, research by Pipit Safitri (2013) found that a pregnant woman's strength and degree of maturity increase as they become older, along with their ability to think clearly and process more information.

Most of the respondents received a minimum education of junior high school, so it was easier to understand what was conveyed by the researcher even though it was delivered online. A person's capacity to absorb practical knowledge through formal and informal education increases with their level of expertise. According to earlier studies, the majority of respondents had adequate knowledge about breast care since it was influenced by different factors, such as the level of education and information that was not ideal about breast care.

Respondents were mothers who were pregnant with their first child, had no previous experience so that the practice of breast care was also not good. However, after receiving health education, respondents noticed an increase in the way they cared for their breasts while pregnant.

The research by Laily Prima Monica (2018), titled The effect of health education

on the ability of breast care in third trimester pregnant women, is supported by the findings of this study. As many as 80% of respondents experienced changes in their abilities from being less able to being able to carry out breast care for pregnant women.

After this study stated that there was an increase in the practice of breast care in third trimester pregnant women after being given health education, which would affect the process of breastfeeding mothers after giving birth. Thus, further researchers can examine the effect of breast care practices in third trimester pregnant women on breast milk production in breastfeeding mothers.

CONCLUSION

- a. Before receiving health education, the majority of respondents had sufficient experience providing breast care for pregnant women.
- b. After receiving health education, the majority of responders adopted good breast care procedures for expectant women.
- c. After receiving health education, third-trimester pregnant women are more likely to undertake breast care.

REFERENCES

1. Arikunto. *Prosedur Penelitian Suatu Pendekatan Praktik*. Jakarta: Rineka Cipta. 2010.

2. Astutik., R.Y. *Payudara dan Laktasi*. Jakarta: Salemba Medika. 2014.
3. A.Wawan, Dewi. *Teori & Pengukuran Pengetahuan, Sikap, Dan Perilaku Manusia*. Yogyakarta: Nuha Medika. 2011.
4. Azizah, Aprilia Nur; Hidayatun Nufus; Reni Eka Sari. *Pengaruh Penyuluhan Terhadap Sikap Ibu Dalam Melakukan Perawatan Payudara Pada Saat Hamil (Studi Di BPM Ririn Di Jelakombo Kabupaten Jombang)*. Jurnal Kebidanan, Vol. 4/ No. 1/ Desember 2014.
5. Dinkes Prov. Jatim. *Profil Kesehatan Provinsi Jawa Timur Tahun 2018*.
6. Hidayat, A. *Metode Penelitian Keperawatan dan Teknik. Analisis Data*. Jakarta: Salemba Medika. 2010.
7. Kronborg, H., Harder, I., Hall, E. O. C. *First Time Mother's Experiences of Breastfeeding Their Newborn. Sexual and Reproductive Healthcare*. 2015.
8. Maritalia, Dewi. *Asuhan Kebidanan Nifas Dan Menyusui*. Yogyakarta : Pustaka Pelajar. 2014.
9. Monica, Laily Prima. *Pengaruh Pendidikan Kesehatan Terhadap Kemampuan Perawatan Payudara Pada Ibu Hamil Trimester III*. Jurnal Kesehatan Volume 2, Nomor 2 April 2018.
10. Niswaton, Ika Agustina. *Pengaruh Pendidikan Kesehatan Terhadap Kemampuan Perawatan Payudara Pada Ibu Hamil Trimester III Di Polindes Desa Kuningan Kecamatan Kanigoro Kabupaten Blitar*. Jurnal

Ners dan Kebidanan, Volume 2 No.3,
Maret 2015.

11. Notoatmodjo. *Promosi Kesehatan Teori dan Aplikasi*. Jakarta. Rineka Cipta. 2012.
12. *Metodologi penelitian kesehatan* . Jakarta. PT Rineka Cipta. 2010.
13. Rahayuningsih, Tutik; Ambar Mudigdo; Bhisma Murti. 2015. *Effect of Breast Care and Oxytocin Massage on Breast Milk Production: A study in Sukoharjo Provincial Hospital*. Journal of Maternal and Child Health (2016), 1(2): 101-109 <https://doi.org/10.26911/thejmch.2016.01.02.05>.
14. Subejo. *Penyuluhan Pertanian Terjemahan dari Agriculture. Extention (Edisi 2)*. Jakarta, 2010.