

## AN ACT TO SUPPORT ONLY BREAST MILK FOR INFANTS

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### ABSTRACT

Working mothers are sometimes likely to have no intention of breastfeeding their babies, including providing their babies with exclusive breastfeeding. This happened at a hospital in Banten Province, Indonesia, where working mothers tended to have no intention of meeting the needs of breast milk for their babies. Interventions to change intentions and attitudes were given, i.e., a program called Emo-Demo initiated by the Indonesian GAIN program. In this study, after the intervention was given, all respondents, including working mothers, intended to breastfeed their babies. By using a Likert scale to determine the attitudes of respondents, after statistical tests, there were differences in the attitudes of mothers before and after the intervention. This means that the Emo-Demo program had succeeded in changing the intentions and attitudes of mothers to give their babies exclusive breastfeeding.

### INTRODUCTION

The role of midwives in nutrition education during pregnancy is very important, remembering this makes pregnant women know what to consume to maintain the ideal weight of both herself and her fetus. However, the lack of basic knowledge about gestational Throughout history, mother's milk has been considered the most ideal nutrition for infants (Lawrence, 1994), but many contractions and cultural conflicts occur relating to breastfeeding throughout the world (Kim, Fiese, & Donovan, 2017). Thoughts about breastfeeding still vary in countries in the world. For example, the debate about colostrum continues even though medical evidence has stated that colostrum is the most perfect form of food and medicine. From a medical perspective, colostrum is seen as a very useful nutrient (Uruakpa, Ismond, & Akobundu, 2002) because colostrum contains anti-infective and immune substances. However, in some countries, colostrum is recommended to be disposed of on the grounds of cultural construction which states that the yellow colored liquid is 'poor quality'

and even has a very harmful effect on the baby (Legesse, et.al., 2015).

Feeding children with nonhuman milk was associated with very high mortality in the first year (Colodro-Conde, 2017). Breast milk is the most perfect food created by the Creator for babies; at least it can be given until the baby reaches the age of 2 years. Perfection is seen from its physical and chemical form of a complex mixture of interacting compounds, the composition of which differs not only between women but also in the lactation period (Hosea Blewett, et. Al., 2008). Many studies have documented the importance of breast milk for the prevention of diseases such as diarrhea (Morrow, & Rangel, 2004) and infections (Cacho, & Lawrence, 2017) as well as for immunobiologic functions (Sharma, et.al., 2015).

Based on the guideline form the World Health Organization (WHO) (2017), the recommended time period for exclusively breastfed babies is in the first 6 months of life. With a minimum period of time, the baby will certainly receive perfect nutrition to maintain health in the next phase of life. Breastfeeding does have many significant health benefits,

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which are not only for mothers but also for babies (Furber & Thomson, 2008). The duration of breastfeeding varies from country to country, regardless of what the WHO has recommended (Callen and Pinelli, 2004). The initiation of breastfeeding at birth is very important for the success of the breastfeeding program. In a survey in England in 2002, one fifth of women decided not to continue breastfeeding their babies and switched to giving their babies bottled milk (Hamlyn et al., 2002). This survey is certainly not in line with the recommendations of the WHO which calls on mothers to exclusively breastfeed their babies for at least the first 6 months of a baby's life.

Exclusive breastfeeding is actually the responsibility of all parties in the community that each member of the community must be involved in the success of exclusive breastfeeding, without exception the midwife as the main provider in pregnancy and childbirth as well as the female partner in each phase of women's lives, including breastfeeding. Communicating with people is one of the fundamental skills needed by these midwives in the provision of exclusive breastfeeding practice.

To meet the time recommended by the WHO, all supports must be given to mothers who breastfeed their baby. In a preliminary survey, most of mothers delivering a baby at a hospital in Banten Province, Indonesia, showed a quite low rate of breastfeeding. Therefore, this study aimed to determine the changing rate of breastfeeding after an interactive education was applied. The intervention was adopted from a method developed in another region of Indonesia called emo-demo that stands for emotional demonstration, especially to give understanding for the mothers to breastfeed their baby after knowing the much benefit of breast milk toward the baby's health

## **METHOD**

One of the mother and child Hospitals in Banten Province, Indonesia, was chosen as the study location. The health promotion intervention in this study was Emo-Demo (emotional-demonstration) which is an interactive education session using games that arouse mothers' emotions to improve breastfeeding behavior. Through this research, it is expected that there would be a change in perceptions of pregnant women regarding exclusive breastfeeding behavior and the intention of pregnant women to breastfeed their babies.

This study used a one group pretest and posttest study design. The respondents were pregnant women who visited the hospital and were divided into 2 sessions, each with 20 people. The pretest was carried out with a question about exclusive breastfeeding with the main question whether they intended to give exclusive breastfeeding to their baby for six months. After the pretest, the implementation of Emo-Demo about 'it is enough only with breast milk' was carried out for 15 minutes. Question and answer session and explanation about breastfeeding for working mothers were carried out for 15-25 minutes. Finally, the posttest was conducted for 10 minutes with the same questions about exclusive breastfeeding with the main question that remained the same as well.

'Intention' was measured using 1 yes-no question, "Do you have the intention to give exclusive breastfeeding to the baby after giving birth?" while 'Attitude' was measured using 6 statements. The statement consisted of "expensive formula milk that is now nutritionally complete compared to breast milk"; "The more often I breastfeed my baby, the milk production will increase"; and "I prioritize working more than breastfeeding a

baby". To measure attitude, Likert scale was applied.

## RESULT AND DISCUSSION

A number of 37 respondents (92.5%) intended to give exclusive breastfeeding before the intervention and it turned out to be 100% after the intervention with emo-demo. Those who initially had no intention to breastfeed their baby was because they had to go to work so that they were not sure that they could exclusively breastfeed. After the intervention, they got an understanding of the importance of exclusive breastfeeding and the various benefits that would be obtained by the mother and baby.

**Table 1. Frequency Distribution of Intention and Attitude of the Respondents (N = 40)**

Variable	Pretest (%)	Post test (%)
<b>Intention</b>		
Yes	92.5	100
No	7.5	0
<b>Attitude</b>		
Positive	80	97.5
Negative	20	2.5

The statistical test results showed that there was a significant difference between the attitudes of respondents before and after the intervention ( $p$  value 0.001). This means that the emo-demo was successful in this study to change the attitude of women who were about to enter the breastfeeding period.

Humans in early life should be fed with the most perfect food, which is breast milk. All aspects of life have also been arranged all with, including the task of mother in terms of looking after and caring for her baby by giving her breast milk. In this life, each and every human being must undergo their respective roles, with some things that are very specific

and should not be replaced with each other. The role of mothers, for example, in providing food in the form of breast milk to newborn babies can not be replaced by anyone, because the first water that comes out of the mammary glands is a food substance that is perfect for children's health in the future.

A woman's attitude toward breastfeeding and how she chooses to breastfeed her baby is very closely related to her knowledge (Yanikkerem, et.al., 2009). However, culture also plays an important role to impact on breastfeeding practices. Studies carried out by scientists in the social sciences have shown that breastfeeding throughout the ages and in different cultures is not only a nutritional exchange, but a complex psycho-social cultural behavior (Kakute, 2005; Groleau, Soulière, & Kirmayer, 2006). In evaluating the impact of culture on breastfeeding, several key questions can be asked. One effective way to evaluate cultural values or rituals is to consider whether the cultural values or rituals are beneficial, dangerous, or uncertain in their output. All of about cultural matters will end up in the attitude instilled in the mother's mind.

Infant death is already a phenomenon that occurs in the world caused by several factors. So far, many attempts have been made to reduce infant deaths through potential programs, so that appropriate interventions can be designed after the problems that cause infant deaths can be identified. One intervention that can be done is the promotion of early breastfeeding and exclusive breastfeeding (Yotebieng, 2015; Musoke, 1990; Davanzo & De Cunto, 2013). Breastfeeding for babies within one hour after birth is called 'early breastfeeding initiation'. Facts have proven that skin-to-skin contact between mother and newborn as soon as after birth helps initiate breastfeeding in infants and

increases the continuity of exclusive breastfeeding (Karimi, 2019; Saxton, Fahy, & Hastie, 2014).

Exclusive breastfeeding means that the baby receives only breast milk, without other solid and liquid feeding, including water, except for drops of mineral supplements and vitamins or drugs. Exclusive breastfeeding can be given during the first six months of the baby's life after birth and can be continued for up to two years according to WHO recommendations. If a mother can continue exclusive breastfeeding for up to two years, this is a better action for the baby. Given the importance of breast milk for the health of babies, mothers should give their babies as much milk as possible, as long as the mother can do with a time limit of two years. Breast milk that contains many benefits will make the baby healthy and protected from various diseases (Hanson & Korotkova, 2002).

Information about breastfeeding can actually be obtained from several sources, one of which is education for pregnant women in pregnancy services. Several studies have stated that breastfeeding education can increase breastfeeding success. Another study stated that breastfeeding education in the antenatal period and postnatal lactation support increased the rate of exclusive breastfeeding up to six months after birth. Breastfeeding education, which usually occurs during the antenatal period, should be taught by someone with expertise or training in breastfeeding management. This can be offered on hospital or clinic settings like what this current did, which will involve providing information and resources. Proper breastfeeding practice within one hour after birth is very important for the health of the baby and the success of subsequent breastfeeding. Initiating breastfeeding will be successful when the mother is physically and psychologically prepared for labor. Success

will be even greater when the mother is given enough information about the importance of early initiation of breastfeeding and exclusive breastfeeding, and is given support that the mother can have the ability, confidence, and trust to give milk to her baby and be able to care for her baby properly.

With this explanation, mothers who previously did not intend to breastfeed their babies should be given intervention to have the intention. This certainly requires proper intervention planning, one of which is the emo-demo program spread by The Global Alliance for Improved Nutrition (GAIN) Indonesia. By arousing the emotions of mothers towards breastfeeding, mothers who originally did not intend to breastfeed their babies will be aware and intend to breastfeed. This is very important to do because changing the intention for a better purpose is very useful, especially for the baby's life in the future.

Emotional Demonstration (Emo-Demo) is one method of community education through a new approach that refers to the theory of Behavior Centered Design (BCD). BCD theory has the principle that behavior can only change in response to something new, challenging, surprising or interesting. Emo-Demo is a behavior change communication strategy that uses the merging of Behavior Communication Change (BCC), an interactive process between individuals, groups or communities in developing communication strategies to achieve positive behavior change. The Emo-Demo activity is an active activity based on behavior change in the target community groups (pregnant women and nursing mothers) developed by the Global Alliance for Improved Nutrition (GAIN). This Emo-Demo method uses imaginative and provocative ways to achieve behavioral change in the field of public health.

With the success of the emo-demo program in this study, changing the intentions and attitudes of mothers towards breastfeeding will certainly produce a better generation because babies born in Indonesia will get breast milk at least in the first 1000 days of life. The application of this program should be carried out throughout Indonesia so that the program initiated by GAIN will be a very useful program for Indonesia itself.

## CONCLUSION

The emotional demonstration intervention on exclusive breastfeeding in pregnant women significantly influenced the increase in respondents' intentions and attitudes. Respondents who were not sure so that they did not intend to breastfeed were mostly working mothers. However, after Emo-Demo intervention, their intentions and attitudes could change towards a more positive direction

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