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Optimization The Rule Of “Mubalighot Motivator Kesehatan Aisyiyah” In Breastfeeding Self Efficacy

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ABSTRACT

Breastfeeding Self Efficacy (BSE) is a mother's belief regarding her ability to breastfeed her baby and decide whether the mother chooses to breastfeed or not. Aisyiyah through the Health Council has a program to increase the level of public health, especially women, infants, and children based on health services and community based on the spirit of al-Ma'un by increasing efforts to reduce maternal mortality through various activities and increasing efforts to reduce the numbers of infant and toddler deaths with one of priority which is exclusive breastfeeding through qoryah Thoyyibah program held by Balai Sakinah Aisyiyah. The design this study used Pre Experimental design with One Group Pretest-Posttest approach. Samples were pregnant women trimester III until the period of the puerperium (6 weeks) in the sub-district now Lamongan pregnancy of 20 postpartum mothers. Initial assessment was conducted to assess Early Breastfeeding Self Efficacy in pregnant women. The intervention was carried out by providing health care education by holding Mubalighot health motivators so that they were able to educate postpartum mothers. Furthermore, an Early Breastfeeding Self Efficacy assessment was re-conducted. Data were analyzed by Wilcoxon Sign Rank test using SPSS.25. The results showed that the significance level ($p = 0.046 < \alpha = 0.05$) H_0 was rejected which means that there was a significant influence between Breastfeeding Self Efficacy before and after conducting Mubalighot health motivator. This shows that the role of Mubalighot health motivator for Aisyiyah is needed in the Breastfeeding Self Efficacy on Breastfeeding Mothers in Aisyiyah Sekaran Lamongan.

Keywords: Role of Preacher Motivator Aisyiyah Health; Early Breastfeeding; Self Efficacy

INTRODUCTION

Breastfeeding (ASI) to babies is the best way to improve the quality of human resources from an early age who will become the nation's successor. Breast milk is the first, main and best food for babies which is natural. Breast milk contains various nutrients needed in the process of growth and development of infants (Prasetyo Sunar, 2012). Giving breast milk alone without the addition of other fluids either formula milk, water, lemon juice, or other additional foods before reaching the age of six months has tremendous benefits for the development and growth

of the baby as well as increasing the bond of affection between mother and baby (Astutik, Reni Yuli 2014).

The government makes regulations regarding exclusive breastfeeding that are clearly stated in Law Number 36 of 2009 concerning Health and Government Regulation Number 33 of 2012 concerning Exclusive Breastfeeding which states that exclusive breastfeeding is mandatory for six months supported by the provision of lactation facilities in various the place. Data from the Ministry of Health in Indonesia's health profile noted that the rate of early breastfeeding initiation (IMD) in Indonesia increased from 51.8 percent in 2016 to 57.8 percent in 2017.

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Despite the increase, this figure is said to be still far from the target of 90 percent. The same increase also occurred in the rate of exclusive breastfeeding, from 29.5 percent in 2016 to 35.7 percent in 2017. This figure is also very small considering the important role of breastfeeding in children's lives

One of the factors that determine the success of breastfeeding is the mother's condition, such as her confidence or confidence in breastfeeding. Breastfeeding Self Efficacy (BSE) is a mother's beliefs regarding her ability to breastfeed her baby and estimates whether the mother chooses to breastfeed or not. (Dennis, 2011). This shows that increasing Breastfeeding Self Efficacy requires social support.

Research conducted by Faridvand, Mirzafourvand, Malakouti, Charandabi (2017) found that there was a significant relationship between social support and breastfeeding self efficacy in women in Iran. Based on the results of this study, it can be seen that social support has more influence on breastfeeding self efficacy.

Aisyiyah through the health council has a program to improve the health status of the community, especially women, babies and children based on community and health services based on the spirit of QS Al-Ma'un, among others by increasing efforts to reduce maternal mortality through various activities and increasing efforts to reduce the number Infant and under-five mortality with a priority program, one of which is exclusive breastfeeding through the Qoryah Thoyyibah program to form Balai Sakinah Aisyiyah. This study involved Mubalighot health motivator Aisyiyah who is a health cadre at one of the Women's Empowerment Organizations in Sekaran Lamongan District so that researchers are interested in researching "Optimizing the role of Mubalighot Aisyiyah's health motivator regarding Early Breast Feeding Self Efficacy.

METHOD

This research was conducted from March to October 2019 which has received approval from the ethical committee of the Institute for Research and Community Service, University of Muhammadiyah Lamongan no 055 / EC / KEPK-S2 / 07/2019 in the form of this research design using a Pre Experimental design with the One approach. Group Pretest-Posttest Design. Where the researchers conducted an initial scale assessment of Breasfeeding Self Efficacy (pretest), then the intervention was carried out. After that, the scale of Breasfeeding Self Efficacy was reassessed after the intervention (posttest). The sample in this study were 20 pregnant women aged <36 weeks until the puerperium period (6 weeks) in Sekaran Lamongan.

The instrument used in this study was the breastfeeding self-efficacy scale short form (BSES-SF) which consisted of 14 questions about confidence and confidence in breastfeeding. using a Likert scale The items on this scale are statements with five choices, namely: Not at all confident, Not very confident, Sometimes confident, Confident, Very confident. sure). The scores given range from numbers 1 to 5. For assessments in two categories, namely low self-efficacy (1) and high self efficacy (2). BSES-SF has been translated into Indonesian and tested for validity and reliability. The results of the validity test show that of the 14 statement items in the BSES-SF, 12 statements are declared valid with a value of $r \geq 0.3$. Based on this, 2 invalid statement items were deleted so that there were only 12 statements. Reliability test shows the Cronbach Alfa value of 0.921 (> 0.8) so it is categorized as reliable (Dharma, 2011).

The intervention given was to conduct an initial assessment of breastfeeding self-efficacy in pregnant women, then the researchers conducted training for health cadres by forming Aisyiyah's health motivator

missionary so that she could provide education and guidance to postpartum mothers. The intervention was carried out at Mubalighot health motivator Aisiyyah for 4 interventions, the first was introduction of the program, and outreach, the second was the deepening of the material regarding the lactation process, the third was the practice of group education using breastfeeding booklets, the fourth meeting of educational practices every preacher for education to postpartum mothers accompanied by a facilitator, every preacher can carry out further interventions on postpartum mothers. After the coaching activities at the preacher, health motivator Aisiyyah conducts education and guidance to postpartum mothers. After that, an Early Breastfeeding Self Efficacy assessment was carried out on the postpartum mother again.

The processed data were analyzed using the Wilcoxon sign rank test statistical test with a significance level of $\alpha < 0.05$. If the statistical test results show $\alpha < 0.05$, then the statistical hypothesis (H0) is rejected and the research hypothesis (H1) is accepted, which means it is proven that there is an influence on the role of Mubalighot motivator Aisiyyah in Breastfeeding Self Efficacy in breastfeeding mothers.

RESULT AND DISCUSSION

Table 1 Characteristics of Respondents based on Age, Education, Family Income

Characteristics	Total	(%)
Education		
Primary school	1	5
Junior high school	4	20
Senior high school	11	55
Bachelor	4	20
Age		
17 – 25 years	11	55
26 – 35 years	8	40
36 – 45 years	1	5
Income		
1,5 Million	11	55
> 1,5 – 2 Million	2	10
>2 – 2,5 Million	2	10
>2,5 Million	5	25

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Based on Table 1 above, it shows that more than some breastfeeding mothers are at the vulnerable age of 17-25 years, and more than some have high school education, and more than some earn between 1.5 million per month.

Table 2. Early Breastfeeding Self Efficacy for Breastfeeding Mothers in Aisiyyah Branch, Sekaran Lamongan

BSE-Scale	Pre		Post	
	Total	Percentage (%)	Total	Percentage (%)
High	9	45	13	65
Low	11	55	7	35
Total	20	100	20	100

Based on Table 2 above, it shows that Early Breastfeeding Self Efficacy before the role of Mubalighot Aisiyyah's Health Motivator in Breastfeeding Mothers getting a BSE-Scale more than a part of it is low, while Early Breastfeeding Self Efficacy after the role of Mubalighot Aisiyyah's Health Motivator in breastfeeding mothers gets a BSE-Scale more than partly High.

Table 3. Statistical test results of normal distribution and Wilcoxon sign Rank Test

N	Pre	Post	Z	-
	20	20	Asym	2.000 ^b
			p.sig	.046
			(2	
			tailed	
)	
Normal Parameters	Mea	48.7	64.6	
	n	5	5	
	SD	9.82	61.1	
			6	

Based on the table above, the mean BSE-Scale results before the role of Aisiyyah's health motivator preacher was 48.75 and after there was Aisiyyah's health motivator preacher's role was 64.65. Meanwhile, the Wilcoxon Sign Rank Test statistical test results show the results of $\alpha = 0.046$ ($\alpha < 0.05$).

Initial identification of the breastfeeding self-efficacy scale on respondents before getting the intervention showed that it was more than partially

low. Self-efficacy is the belief that an individual has about something that has not been done so that it can be an indicator of someone in making choices and motivating oneself to succeed in achieving the goals of the action to be carried out. Low breastfeeding self-efficacy and ineffective breastfeeding often occur in mothers who have never had previous breastfeeding experience. ¹⁹ All respondents in this study at the time of the initial assessment of the breastfeeding self-efficacy scale were primigravida pregnant women with a gestation of more than 36 weeks, so that the mother has never had any experience regarding breastfeeding a baby. This can affect the initial results of the breastfeeding self efficacy scale. ⁶

Another factor ²⁵ that affects the results of the initial assessment of the breastfeeding self-efficacy scale shows that more than half of it is the education and age of the respondents who are not homogeneous, most of the respondents have high school education who are cognitively high school level education at least the process of interpreting, predicting and solving problems is already running. well, education affects one's knowledge. The better the knowledge, the ability to breastfeed, the benefits of breast milk, then the mother will give breast milk to her child. (Wowor, 2013). However, the existence of several respondents with ¹⁸ varied education has an effect on the initial results of the breastfeeding self efficacy scale. The education of the respondents 1 (5%) has an elementary education, 4 (20%) has a junior high school education, 11 (55%) has a high school education, and 4 (20%) has a bachelor's degree. SD and SMP education are still classified as low levels of education, someone with low education is more difficult to understand and increase knowledge. ¹ Knowledge and understanding greatly determine the confidence of mothers in breastfeeding according to the results of research by Citrawati (2015) showing that there are differences in the value of breastfeeding

self efficacy in mothers who have different knowledge. Mothers who have higher knowledge will show more confidence in breastfeeding higher than mothers who have lower knowledge.

Characteristics of the age of the respondents indicate that more than some are 17-25 years old. This age is still classified as a young age, although still in the young category, at this age a person has a relatively high sense of curiosity and motivation to do something so that it will affect Breastfeeding Self Efficacy which will have an impact on breastfeeding success.

Family income of more than half of 1.5 million. Low income is a barrier that prevents the person from being able to buy the required amount of food. Conversely, the higher the level of income in the family, the lower the percentage of breastfeeding, this is explained as follows: the higher the level of maternal income, the higher the purchasing power of the mother for formula milk and additional complementary foods (Dewi, 2009)

Identification of the breastfeeding self-efficacy scale was carried out again after the respondent received the intervention (post test). The breastfeeding self efficacy scale obtained at posttest (1 week after the intervention) shows a larger scale increase compared to before the intervention (pre test). The results obtained can be seen in table 2 showing that Breastfeeding Self Efficacy in breastfeeding mothers before there is a role Aisyiyah's health motivator preacher showed that the BSE-Scale ¹ result was more than partly low. When compared with table 3, it shows that Breastfeeding Self Efficacy for breastfeeding mothers after the role of preacher health motivator Aisyiyah shows that the BSE-scale results are more than partially high.

The statistical test shows that the mean BSE-Scale before Aisyiyah's health motivator preacher role was 48.75 and after Aisyiyah's health motivator

preacher's role was 64.65. Meanwhile, the Wilcoxon Sign Rank Test statistical test results show the results of $\alpha = 0.046$ ($\alpha < 0.05$). This means that the role of preacher health motivator Aisyiyah has a significant effect on increasing Breastfeeding Self Efficacy in breastfeeding mothers.

The provision of interventions carried out as early as possible to pregnant women regarding Breastfeeding Self Efficacy, gave significant results on increasing Breastfeeding Self Efficacy. Breastfeeding self-efficacy has an influence on exclusive breastfeeding. Mother's belief has an impact on the breastfeeding process, mothers who experience low self-confidence have a higher risk of stopping exclusive breastfeeding (Retnayu, 2014). So that in this case it can affect the mother's confidence (self-efficacy) to assess herself and her ability to breastfeed her baby, that is, the mother can control the demands of the environment or situation as well as the physical and psychological conditions of the mother during the third trimester of pregnancy to breastfeeding which ultimately leads to the formation exclusive breastfeeding.

The support of health workers and through communities who care about breast milk is one of the sources that affects breastfeeding self-efficacy. This research involved Mubalighot health motivator Aisyiyah who is a health cadre at one of the Women's Empowerment Organizations in Sekaran Lamongan District. With the involvement of Aisyiyah's health motivator preachers can provide support and motivate mothers so that they experience an increase in breastfeeding self efficacy, this is in accordance with research conducted by Handayani, 2010 that social support is one of the factors affecting breastfeeding self-efficacy, this research shows that Support groups for pregnant women seen as playing an important role in increasing social support, knowledge, and attitudes. Breastfeeding self-efficacy. Puspita's

research (2015) also shows that support in the form of sharing experiences from mothers who have successfully provided exclusive breastfeeding presented at a meeting in a class of pregnant women can increase the perception of self-control or the confidence of mothers to provide exclusive breastfeeding.

Apart from social support, Breastfeeding Self Efficacy can be grown through the provision of Health Education. Breastfeeding Self Efficacy is a process that can be changed and modified which has a major effect on the breastfeeding process, this increase can be done in various ways, namely by providing Health Education or Health education with breastfeeding preparation classes (O'Sullivan et al, 2018). In addition, one source of Breastfeeding Self Efficacy, namely Verbal Persuasion given to mothers about breastfeeding, will increase the desire of mothers to continue breastfeeding their babies because they already know the many benefits and advantages of breastfeeding (Pradanie, 2015). Before giving intervention to the respondent, Aisyiyah's preacher for Health received guidance including through 4 coaching including: 1) program introduction and outreach; 2) Deepening of the material regarding the lactation process; 3). Practice group education using breast milk booklets; 4) Direct education practice to postpartum mothers accompanied by a facilitator. The interventions given by Mubalighot, Aisyiyah's health motivator, to the respondents were breastfeeding support, exclusive breastfeeding education, demonstration of correct breastfeeding methods, and explanation of breastfeeding technique booklets. The intervention was given from the last trimester of pregnancy to the postpartum period (6 weeks).

The results of this study indicate that the role of Mubalighot as a health motivator for Aisyiyah by providing support and health education can increase Breastfeeding Self Efficacy in breastfeeding mothers.

This can be seen clearly with the increase in the Breastfeeding self-efficacy score in breastfeeding mothers.

CONCLUSION

The role of the Mubalighot as a health motivator for Aisyiyah in Early Breastfeeding Self Efficacy for breastfeeding mothers has a significant effect, this can be seen from the results of the BSE-Scale before the role of the preacher as a health motivator for Aisyiyah shows more than partially low, whereas after the role of the preacher as a motivator for Aisyiyah's health, the results of BSE -Scale shows more than most high.

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