

# Community Empowerment through Breastfeeding Support Group as an Effort to Improve Exclusive Breastfeeding in Batu City, East Java-Indonesia

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**Abstract:** *One of Healthy Indonesia 2015 vision is that to achieve the percentage coverage of exclusive breastfeeding to 80%. Babies who are not given breast milk have a 17 times greater risk of experiencing diarrhea and 3-4 times more susceptible to ARI compared to breast-fed infants. Indonesia Demographic Health Survey showed that in 2007 there were 32% of babies who were exclusively breastfed, while in 2012 the number rose to 42%. But the number of formula milk-fed infants also increased. In East Java province, the highest coverage of exclusive breastfeeding is in Malang city with 99.93%, and Batu city has the lowest percentage with 24.50% (East Java Provincial Health Profile, 2010). Various attempts have been made to improve the coverage of exclusive breastfeeding but has yet to show the maximum results. One factor causes the problem is because there is no maximum empowerment of communities, so it is necessary to empower the community through breastfeeding support group as an effort to improve exclusive breast-feeding. This study aims to determine the effect of community empowerment through breastfeeding support group toward the exclusive breastfeeding. This study was an experimental study with pretest-posttest one group design with Batu city residents as the population with a sample of 30 people taken with purposive sampling technique. The data were analyzed using parametric statistical tests correlated samples with t-test-Two tile test. The study showed that 53.3% to 80% of breastfeeding empowerment is still in the low category. While the average results of the study in need assessment showed that there were 53.3% to 73.3% supportive predisposing factor, 53.3% to 70% very supportive reinforcing factor and 60% to 73.3% less supportive enabling factor toward the exclusive breastfeeding program. The result of t-test-Two tile test was t count (8.67) and t-table 2.060, indicated that community empowerment through breastfeeding support group had an effect on the number of exclusive breastfeeding. Breastfeeding support group is one of community empowerment efforts in mobilizing communities, especially nursing mothers, with ongoing mentoring from pregnancy to post-partum period. The breastfeeding support group should motivate breastfeeding mothers to exclusively breastfeed the babies. Therefore, it is expected that the policy makers and community figures must provide ongoing assistance for breastfeeding communities, so that exclusive breastfeeding coverage may spread wider.*

**Keywords:** community empowerment, breast milk support group, repaired exclusive breastfeeding

## 1. Introduction

One indicator of the success of the Indonesia Healthy Vision is a health care success in achieving the 80% percentage coverage of exclusive breastfeeding for at least 6 months. The 1945 Indonesia Constitution, article 28B point no 2, and Law No. 23 of 2002 state that every child has the right to live, grow and develop optimally. The child's right to grow and develop starts from when they are still in the mother's womb and in infancy period.

To be able to live, grow and develop, babies need adequate nutrition for babies, one of them is breast milk. Infants up to 6 months of age do not require food or drink other than breast milk, because breast milk already contains a variety of nutrients needed in infancy. Exclusive breastfeeding until the baby is 6 months of age can reduce mortality and infectious diseases. Infants who are given additional food instead of breast milk have 17 times greater risk of experiencing diarrhea and 3-4 times more susceptible to the Upper Respiratory Tract Infection (ARI) compared with exclusive breastfed babies (Roesli, 2001).

According to the Indonesian Demographic and Health Survey, there were 28% of infants exclusively breastfed in 2002. This figure rose to 32% in 2007 and rose again to 42% in 2012. However, the number of babies fed on formula milk also increased. There were 17% of infants were formula fed in 2002. This figure rose to 27.9% in 2007 and rose again to

29% in 2012. In East Java province, the highest coverage of exclusive breastfeeding is in Malang city with 99.93% and Batu area has the lowest coverage of 24.50% (East Java Provincial Health profile, 2010).

The results of a global agreement in accordance with the World Summit for Children Conference in 1990 on the welfare of children in the world and the declaration of Innocent on Promotion and Support of Breast Feeding in 1990, and Law no. 36 of 2009 state that every baby is entitled to exclusive breastfeeding since exclusive breastfeeding for 6 months duration is not only to fulfill infants' basic needs but also really useful to improve quality of human resources. But, it can be seen that exclusive breastfeeding coverage is still low. Many factors are suspected as its reasons, some of them are lack of knowledge about exclusive breastfeeding and less support from society.

Some efforts have been conducted to widen its coverage, but it has not achieved the expected result due to lack of community involvement. Active role from the society is really needed to achieve all purposes and indicators to realize Healthy Indonesia vision. One of the strategies to increase community empowerment is by reinforcing breast milk supporting group. This group is formed to support pregnant women, post partum and breastfeeding mothers. The outcome of this group is the decreasing number of malnourished children, the increasing weight of infants

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treated with exclusive breastfeeding and mindset and attitude changing of communities. It will directly deal with communities and has responsibilities to give counseling about breastfeeding.

Based on this phenomenon and considering that community empowerment is one of the purposes to realize Healthy Indonesia vision, then the writer wants to examine about community empowerment through breastfeedingsupport group as an effort to improve breastfeeding.

**General Objective**

To find out the effectiveness of community empowerment through breastfeeding support group to increase exclusive breastfeeding.

**Specific Objectives**

- 1) To assess community empowerment related to exclusive breastfeeding.
- 2) To conduct *need assessment* related to exclusive breastfeeding.
- 3) To identify the number of mothers who give exclusive breastfeeding before and after the formation of breastfeeding support group.
- 4) To analyze the effectiveness of community empowerment through breast feeding support group toward breastfeeding.

**2. Method**

This is an *experimental* research with *Pretest-Posttest Only Group Design* by conducting measurement before and after the community empowerment establishment.

**Population**

The population of this research is those who live in Junrejo dan Bumiaji of Batu district area that consists of pregnant and breastfeeding mothers.

**Sample**

Sample is taken by *purposive sampling* technique based on inclusion criteria. The number of sample is based on similar point of view (Rosner;2006). The formulation for the amount of the sample is:

$$n = \frac{\sigma^2(1-\alpha + 1-\beta)^2}{(\mu^1 - \mu^2)^2}$$

|            |   |
|------------|---|
| n          | : sample size                           |
| $\alpha$   | : Level of significance (%) = 0.05      |
| 1- $\beta$ | : Power of test (%) = 90%               |
| $\sigma$   | : Population standard deviation = 22.24 |
| $\sigma^2$ | : Population variance = 494.62          |

|         |   |
|---------|---|
| $\mu^1$ | : Test value of the population mean = 78.67 |
| $\mu^2$ | : Anticipated population mean = 99.67       |

Using this formula, the amount of the sample is = 29.5 = 30

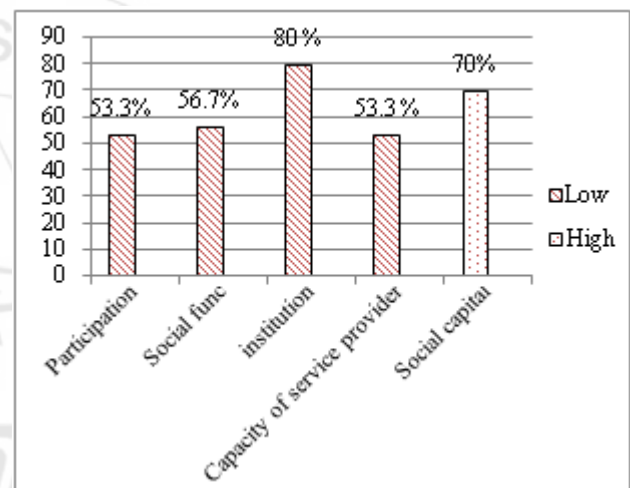
**Data Analysis**

Data analysis to compare the number of exclusive breastfeeding before and after the establishment of breastfeeding support group was measured using parametric statistical tests correlated samples t-test-Two tile test. Justification: In  $\alpha$  0:05; dk  $(n1 + n2) - 1$  if  $t^{count} \leq t^{table}$  then the hypothesis is rejected.

**3. Result and Discussion**

**3.1 Results**

**3.1.1 The result of the examination on community empowerment associated with exclusive breastfeeding.**

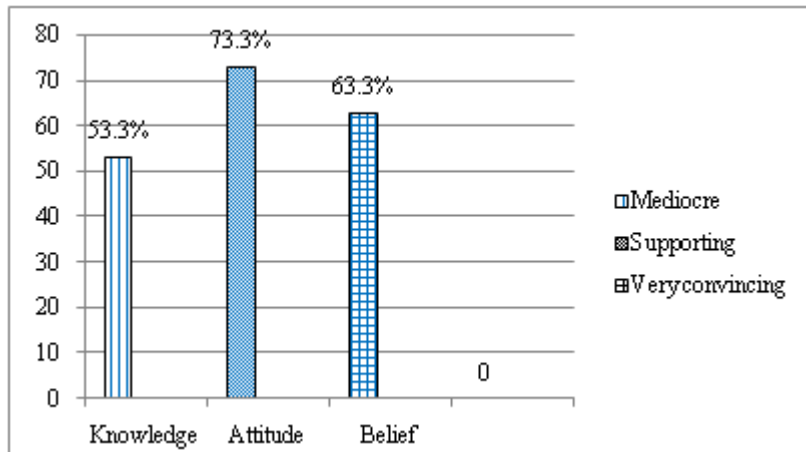


**Figure 1:** Study result on community empowerment in Batu City

Interpretation: Figure 1 shows that the four components of empowerment that includes community participation, social function, the function of the institution, the capacity of service provider is in the low category in average. Only social capital belongs to high category.

**3.1.2 The results of the study on needs assessment associated with exclusive breastfeeding.**

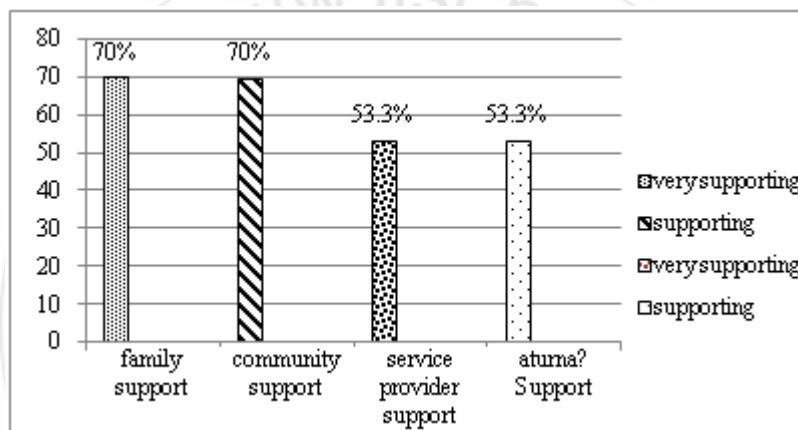
**a) The study results of Need Assessment on Predisposing Factor**



**Figure 2:** Results of Need Assessment Study on Predisposing Factors in Batu Community in 2015

Interpretation: figure 2 shows that predisposing factor in Batu society regarding their knowledge, attitudes and belief about exclusive breastfeeding is in the range of 53.3% - 73.3% in average

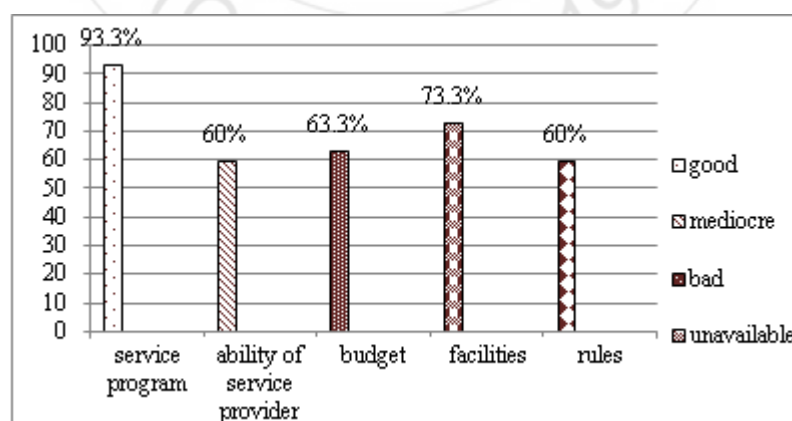
**b) The study results of Need Assessment on Reinforcing Factor**



**Figure 3:** Results of Need Assessment Study of Reinforcing Factors in Batu Community

Interpretation: figure 3 shows that the people of Batu strongly support the program of exclusive breastfeeding.

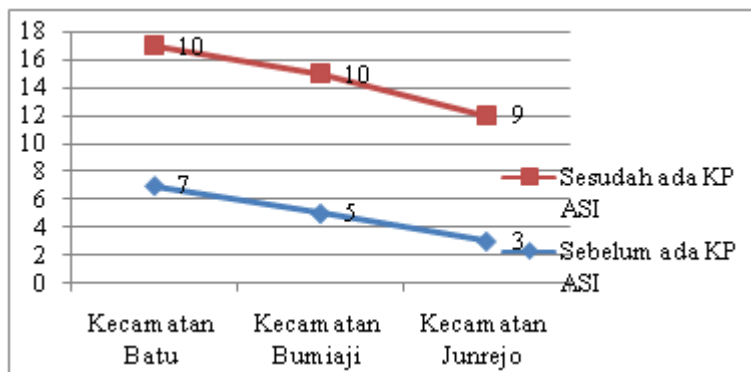
**c) The study results of Need Assessment on Enabling Factor**



**Figure 4:** Need Assessment Study Results on Enabling Factor in Batu Community

Interpretation: Figure 4 about enabling factor indicates that the components of the service program, the ability of the service provider for exclusive breastfeeding is quite good, but they feel that they still lack of budget and facilities as well as the rules.

**3.1.3 The results of the study on the number of exclusive breastfeeding before and after the establishment of breastfeeding support group**



**Figure 5:** Results of the study on the number of exclusive breastfeeding before and after the establishment of breastfeeding support group

Interpretation: figure 5 shows that there are differences in the number of mothers who exclusively breastfed the infants before and after the establishment of breastfeeding support group. Prior to the group formation, there were 30 mothers are not all exclusively do breast feeding, but after the group was formed there is only one mother who is not exclusively do breastfeeding.

### 3.1.4 The results of the analysis of the effects of community empowerment through breastfeeding support group to the number of exclusive breastfeeding.

From t test two tile test with  $\alpha$  0:05; df 29 (n - 1); for differences in the number of exclusive breastfeeding before and after the support group it can be seen that  $t$  (8.67) and  $t$  table 2.060, therefore  $t > t$  table then the hypothesis is accepted which means that there is an effect of empowering the community through breastfeeding support group onthe number of exclusive breastfeeding.

## 3.2 Discussion

Community empowerment is a process to provide power to the community to increase self-reliance in developing people's life. Community empowerment in this research is associated with exclusive breastfeeding which means the willingness and ability of people to support and provide exclusive breastfeeding by forming a breastfeeding support group. The strategy used for community empowerment in this research is by employing precede model, starting by reviewing the community empowerment which include: community participation, social functioning, institutional development, capacity building and the level of social capital. It is then followed by conducting need assessment, purposes mapping, and the establishment of breastfeeding support groups.

The results of the research related to community empowerment showed that four components which include community participation, social functioning, institutional development, and capacity building most of them are still in the low category, with the exception to social capital level which fallsto high category. It shows that there is still a lack of awareness, ability and willingness to participate and have direct involvement, related to participation in counseling, availability of time to follow the activities and the provision of assistance related to exclusive breastfeeding program. Low social functioning demonstrates the ability and willingness of the community to provide exclusive

breastfeeding and invite others to participate meaning that people do not have the ability and willingness to socialize the benefits of breastfeeding and no willingness and ability to ask other postpartum mothers to give exclusive breastfeeding.

The people are still providing food and drink other than breast milk, and have not been able to resolve problems related to breastfeeding.

On the other hand, institutional development which consists of opinions or views on the role of community leaders, partnerships with community organizations and public fund gathering is also still low. The low institutional development showed that the society never get motivated for exclusive breastfeeding by public figures and rarely discuss the benefits and problems of exclusive breastfeeding in community. The community also rarely gets information related to how to facilitate breastfeeding.

The results of the study on needs assessment and capabilities to empower the community on predisposing factor such as people's knowledge of food for infants aged 0-6 months, knowledge about exclusive breastfeeding, the benefits of breastfeeding for mothers and babies, the benefits of colostrum, and complementary food is mostly in mediocre category. Meanwhile, the attitude toward benefits of breast milk, formula milk, colostrum content and prelacteal mostly shows high support. This means that people have the power to motivate groups or individuals to take action to improve exclusive breastfeeding. Reinforcing factors showed that people are confident and very sure of the benefits and content of colostrum, willing to give breastfeeding and feeling guilty if not giving it. The family and community also support exclusive breastfeeding. This shows that people are confident about breastfeeding support group establishment, because people feel that they have the resources to support the establishment. Enabling factors indicate that the programs and services, the ability of health care workers related to exclusive breastfeeding is well enough. While the components of the budget, facilities and infrastructure is still lacking, the rules on exclusive breastfeeding has not been implemented to the fullest. These results prove that people feel the boosters of the program and the ability of officers that will be accepted by society as feedback and then appear in the form of social support for their budget and infrastructure in an effort to establish breastfeeding support group.



In the second and third step after examining community development and need assessment, there is a mapping / metric purpose defining a strategy to establish breastfeeding support group through focus group discussion (FGD) I and II. In this step the researchers only act as a facilitator, while those making objective metrics such as by formulating priority issues determinant table related to exclusive breastfeeding to determine the formation strategy is the community. Community actively discuss to determine the priority of the problem until they draw conclusions about the importance of the breastfeeding support group.

The emphasis on the first FGD is a shared understanding of problems related to the lack of community empowerment program toward exclusive breastfeeding and then they will find a way to solve the problem. FGD first priority is the establishment of an organizational structure associated with exclusive breastfeeding with the aim to improve the practice of exclusive breastfeeding with the approval of afocused discussion on second FGD. The first step in second FGD is to resume all first FGD results, discuss the strategy to establish breastfeeding support group. The implementation of the activities is organized and led by the community itself. People want to have discussion by districts. At the end of second FGD step, the structure of breastfeeding support group in each district is established.

Having formed the breastfeeding support group, the group can function optimally, independent and productive by applying development from within method approach.

Assistance is conducted periodically in group in order to increase capacity, develop the potential and establish links with institutions in the community who consent to the exclusive breastfeeding program. The group trained to be a mover or motivator, trained as educators to provide counseling, making media in the form of flip charts, leaflets and posters. The next step is to mobilize all groups of society, especially in pregnant women and families.

Breastfeeding support groups along with midwives provide guidance to the mothers since the third trimester of pregnancy, maternity and breastfeeding mothers. The group also provides socialization by providing information and education, counseling through integrated services care, class of pregnant women, and other activities in the community.

Mobilization and socialization of support groups show satisfactory result, this is evidenced by the results of the analysis of statistical test showed a significant result that breastfeeding support groups have a tendency to improve efforts to improve exclusive breastfeeding. People, especially nursing mothers and families become more understand about the purpose and benefits of exclusive breastfeeding. Before breastfeeding support group was established, there was only 15 mothers who exclusively breastfed their babies, after the group provide guidance to pregnant women, breastfeeding early assistance (early initiation of breastfeeding), and breastfeeding assistance for 6 months, a significant increase is the number of mothers who exclusively breastfed increased to 29 mothers, only one mother who did not do exclusive breast feeding related to culture values. Community empowerment through

breastfeeding support group has a positive impact in improving maternal behavior on breast-feeding, so that there is an increasing number of exclusive breastfeeding in Batu city. This breastfeeding support group triggers the mothers to give breast milk to their babies exclusively starting from 0 to 6 months of age with no other supplementary food or drink.

## 4. Conclusion and Recommendation

### 4.1 Conclusion

- 1) There are at least 3 steps to follow to achieve community empowerment associated with exclusive breastfeeding until the establishment of breastfeeding support groups: 1) The study of community empowerment which include: community participation, social functioning, institutional development, capacity building of the care provider, and the level of social capital. 2) Assessment of community needs / need assessment: predisposing factors, reinforcing factors and enabling factor. 3) Conducting discussions focus/Focus Group Discussion.
- 2) Empowering communities through breastfeeding support group can increase the number of exclusive breastfeeding. The existence of breastfeeding support groups is able to increase the participation of people to actively empower themselves and postpartum mothers to exclusively breastfeed the baby.

### 4.2 Recommendation

- 1) To the community of Batu city  
Policy makers and community leaders must keep on mentoring, monitoring and evaluating the breastfeeding support group so that its presence will be increasingly acknowledged by society.
- 2) To postpartum mothers  
Based on 10 recommendations from World Health Organization (WHO), a mother must provide exclusive breastfeeding to her baby and continued until the age of 2 years old.

## References

- [1] Biancuzzo M. 2002. *Breastfeeding the newborn: Clinical strategy for nurses*. 2nd ed. USA: Mosby
- [2] Departemen Kesehatan RI. 2008. *Etika Penelitian Untuk Kesehatan*. Jakarta
- [3] Depkes RI (2009). *Profil Kesehatan Indonesia*. Jakarta: Departemen Republik Indonesia
- [4] Echols, Jhon M, 1996. *Kamus Inggris Indonesia*. Jakarta: Gramedia.
- [5] Elsie, 1995. *Nursing Ethics*. Third edition. Prentice Hall international. Inc USA. Pp.89-103
- [6] *International Breastfeeding Journal* 2015, **10:2** (20 January 2015). Penyebab kematian bayi di ethiopia adalah diare, karena ibu ketidak tahuan ibu untuk memberikan ASI eksklusif (<http://www.internationalbreastfeedingjournal.com>) diunduh tanggal 6 Pebruari 2015
- [7] Jurnal Kebidanan Embrio vol.11 No. 3 Januari tahun 2013. Evaluasi Pelaksanaan 10 Langkah Menuju

- Keberhasilan Menyusui Oleh Bidan Di Rumah Sakit Dr. Ramelan Surabaya. Krisnamukti (diakses tanggal 6 Pebruari 2015).
- [8] Kepmenkes Indonesia. Depkes RI. 2003. *Indikator Indonesia Sehat 2010 dan Pedoman Penetapan Indikator Provinsi Sehat dan Kabupaten/Kota Sehat*. (On-Line) <http://www.depkes.go.id>. Diakses pada Tanggal 24 September 2014.
- [9] Kepmenkes RI No.450/Menkes/SK/IV/2004. Tentang Pemberian ASI.
- [10] Koentjoroningrat. 1997 *Metode-metode Penelitian Masyarakat*. Jakarta : PT Gramedia
- [11] Komisi Nasional Etik Penelitian Kesehatan (KNEPK). 2013. *Buku Ajar Etik Penelitian Kesehatan*. Cetakan kedua. Universitas Brawijaya Malang.
- [12] Mediamedika Indosiana: *Volume 45*, Nomor 3, Tahun 2011. 144- 150: *Praktik Inisiasi Menyusu Dini dan Pemberian ASI Eksklusif* Studi Kualitatif pada Dua Puskesmas, Kota Semarang Etika Ratna Noer
- [13] Mustafa, 1998. *Pengantar Statistic Diskriptif*. Ekonosia UII Yogyakarta
- [14] Mochji, S. 2003. *Ilmu Gizi (Penanggulangan Gizi Buruk)*. PT. Bhratara Niaga Media, Jakarta.
- [15] Moleong, L.J. 2006. *Metodologi Pendidikan Kualitatif*. Edisi Revisi. Rosda, Bandung.
- [16] Nancy & Susan, 1995. *The Practice of Nursing Research*. Second edition. WB Saunders company.
- [17] Notoatmodjo, S. 2010. *Promosi Kesehatan Teori dan Aplikasi*. Rineka Cipta, Jakarta.
- [18] Profil Kesehatan Jawa Timur. 2010
- [19] Pagano, Gauvrene, 1997. *Principles of Biostatistics*. Belmont, California, Duxbury Press.
- [20] Roesli, Utami. 2008. *Inisiasi Menyusu Dini Plus ASI Eksklusif*. Pustaka Bunda, Jakarta.
- [21] Riza Risianti, dkk. 2006. *Pemberdayaan Masyarakat: Alqaprint* Jatinangor Sumedang.
- [22] Rosita, Syarifah. 2008. *ASI Untuk Kecerdasan Bayi*. Ayyana, Yogyakarta.
- [23] Rosner, 2006. *Fundamental of Biostatistics*. Sixt edition. USA. Duxbury, p.253-258, 366-376
- [24] Sarwono, S. 1993. *Sosiologi Kesehatan. Beberapa Konsep Beserta Aplikasinya*. Gadjah Mada University Press, Yogyakarta.
- [25] Santoso Eddy. 2013. *Etik Penelitian Kesehatan*. Cetakan II. UB Press. Malang
- [26] Tim Penyusun Kamus Pusat Pembinaan dan Pengembangan Bahasa. 1994. *Kamus Besar Bahasa Indonesia*. Edisi 2 Cetakan 3. Jakarta. Balai Pustaka
- [27] Wong, Donna, 1998. *Maternal child nursing care 1*. Mosby company, Philadelphia. Pp. 352-357