

SOCIALIZATION OF THE IMPLEMENTATION OF THE EDUCATION PACKAGE USING POCKET BOOK MEDIA "DAIRY BREAST MILK"

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ABSTRACT

Working mothers can breastfeed directly while on maternity leave. After coming to work breastfeeding activities cannot be carried out immediately. However, working mothers continue to breastfeed in a different way while working. To continue to provide breast milk, mothers must express milk. Expressing breast milk can use hands directly with massage techniques and with the help of a breast pump. Working mothers are not free to breastfeed directly like mothers who live at home every day. Working mothers can breastfeed by giving expressed milk. Working mothers have to spend time between working hours to pump breast milk. The result is expressed breast milk that can be packaged and stored in such a way that it can be given to the baby. This activity was comprehensively discussed in the community service activities which were held on March 30, 2021 at the Faculty of Health Sciences Campus. Socialization activities started from registration, pre-test, counseling on breastfeeding, post-test and results recapitulation. Followed by pregnant and lactating women as many as 28 people. In this activity the midwives, pregnant women and breastfeeding mothers were very enthusiastic as evidenced by the many questions that were included in the question-and-answer session because so far many mothers did not understand how to give. This community service is to produce an educational product in the form of a pocket book on how to express breast milk to breastfeeding mothers who work to increase the knowledge of breastfeeding mothers. In this community service, it was found that there was an increase in the knowledge of pregnant and lactating women by using the ASI pocket book media.

Keywords: *Work, Breastfeeding, Breast Milk*

INTRODUCTION

Breastfeeding for 6 months without any complementary foods is often called exclusive breastfeeding (Narula & Kuswandi, 2015). This phenomenon shows that some mothers feel lazy to breastfeed their children, this phenomenon does not only occur in developed countries but also in developing countries, for example Indonesia, especially in big cities. Mothers who are active in commercial activities such as working in an office or factory, running a personal business as an additional income that takes up a lot of time outside the home, choose to use formula milk because it is considered more profitable. In addition, the rise of milk advertisements has caused many mothers to think that formula milk is not just food, but also medicine for children. This is believed by mothers who have less knowledge about breast milk who think that formula milk is better than breast milk because it is economical and contains important nutrients as stated in formula milk advertisements (Ningsih & Rohmah, 2021).

Based on (Ministry of Health RI, 2021). Nationally, the coverage of babies receiving exclusive breastfeeding in 2021 is 56.9%. This figure has exceeded the 2021 program target of 40%. In Situbondo Regency, the Coverage of Exclusive Breastfeeding in Situbondo Regency in 2020 based on monthly reports was 74.2%, namely 758 babies out of 1022 babies examined. The coverage of infants aged 6 months receiving exclusive breastfeeding in 2020 has exceeded 50% of the target set by the province (PKP Target) (Situbondo Health Office, 2021). The exclusive breastfeeding coverage of the Banyuputih Health Center in 2020 is 85.8% (Banyuputih, 2021). It's just that it needs to be reviewed comprehensively on the sustainability of exclusive breastfeeding in infants.

Adequate exclusive breastfeeding is proven to be one of the effective interventions that can reduce IMR. Breastfeeding is successful if between

midwives and breastfeeding women there is a reciprocal relationship regarding breastfeeding. Midwives provide thorough information about breastfeeding and mothers as care recipients receive information and apply it (Dewi Andariya Ningsih, 2015). The results of the latest research from researchers in Indonesia show that babies who get complimentary food before they are 6 months old have more diarrhea, constipation, colds, and fever than babies who only get exclusive breastfeeding. Nationally, the coverage of exclusive breastfeeding in Indonesia fluctuates for the last 3 years. The 2010 Breast milk Health Research said that only 15.3% of babies who got exclusive breastfeeding until the age of 6 months, the remaining 84.7% of babies did not get exclusive breastfeeding. Based on data from the East Java Health Office, the coverage of exclusive breastfeeding for 6 months at the provincial level increased from 52.3% to 62.5% in 2009. Exclusive breastfeeding is 48.1% (Ministry of health, 2018).

Data from the Situbondo District Health Office, obtained that the coverage of exclusive breastfeeding in 2017 only reached 46.19%. This result has increased from last year's achievement which was recorded at 34.91%. The achievement of exclusive breastfeeding in the last five years has not changed much, which is around 40% even though the government's target for exclusive breastfeeding is 60%. Data from the Banyuputih Community Health Center, Situbondo Regency, resulted in the number of exclusive breastfeeding being only around 39.8%. The reasons for mothers not giving exclusive breastfeeding were because the mother had to return to work as soon as one person, the culture of the community, especially parents or in-laws to provide food other than breast milk for two people, the mother wanted to give formula milk because she was interested in seeing advertisements on TV for one person, and the mother's perception that breast milk is

not enough for two babies. The low level of exclusive breastfeeding is influenced by the incessant promotion of formula milk, mothers having to return to work, lack of awareness and knowledge of mothers about breastfeeding. In addition, breast milk has not come out on the first day so the baby is considered to need to be given another drink, the breast is too small so it is considered to produce less milk even though the size of the breast does not determine whether milk production is sufficient or lacking (Jahriani, 2019). Mothers who choose to give exclusive breastfeeding is the right step. Many positive things can be felt by babies and mothers. Infants who are fed formula are very susceptible to diseases such as digestive tract infections, respiratory tract infections, increased risk of allergies, increased risk of asthma attacks, decreased cognitive intelligence development, increased risk of obesity, risk of heart and blood vessel disease, risk of diabetes mellitus, risk of chronic disease (Firanika, 2010). The low understanding of mothers, families and communities regarding the importance of breastfeeding for babies results in breastfeeding programs not taking place optimally (Sunar, 2012). For most mothers, the breast milkest way to provide breast milk to their babies is to apply it directly to the breast. However, when the mother has started working, this becomes a problem in direct breastfeeding, conditions where the mother is required to return to work, carrying out other activities also make direct breastfeeding difficult. Many mothers also often feel that their breasts are full and uncomfortable, so they need to pump the breast milk (Rosita, 2010). The number of workers in Indonesia reaches around 40.74 people, 25 of whom are in reproductive age. Therefore, adequate attention is needed so that the status of working mothers is no longer a reason to stop exclusive breastfeeding (Ministry of Health, 2012). The problem of working mothers who have just given birth is when they leave their babies to work

again when the maternity leave is over, while breastfeeding is baby's main need. For working mothers, breastfeeding is hampered at the time to breastfeed because of the less intensity of meetings between mother and child. It is not uncommon for working mothers to prefer giving their babies formula milk compared to breast milk. As a result, babies are more likely to get sick because their immune system is not good (Wulandari, 2014). There is a need for comprehensive information related to breastfeeding so that it can help continue exclusive breastfeeding to babies (Ningsih & Ludvia, 2021).

The results showed that the reasons for not giving exclusive breastfeeding by working mothers were partly due to the mother's laziness, high workload, limited maternity leave time, inadequate infrastructure, and demands for family economic needs. While the things that hinder working mothers in providing exclusive breastfeeding to their babies are influenced by various factors such as: economic factors, physical factors of the mother, physiological factors and factors of lack of supporting facilities and infrastructure, as well as increased promotion of formula milk (Ningsih, 2018). Supporting factors, one of which is father's support in breastfeeding, is the main source of support for breastfeeding mothers, can influence and contribute to decision making regarding initiation, continuation of breastfeeding, trust of breastfeeding mothers and when weaning the baby (Ningsih, 2018).

All information about knowledge is usually obtained from books, mass media and the internet. Based on the initial survey that the researchers conducted by interviewing 10 working breastfeeding mothers, it was found that 4 working breastfeeding mothers knew about breastfeeding and gave expressed milk to their children every time they worked and 6 out of 10 working breastfeeding mothers did not know about breastfeeding. Dairy Milk. So that researchers consider it

necessary to provide information on breast milk in the form of pocket books because books can act as a source of information. A pocket book is a small book that can be stored in a pocket and easy to carry anywhere (Language Center, 2016). Seeing the background above, it is the breast milks for implementing the socialization of “Dairy breast milk” on the S1 Midwifery of the Health Faculty in Ibrahimy University.

Based on the description of the situation analysis, it can be stated that in an effort to reduce the high maternal mortality rate (MMR) and infant mortality rate (IMR), efforts are needed to maintain and improve the health status of mothers and children continuously and continuously. Based on the situation analysis, the following problems can be formulated: Lack of knowledge of pregnant and breastfeeding women about how to continue to provide exclusive breastfeeding even though they are working with the dairy breast milk technique. The number of pregnant women in the Sumberejo area is increase because the majority are of reproductive age and there is no information on breastfeeding periodically.

OBJECTIVES

General Purpose

Increase knowledge, change attitudes and behavior of pregnant and breastfeeding women so they understand about “dairy breast milk”.

Special Purpose

There is interaction and sharing of experiences between participants about the problems of working and breastfeeding mothers, dairy breast milk, Exclusive pumping, Schedules and pumping tips for working mothers, how to serve “dairy breast milk”, Characteristics of Stale breast milk, 4 signs a baby is getting enough milk and how to massage the breasts to facilitate breast milk

PLAN OF ACTION

Strategy Plan

Based on the description of the situation analysis, it can be stated that in an effort to reduce the high Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) efforts are needed to maintain and improve the health status of mothers and children continuously and continuously. Based on the situation analysis, the following problems can be formulated:

1. Lack of knowledge of pregnant and breastfeeding women about how to continue to provide exclusive breastfeeding even though they are working with the Dairy breast milk technique
2. The number of pregnant women in the Sumberejo area is increase because the majority are of reproductive age and there is no information on breastfeeding periodically.

Implementation

Mainline of this activity is socialization about breast milk Dairy with the target of all working pregnant and breastfeeding women. Located on the S1 Midwifery of the Health Faculty in Ibrahimy University.

Setting

The implementing this community service is to have interaction and share experiences between participants, increase understanding, attitudes, and behavior of working pregnant and breastfeeding women. Implementation of this activity on the campus of the Faculty of Health Sciences, Ibrahimy University.

Table 1. Socialization of dairy milk

ACTIVITY	RESULTS	TIME
Registration	Identity	5 minutes
Pre-test	results	5 minutes
Socialization of dairy milk	Socialization	50 minutes
Post-test	results	5 minutes
Summary	results Examination	5 minutes

Target

The number of participants in this activity was 28 people. Targets that can be achieved given to solve the problems that have been described in the problem identification are as follows:

1. The first problem: Lack of knowledge of pregnant and breastfeeding women about how to continue to provide exclusive breastfeeding even though they are working with the breast milk dairy technique. The way to overcome this is to involve every pregnant woman in socialization activities on how to do express breastfeeding to working mothers.
2. Second problem: The number of pregnant women in the Sumberejo area is increbreast milkng because the majority are of reproductive age and there is no regular provision of breastfeeding information. The solution given is to try to get closer to the community, especially pregnant women who work to always have their pregnancies controlled and inform about breast milk.

RESULTS AND DISCUSSION

This activity is carried out once in one semester, namely in March 2021. Participants consist of working pregnant and breastfeeding totaling 28 people. The executors of this activity were midwifery undergraduate lecturers, educational staff and midwifery undergraduate students.

The implementation of this community service went smoothly even though there were several obstacles, one of which was that the mother was unable to attend because it coincided with other activities. In this activity midwives, pregnant women and breastfeeding mothers were very enthusiastic as evidenced by the many questions that were included in the question-and-answer session because so far, many mothers did not understand how to give and receive care properly. So far, providing care varies according to the complaints expressed by the recipients of

care. During the activities, it was explained in detail how to prevent, recognize and anticipate the occurrence of postpartum depression during the puerperium.

Table 2. Frequency distribution of respondents based on age

Age	F	%
17-25 years	8	28
26-35 years	20	72
Total	28	100

Source: Primary Data 2021

Based on the results of table 2, it was found that all pregnant and breastfeeding women who work as respondents are at reproductive age. The majority are aged 26-35 years as much as 72%.

Table 3. Differences in knowledge before and after receiving information on breast milk Dairy

Knowledge Increase	before socialization		After socialization	
	N	%	N	%
Good	3	11	2	71
Enough	6	21	5	18
Less	19	68	3	11
Total	28	100	3	100
			2	

Source: Primary Data 2021

Based on data on Table 3 shows a good change in knowledge of 20 people (71%). From the table it is illustrated that there is an increase in knowledge after being given knowledge about breast milk. This activity is followed solemnly and seriously by working mothers because it relates to the survival of their children with the condition of working mothers. This can be seen from the enthusiasm of the mothers in participating in the activities and being active during the question-and-answer session.

Education has a strong correlation with education, the higher a person's level of education is expected the better his knowledge, so that he can more ebreast

milkly receive and understand the information given to him. One of the factors that can describe a person's physical maturity, psychological condition, and social abilities is the age factor. The older a person is, the more knowledge a person will have, because the older a person is, the more experience they will have, especially in their behavior

According to Yulia's research results, it shows that high socioeconomic status, mother's work outside the home and status as a single parent have a negative effect on exclusive breastfeeding. Continuation of breastfeeding when mothers return to work is a serious issue that must be followed up to achieve exclusive breastfeeding in the first six months. In fact, this is quite a challenge because many workplaces ignore this, so breastfeeding mothers express breast milk in the toilet, emergency stairs, or in their car. The unavailability of conducive facilities outside the home, workplace conflicts, family stress, rejection and the need to return to work will have an impact on the practice of exclusive breastfeeding (Ekanem et al., 2012). Among mothers who breastfeed after returning to work, only 10% continue to breastfeed until the baby is six months old. The sooner a woman returns to work, the sooner she will stop breastfeeding. Mothers who work more than 20 hours per week tend to stop breastfeeding earlier. Likewise, working mothers tend to breastfeed for a short duration compared to mothers who do not work or are part-time workers. Breastfeeding mothers who work in offices every day leave their babies at home for a minimum of 10 hours each day, which is calculated from the time the mother leaves the house to go to work and then returns home again (Abdullah, 2012). Currently, the condition of women is improving due to the transition of women from working families into the workforce. The trend shows that women's access to formal work has increased over time (Dewi, 2012) Mother's participation in the family economy can reduce the chances of

exclusive breastfeeding, mothers who work full time are 1.54 times more likely to be unable to provide exclusive breastfeeding than mothers which does not work after being controlled by companion variables (Sari, 2016).

According to Bina Melvia Girsang et al., (2019). Health education about dairy milk can increase mother's knowledge well (80.8%). Breastfeeding working mothers are able to express their attitude to continue breastfeeding while working by expressing breast milk while working (80.8%), and admit that they can breastfeed their babies before going to work and according to (Wahyuni et al., 2020). women have realistic expectations of commitment contained in breastfeeding even though they face many obstacles at work.



Figure 1. Implementation of Socialization (1)



Figure 1. Implementation of Socialization (2)



Figure 1. Implementation of Socialization (3)

CONCLUSION

There is an increase in knowledge about BREAST MILK Dairy so that it is important to follow up activities so that these activities can be carried out again in the future and there is interaction and exchange of experiences between pregnant women or with health workers.

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