

RELACTATION METHOD FOR IMPROVING EXCLUSIVE BREAST FEEDING AT ARJASA COMMUNITY HEALTH CENTER, SUB-PROVINCE JEMBER, EAST JAVA, INDONESIA

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ABSTRACT

Background: At Sub-Province Jember prevalence of breast feeding up to 6 months babies is less than 40%. Some mothers who breastfed their babies during lactation period, prefers to discontinue breastfeeding due to various factors.

Objective: This research aims to identify the influences of relactation method to improve breast feeding.

Method: The research designed is a descriptive analysis with cross sectional design. Intervention with health education about breastfeeding method was given with proportional sampling to 96 participants of 6 countryside in Arjasa Community Health Centers (Arjasa, Candijati, Kemuning Lor, Kamal, Darsono, and Biting)

Result: Adjustment of mother during lactation is required for the best adaptation with respect to mother, environment or baby. This adaptation can be supported by nutrition (81.3%), requirement of rest (75%), motivation (81.3%), social support (71.9%), stress adaptation (71.9%), daily activity (71.9%), time of stimulation of suckle by mother (64.6%), and re-lactation of mother implementation of suckle after intervention (70.8%).

Conclusion: The factors which contribute to execute post re-lactation of suckle in enhance breast feeding, are nutrition, sleep rest, activity, motivation, support system, mount of stress, and stimulation.

Keyword: Re-lactation, Lactation, Breastfeeding

BACKGROUND

The percentage of breast feeding till the age of 6 months babies of the region of Sub-Province Jember is still less than 40%, that is lower than the specified by National target that is 80%. The mortality of babies is high because of infection which can be lowered by educating mothers regarding special time of suckle to her baby (National Health Department Depkes RI, 2003). Some solutions which are mentioned before need to be improved for the motivation of older generation to instigate and facilitate continuous lactation to take place as a result of exclusive breast feeding. Re-

lactation after lactation in breastfeeding should be started from health care level in Health Services Centers in Community and in higher level of health service providers. This matter can be conducted by the special way of training and educating mothers regarding the benefits of suckle so that re-lactation may take place as a result of exclusive breastfeeding. Exclusive breastfeeding results in complete nutrients transfer which produce antibody and make a tie of affection between child and mother. Moreover mothers should also understand that there are some negative effects of formula milk besides

being costly. Formula milk increases the risk of infection like diarrhea, ISPA, allergy and measles.

Various forms of health education may be introduced during the time of lactation period specially related to re-lactation to boost lactation as result of exclusive breastfeeding. It is done indirectly by using different good media of electronics and print and also directly either through discussion method or discourse. But in Sub-Province Jember, the amount of usage of ASI exclusive breastfeeding from experience reached 40% lower than the 80% goal specified by the Public Health Service Sub-Province Jember. It is mentioned before that re-lactation occurs as a result suckling resulting from exclusive breastfeeding. Through training method and education given to older group specially related to suckle in this Health Services Center in Community is also expected to result in constructive motivator for this group for re-lactation after lactation method to take place due to exclusive breastfeeding in Arjasa Community Health Center especially in the Sub-Province Jember in general Center.

METHOD

The research method in this study is descriptive cross sectional which is used to analyze the relationship between variable factors which have contribution towards the efficacy of re-lactation after lactation in Arjasa Community Health Center, Sub-Province Jember. Population and sample in this research are related to the target group so that we can apply this research study to the society. The Arjasa Community Health Center serves 6 countryside regions. Providing teaching and education to 96 participants of 6 countryside regions of Arjasa Community Health Center (Arjasa, Candijati, Kemuning Lor, Kamal, Darsono, and Biting) through proportional sampling needed 16 people from the each countryside area. Data collected in this research is in the form of questionnaire which is used as an instrument for this study. Questionnaire is a means of data compiler in this research which comprises of a number of questions to measure variable in respect to the requirements of motivation, support like sleep rest, activity, nutrition, stress, stimulation suckle, and issues related to exclusive breastfeeding to support lactation after re-lactation program. Technique of data analysis which is used in this research is doubled logistic regression. Data analysis

is used with computer aids like- SPSS Windows version for program 11.5. Regression multiple analyses are used to know the influence of variable (X) and the relationship of dependent variable (doubled Regression logistics Y) with independent variables

RESULT

Factors That Influences Re-lactation

High majority of responder body is normal in pregnant condition and bear normally that is more than 130 cm (100%). In general there are chances of risk if mother body weight tends to obesity, when exceeding from ideal body weight towards high is equal to 76%. Normal systole responder blood pressure in general was 91.7% and normal diastolic blood pressure was 96.9%. General body temperature body is normal 63.5%, responder pulse and respiratory rate is normal 100%. Majority of the accomplishment suckle less (72.9%) than the requirement of the mother's nutrition and there is requirement of enough rest for mother 82.3%. Fulfillment of the requirement will motivate mother to suckle less 55.2% and mother support during suckling less (52.1%) if rest is not enough. Moreover the mother will experience stress during suckling 76%. Activity accomplishment of requirement of everyday life of mother suckle do not fulfilled for 64.6% of cases, time of mother stimulation suckle results in good responder (57.3%). Lactation of mother's suckles before intervention was less (84.4%).

Factors That Influences Re-lactation Post Lactation

a. Requirement of rest sleep and mother suckle

Value OR requirement to take a rest is 1.007, meaning that accomplishment of mother who during suckling fulfill the requirement of enough sleep, will be able to earn to continue re-lactation during the period of suckle 1time higher in comparison to mother with less accomplishment of sleep with less suckling, when nutrition variable, motivation, support, stress, activity, and breast feeding stimulation are controlled (CI: 95; 0.792-1.281)

b. Requirement of Nutrition and mother suckle

Value OR requirement of nutrition is 0.991, meaning

that mother who accomplishes the nutrition requirement enough will be able to earn to continue re-lactation during the period of suckle 1 time higher than the mother with less nutrition, when sleep rest variable, motivation, support, stress, activity, and breast feeding stimulation are controlled (CI: 95%; 0.702-1.400).

c. Requirement motivate mother suckle

Value OR requirement motivate is 1.510 meaning of mother which during suckling to have good motivation will be able to earn to continue re-lactation during the period suckle equal to 2 times higher times compared to mother which during suckling to have less motivation when sleep rest variable, nutrition, support, stress, activity, and breast feeding stimulation are controlled (CI: 95; 0.354-6.436)

d. Requirement of Support mother suckle

Value OR requirement of support is 0.806 meaning mothers who during suckling get good support will be able to earn to continue re-lactation during the period of suckle, 1 time higher in comparison to mother with less support when sleep rest variable, nutrition, motivation, stress, activity, and breast feeding stimulation are controlled (CI: 95 ; 0.264-2.461).

e. Stress mother level suckle

Value OR mount stress is 0.763, meaning mother who during suckling do not experience stress will be able to earn to continue re-lactation during the period of suckle 1 time higher in comparison to mother who during suckling experience stress, when sleep rest variable, nutrition, motivation, support, activity, and breast feeding stimulation are controlled (CI: 95 ; 0.268-2.174).

f. Requirement of Activity mother suckle

Value OR requirement of activity is 4.545, meaning mother who during suckling accomplishes the requirement of everyday activity will be able to earn to continue re-lactation during the period of suckle equal to 5 times higher compared to mother which during suckling does not accomplish the requirement of its activity, when sleep rest variable, nutrition, motivation, support, stress, and breast feeding stimulation are controlled (CI: 95; 1.529-13.516).

g. Stimulation breast feeding mother suckle

Value OR breast feeding stimulation is its 4.087 meaning of mother which during suckling to conduct breast feeding stimulation better will be able to earn to continue re-lactation during period suckle equal to 4 higher times compared to mother which during suckling less is conducting of breast feeding stimulation after controlled by sleep rest variable, nutrition, motivation, support, stress, and activity (CI: 95; 1.276-13.092).

DISCUSSION

Thus it is the duty of every mother to enhance suckling for the growing phase of her child (Hamilton, 1998). During the period of suckle mother require adaptation either through physical and psychological support, efficacy of expenditure of ASI for the requirement of baby growth and nutrition. Most of the responder is suckling for first child (54.2%) with first time of giving exclusive breast feeding is less than 24 hour after bearing baby (90.6%). Frequency of suckle within 24 hours for mothers is more than eight times (57.3%), time gap of every times of suckle generally is 10-20 minute (51%). Exclusive breast feeding baby can be fulfilled when the baby is aged between 4-6 months. Therefore, during the time period of exclusive breast feeding the mothers fulfill the requirement of baby nutrient through ASI. After 6 months and after expenditure of volume of breast milk, exclusive breast feeding goes downhill and after that time requirement of nutrient shall no longer earn to be fulfilled by just ASI, but the babies must be provided with supplementary food (Winarno, 1995). Period suckle from physical aspect can be elongated in a state of healthy mother. But in some cases mothers discontinue exclusive breast-feeding and mothers then give formula milk to their babies. Pudjiadi (2000), supported exclusive breast feeding along with formula milk having composition recommended by WHO, which can replace exclusive breast feeding. If ASI cannot fulfill the demand and requirement of the baby then they are exposed to ASI substitution (Hidayat, 2000). But in the early stages of exclusive breast feeding, the mothers must be guided properly regarding the making, amount and the frequency of feed in one day, in case of formula milk.

Mother during suckling also need accomplish

enough of nutrition, sleep rest, physical activity according to requirement (Hamilton, 1998). During the period suckle motivation and support is also needed from family and also active stimulation is required during suckling (Bobak, *et al.*, 1993b). Result of measurement of response post and pre intervention with regards to vital signs of the respondent must be noted. It must be noted that change of this vital sign resulted by the existence of physiological adaptation of mother during period of suckle (Bobak, *et al.*, 1993a). Result of measurement showed that post intervention about the requirement of health is necessary for the suckling of the baby. Therefore, it is role of the health officer and health cadres to give information and counseling regarding the importance of exclusive ASI to mother and baby so that the baby gets sufficient nutrients in the age of 0-4 months by providing exclusive breast only. As a consequence of teaching and education, as is evident from this research work, can support mother's perception of suckle for the change of cognate aspect and affect the psychomotor state for conducting lactation and re-lactation method in taking place as a result of exclusive breast feeding. The senses happened through the five senses in human beings that are eyesight, hearing, smelling, feel and taste. Most of the knowledge of human being is obtained and passed through hearing (Notoatmodjo, 2003). From proven research and experience it has been seen that the behavior constituted as a result of knowledge will be more permanent than behavior which is not constituted by knowledge (Rogers, 1974).

Latipun (2001), gaining knowledge is influenced by individual behaviour and the environment also. In consequence, it can be said that knowledgeable client have a better attitude than unknowledgeable client more than any other factors. Most of the responder (70.8%) applies re-lactation method after gaining teaching and education in compliance with this health research. Efficacy of this method of re-lactation is also supported with the fulfillment of other factors required by mother during the period of suckle like mother's support and motivation to suckle, requirement of nutrition, sleep rest, activity, and exclusive stimulation during suckling. In spite of initial re-lactation and suckle activity done by mother in the early stages, the mothers fail to make a fresh start to suckle after discontinuing the activity of suckle (for months or weeks), because some factor either from mother or from baby (Hamilton, 1998). Re-

adjustment of mother during lactation after re-lactation requires good adaptation from mother, environment and baby. This adaptation can be supported by accomplishment of factor like sleep rest, nutrition, and mother activity during suckling, mother motivation in suckling, mother support during suckling, and also the existence of breast feeding stimulation during suckling according to requirement along with the treatment of bosom and with proper technique of suckle so that it is correct and proper.

Results of the present study showed that mother who during suckling accomplishes the requirement of sleep and rest will be able to continue re-lactation during period suckle equal to 1 time higher than compared to mother who during suckling does not accomplish the requirement of sleep. Mother also need rest and sleep to continue suckling in the period of re-lactation to overcome fatigue effect of suckling which would affect their babies (Farrer, 2001). The fulfillment of the requirement of rest and sleep will support exclusive breast feeding through lactation after re-lactation method. So from this study it is evident that mother which during suckling accomplishes all the requirements will be able to re-lactate 1 time higher during the period of suckle compared to mother which during suckling does not accomplish their requirement. During mother's re-lactation period, she needs to be supported with nutritious food and nutrition. Mother can improve protein consumption in everyday food menu. This is very much needed to assist in the quickening of the body process to produce breast milk (Farrer, 2001). If the nutrition is enough it will be able to support the change in the physiology of the mother specially the hormonal expenditure due to breast feeding which have been desisted during that time period.

Result of this research work showed that mother who during suckling, have good motivation will be able to continue re-lactation during the period of suckle equal to 2 times higher compare to mother who during suckling have less motivation. If the suckling process is progressively discontinued with the cessation of breast feeding, the mother to gain strength requires motivation and proper stimulation routine to faster the process of re-lactation (Bobak, *et al.*, 1993b). Mother who during a period of lactation takes rest once in a while during suckling its baby will re-lactate faster than mothers who desist suckling completely. In this case the mothers need patience to start re-lactation in giving of exclusive

breast feeding. Efficacy in lactation after re-lactation is determined by motivation factor to push mothers to conduct re-lactation. For example, the mothers should be informed that the baby will get more nutrient and vitamin required for the growth of the from breast feeding than formula milk (Hamilton, 1998).

Result of this study showed that mothers who during suckling get good support will be able to continue re-lactation during the period of suckle equal to 1 time higher compared to mother who during suckling gets less support. Support is very much necessary for mothers during re-lactation period, which can be given by husband, doctor, lactation consultant, or friend with similar effort and have reached efficacy. Results of this research showed that mothers who during suckling do not experience stress will be able to continue re-lactation during the period of suckle 1 time higher compared to mother who during suckling experiences stress. According to UNICEF (2000), mother at the period of lactation after re-lactation are under heavy stress. This is due to the fact that during breast feeding mothers are slimmest during that period. As a result, of baby's continuously breast feeding from time to time will exhaust the mother.

Results of this research work showed that mothers who during suckling accomplish the requirement of everyday activity will be able to continue re-lactation during the period suckle equal to 5 times higher than compared to mother who during suckling accomplish less with regard to the requirement of activity. Everyday elementary activity of mother during suckling will facilitate cardio respiration system to get actively connected to the hormonal system so that lactation after re-lactation can take place again (Farer, 2001). Result of this study also showed that mother who during suckling acquire enough breast feeding stimulation will be able to continue re-lactation during period of suckle equal to 4 times higher than compared to mothers who during suckling acquire less stimulation related to breast feeding. Re-lactation can start if the mother can train its baby to perform stimulation during suckling at mother's nipple. The baby must accustom himself to suckle mother nipple though slimmest but still secreting breast milk. In this manner the baby will not fulminate, milk will be prepared previously, or when possible the breast milk must be pressed out to feed the baby, whenever necessary. Mother can do it by using a system of nursing supplemental (breast feeding press out to be entered

into a place by passing small pipe with its back part glued to the nipple, baby spoon or cup). This is done to avoid trouble during mother suckle, so that it is not affected by mother's concentration and the baby's feeding is not disrupted (Bobak, 1993b). The time required by the body of a mother for re-lactation is different from each other. This matter for example is influenced by the duration discontinuity of giving of breast feeding, motivate from pertinent mother, and stimulation for the production process and expenditure of breast feed, time of baby suckling at nipple. Providing proper treatment of the bosom (gymnastic) or training in handling of the baby or teaching the correct method of suckle can assist to improve or produce more breast feed (Bobak & Jrnsen 1993a). Some mothers face constraints from mother with strong willingness to suckle, because re-lactation require time and claim patience from mother suckling to become perfect woman because it crucial to suckle the baby (Ibrahim, 1996).

CONCLUSION

Factors contributing towards proper execution of re-lactation and suckle to take place regarding exclusive breast feeding in Arjasa Community Health Center Sub-Province Jember by accomplishing the requirement of nutrition, sleep rest, mother activity during suckling, mother motivation to suckle baby, support for the mother during lactation period, reducing mother's stress during suckle, and exclusive stimulation during re-lactation

REKOMENDATION

Community nurses are better in giving health services in the society as they study sources and requirements and they also identify the values of the population and the necessity of the mothers suckle. They specially focus on risk, promotion of action, protection, and health prevention at population level having risk to desist to suckle. This is a necessary optimal condition for giving exclusive breast feeding with applying of lactation after re-lactation method as is evident from this study.

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