The Effectiveness of Peer Counseling for Postpartum Mothers to Increase Breastfeeding Success

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Abstract

BACKGROUND: To realize the optimal growth and development of the baby, ideally the mother should only give breast milk, from immediately after giving birth until the baby is 6 months old, which is commonly known as exclusive breastfeeding. However, the facts on the ground show that many mothers fail to give breast milk to their babies, so an effective solution is needed.

AIM: The purpose of this study was to analyze the effectiveness of peer counseling for postpartum mothers in order to increase the success of breastfeeding in the working area of Jenu Health Center, Tuban Regency, Indonesia.

METHODS: This study was an experimental study that applied a static group comparison design. The research subjects were 18 postpartum mothers who were selected by simple random sampling technique, then divided into a treatment group that received peer counseling and a control group, each consisting of 9 postpartum mothers. For both groups, breastfeeding success was measured by means of observation. Furthermore, the difference in breastfeeding success between the two groups was tested using an independent sample t-test.

RESULTS: The results of data analysis showed that the mean of successful breastfeeding in the treatment group was higher (77.31%), while the control group was lower (72.22%). The results of the independent sample t-test showed t = 3.731082, with p value = 0.00278070, so it could be interpreted that there was a significant difference in breastfeeding success between postpartum mothers who received and did not receive peer counseling.

CONCLUSION: Furthermore, it can be concluded that peer counseling is effective in increasing the success of breastfeeding by postpartum mothers in the working area of Jenu Health Center, Tuban Regency.

Introduction

Breast milk is the main, natural and best food for babies, because it contains almost all nutrients with a composition that suits the needs and growth of babies. Ideally, mothers give only breast milk, from the 1st h after giving birth and continue until the age of the 6th 6 months of the baby’s life. This is commonly known as exclusive breastfeeding. Failure to give exclusive breastfeeding is one of the problems that can occur in postpartum mothers. One of the factors that determine the success of exclusive breastfeeding is the mother’s condition, such as the mother’s confidence or belief in being able to give breast milk properly [1]. Breastfeeding mothers are very often sensitive to everything that concerns the condition of their babies, so they are easily provoked by various negative assumptions, such as the baby will not be full if only given breast milk, especially at the beginning of the postpartum period the mother only produces colostrum in small amounts or even not yet secrete milk [2]. The most common reasons given by mothers related to the failure of exclusive breastfeeding were pain in the delivery wound, non-protruding nipples, and the absence of breast milk.

The results of RISKESDAS (Basic Health Research) in Indonesia in 2018 showed that the proportion of infants who were exclusively breastfed was 37.3% [3], while the proportion of infants who were exclusively breastfed in East Java Province in 2019 was 78.3% [4]. Meanwhile, the proportion of infants who were exclusively breastfed in Tuban Regency in 2018 was 73.9%, which then increased to 79.6% in 2019. However, in 2020 it decreased again to 76.9% [5]. From January to May 2021 the coverage of exclusive breastfeeding at the Jenu Health Center, Tuban Regency was 24% of the 80% target.

Mother’s knowledge about breastfeeding is one of the determining factors for the success of mothers in breastfeeding their babies. In their research, Rahayu and Yunarsih [6] reported that factors related to the practice of exclusive breastfeeding were the mother’s level of education, information on how to breastfeed, and support from the community. This shows that the community is one of the mothers’ peers, which has an influence on the success of exclusive breastfeeding.

Breast milk plays a very important role in maintaining the health and survival of babies, because babies who are exclusively breastfed have a better immune system, so they rarely suffer from disease and avoid nutritional problems. Insufficient breast milk
intake can lead to nutritional imbalances in the baby. Babies who are not exclusively breastfed are at risk of experiencing malnutrition so that they have the potential to have a low intelligent quotient (IQ) \[7\], and are more at risk of dying from diarrhea \[8\].

Mothers need support from all parties so that they can provide maximum breastfeeding to their babies. This support can be obtained from husbands, families, health workers and the community, one of which is peers who have experience and success in exclusive breastfeeding. Various strategies can be used to increase exclusive breastfeeding. The strategy can be applied at various levels, including the community such as providing counseling for infant and young child feeding (IYCF), which can be in the form of community-involved activities such as lay counselors and peer support \[9\], \[10\] or in the form of peer counselors \[9\], \[11\].

Breastfeeding activities often cause various problems experienced by mothers and babies. To overcome this problem, it is not uncommon for a breastfeeding mother to tell her problems to other breastfeeding mothers to get solutions and assistance. This activity is called peer counseling. Peer counseling is an activity to help and support each other among peers to face various life problems, as well as develop self-potential \[12\]. In peer counseling activities, there is a communication relationship between the counselor and the counselee individually or in groups. A peer counselor is someone who plays the role of providing assistance to peers. In the peer counseling process, the counselee can convey problems regarding breastfeeding that are being experienced. Then the counselor can provide assistance to provide solutions to the problems experienced by the counselee. After the peer counseling process is carried out, it is hoped that the counselee will find a solution to the various problems experienced so that breastfeeding success can be achieved \[13\].

The success of breastfeeding is one of the most important components for meeting the needs of breast milk in infants. There are some mothers who have problems in breastfeeding, which are caused by the wrong way during the breastfeeding process, for example, breast milk does not come out so the mother prefers to give formula milk to meet the needs of her baby. The right way of breastfeeding can prevent mothers from breastfeeding problems such as swollen breasts, sore nipples, inflammation of the breasts, lack of breast milk, and the baby is confused about finding a nipple because of the use of pacifier \[14\].

Often, mothers do not get information about the true benefits of breastfeeding, such as breastfeeding not only ensures that the baby remains physically healthy, but also makes the baby smarter, has a more stable emotional state, positive spiritual development, and better social development \[7\], \[14\]. Mothers need to get a lot of information to overcome the problems they experience when breastfeeding their babies. Information can be provided by health workers, families, and the community through peer counseling activities. Peer counseling can be done without having to involve a professional person. Communities in the surrounding area who already have experience in breastfeeding can be friends to get information about the success of breastfeeding.

Based on the description above, it is necessary to conduct research that aims to determine the effectiveness of peer counseling for postpartum mothers to increase breastfeeding success.

### Methods

This study was conducted in the working area of the Jenu Health Center, Tuban Regency, East Java Province, Indonesia, in 2021. This study was classified as an experimental study, which applied a static group comparison design, involving postpartum mothers. The population in this study were all postpartum mothers in the working area of the Jenu Health Center, which were spread out in Beji Village, Wadung Village, Rawasan Village, Mentoso Village, and Remen Village in July 2021. The sample size was 18 postpartum mothers who were selected using a simple random sampling technique, then divided into two groups, each consisting of 9 postpartum mothers.

Based on the research design above, 9 postpartum mothers entered the treatment group and 9 postpartum mothers entered the control group. The treatment group was given an intervention, namely, peer counseling, while the second group was given a conventional counseling intervention. Then measure the success of breastfeeding by means of observation in both groups.

After the data had been collected and confirmed to be correct and complete, then a descriptive data analysis was carried out in the form of the mean and standard deviation because the data was numeric \[15\], \[16\], \[17\]. Furthermore, the difference in breastfeeding success between the treatment group and the control group was tested, using an independent sample t-test because the data were on an interval scale. The analysis was carried out directly through a website-based application, namely, Statistics Kingdom, which is based in Melbourne, Australia \[18\], \[19\].

### Results

Information on the demographic characteristics of postpartum mothers involved in the study is presented in Table 1, which includes age, education level, and occupation. It can be seen that the most age was 20–30 years (72.2%), the most education was high school (55.6%), and the most occupation was housewife.
Breastfeeding is a natural process that a mother goes through after giving birth. To achieve successful breastfeeding requires knowledge of the correct breastfeeding techniques. Correct breastfeeding technique includes the position of mother and baby, attachment, and the effectiveness of sucking by the baby. If the correct technique is applied, then the mother can breastfeed effectively [20]. In fact, there are mothers who breastfeed with the sole aim of filling their babies, without paying attention to the accuracy of breastfeeding techniques when breastfeeding. Improper breastfeeding techniques can end in failure because milk production is not optimal [21]. Conditions after delivery can affect breastfeeding. Not all mothers know the correct breastfeeding technique. Trisnawati and Widyastutik [22] reported that the majority of mothers still breastfeed in the wrong way.

It has been stated above that the findings of this study demonstrate the effectiveness of peer counseling to increase breastfeeding success. This shows that there has been an increase in the knowledge and skills of postpartum mothers regarding the correct breastfeeding technique. This is logical because peer counseling involves the closest people as counselors [12]. Indeed, peer counselors are not professional counselors or therapists, but only those closest to them who have a positive attitude and act as models who are ready to provide assistance to their peers. However, the involvement of the closest people like this has the advantage of ease of communication and interaction.

Peercounseling conducted by fellow postpartum mothers about breastfeeding is a means that can be used to increase knowledge and experience in order to achieve breastfeeding success. In a peer or group, mothers can share knowledge and experiences with each other, so that this condition can increase mothers' understanding of effective breastfeeding [6]. By telling their problems to counselors and other postpartum mothers, they are required to be open in revealing information about themselves, their feelings, and their experiences when experiencing these problems [23].

In this study, all postpartum mothers (100%) were able to achieve successful breastfeeding. This is likely to happen because they participate in peer counseling enthusiastically and seriously, supported by a comfortable and conducive environment, so that interventions can be carried out optimally. In addition, success is also supported by the cooperative attitude of all parties involved, both counselors and counselees during the implementation of peer counseling. The success of this peer counseling certainly has a positive

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**Table 1: Distribution of characteristics of respondents**

| Characteristics of respondents | Category       | Frequency | Percentage |
|-------------------------------|----------------|-----------|------------|
| Age (years)                   | <20            | 1         | 5.6        |
|                               | 20–30          | 13        | 72.2       |
|                               | >30            | 4         | 22.2       |
| Education                     | Elementary school | 1     | 5.6        |
|                               | Secondary school | 2     | 11.1       |
|                               | High school    | 10        | 55.6       |
|                               | Higher education | 5     | 27.8       |
| Occupation                    | Housewife      | 13        | 72.2       |
|                               | Teacher        | 3         | 16.7       |
|                               | Private sector employee | 1 | 5.6 |
|                               | Entrepreneur   | 1         | 5.6        |

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**Figure 1**: The success of breastfeeding postpartum mothers who received peer counseling (treatment) and did not receive peer counseling (control). (a) Treatment group, (b) Control group
impact on the success of breastfeeding for postpartum mothers, not only individually but also as a group, so that this method can be developed for the wider community, to support the success of breastfeeding in a wider scope as well.

**Conclusion**

Based on the results of the study, it was concluded that peer counseling was effective in increasing the success of breastfeeding by postpartum mothers in the working area of Jenu Public Health Center, Tuban Regency.

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