



Effect of demonstration-method counseling on the understanding of correct breastfeeding techniques among pregnant women

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ARTICLE INFO	ABSTRACT
<p><i>Article history:</i> Received 23 March 2024 Accepted 12 April 2024 Publish 16 April 2024</p>	<p>Background: Exclusive breast milk is food with nutritional content most suitable for the baby's needs, protects against various infections, and provides a loving relationship that supports all aspects of the baby's development, including the baby's health and intelligence. The success of breastfeeding depends on the understanding of the breastfeeding technique used by the mother.</p>
<p><i>Keywords:</i> Demonstration-method counseling Understanding level Breastfeeding technique Pregnant women</p>	<p>Objective: Analyzed the effect of demonstration-method counseling on understanding correct breastfeeding techniques among pregnant women.</p> <p>Method: The research used a quasi-experimental design with pre- and post-tests. Based on established criteria, 55 samples were taken purposively from 133 pregnant women who underwent examinations at the Muara Koman Community Health Center. Demographic data and pregnant women's understanding of breastfeeding techniques were collected using questionnaires. Analysis was carried out using SPSS.</p> <p>Results: Counseling with demonstration methods for pregnant women can increase understanding of correct breastfeeding techniques. This is shown in the pretest results before being given demonstration method counseling with a score of 30 (52.6%), increasing to a score of 51 (89.5%). Comparative analysis of the pre-and post-tests showed a significant effect of counseling using the demonstration method on the level of understanding of pregnant women about correct breastfeeding techniques with a p-value <0.05.</p> <p>Conclusion: Counseling with a suitable demonstration method is provided to increase pregnant women's understanding of breastfeeding correctly.</p>

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1. Introduction

Exclusive breast milk is the first, foremost and best food for babies, which is natural. Breast milk contains various nutrients needed for the growth and development of babies (Prasetyono, 2019). The benefits of breast milk are so great for babies. Exclusive breast milk is food with nutritional content most suitable for the baby's needs, protects against various infections, and provides a loving relationship that supports all aspects of the baby's development, including the baby's health and intelligence. For mothers, exclusively breastfeeding can reduce bleeding during childbirth, delay fertility, and ease the economic burden (Roesli, 2015). The growth and development of infants and toddlers are determined mainly by the amount of breast milk obtained, including the energy and other nutrients contained in the breast milk, as well as reducing the morbidity and mortality rates of infants and toddlers (Widodo, 2015).

The World Health Organization (WHO) reports that in 2020, an average of 44% of babies aged 0-6 months worldwide received exclusive breastfeeding during 2015-2020. This has not yet reached the target for coverage of exclusive breastfeeding worldwide, namely by 50% (WHO and UNICEF, 2021). In Indonesia, the exclusive breastfeeding coverage rate has decreased; based on Indonesia's health profile from 2019 to 2021, respectively, the exclusive breastfeeding coverage rate was 67.74% in 2019, in 2020 it was 66.1%, and in 2021 by 56.9% (Ministry of Health the Republic of Indonesia, 2021). The percentage of breastfeeding alone without providing additional pre-lacteal feeding at the age of 6 months in Indonesia is 38%. Meanwhile, according to the Data and Information Center, the percentage of babies given exclusive breast milk in Indonesia in 2017 was 35.73% for babies aged 0-6 months and 46.74% for babies aged 0-5 months. East Java achieved a figure of 34.92% in exclusive breastfeeding until babies aged 6 months, and 41.17% of babies received exclusive breastfeeding for only 5 months. Nationally, the coverage of babies receiving exclusive breastfeeding in 2019 was 67.74%. This figure has exceeded the 2019 strategic plan target of 50%. This figure decreased by around 1% compared to the previous year (Ministry of Health the Republic of Indonesia, 2020).

Two factors influence the exclusivity of breast milk. The first is the quantity of breast milk (effective), which refers to the amount sufficient to meet the baby's needs. Babies who



are exclusively breastfed generally breastfeed 8-12 times in 24 hours, with an average of once every 2-3 hours. Second is the quality of breast milk, which refers to the nutritional content of breast milk. Exclusive breast milk contains all the nutrients a baby needs in the right proportions, including protein, fat, carbohydrates, vitamins, minerals, and antibodies (Ministry of Health the Republic of Indonesia, 2020).

Limbong & Desriani's (2023) research shows that respondents have a good level of knowledge and breastfeeding techniques. This research is supported by Keni et al., (2020) that from 51 respondents, it was found that the majority of postpartum mothers had good knowledge, totaling 26 respondents. The success of a breastfeeding mother depends on the breastfeeding technique used by the patient giving birth. Understanding lactation management greatly influences breastfeeding mothers in breastfeeding, where lactation is the entire breastfeeding process starting from the production of breast milk to the process of the baby sucking and swallowing breast milk. Breastfeeding technique is one of the factors that influence breast milk production; where if the breastfeeding technique is not correct, it can cause the mother's nipples to become sore and make the mother reluctant to breastfeed, so the baby rarely breastfeeds. Reluctance to breastfeed will have bad consequences because the baby's sucking has a big influence on the subsequent stimulation of breast milk production. However, mothers often lack information about the benefits of breast milk and about good and correct breastfeeding (Roesli, 2015).

Mothers' lack of knowledge about correct breastfeeding techniques has an impact on the low coverage of exclusive breastfeeding. The impact of improper breastfeeding techniques on mothers can cause mothers to experience mastitis, lumpy breasts, and sore nipples, while on babies, it can cause babies not to want to breastfeed, which results in babies not getting breast milk. Based on the background, this research aims to analyze the effect of demonstration-method counseling on understanding correct breastfeeding techniques among pregnant women.

2. Method

Respondent

This research was conducted in the working area of the Muara Komam Community Health Center, East Kalimantan, Indonesia. The research method used in this study was a



quasi-experiment with a one-group pre- and post-test design. The population in this study was comprised of all third-semester pregnant women who lived in the Muara Komam Health Center Working Area.

Sample size

The sample of respondents used in this research was 57 respondents, obtained with a purposive sampling technique on 133 total population of women in pregnancy. The determination of respondents was in accordance with the inclusion criteria (more than three weeks pregnancy, diagnosed healthy, willing to take part in research activities, domiciled in the Muara Komam Community Health Center working area) and exclusion (unable to communicate well, did not complete research activities) which had been determined by the researcher.

Data collection

The data collection instrument used in this research was a closed questionnaire to measure the level of understanding of correct breastfeeding techniques. The questionnaire contains 10 questions regarding the benefits of breastfeeding, steps for breastfeeding, indicators of good and sufficient breastfeeding. The respondents' demographic data included age groups (at risk or unrisk), gravida, and type of work.

Data analyzed

Data is tabulated according to the observed variables. Furthermore, the data is presented in frequencies and percentages for categorical data. The level of understanding of pregnant women is categorized into three groups; good, sufficient, and less.

Ethical clearance

This research received ethical clearance from the Research Ethics Commission of Sari Mulia University, Banjarmasin, Indonesia, number 035/KEP-UNISM/I/2024.

3. Results

The age group of respondents obtained from pregnant women at risk (age less than 20 y.o or more than 35 y.o) constituted the largest number of respondents (75.4%). The most common pregnancy group (gravida) is multigravida (66.7%). Meanwhile, for the occupational group of pregnant women, the majority are housewives (73.7%). The overall demographics of respondents can be seen in Table 1.



The mother's level of understanding increased between before and after counseling. The post-test results showed an increase in understanding from the pre-test in the good category of 36.9% when analyzed after implementing the demonstration method counseling. Univariate analysis shows that there are differences in results between the good category and the other categories. The correlation value between before and after counseling is -5.953, with a p-value of 0.000. The results of counseling using the demonstration method are presented in Table 2.

Table 1. Demografi of respondents

Variables	Frequensi (persons)	Percentage (%)
Ages		
Risk (< 20 y.o or > 35 y.o)	14	24.6
Unrisk (20-35 y.o)	43	75.4
Gravida		
Primigravida	19	33.3
Multigravida	38	66.7
Occupations		
Teacher	3	5.3
Housewife	42	73.7
Farmer	4	7.0
Employee	5	8.8
Entrepreneur	3	5.3
Total	57	100

Table 2. Respondents understanding pre- and post- demonstrated-method counseling

Understanding level	Frequencies	Percentages (%)	p-values	Correlation	p-values
Pre- counseling					
Good	30	52.6	0.000	-5.953	0.000
Sufficient	23	40.4			
Less	4	7.0			
Total	57	100			
Post- counseling					
Good	51	89.5	0.000		
Sufficient	4	7.0			
Less	2	3.5			
Total	57	100			

The gestational age group not at risk was more common in this study. Before counseling was carried out using the demonstration method, the understanding of correct breastfeeding techniques was generally distributed in the sufficient and good category. After counseling, their level of knowledge generally improves. A description of the ages respondent and their understanding of breastfeeding techniques is presented in Table 3.


Table 3. Ages respondent and the understanding of breastfeeding technique distribution

Ages	Understanding categories			Understanding categories		
	Good	Sufficient	Less	Good	Sufficient	Less
Risk (< 20 y.o or > 35 y.o)	8 (14%)	8 (8,8%)	1 (1,8%)	12 (21,1%)	1 (1,8%)	1 (1,8%)
Unrisk (20 - 35 y.o)	22 (38,6%)	18 (31,6%)	3 (5,3%)	39 (68,4%)	3 (5,3%)	1 (1,8%)
Total	30 (52,6%)	23 (40,4%)	4 (7%)	51 (89,5%)	4 (7%)	2 (3,5%)

The multigravida group in this study had more respondents. Before counseling was carried out using the demonstration method, 47.4% of pregnant women did not have good knowledge about correct breastfeeding techniques. After counseling, their general level of knowledge increased, and only 10.5% remained who were not in the good category. A description of the gravida and their level of understanding to breastfeeding techniques is presented in Table 4.

Table 4 Gravida and the understanding of breastfeeding technique distribution

Gravida	Understanding categories			Understanding categories		
	Good	Sufficient	Good	Sufficient	Good	Sufficient
Primigravida	10 (17,5%)	6 (10,5%)	3 (5,3%)	16 (28,1%)	1 (1,8%)	2 (3,5%)
Multigravida	20 (35,1%)	17 (29,8%)	1 (1,8%)	35 (61,4%)	3 (5,3%)	0
Total	30 (52,6%)	23 (40,4%)	4 (7%)	51 (89,5%)	4 (7.1%)	2 (3,5%)

Respondents generally work as housewives with a percentage of 73.7%. Their understanding of correct breastfeeding techniques is generally in the sufficient and good categories. After attending counseling, there was a lot of improvement in understanding, and only 6 pregnant women remained in the not good category. A description of the occupations and their level of understanding to breastfeeding techniques is presented in Table 5.


Table 5 Occupation and the understanding of breastfeeding technique distribution

Occupations	Understanding categories		Understanding categories			
	Good	Sufficient	Good	Sufficient	Good	Sufficient
Teacher	2 (3,5%)	0	1 (1,8%)	3 (5,3%)	0	0
Housewife	20 (35,1%)	19 (33,3%)	3 (5,3%)	36 (63,2%)	4 (3,5%)	2 (73,7%)
Petani	4 (7%)	0	0	4 (7%)	0	0
Swasta	3 (5,3%)	2 (3,5%)	0	5 (8,8%)	0	0
Wiraswasta	1 (1,8%)	2 (3,5%)	0	3 (5,3%)	0	0
Total	30 (52,6%)	23 (40,4%)	4 (7%)	51 (89,5%)	4 (7%)	2 (3,5%)

4. Discussions

The results showed that the mother's age was found to be at risk for 14 respondents (24.6%) and not at risk for 43 respondents (75.4%). This shows that the majority of pregnant women are at risk. The age at risk for pregnant women can vary depending on individual factors and the health of each pregnant woman. In general, the risk of pregnancy increases in pregnant women aged under 18 years or over 35 years. This is because in both age ranges, women tend to have a higher risk of pregnancy complications. Older women tend to have a slightly higher risk of experiencing some pregnancy complications, such as gestational diabetes, high blood pressure, premature birth, and genetic problems in the baby.

One reason why age may be a risk factor is because the quality of a woman's eggs decreases as she ages. A woman's eggs are formed from birth, and as she ages, the number and quality of eggs can decrease. Older eggs tend to have a higher risk of experiencing chromosomal abnormalities, which can cause genetic abnormalities in the baby. In addition, older women also have a higher risk of experiencing pre-pregnancy health problems, such as heart disease, diabetes or high blood pressure. These conditions can increase the risk of complications during pregnancy. Meanwhile, pregnancy is not risky with the mother's age range being 20-35 years because the biological and psychological condition of the pregnant woman is mature and healthy. During pregnancy, mothers must maintain their health by following the recommendations given by medical personnel, such as eating healthy foods, avoiding certain risk factors, following regular prenatal care, and maintaining a healthy



lifestyle. Research by Puspitasari et al., (2021), shows that age is not at risk of indirectly influencing the level of understanding of pregnant women regarding correct breastfeeding techniques. However, there are several other factors that influence the level of understanding of pregnant women regarding correct breastfeeding techniques, such as education, previous experience, sources of information, and learning abilities.

The results showed that 19 respondents (33.3%) were pregnant from primigravida mothers and 38 respondents (66.7%) from multigravida mothers. The results of this study indicate that the majority of maternal pregnancies are multigravida. Multigravida describes a woman who has had more than one pregnancy, regardless of whether the pregnancy ended in a live birth, stillbirth, or miscarriage. So, multigravida is a woman who becomes pregnant again after experiencing one or more previous pregnancies. The results of the study showed that gravidas with the level of understanding of pregnant women before being given the demonstration method regarding correct breastfeeding techniques were mostly multigravidas with a good category of 20 respondents (35.1%), while the level of understanding of mothers after consultation with the demonstration method was mostly 35 multigravidas with a good category (61.4%). This is because multigravida mothers have previous experience breastfeeding. If the mother was successful in breastfeeding her previous child, it is hoped that the second child will be more successful and the mother believes this can stimulate the hormone oxytocin so that breast milk can come out more smoothly (Susanti & Yuliasari, 2019). Saccone et al., (2017), research conducted on multigravida women who had previously given birth vaginally found that the most common indication for caesarean section (CS) was fetal distress, followed by obstructed labor, breech presentation, and pre-eclampsia. Multigravida refers to a woman who has had multiple pregnancies. It is generally believed that if a woman has a normal vaginal delivery of her first child, subsequent deliveries will also be vaginal. However, this assumption may lead to neglect of routine antenatal check-ups and intranatal care, which may result in poor birth outcomes.

The study showed that 3 respondents (5.3%) were teachers, 42 respondents were housewives (73.7%), 4 respondents were farmers (7%), 5 respondents were in the private sector (8.8%) and 3 respondents were entrepreneurs (5.4%). The results of this study show that the majority of pregnant women work as housewives. Many pregnant women choose to work as housewives, especially during pregnancy for the reason that pregnant women choose



to stop working or reduce their working hours to avoid work-related stress and pressure, which can have a negative impact on their well-being and that of the fetus, possibly pregnant women to prioritize their own health and comfort as well as giving their bodies sufficient time to rest, choosing to focus on the role of a housewife to provide additional attention to their children and their families, especially if they have small children who need it pay more attention during pregnancy and minimize the risk of pregnancy.

Many pregnant women choose to work as housewives, especially during pregnancy, for a reason to avoid work-related stress and pressure, which can have a negative impact on their well-being and fetus, possibly pregnant women to prioritize their own health and comfort as well as giving their bodies sufficient time to rest, choosing to focus on the role of a housewife to provide additional attention to their children and their families, especially if they have small children who need it pay more attention during pregnancy and minimize the risk of pregnancy. The study showed that the work of most pregnant women was housewives, with 20 respondents (35.1%) having a good category, while after following demonstration counseling, the level of understanding with a good category increased to 36 respondents (63, 2%). Research by Yuliasri (2021) shows that work is also a factor in a mother's high level of understanding about breastfeeding. A housewife has a lot of free time to get information about breastfeeding, which can be obtained from the community, counseling, and the mass media. Muzakir (2022) shows that pregnancy results in psychological, emotional and physical changes, so that women experience the effects of fatigue, ranging from mild fatigue to severe fatigue. Fatigue will have an impact on productivity for pregnant women who work, both short-term and long-term impacts.

The research results showed that 30 respondents (52.6%) had a good category before being given the demonstration method, 23 respondents (40.4%) had a fair category and 4 respondents (7%) had a less category. The influence of health education using the demonstration method on a mother's ability to breastfeed can increase the mother's ability to provide good and correct breastfeeding techniques. This is based on the results of outreach carried out by officers through leaflets, slides, booklets, films and videos played by health officers (Astuti & Surasmi, 2016). The demonstration method greatly influences a person's absorption and interest in learning. Because this method has many advantages in learning, including making lessons clearer and more concrete and avoiding verbalism, making it easier



for someone to understand the lesson material, the teaching process will be more interesting, stimulating someone to be more active in observing and being able to try it themselves (Nursalam, 2016). Rohayati (2021) stated that there is an increase in breastfeeding properly, considering that mothers have received education in the form of education on how to breastfeed properly and correctly, so that those who initially did not know become aware or those who already know become more understanding and the mother's knowledge increases.

The level of understanding of pregnant women after being given the demonstration method increased to 51 respondents (89.5%) in the good category, 4 respondents (7%) in the sufficient category and 2 respondents (3.5%) in the sufficient category. One of the factors that influence the success of breastfeeding is the mother's knowledge about how to breastfeed properly and correctly, which includes the body position of the mother and baby, the position of the baby's mouth, and the mother's nipples. Many mothers do not breastfeed properly, and many mothers are even unwilling to breastfeed their babies, which causes milk production to decrease, and in the end, their little ones become reluctant to breastfeed (Tindaon & Pujianti, 2018). Demonstrations are an effective method for instilling knowledge, motivation, skills, and abilities.

Wilda (2016) stated that the average ability of breastfeeding mothers before compression and breastfeeding support was 11.9 with a maximum score of 15 and a minimum score of 9. The average ability of breastfeeding mothers after compression and breastfeeding support was 17.05 with a maximum score of 21 and a minimum score of 13. There is an influence of reflection and breastfeeding assistance on the mother's ability to breastfeed. Breastfeeding is not just giving a drink by sucking on the nipple. Improper and irregular guidance from health workers will cause many obstacles in breastfeeding, especially for primiparous mothers (Astuti & Kurniawati, 2017). The low knowledge of mothers about proper breastfeeding is due to the fact that when breastfeeding, mothers never pay attention to correct breastfeeding techniques and are only based on their obligation as mothers to breastfeed their child. Apart from that, based on the mother's opinion, health education is often given only in the form of lectures and given in leaflets so that people often forget what has been explained (Astuti & Surasmi, 2016). Mothers' knowledge about breastfeeding techniques will increase if mothers receive information through health education. Therefore, health workers must maintain and maintain the provision of information or counseling to



primary mothers about the benefits of giving breast milk in a way that is easier to know and understand and motivate mothers to give breast milk according to correct breastfeeding techniques to support exclusive breastfeeding (Rohayati, 2021).

Comparison on the pre- and post-test concluded that counseling using coercive methods for pregnant women has an effect on the level of knowledge of correct breastfeeding techniques (p-value 0.000). Teaching using the demonstration method has an effect on the management of breastfeeding in mothers. The use of video as a medium for conveying messages is considered effective because it is able to activate more than one sense organ, namely the senses of hearing and sight. Yuniarti et al., (2023), also showed the influence of breastfeeding counseling on the implementation of correct breastfeeding methods for post partum mothers, with 100% good result incorrect breastfeeding technique. These results show that there was an increase in the average score of respondents' knowledge after providing counseling on correct breastfeeding techniques, the z-score was 4.8 points greater, and p-value <0.05 shows the counseling give significant impact to mothers knowledge on breastfeeding technique.

Research from Mulyana & Irmayani (2018), shows a similar thing, that there is an influence of method on breastfeeding technical skills (p-value <0.05). The influence of exposure methods can improve skills after being given exposure. This indicates that the implementation of providing information using violent methods if difficulties are experienced, can be resolved through questions and answers between the respondent and the counselor. According to the research results of Palimbo et al. (2023), counseling is a form of delivering health information that must be easily accessed by pregnant women and their families. Receiving good information can support the choice of services and appropriate decision-making according to needs and, if necessary, adapting cultural traditions that are positive and beneficial for the health conditions of pregnant women. These results are also supported by Astuti & Surasmi (2016), who show that there is a significant influence between the behavioral abilities of breastfeeding mothers before and after counseling (p-value <0.05), meaning that counseling or health education can improve mothers' behavioral abilities in breastfeeding techniques.

Limitations in this research are the sample size, both in the number of respondents and in certain demographic contexts. Therefore, the results of the study may not be directly



generalizable to the population of pregnant women as a whole. More extensive and representative research is needed to validate these findings. Research that uses a one-time post-coaching measurement design may provide insights that only reflect short-term effects. There are many factors that can influence pregnant women's understanding of correct breastfeeding techniques, such as level of education, cultural background, previous experience, and social support, where these variables have not been researched.

5. Conclusion

The application of counseling with reinforcement methods has been proven to increase pregnant women's understanding of correct breastfeeding techniques. This understanding is important in order to increase maternal participation in exclusive breastfeeding. Health workers need to provide counseling using demonstration methods so that mothers can understand and better understand them and also need to provide leaflets/documentaries/videos about breastfeeding techniques so that they can be used at any time by mothers when they forget about how to breastfeed properly and correctly.

6. Conflict of interest

All authors declare no conflict of interest.

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