







MOTHER'S EFFORTS IN INCREASING BREAST MILK PRODUCTION

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ABSTRACT

Exclusive breastfeeding coverage in Indonesia is only 42%. The low number of breast milk covers is due to the smooth production of breast milk. The smooth production of breast milk can be increased by various efforts, including maternal efforts. This research aims is to assess mothers' efforts to increase breast milk production. This research design is descriptif with crossectional design. The number of responden are 57 responden with total sampling. The results of this study represent the majority of mothers' efforts to increase breast milk production in the "less" category (64.9%) in Kebondalem Village. Efforts that have not been made by mothers during pregnancy, childbirth and breastfeeding, such as attending breastfeeding counseling and applying warm compresses to the breasts when they feel tight. The mother efforts that done during pregnancy are pregnancy exercise, consume vegetables that can improve breast milk produktion (lactogoge), also early breastfeeding initiation in childbirth periode and family support especially husband, psicological condition and comfort in post partum periode.

Keyword: mother's efforts; breast milk production

INTRODUCTION

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Breastmilk (ASI) is the most perfect and best food for babies (Roesli, 2009). Breastfeeding is good for babies because breast milk contains various nutrients that babies need for optimal growth and development (Prasetyono, 2012). World Health Organization (WHO) recommends that all babies should be breastfed from birth. Breastfeeding is done as soon as possible after the baby is born until the age of 6 months (Ministry of Health, 2013).

Exclusive breastfeeding for newborns up to 6 months of age is stated in Law No. 36 of 2009. Kendal City itself ranks 25th in Central Java Province with a percentage of 46% (DINKES of Central Java Province, 2017). The results of the report from the Puskesmas, exclusive breastfeeding for infants aged 0-6 months in Kendal Regency were 4,393 babies or 57.8% of the 7,603 babies. This coverage figure increased compared to the achievement in 2013 which was only 47.8% (DINKES Kab. Kendal, 2016).

The low level of exclusive breastfeeding for babies is caused by many factors, including low knowledge, lack of counseling and support from existing health workers (DINKES, Kendal District, 2016). As for other factors, namely, the frequency of breastfeeding, gestational age at birth, mother's age, early initiation of breastfeeding, breast care (Ferial, 2013). Some efforts to increase milk production in nursing mothers are through counseling or health education about nutrition, psychology, breast care and how to express breastmilk, encouraging mothers to find sources of information related to breast milk from various sources such as browsing on the internet, and teaching oxytocin massage (Sukmawati, 2019).

Other efforts made to increase breast milk production can be done by using oxytocin and acupressure massage techniques, herbs, food (Maryatun, 2019). The results of a preliminary study conducted by researchers on 11 respondents. Resulted 9 respondents who made efforts to increase breast milk including: seeking information to facilitate breastfeeding, eating foods

such as (long beans, green beans, peanuts, meat, Moringa leaves, katuk leaves), IMD, oxytocin massage, compresses, get smooth ASI. Breastfeeding is not smooth for 2 respondents who do not make efforts such as seeking information, eating food, IMD, ooxytocin massage, compresses to increase milk production during pregnancy until after delivery.

METHOD

The research design used was quantitative with descriptive methods. The population in this study were mothers who had babies from 0 to 6 months in Kebondalem Village, as many as 57 respondents. The sample collection technique used total sampling. This research was conducted in Kebondalem Village and was conducted from September 2019 to February 2020. This research tool was a questionnaire. Univariate data analysis used descriptive statistics that display numbers and percentages.

RESULTS AND DISCUSSION

Table 1. Tendency central is based on the age of the respondents who have children aged 0 to 6 months (n=57)

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Variabel	Mean	Min	Max	St. Deviation
Age	28,04	21	40	4,641

Based on table 1. It can be seen that the respondents have an average age of 28 years with a minimum age of 21 years and a maximum age of 40 years.

Table 2. Frequency Distribution by Education, Occupation, Income (n = 57)

	Treduction by Education, Secupation, Meome (n = 57)					
No	Variabel	f	%			
1.	Education					
	Elementary School (SD)	3	2,1			
	Junior High School (SMP)	12	5,3			
	Senior High School (SMA)	34	59,6			
	College (PT)	8	14,0			
2.	Work					
	Doesn't Work	32	56,1			
	Civil Servants	6	10,5			
	Traders	5	8,8			
	Farmer	1	1,8			
	Labor	13	22,8			
3.	Family Income					
-	< 2.000.000	20	35,1			
	>2.000.000	37	64,9			

Based on table 2. It shows that more than half of the respondents have a high school education as many as 34 respondents (59.6%). Most of the respondents did not work as many as 32 respondents (56.1%). Family income at most> 2,000,000 as many as 37 respondents (64.9%).

Table 3. The frequency distribution is based on the efforts of the mother to increase milk production (n=57)

Variabel	Frekuensi	Presentase (%)
Kurang	37	64,9
Baik	20	35,1

Based on the results of the analysis about the efforts of mothers in Kebondalem in the less category were 37 respondents (64.9%) and the efforts of mothers in the good category were as many as 20 respondents (35.1%).

Table 4.

Distribution of Frequency Results of Mother's Efforts Questionnaire in Increasing Breast Milk Production (n=57).

No	SOAL	<u> </u>	Ya		Tidak	
		f	%	f	%	
1.	When I was pregnant I consumed green vegetables such as katuk leaves, Moringa leaves, etc. to increase milk production	51	89,5	6	10,5	
2.	I do a breastfeeding massage (oxytocin) to reduce the amount of milk	8	14,0	49	86,0	
3.	I schedule pregnancy exercises to increase the amount of breast milk	53	93,0	4	7,0	
4.	Abstinence from food during pregnancy can increase the amount of breast milk	9	15,8	48	84,2	
5.	I follow counseling about breast milk can increase my knowledge in increasing the amount of breast milk	28	49,1	29	50,9	
6.	Doing pregnancy exercises at home can increase the amount of breast milk	46	80,7	11	19,3	
7.	When my child was born, I immediately gave breast milk	50	87,7	7	12,3	
8.	I wake up babies who sleep more than 2 hours to feed	46	80,7	11	19,3	
9.	Comfortable and calm conditions while breastfeeding increase the amount of breast milk	50	87,7	7	12,3	
10.	I do not breastfeed if my condition is sick	21	36,2	36	63,8	
11.	One way to increase the amount of breast milk is by never cleaning the breasts	11	19,3	46	80,7	
12.	I do warm compresses on the breasts when it feel tight	35	61,4	22	38,6	
13.	Doing warm compresses of the breasts cannot smooth the milk	17	29,8	40	70,2	
14.	Getting support from your husband, for example: cleaning the breasts, is an effort to increase the amount of breast milk	55	96,5	2	3,5	
15.	When I was pregnant, I still practiced dietary restrictions to maintain my posture	13	22,8	44	77,2	

The results showed that the most efforts made by mothers in increasing breast milk production were getting support from their husbands as much as 55 (96.5%) in question number 14. While the least effort made by mothers was to follow counseling on breastfeeding as much as 28 (49.1%) is in question number 5.

Age

Early adulthood is a reproductive age characterized by readiness to accept responsibility and become a mother. In general, early adulthood has better lactation abilities than mothers who are more than 35 years old, because breastfeeding is less than those of mothers who are less than 20 years old. The results showed that mothers who had babies aged 0 to 6 months in Kelurahan Kebondalem had an average age of 28 years. This study is in line with research conducted by Hanifah (2015) which showed that most breastfeeding mothers were aged 20–35 years (80.6%). Based on the results of research conducted by Shaliha (2019) which shows that mothers aged 20-35 years who provide exclusive breastfeeding are 38.5%, compared to mothers aged less than 20 years and more than 35 years who provide exclusive breastfeeding as much as 36, 7%. Based on the results of the research, the author can conclude that the best age for mothers to produce breast milk is early adulthood, where this age is a productive age and good psychological maturity for mothers.

Education

High School (SMA) which is at the stage of formal operational cognitive development. Adequate education is the basis for developing insights into means that make it easier to be motivated and also determine how a person thinks in receiving knowledge, attitudes and behavior of society. The low education of a mother makes it possible to be slow in adopting new knowledge, especially on matters related to breastfeeding patterns (Yolanda, 2014). The results of this study indicate that the majority of maternal education is high school as much as 34 (58.6%). The results of research conducted by Sudarsih (2010) show that the majority of mothers have high school education (54.5%), this is because the majority of the population in Kebondalem has high school education. The conclusion of previous studies and the existing theory that a high level of maternal education will affect the knowledge of mothers in terms of breastfeeding

Profession

A housewife is a woman who is married and does not work, spends part of her time taking care of the household and inevitably comes across the same atmosphere and routine tasks every day. The results of this study indicate that the majority of mothers do not work or (IRT) as many as 32 (56.1%). This research is in line with the research conducted by Koba, Rompas, Kalalo, (2019) that of the 39 respondents in this study, the most types of maternal occupation were those who worked as IRT (51.3%). It is the same as previous research conducted by (Kusmiyati, 2014) where from 59 samples, 43 (73%) of respondents did not work. This shows that the IRT tends to have sufficient time in exclusive breastfeeding. The conclusion is that most mothers who do not work breastfeed because mothers have free time to do breastfeeding

Family income

Economic status is the position of a person or family in society based on monthly income. According to data from the Central Statistics Agency in Kendal Regency (2020), it shows that there was an inflation of 0.55%. One thing that experienced inflation was foodstuffs by 0.99%. With the UMR in Kendal Regency more than 2,000,000, the community's needs will

be fulfilled by buying nutritious food or providing nutritious food. The results showed that the majority of the mother's family income was more than 2,000,000.00 as much as 37 (64.9).

This research is in line with research conducted by Umami and Margawati (2018) showing that of 24 mothers who have an income above the UMR, there are 16 mothers who provide exclusive breastfeeding. According to (Amirrudin, 2014) mothers with low socioeconomic levels will be more likely to provide breast milk than mothers with high socioeconomic conditions. Low economic conditions make mothers prefer breastfeeding because of the low purchasing power of formula milk. It can be concluded that the family income is sufficient to meet the nutritional elements of the mother.

Mother's efforts to increase milk production (Pregnancy Period)

The first attempt made by the mother during pregnancy was scheduling pregnancy exercise for 53 (93.0%) of 57 (100%) mothers. The benefits of mothers doing pregnancy exercise can increase milk production which can affect the prolactin hormone to increase, so there is an increase in milk production (Susan, 2010). Pregnancy exercise is one of the efforts made by mothers to increase milk production. If you do not do pregnancy exercises, you cannot prepare and train your muscles in preparation for childbirth. Of course, mothers who do pregnancy exercises have a lot of time at home or mothers who have scheduled pregnancy exercises. On the other hand, mothers must have heard information that pregnancy exercises can increase milk production

The second effort made by women during pregnancy was consuming vegetables such as katuk leaves, moringa leaves, etc. as much as 51 (89.5%) of 57 (100%) mothers. Consuming vegetables can have a good effect on pregnant women. The effects of consuming vegetables such as Moringa leaves are: increasing breast milk production, increasing the quality of breast milk, improving the digestive system, stabilizing the mother's emotions and moods, increasing endurance. According to Suwanti and Kuswati (2015), katuk leaves contain nearly 7% protein and 19% crude fiber, vitamin K, pro-vitamin A (beta carotene), vitamins B and C. The mineral contained is calcium (2.8%)., iron, potassium, phosphorus and magnesium. Katuk also contains paverina, which is an alkaloid found in opium (opium). Consuming it in excess can cause side effects such as poisoning. The dark green color of the katuk leaves indicates high chlorophyll content. This study is in line with research conducted by Suwanti and Kuswati (2015) showing that respondents in the intervention group who were given extra katuk leaves for 30 days at a dose of 2 times a day 1 capsule obtained the results that most of the breast milk exceeds the baby's needs (70%). It can be concluded that mothers who consume extra katuk leaves help increase milk production

Mother's efforts to increase milk production (labor and delivery period)

The mother's effort during childbirth was by performing Early Initiation of Breastfeeding (IMD) as many as 50 (87.7%) of 57 (100%) mothers. IMD is done by mothers for breastfeeding for the first time done to babies. The reflex movement to suck in newborns will peak at the age of 20-30 minutes, so that if it is late to breastfeed, this reflex will decrease and will not be strong again until several hours later (Evarini, 2008). Based on research conducted by Utami (2014), it shows that out of 24 mothers, most of the time the milk was released was normal as many as 16 (66.67%), which means that early breastfeeding was done appropriately.

Mother's efforts to increase milk production (after giving birth / breastfeeding)

The first effort is getting support from the husband, for example, cleaning the breasts. This effort was carried out by 55 (96.5%) of 57 (100%) mothers. Husband's support is a form of social interaction in which there is a relationship that gives and receives real assistance. Based on the results of research conducted by Aini, Yunitasari and Armini (2014), it shows that the provision of good support indicates 11 (50%) adequate milk production, on the other hand, poor support shows that 3 (13.6%) adequate milk production). The greater the husband's support, the greater the positive attitude of the mother in breastfeeding

Mother's efforts to increase milk production (Post Partum Period/Breastfeeding)

The first effort is getting support from the husband, for example, cleaning the breasts. This effort was carried out by 55 (96.5%) of 57 (100%) mothers. Husband's support is a form of social interaction in which there is a relationship that gives and receives real assistance. Based on the results of research conducted by Aini, Yunitasari and Armini (2014), it shows that the provision of good support indicates 11 (50%) adequate milk production, on the other hand, poor support shows that 3 (13.6%) adequate milk production). The greater the husband's support, the greater the positive attitude of the mother in breastfeeding

The second attempt is a comfortable and calm condition while breastfeeding. This effort was carried out by as many as 50 (87.7%) of 57 (100%) mothers. The psychological state of the mother greatly influences the smoothness of milk production, the condition of the mother who after giving birth still has difficulty breastfeeding, even some studies have found that mothers who feel pessimistic about the amount of breast milk they can produce actually experience problems in milk production. On the other hand, a feeling of comfort and an emotional bond between mother and baby during the breastfeeding process stimulates milk production because the more often the mother sucks the breast, the more milk is produced (Kamariyah, 2014). Mental and psychological factors of breastfeeding mothers greatly influence the breastfeeding process and the fluency of breastfeeding. Feelings of stress, pressure and discomfort experienced by the mother can inhibit the amount of breast milk (Bahayatun, 2009). This research is in line with research conducted by Kamariyah (2014) which shows that 18 respondents indicated that most (61.1%) mothers experienced psychological disorders.

CONCLUSION

Characteristics of mothers who make efforts to increase breast milk production in Kelurahan Kebondalem based on the results of the research that the average age is 28.04 years, the latest high school education is (59.6%), family income ≥ 2,000,000.00 as much (64.9 %), work as a housewife (IRT) as much as (56,%). The efforts of mothers to increase milk production in the "less" category were (64.9%) in Kelurahan Kebondalem. The efforts made by the mother during pregnancy to increase breastmilk production include scheduling pregnancy exercises and consuming glazed vegetables such as katuk leaves, moringa leaves, etc. Efforts made by mothers to increase breast milk production during childbirth by conducting Early Initiation of Breastfeeding (IMD). The mother's efforts to increase breastmilk production after childbirth are getting support from the husband, for example, cleaning the breasts and breastfeeding in a comfortable and calm condition.

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