

WhatsApp Groups as a Place for Breastfeeding and MP-ASI Education in the Covid-19 Pandemic Era

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ABSTRACT

Based on the data from the Kebumen District Health Office, shows that the Sempor I Public Health Center has a corrected exclusive breastfeeding coverage of 10 the lowest compared to other health centers in 2019. Meanwhile, Bajiruyung Village is one of the villages in the Sempor I Health Center area whose exclusive breastfeeding coverage is below 50%. . This is because there is still a lack of understanding of the community and even health workers about the benefits and importance of exclusive breastfeeding for infants aged 0-6 months and the technique of giving complementary feeding so that many babies aged 4 months have been given MP-ASI and there is no breastfeeding support group. The purpose of this community service is the formation of a WhatsApp Group as a place for breastfeeding and complementary feeding education in the Covid-19 Pandemic Era. Community service methods include online training on breastfeeding and complementary feeding, local menu MP-ASI competitions online, and evaluation. The results of community service are 20 people who are willing to join the WhatsApp ASI and MP-ASI WhatsApp groups. Results The level of knowledge before being given counseling about breastfeeding showed an average score of 65 and after training 78 from the range of values 0-100 or an increase of 10 points. The level of knowledge before being given counseling about MP-ASI increased by 9 points. While the results of the assessment of the local MP-ASI menu were 6 people who got good scores, 10 people got enough marks and 4 others got fewer marks. The conclusion after the community service was the formation of the breastfeeding and complementary feeding WhatsApp group and increasing knowledge of mothers about breastfeeding and complementary feeding.

Key words: breastmilk, MP-ASI, Whatsapp

INTRODUCTION

Early initiation of breastfeeding and exclusive breastfeeding help children survives and build the antibodies they need to protect against various diseases that often occur in childhood, such as diarrhea and pneumonia. Evidence also shows that breastfed children perform better on intelligence tests, are less likely to be obese and overweight, and have a lower susceptibility to developing diabetes later in life. Increasing the number of breastfeeding mothers globally has the potential to save the lives of more than 820,000 children under five and can prevent the addition of 20,000 cases of breast cancer in women every year (Hanulan, Artha, 2017)(Lubbe et al., 2020)(Dewi et al., 2019)

However, in Indonesia, only 1 in 2 babies is under the age of 6. months who were exclusively breastfed, and only slightly more than 5 percent of children were still breastfed at 23 months of age. This means that almost half of all Indonesian children do not receive the nutrition they need during the first two years of life. More than 40 percent of infants are introduced to complementary foods too early, ie before they reach 6 months of age, and the food provided often does not meet the infant's nutritional needs (Kementerian Kesehatan RI, 2013)(Gribble et al., 2020)(Garovic, 2012)

Due to the COVID-19 pandemic, access to essential services such as breastfeeding counseling in hospitals, health clinics, and through home visits as well as at the Baby Care Hospital has been disrupted. Inaccurate information circulating about the safety of breastfeeding has reduced the number of breastfeeding mothers because mothers are afraid of transmitting the disease to their babies [2].

Based on the results of a preliminary study, the coverage of exclusive breastfeeding in the Sempor 1 Health Center area reached 57% in 2018 and in 2019 it decreased to 52%. Data from

the Kebumen District Health Office shows that the Sempor I Health Center has a corrected exclusive breastfeeding coverage of 10, the lowest compared to other health centers in 2019.

One of the villages that are still a concern in the Sempor I Health Center area is Bajiruyung Village. Breast milk coverage in Bajiruyung village is still below 50%. This is because there is still a lack of understanding of the community and even health workers about the benefits and importance of exclusive breastfeeding for infants aged 0-6 months and the technique of giving complementary feeding so that many babies aged 4 months have been given MP-ASI and there is no breastfeeding support group.

One of the health problems faced in Bajiruyung Village in the era of the covid-19 pandemic is that there is no forum for online consultations about breastfeeding and complementary feeding. In addition, there are limited breastfeeding counselors, where the Sempor I health center has 2 breastfeeding counselors but there are still some obstacles compared to the ratio of the number of babies in the Sempor I area coupled with the covid-19 pandemic so that the effectiveness of providing motivation is not comprehensive even though it cannot be separated from the mother's internal problems. breastfeeding, including being constrained at work, lack of husband's support, myths of milk coming out first, milk that must be discarded, and insufficient information about giving the right complementary foods.

For this reason, it is necessary to form a forum for online consultations about breastfeeding and complementary feeding so that some people who undergo breastfeeding the same situation / have the same goal, meet face-to-face and regularly to share difficulties, information, and ideas related to the situation at hand or efforts to achieve the desired goal, namely successful exclusive breastfeeding until the child is 2 years old and the provision of appropriate complementary feeding. In addition, increasing knowledge about breastfeeding mothers during the COVID-19 pandemic has never been carried out both online and offline so that it can provide solutions to problems faced by clients related to exclusive breastfeeding and the provision of appropriate complementary feeding.

METHOD

The method used to realize this program was carried out in several stages. In the first stage, coordinating with the Sempor I Health Center and Bajiruyung Village to prepare for service. In the second stage, we screened mothers who had babies aged 0-2 years according to the criteria and had an android phone to be added to the WhatsApp group. The WhatsApp Group consists of a service team, village midwives, cadres, and mothers who meet the criteria. In the third stage, material about breastfeeding for 4 hours will be given online using the WhatsApp group media. Before being given the material, a pre-test was given to measure previous knowledge. Furthermore, the team was given material about breastfeeding in the form of PowerPoints and videos about exclusive breastfeeding, the benefits and advantages of breastfeeding, lactation physiology, and lactation management for 1 day. The discussion was then conducted online. In the fourth stage, material about MP-ASI will be given online using WhatsApp group media for 4 hours. The material presented about MP-ASI in the form of PowerPoint has videos about the meaning of MP-ASI when to give MP-ASI, how to make MP-ASI. The discussion was then conducted online. At the end of the event, participants were asked to do a post-test to see whether there was an increase in knowledge after being given the material. In the fifth stage, there will be an online local MP-ASI Menu competition which is participated by all participants. The last stage is conducting an evaluation, the evaluation is carried out to convey the obstacles found during the implementation of the service and the program follow-up plan with the Bajiruyung village head offline.

RESULTS

Result

1. Results of the participants' knowledge level before being given counseling about breastfeeding showed an average score of 65 and after it was done, it showed an average score of 75 from the range of values 0-100 or increased by 10 points. The results of the value of the knowledge level of participants before being given counseling and values after the training are presented in table 1.

Table 1. The results of the level of knowledge before and after being given counseling about ASI

ASI	
Pre Test	Post Test
Average = 65	Average = 75
Highest = 80	Highest = 90
Lowest = 50	Lowest = 65

Source: Primary Data, 2021

2. The results of the participants' knowledge level before being given counseling about MP-ASI showed an average score of 68 and after it was done, it showed an average value of 75 from the range of values 0-100 or an increase of 9 points. The results of the knowledge level of participants before being given counseling and values after the training are presented in table 2.

Table 2. The results of the knowledge level before and after being given counseling about MP-ASI

ASI	
Pre Test	Post Test
Average = 68	Average = 77
Highest = 85	Highest = 85
Lowest = 50	Lowest = 65

Source: Primary Data, 2021

3. The results of the assessment from the local MP-ASI menu competition were obtained, 6 people got good marks, 10 people got enough marks and 4 others got fewer marks. The results of the assessment of the local MP-ASI menu competition are presented in table 3.

Table 2. Assessment results from local MP-ASI menu competition

Category	Frequency	Percentage
Good	6	30%
Enough	10	50%
Less	4	20%

DISCUSSION

Breast milk is the best and most ideal source of energy with a balanced composition according to the needs of babies during their growth period. The benefits of breastfeeding are not only for babies but also for mothers, the environment, and even the country. Breast milk is the ideal food for infants, so exclusive breastfeeding is recommended as long as it is sufficient for the baby's needs (Hanulan, Artha, 2017)

Breastfeeding is given until the baby is 6 months old, after which the baby must be introduced to solid food, and breast milk is still given until the baby is 2 years old. At the age of 6 months, the baby's need for nutrients increases along with the growth and development of the baby, while the milk production begins to decrease so that the baby needs additional food as a

companion to breast milk. Breast milk will only meet about 60-70% of the baby's needs, while 30-40% must be met from complementary foods or complementary foods (Lubbe et al., 2020)(Dewi et al., 2019)

Complimentary food for breast milk is additional food or drink containing nutrients that are given to infants or children aged 6-24 to meet nutritional needs other than breast milk. In general, after the age of 6 months, the baby's nutritional needs, both macronutrients, and micronutrients can not be met only by breast milk. In addition, feeding skills (oral motor skills) continue to develop and babies begin to show interest in foods other than milk (breast milk or formula).

Starting complementary feeding at the right time will be very beneficial for meeting the nutritional needs and growth of the baby. This period is also known as the weaning period, which is a process of gradually starting special foods other than breast milk in type, amount, frequency as well as texture, and consistency until all of the child's nutritional needs are met by food. This transitional period, which lasts from 6 months to 24 months, is a vulnerable period for a child's growth, because if it is not given.

Midwives have a role to play in increasing the client's level of understanding and thereby improving health. To be effective educators, midwives must do more than just provide information. Midwives must determine carefully what the client needs to know and determine the appropriate time when the client is ready to learn. The duration of the teaching session affects learning ability. Extended sessions will reduce attention and concentration. Generally, a session that lasts 20 minutes will be more tolerable and attracts the client's interest in the material provided. Midwives can use various variations to present teaching content. All five senses are channels for conveying information (Potter & Perry, 2005)

The WhatsApp group method can be used as a means to educate the public about educational materials that are actual and easy to obtain to provide an overview of the management of breast milk and complementary feeding. In addition, WhatsApp groups are also a forum for building a network of mothers to share knowledge and experiences regarding breastfeeding and complementary feeding (Kusumastuti, 2021)

This is in line with Utami's research (2020) statistical analysis shows that the value of $p = 0.00$ ($p \leq 0.05$) so that it can be stated that there is a significant difference in the attitude of breastfeeding fathers towards their support in exclusive breastfeeding before and after being given health education. through the use of WhatsApp media [7]. Breast milk is the best and most ideal source of energy with a balanced composition according to the needs of babies during their growth period. The benefits of breastfeeding are not only for babies but also for mothers, the environment, and even the country. Breast milk is the ideal food for infants, so exclusive breastfeeding is recommended as long as it is sufficient for the baby's needs (Hanulan, Artha, 2017)

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CONCLUSIONS AND RECOMMENDATIONS

After doing the community service, namely the formation of a WhatsApp group on breastfeeding and complementary feeding, it can increase the mother's knowledge about breastfeeding and complementary feeding.

REFERENCES

- Dewi, A. P. S., Sulastrri, E., & ... (2019). Pembentukan Kelompok Ibu CERDAS (Ceria Dengan ASI) dalam Mensukseskan Asi Eksklusif. *Proceeding of The ...*, 51–54. <http://repository.urecol.org/index.php/proceeding/article/download/831/815>
- Garovic, V. D. (2012). The role of angiogenic factors in the prediction and diagnosis of preeclampsia superimposed on chronic hypertension. *Hypertension*, 59(3), 555–557. <https://doi.org/10.1161/HYPERTENSIONAHA.111.184192>
- Gribble, K., Marinelli, K. A., Tomori, C., & Gross, M. S. (2020). Implications of the COVID-19 Pandemic Response for Breastfeeding, Maternal Caregiving Capacity and Infant Mental Health. *Journal of Human Lactation*, 00(0), 1–13. <https://doi.org/10.1177/0890334420949514>
- Hanulan, Artha, K. (2017). Faktor-Faktor yang Berhubungan dengan Pemberian ASI Eksklusif Oleh Ibu Menyusui yang Bekerja Sebagai Tenaga Kesehatan. *AI SYAH: JURNAL ILMU KESEHATAN* 2, 2(2), 159–174.
- Kementerian Kesehatan RI. (2013). Laporan Hasil Riset Kesehatan Dasar (Riskesdas) Tahun 2013. Badan Penelitian Kesehatan, Pengembangan.
- Kusumastuti, kusumastuti et all. (2021). Cadre Empowerment and Exclusive Breastfeeding Assistance for Pregnant Women in Sempor Village, Sempor District, Kebumen. *Jurnal Abdimas UMTAS*, 2.
- Lubbe, W., Botha, E., Niela-Vilen, H., & Reimers, P. (2020). Breastfeeding during the COVID-19 pandemic - a literature review for clinical practice. *International Breastfeeding Journal*, 15(1), 82. <https://doi.org/10.1186/s13006-020-00319-3>