
Overview Of Clean And Healthy Living Behavior In Household Order In Health Center Area 2 Regency Tanjung Jabung Barat

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Abstract

Breast milk is a liquid that contains white blood cells, immune substances, enzymes, hormones, and proteins that are suitable for babies. Breast milk is an ideal source of nutrition, rich in food essences that can accelerate the growth of brain cells and the development of the nervous system. In breastfeeding, mothers often experience anxiety caused by milk production. Breast milk production can be influenced by several factors, namely infant birth weight, gestational age, maternal age and parity, maternal stress/illness, smoking, alcohol consumption, consumption of contraceptive pills, maternal diet, husband and family support, breast care, type of delivery and hospitalization. when giving birth. Mothers who experience anxiety will cause the let-down reflex to occur, resulting in disruption of breast milk production due to inhibition of the production of the hormones prolactin and oxytocin. This study aims to The relationship between the anxiety level of breastfeeding mothers and the amount of milk production in Mothers who have babies aged 1-12 months in Sigumpar Dangsina Village, Sigumpar Health Center Working Area. This research is a quantitative research with cross sectional data collection approach. The population of this study were all breastfeeding mothers who had babies 1-12 months. The sampling technique used is a total sampling of 17 respondents. The data was processed by Spearman correlation test. The results showed p value = 0.003 so $p < 0.05$ which means that there is a relationship between the level of anxiety of mothers who breastfeed their babies to the amount of milk production in mothers who have babies aged 1-12 months in Sigumpar Dangsina Village, Sigumpar Health Center Work Area. Mothers/Communities and their families support each other in breastfeeding so as not to cause anxiety in breastfeeding mothers

Keywords: Anxiety, Breast Milk Production

INTRODUCTION

Mother's Milk is a liquid that contains white blood cells, immune substances, enzymes, hormones, and proteins that are suitable for babies. Breast milk is an ideal source of nutrition because in breast milk there is a balanced composition and according to the needs of the baby's growth, with breast milk the baby will be at the best level. Breast milk is rich in food essences that accelerate the growth of brain cells and the development of the nervous system, therefore it is recommended that every mother only give breast milk (exclusive) until the baby is 6 months old (Musrifa, 2018). The growth and development of infants and toddlers is largely determined by the amount of breast milk obtained, including energy and other nutrients contained in breast milk (Rayhana & Sufriani, 2017).

The Ministry of Health (2021) noted that the percentage of exclusive breastfeeding for infants aged 0-5 months was 71.58%. This figure shows an improvement from the previous year which was 69.62%. However, most provinces still have a percentage of exclusive breastfeeding below the national average. Gorontalo was recorded as the province with the lowest percentage of only 52.75%, followed by Central Kalimantan and North Sumatra at 55.98% and 57.83%, in West Papua at 58.77%, in Riau Islands at 58.84%, DKI Jakarta by 65.63%. This shows that the coverage of exclusive breastfeeding has not been maximized.

Today, several incidents have been found in mothers after giving birth. Postpartum mothers are very susceptible to anxiety and depression. Anxiety in mothers is caused by several things, for example, the baby's complaint is often crying or refusing to breastfeed, sore nipples so that they do not give breast milk, often mean that the milk is not enough or the breast milk is not good. This will be a factor causing the low coverage of exclusive breastfeeding for newborns (Naziroh, 2017). After giving birth, mothers experience physical and physiological changes that result in psychological changes. This condition can affect the lactation process. Facts show that the way the hormone oxytocin works is influenced by psychological conditions. Mother's psychological preparation before breastfeeding is an important factor that affects the success of breastfeeding. Anxiety, stress, excessive worry, unhappiness in the mother play a very important role in the success of exclusive breastfeeding. Mothers who are always in a state of anxiety, lack of confidence, feeling depressed and various forms of emotional tension, may fail to breastfeed their babies (Hastuti, P., & Wijayanti, 2017).

Breast milk production is influenced by the hormone oxytocin, prolactin hormone, prolactin reflex and let-down reflex. When the baby sucks the nipple, there will be a prolactin reflex which will stimulate the prolactin hormone to produce breast milk and a let-down reflex which will stimulate milk flow. The correct breastfeeding technique will facilitate the production of breast milk. The impact of mothers who do not give breast milk to babies will cause babies to be at risk of various infectious diseases such as respiratory infections, ear infections, low immunity, resulting in less intelligent future generations.

Based on the results of research by Aidha, Wahyutri, E., & Imamah, I. N. (2019), it was shown that there was a relationship between anxiety and pain on breast milk production on Day 0-3 in Post Sectio Caesaria Mothers in Gemma Room 2, Dirgahayu Hospital. Efforts to keep breast milk smooth are starting from the mother's strong desire to provide the best nutrition, namely breast milk for her baby. Strong motivation will affect the mother's physical and emotional ability to produce breast milk, by having a strong desire and sincere and high affection, breast milk production can be stimulated. One of them is support from husband and family, because support from the closest people can affect the smooth flow of breast milk and avoid anxiety so as to create a comfortable atmosphere in the family and the mother feels relaxed and comfortable.

Exclusive breastfeeding may be a problem and requires a struggle, for that every agency or office provides concessions in the form of three months of leave for pregnancy, childbirth and breastfeeding. In general, working women have to carry out various roles, namely as wives, housewives, mothers taking care of children, and as staff or workers in agencies. Women with multiple roles face many demands that cause mental stress and anxiety. In mothers who experience anxiety, the hormone oxytocin usually does not come out. Though this hormone is one of the hormones that play a role in the process of milk production. Conversely, if the mother feels calm, her heart is happy that the oxytocin hormone can come out and work well (Hastuti, P., & Wijayanti, 2017).

Based on a preliminary study conducted in the Sigumpar Dangsina Village, the Sigumpar Health Center Working Area, it was found that 17 mothers were breastfeeding. Based on the results of interviews with breastfeeding mothers with dual roles, it was found that 10 people experienced mild anxiety, 7 people experienced moderate anxiety and 3 people did not experience anxiety. So based on the data above, the authors are interested in conducting a study on "The relationship between the level of anxiety of mothers who breastfeed their babies to the amount of milk production in mothers who have babies aged 1-12 months in Sigumpar Dangsina Village, Sigumpar Health Center Work Area.

RESEARCH METHODS

This study used a quantitative research method with a cross sectional study approach to determine the relationship between the level of anxiety of breastfeeding mothers and the amount of milk production in mothers who have babies aged 1-12 months in Sigumpar Dangsina Village, Sigumpar Health Center Work Area. The study was conducted in Sigumpar Dangsina Village, Sigumpar Health Center Working Area in July 2022 on 17 mothers with babies 1-12 months old using total sampling technique. This study uses a questionnaire consisting of 3 parts, the first part consists of demographic data of respondents which includes name (initials), age, parity, gestational age, education, type of delivery. The second part is about knowledge Anxiety level questionnaire using Hamilton rating scale for anxiety (HARS) with 14 statements. The third part is the Breast Milk Production Observation Sheet. Data analysis was done by Bivariate with Spearman correlation test.

Table 1. Determination of the degree or level of anxiety

Total Skor	<14	no anxiety
	14 – 20	mild anxiety
	21 – 27	moderate anxiety
	28 – 41	severe anxiety
	42 – 56	very heavy anxiety

Table 2. Breast milk production observation sheet

No	Statement	Value	
		0	1
1	The mother's breasts are taut before feeding. This is done by palpating the breast area to determine the condition of the mammary glands that are full of breast milk	No	Yes
2	Visible milk seeping from the nipple. Done by looking directly or by squeezing the mother's nipple	No	Yes
3	The frequency of feeding the baby at least 6 times a day. This(<6x/hari)/ (>6x/hari)/ can be asked of the mother	>2 jam	2 jam
4	Babies urinate more often about 6-8 times a day. This can be(<6x/hari)/ (>6x/hari)/ asked to the mother, how many times to change diapers in a>2 jam	>2 jam	2 jam
5	The condition of the baby after breastfeeding, it will fall asleep(,2 jam) or calm for 2-3 hours. This condition can be seen directly on the baby's response and asked the mother about the response	(,2 jam)	(>2 jam)

RESULTS AND DISCUSSION

Based on in-depth interviews that for personnel appointed as officers PHBS program holders already exist, in accordance with the results of the study document on August 12, 2014, namely Vevi Yuliani as health promotion coordinator in charge of implementing PHBS program, the following interview results to program holders: **“...who in Puskesmas brother cuman, his last Education D3 nursing, has been training”**.

The funds in this activity come from BOK and APBD funds allocated for the transport of home data collection officers, community counseling, and the purchase of pilot simulations.

Head of Health Center 2: "the budget of the BOK, between 15-20 million APBD, if appropriate is still not, we use for the promotion of simulation, household trash".

The facilities and infrastructure used in the activities are good enough in the form of flip sheets, leaflets, posters, and banners. Planning and implementation is still not good because the program holder does not make planning books, so there is no change in planning from the previous year and there is no cooperation with cross-sector, and TP PKK and PHBS cadres, promkes strategy is not carried out by officers.

Holders Of Health Promotion Programs "...kite planning that has been kite for ye it LA yesterday tu la, kayak data collection, counseling, then it's just, brother ni Dak Ade sih make POA-POA tu Dak de, SOP no Ade juge".

Holders Of Health Promotion Programs "...implementation, kite do data collection, planning kite do, the important thing kite already nggunjuk tau to households Tu about 10 indicators tu, kite cuman give advice, ntah done ntah Idak kite Dak tau tu".

Discussion

1. Input Components

PHBS implementing Officer 1 person, graduated from D III Nursing, 3 years of Service, has never attended PHBS training, judging from the ability of the management aspect is still lacking understanding, this is reflected in the program holders who do not make a separate planning book, the knowledge of officers to implement the PHBS program household order is still lacking, it is seen from the absence of changes in planning from previous years that only apply counseling methods to the community, while health promotion has three main strategies, namely advocacy, community, and Community Empowerment. Structuring for document storage does not exist, so the handbook for the implementation of PHBS for officers is not found, then for POA, and SOP is not owned by officers.

This study is in line with the results of research conducted by Renny Listiawaty namely the analysis of the implementation of clean and healthy living Behavior program in the household order in the Tanjung Pinang Health Center area of Jambi city in 2007 all personnel in the PHBS program is sufficient in terms of education and numbers because all officers have a health background, but has not been optimally utilized because it does not involve the community sabagai cadre, officers who carry out PHBS trained is 1 person, officers assisted by all personnel selected when the Puskesmas took to the field.

Funds for the budget in the activities of the Clean and Healthy Living Behavior program at Puskesmas 2 Tungkal Ilir come from BOK and APBD funds allocated to transport officers to collect house data, Community Counseling, and purchase pilot simulations, but these funds are still considered to be lacking in the amount of transportation costs for officers, and based on document studies for the implementation of health promotion strategies such as advocacy, community development, and community empowerment movements are not included in the budget. According to the Ministry of Health, 2014, government funding to provide health services that are prioritized in promotive and preventive known as Operational Health Assistance (BOK). Facilities and infrastructure used in the PHBS program household order is good in the form of sheets, leaflets, posters, and banners.

According to Kepmenkes RI, 2007, the minimum standard of Health Promotion equipment facilities/infrastructure is information boards, microphones, photo cameras, tape recorders, infokus, and other media that are easy to carry for home visits such as flip sheets, leaflets, and poster. Methods in the implementation of this activity by conducting counseling, group discussions, and counseling, but based on observation and document study, no PHBS implementation manuals for puskesmas personnel were found, POA books, and sops. According to Alamsyah, 2011, method is a way to carry out useful or effective and successful activities, humans are faced with various

alternative ways to do a job, therefore the method or method is also considered as a means or management tool to achieve a goal.

This study is in line with the results of research conducted by Rini Marlina Lamawati, namely health promotion management analysis in the application of clean and healthy living behavior of household order in Padang city in 2011, that the methods used for health promotion activities in the application of household PHBS is through direct counseling, taklim assembly activities, and indirect counseling using the media / distribution.

2. Process Components

Planning and implementation of this activity by doing population data collection, determination of the problem, and continue with the selection of problem solving methods, namely counseling, planning made no changes from previous years. The implementation of this activity the officers did not implement the promkes strategy, namely advocacy to the Sub-District and Lurah in order to get support and funds for the implementation of the PHBS achievements of this household order.

Output Components

The Output of PHBS activities in the household order in the area of Puskesmas 2 Tungkal Ilir is still low, has not reached the target of 55% for 2013. Assessment is a systematic way of learning from experience to improve the achievement, implementation, and planning of a program through careful selection of the possibilities available for its further application. This study is in line with research conducted by Rini Marlina Lamawati, namely health promotion management analysis in the application of clean and healthy living behavior of household order in Padang city in 2011 that the assessment was carried out by the head of Puskesmas in a mini workshop every month.

CONCLUSION

Program implementing personnel 1 person, graduated from D III nursing, has never attended PHBS training, but based on the study of documents and observations it is known that there is no cooperation on related programs such as maternal and Child Health, Environmental Health, Nutrition.

The source of funds comes from BOK funds, and the APBD allocated for Officer transportation, community counseling, and the purchase of pilot simulations, but these funds are still considered insufficient for PHBS activities, and funds have not been allocated for the implementation of health promotion strategies.

The facilities and infrastructure for activities at Puskesmas 2 tunggal ilir are good enough, using leaflets, posters, flip sheets, and banners, for the program holder method does not have a PHBS implementation manual, POA book, and SOP. There is no change in planning from previous years, namely only planning counseling to the community every year.

The implementation that was carried out was home data collection, counseling at Posyandu, and yasinan groups, but in this implementation the officers did not apply health promotion strategies, namely advocacy, community development, and empowerment movements. The output of the PHBS program of household arrangement in the working area of Puskesmas 2 Tungkal Ilir is still low from the target set by the region of 65% for 2013, and the coverage achieved by Puskesmas 2 Tungkal Ilir is only 48.8%.

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