
The Influence of Counseling of Food Management of Breastfeeding Companion (MP-ASI) on Mother Against Action of Diarrhea Prevention in Infants at RSUD. Dr. H. Moch Ansari Saleh Banjarmasin.

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ABSTRACT

Introduction: Diarrhea is included in 10 diseases that often cause extraordinary events, in developing countries such as the state of Indonesia. Incidence of diarrhea in infants in hospitals. Dr. H. Moch Ansari Saleh Alexandri room in 2016 number of 242 cases of infants. Diarrhea can be an acute and dangerous illness it often results in death when it is too late handled. One of the factors of counseling is one of the efforts to conduct guidance, for the prevention of diarrhea, especially in the management of complementary foods of breast milk.

Objective: The influence of counseling management of complementary foods of mother's milk (MP-ASI) on the prevention of diarrhea in infants

Method: Pre Experiment Design with One group Pretest – Posttest design. Sample in this study using Purposive sampling technique, that is as many as 20 mothers who have baby 6-12 month. Data analysis technique using t test.

Results: Test paired sample t test on post-test after giving leaflet with leaflet (p value = 0,000) and diarrhea prevention action on Pretest before giving leaflet counseling (p value = 0,000). The test result of independent sample t test obtained value (p value = 0,027) so it can be concluded that there is influence between Variable

Conclusion: Counseling can be one way to increase the prevention of diarrhea by maximizing the role of health worker or apprentices and It is expected that mothers who have babies with counseling can improve preventive measures of diarrhea.

Keywords: Counseling, Food Management of Breastfeeding Companion, Diarrhea, Breastfeeding mother

INTRODUCTION

According to the United Nations Children's Fund (UNICEF) data (2015), diarrhea deaths among children under five are 9%, more than 1,400 children die every day or around 530,000 children die each year. According to the Global Health Education Consortium (GHEC) (2013) at the global level 5 causes of child mortality are pneumonia 18%, other diseases 18%, complication of preterm birth 14%, diarrhea 11%, intrapartum complications 9%, malaria 7%, sepsis / meningitis / tetanus 6%, 5% injury, 4% congenital abnormalities, AIDS and 2% meningitis.

One of the steps in achieving the 4th Goal Millennium Development Goals (MDG's) goal is to reduce child mortality to 2/3 from 1990 to 2015. Until 2015 MDG's goals in reducing under-five mortality have not been achieved (DepKes RI, 2011). Continuation of MDG's unachieved targets continues with Sustainable Development Goals (SDG's). The target of SDG's by 2030 puts an end to preventable infant and toddler mortality, with all countries seeking to reduce neonatal mortality by at least up to 12/1,000 live births and under-five mortality rate 25/1,000 live births (Kemenkes RI, 2015).

Diarrhea disease is included in 10 diseases that often cause extraordinary events (KLB), in developing countries such as Indonesia. Nationally in the year 2013 there were 8 outbreaks spread in 6 provinces, 8 districts with 646 people with 7 people Case Fertility Rate (CFR 1.08%). In 2014 there were 6 outbreaks of diarrhea spread in 5 provinces, 6 districts / cities, with the number of 2,549 people with 29 deaths of Case Fertility Rate (CFR 1.14%). Target Case Fertility Rate (CFR) in outbreaks of diarrhea is expected to be <1%. Thus CFR outbreaks of diarrhea did not reach the program (Depkes RI, 2014).

Based on health profile data of South Kalimantan Provincial Service, there are still many diarrhea cases as comparison of diarrhea case in 2008 as many as 54,316 cases, 72,020 cases in 2009, 52,908 cases in 2010, and 66,765 diarrhea diseases in 2011 included in one of the largest the incidence is relatively high due to environmental factors, especially the poor condition of basic sanitation, such as inadequate water usage, poor family latrines and lack of qualified living conditions, and housing sanitation conditions. still lacking and unhygienic.

Diarrhea is a disease characterized by changes in the form and concentration of feces that soften up to the liquid with a frequency more than five times a day. Diarrhea can be an acute and dangerous disease because it often leads to death when it is too late (Pudiasuti, 2011).

Here are some of the factors that increase the risk of diarrhea, such as the lack of clean water for personal hygiene and household hygiene, fecal contaminated water, improper disposal of stools, the preparation and storage of inappropriate feeding, especially breastfeeding supplements. Diarrhea prevention measures, among others, maintain the cleanliness of the environment, personal hygiene, breastfeeding and nutrition continuously, and immunization (Mafazah, 2013).

Based on several factors that have been mentioned, one of which there are ways of managing food, especially complementary foods ASI (MP-ASI). In this case maintaining cleanliness when processing food is strongly influenced by the level of knowledge of the mother about the way of processing and preparing healthy and clean food. Parents' knowledge and awareness of the infant and child health problems is certainly important so that children who are experiencing diarrhea do not fall on worse conditions. Diarrhea is more

dominant in infants and toddlers because the immune system is still weak so toddlers are very susceptible to the spread of the virus that causes diarrhea. Infants and toddlers are the period of growth and development of children who need special attention from parents, especially mothers, because this age group is prone to nutrition and disease prone, especially infectious diseases (Achyar, 2012).

According to Nutrisiani (2010) said the provision of complementary foods of milk (MP-ASI) after the baby is six months old, will provide great protection to infants from various diseases. This is due to immune system in infants aged less than six months is not perfect, so the provision of complementary feeding of milk (MP-ASI) early (less than six months) the same as opening the entrance gates of various types of germs. Not to mention if not presented hygienically. Results of Basic Health Research (Risksedas) in 2008, showed that infants who received complementary milk (MP-ASI) foods before the age of six months, were more susceptible to diarrhea, constipation, colds and heat than babies who only got exclusive breastfeeding and complementary feeding (MP-ASI) feeding (age of complementary feeding of mother's milk is after six months). But it is also possible that infants or children who are more than six months old and have been given complementary foods ASI (MP-ASI) can be attacked by diarrhea, constipation, colds, and heat. Seen from various factors such as the frequency of complementary feeding of ASI, the portion of complementary feeding of ASI, the types of complementary foods of breast milk, the types of complementary foods of breast milk, and the method of administration complementary foods of breast milk in infants or children are very influential for diarrhea diseases and others (MOH RI, 2007).

According to the preliminary study conducted by the author at RSUD Dr. H. MOCH

Ansari Saleh is the first referral center hospital in Banjarmasin city, including referrals to children. This preliminary study was conducted in the Alexandri room conducted in January 2017 by looking at secondary data obtained with diarrhea occurrence rate experienced in 2014 amounting to 674 (35.2%) of diarrhea cases, from the number of sick children 1,916 children in 2015 totaling 668 (30, 7%) of diarrhea cases, from the number of sick children 2,176 children, while in 2016 660 (36.3%) of diarrhea cases, from the number of sick children 1,819 children. Based on the existing problems that diarrhea is still the main cause of death in infants and toddlers every year diarrhea is a serious problem in the community because diarrhea is always included in the top 10 diseases that the number of events is always a lot and ranks first in childhood illness. Incidence of diarrhea in infants in 2016 in the Alexandra Room RSUD Dr. H. MOCH Ansari Saleh a total of 242 babies aged 6-12 months of diarrhea cases.

Based on the factors already mentioned, it includes the preparation and storage of inadequate breastfeeding feeding. Counseling is one of the efforts to conduct guidance, for the prevention of diarrhea, especially in the management of complementary foods of breast milk. For that researchers interested in conducting research on, " The Influence of Counseling of Food Management of Breastfeeding Companion (MP-ASI) on Mother Against Action of Diarrhea Prevention in Infants at RSUD. Dr. H. Moch Ansari Saleh Banjarmasin ".

SUBJECT AND METHODS

The research method used Pre experiment design with One group pretest-posttest design. Sampling technique using purposive sampling, that is as many as 20 mothers who have babies 6-12 months with respondents who given the

questionnaire before being given counseling and after giving counseling, in this study using questionnaires. The questionnaire contains indicators of diarrhea prevention measures with favorable and unfavorable statements totaling 20 questions. The result of questionnaire in the form of score is measured using Ordinal data scale. Validity test in this research using Pearson Product Moment formula and reliability test using Alfa Cronbach formula. Data analysis technique using t test.

RESULTS

Table 1 Frequency Distribution of Respondent Characteristics

No	Characteristic of respondents	category	Group (n=20)	%
1	Age of Mother	a. <20	1	5
		b. 21-25	3	15
		c. 26-30	10	50
		d. 31-35	4	20
		e. 36-40	2	10
2	Occupation	a. PNS	1	5
		b. Enterpreneur	2	10
		c. Laborers	2	10
		d. House Wive	15	75
3	Last Education	a. Primary school	4	20
		b. Junior high school	6	30
		c. Senior high school	10	50
		d. College	0	0
4	Age of Baby	a. 6	2	10
		b. 7	3	15
		c. 8	5	25
		d. 9	5	25
		e. 10	2	10
		f. 11	1	5
		g. 12	2	10
5	History of the baby had diarrhea	a. Yes (Diarrhea)	6	30
		b. No (Not Diarrhea)	4	20
6	History has ever received counseling of food management of Breast feeding companion	a. Yes	12	60
		b. No	8	40

According to table 1, the age of respondents, most of them are 26-30 years old (50%), majority respondents work as housewives of 15 (75%), the last education characteristics of mothers are 10 people (50%), have babies the average age of 8 - 9 months, most babies have experienced diarrhea, 16 infants (80%). The majority of respondents have been given

information about prevention of diarrhea in general by cadres and health workers from puskesmas is 12 people (60%), but have not received special education about the food management of breastfeeding companion as a precautionary measure of diarrhea.

Table 2 Scores of diarrhea prevention measures

No	Indicators of diarrhea prevention measures			-/+
		pre test	post test	
1	Selection food management of Breast feeding companion ingredients	75,3	91,5	16,2
2	How to store food management of Breast Feeding Companion ingredients	77,5	78,6	1,1
3	Processing food management of Breast Feeding Companion ingredients	80	91,6	11,6
4	How to store food	62,5	79,6	1,3
5	Presentation of food management of Breast Feeding Companion	58,75	84,6	25,9
	Mean	70,95	87,25	16,3
	Minimum value	51	74	23
	Maximum value	82	95	13
	Deviation standart	6.395	6.180	
	T		-8.571	
	Df		19	
	CI	-	-	
		20.280	12.320	
	p value		0,000	

Table 3 Category of diarrhea prevention measures

No	Category	Pre test	%	Post test	%
1	Good 76%-100%	4	20	18	90
2	Enough 56%-75%	16	80	2	10
3	Not good	0	0	0	0

Based on Table 3 shows that the results of prevention measures of diarrhea before being given counseling obtained 4 (20%) respondents categorized good and respondents with good enough category as much as 16 (80%) respondents, with tariff significance p = 0,000,

indicating that there is difference between pre test and post test done.

Table 4 Test Independent sample T-test differenc Pre Test and Post test

Diarrhea Prevention Measures	CI	T	Df	P-value
Experiment	(0,417-0,409)	2,303	38	0,027

In table 4 shows the results of the analysis of the Independent sample T-test with a significant 0.05, obtained p-value 0.027 less $\alpha = 0.05$ ($0.027 < 0.05$), it can be concluded that there is influence between before giving counseling and after given counseling about the management of complementary foods of breast milk (MP = ASI) on the prevention of diarrhea.

DISCUSSION

According to table 2 it can be explained that the results of the respondents who were given counseling and leaflet about food management of breast feeding companion obtained the results of Pre-test (70.95%) and Post-test (87.25%) (16.3%) after being given counseling. This can be influenced by several factors that Notoatmodjo (2012) finds factors that can influence behavioral changes that are trust, family income, education and physical environment. Based on Table 1 as respondent's characteristic most of the respondents are mother with age most of 26-30 year 10 (50%), most of mother job is housewife 15 (75%), most respondents have high school education (50%) which is considered educated high, a highly educated person will be more aware of the importance of providing health information for his family. Education can be obtained from experience, information and media in accordance with the characteristics of respondents who explained that infants who have experienced diarrhea as many as 16 people (80%). The environmental condition of at least will also

affect one's actions in this case most of the respondents (60%) have received counseling obtained from cadres as well as health workers from health centers on prevention of diarrhea.

This is in accordance with Agustina's (2012) study, which says that the more often get health education about prevention of diarrhea, the more positive the attitude, and vice versa increasingly never get health education about prevention of diarrhea more negative attitude. This seems to have a relationship between counseling with the attitude of mothers in the prevention of diarrhea in infants.

Differences in behavior before and after given counseling can be seen from the test results paired sample t test with significant 0,05 obtained p value 0.000 which less than $\alpha = 0,05$ ($0,000 < 0,05$). So it can be concluded that the influence before and after given counseling.

This study is relevant to the results of the Ismirati (2011) study, which says that most of the prevention behavior of diarrhea in mothers who have children 0-3 years after doing good category counseling. According to Notoadmodjo (2003), individual behavior closely related to health problems is basically the current response to pain-related stimuli, health care, food and the environment. Provision of counseling is necessary to provide knowledge for someone motivated to perform diarrhea prevention behavior and maintain health with preventive measures in children.

Results of the analysis with independent samples t test using a significant level of 0.05 obtained ($p < 0.05$) then H_0 is rejected and H_a accepted. The result of this research is p value 0,027 smaller than $\alpha = 0,05$ ($0,027 < 0,05$) It can also be seen the result of average score during Pre-test (70,95) and Post test (87,25) . known characteristic of respondents most of respondents with high school education with age majority 26-30 years.

Setiyarini study (2016), said that counseling is more effective by using Leaflet and PPT and lecture question and answer .. This is shown from the value of the probability of extension is lower than the value of the leaflet is $0.001 > 0.000$. Because with given counseling respondents more freely get information and can comfortably ask things that are not understood to researchers. The information provided can also be well absorbed and easily understood by the respondents. In addition, respondents can also interact directly to acquire the knowledge they want to know.

The success of the counseling is inseparable from several factors behind it, as stated by Notoatmodjo (2007) the success of health education can be influenced by some extension factors, target and extension process.

The extension factor consists of careful preparation, material mastery, convincing appearance, language used, LCD usage, image usage, leaflet usage. According to Rusmi (2008) factors influencing counseling include predisposing factors include traditions, public confidence, and so on, both adverse and beneficial health, enabling this in the form of facilities or infrastructure and health of attitudes and behavior of community leaders and religious leaders, as well as officers including health workers who can influence the prevention of diarrhea in infants.

CONCLUSION

Prevention of diarrhea before giving counseling with Leaflet 4 (20%) respondents categorized good and good enough category as much as 16 (80%) whereas after given counseling with leaflet 18 (90%) respondents categorized good and category good enough 2 (10%).

The results obtained by Pre-Test (70,95%) and Post-test (87,25%) showed After giving

counseling of food management of breastfeeding comapanion increased that showed the increase of average value equal to 16, 3%).

Counseling using Q & A lecture method with PPT media and Leaflets effective to increase the prevention of diarrhea is very important and applicable, applied so that the incidence of diarrhea is not repeated.

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