THE EFFECTS OF BABY MASSAGE ON BOUNDING ATTACHMENT OF PRIMIPARA MOTHER IN BPM KECAMATAN PERIUK TANGERANG

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ABSTRACT

Background: Baby massage is a touch therapy of the skin by hand. Infant massage is believed to increase brain stimulus, optimize the growth process, smooth blood circulation, to stimulate digestive system function, and even increase endurance. Also, can build Bounding Attachment. Nurses make promotions to reduce infant mortality. For that need the existence of intensive education so that can build good bonding attachment. **Methods:** This research design is Quasi-Experiment with nonrandomizer pre-test post-test with the control group. The number of samples was 6 as the intervention group and 6 as the control group. The research variables are knowledge and attitude of Bounding Attachment before education and knowledge and attitude of Bounding Attachment after education. Data were collected by questionnaire. **Results:** Based on the result of research there is the influence of education to mother primipara to knowledge and attitude of Bounding Attachment, with t independent statistic, with pValue = 0,003. In conclusion, there is an influence of education giving the influence to increase knowledge and attitude of primipara mother of intervention group in doing bounding attachment. **Conclussion**: give education about baby massage in primipara mother, because it is very effective in building Bounding Attachment.

Keywords: Primipara, Education, Bounding Attachment, Baby Massage

INTRODUCTION

A nurse can play a role in achieving the third target of Sustainable Development Goals (SDGs), namely healthy and prosperous life, especially related to maternal and infant health. Based on data of the SDKI (2012), Infant Mortality Rate reached 32 / 1,000 Live Births. Newborns are babies who have to fulfill a number of growth and developmental tasks to obtain and maintain their body condition separate from their mother, so that the baby can adapt to a human being. The existence of a baby demands a mother, not focusing on himself but also on the baby.

Bounding Attachment is a process as a result of a continuous interaction between babies and parents who are loving each other, providing both emotional fulfillment and mutual need. Thus, the child will have good character and full of confidence. This attachment relationship is called Bounding Attachment (Roesli, 2009).

According to WHO in grouping strategy consists of 3 groups, first by using force (enforcement), second by using regulation or punishment (regulation), and third through education (education). Changes in behavior through education are expected to begin by providing information and knowledge about health, so that the expected knowledge of society to increase, it will generate awareness, which eventually change the behavior of the individual itself

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3rd International Nursing Conference
Community Health Empowerment: Step Up Action Attaining Sustainable Development Goals
Faculty of Nursing University of Jember
November 4-5, 2017 Royal Hotel Jember, East Java-Indonesia
ISBN: 976-602-5617-11-9

(Notoadmodjo, 2010). This study is in accordance with research conducted by Maulidina (2014) that there is a significant difference between pre- and post-education after being given health education with p value = 0.001, there is a correlation of education with knowledge. It is also supported by Wood's theory that health education is a number of experiences that have a beneficial effect on habits, attitudes and knowledge relating to the health of individuals, communities and nations. Based on the Mercer theory, the preconditions that affect the bond / Bounding according to Mercer are: the emotional health of the parents, the social support system that includes life, friends and family, a level of natural communication skills and in providing competent care, the proximity of parents to babies, parent-baby (including circumstances, temperament, and gender). The research by Sari (2012) explains that there is influence of infant massage on bounding attachment in Riau with Pv = 0.00. Research by Dewi (2012) shows the result of correlation between mother's knowledge and attitude toward infant massage in Klaten with p value = 0,00. Another study, conducted by Sari (2014) on the effect of infant massage on growing and developing babies with P value = 0.00. So with this circumstance indicates that as health workers can overcome the problem of not doing bounding attachment, the primipara mother,

Research in Turkey by Gurol (2011), that there is influence of infant massage on bounding attachment in Turkey with pValue <0.05, in this study Methods of quasi experimental study design between the two groups (57 in experimental group, 60 in control group; 1) was conducted from June 2008 to February 2010 at the Clinic Obstetrics Clinic of Atatürk University and at the homes of mothers selected in the study.

As the birth rate increases, based on the researchers' observations, 4 out of 7 primiparous moms who give birth do not understand bounding attachment, they do not understand the importance of making eye contact with the baby, touching the baby only when breastfeeding, not wanting to talk to the baby, and not calling the baby with a pet call.

METHODS

This research is a research using quasi experimental design with non-randomized pre-test post-test with control group. In this study conducted a test before the respondent is given treatment (treatment). The test is done by measuring the level of knowledge and actions performed by the mother in conducting bounding attachment by using questionnaire. This research was conducted in Kecamatan Tangerang, namely BPM Kokom Komariah. The consideration of the research site is in accordance with the geographical city of Tangerang. This study was conducted from June to August 2017. The population in this study were all primiparous mothers who gave birth at BPM Kokom Komariah, Keciuk District, Tangerang. To determine the number of samples that is by the total sampling method. Total sampling is a sampling technique where the number of samples equals the population (Sugiono, 2007).

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In this research, the flow done in this research is primipara mother who gave birth to his first child in BPM Kokom Komariah. the researchers distinguished the meeting time between the intervention group and the control group. For the intervention group on the 1st day, the questionnaires were then administered in the same day, but the control group only gave questionnaires. During the 6 days from day 1 to day 6 in the intervention group an evaluation of knowledge and attitudinal bounding attachment was performed with the infant massage provided by the researcher. On the 6th day after the education of each intervention group and control group was given a re-questionnaire about the knowledge and attitude of bounding attachment with infant massage.

Univariate analysis is performed on each data of research result which includes demographic data. Categorical data are presented in the form of frequency distribution tables. Univariate analysis is done to give descriptive picture of research result. Bivariate analysis is used to prove the research hypothesis that is to see the difference of knowledge and attitude of bounding attachment with baby massage after education on intervention group. Test to see the mean difference test results from paired data (pretest-posttest) with small sample size (less than 30) can be done with paired t-test. Meanwhile, to see the mean difference test results from intervention and control data with small sample size can be done with Independent T Test, provided that the data is normally distributed and the variable is numerical and numerical.

RESULTS

The results of the analysis showed that most of the respondents were the group of mothers of early adult age (20-30 years) as many as 7 people (58.33%), highly educated as many as 8 people (66.67%), Islamic religion as many as 10 people (83.33%), has 7 Sundanese (58.33%), and housewife as many as 9 people (75%).

In this study the variables tested homogeneity are age characteristics of homogeneity test results with Chi-Square test obtained significance value of 0.439, religion of homogeneity test results with Chi-Square test obtained a significance value of 0.624, education from homogeneity test results with the test Chi-Square is obtained by value significance of 0.273, the tribe of homogeneity test results with Chi-Square test obtained with a significance value of 0.083 and the work of homogeneity test results with Chi-Square test obtained a significance value of 0.121. This shows that all variable characteristic of respondent in intervention and control group is found p value> 0.05 or in other words there is no significant difference or both groups are declared homogeneous (equivalent).

The results of the analysis can be concluded that the average score of knowledge before being given education in the intervention group is 3.83. After the data normality test with Shapiro-Wilk test on the average score of knowledge before education in the intervention group obtained p value = 0.421 (p> 0,05), mean the mean score of knowledge before giving of normal distributed education. The average knowledge before education in the control group was 4.17. Likewise, the average

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knowledge before education in the control group also proved normal distribution with the result of statistical test value p = 0,804 (p> 0,05).

After being given education the average score of knowledge after being given education in the intervention group is 7.67. After the data normality test with Shapiro-Wilk test to the average score of knowledge after education in the intervention group obtained p value = 0,415 (p> 0,05), mean mean score of knowledge after giving of education of normal distribution. While the average knowledge after education in the control group was 4.50. Likewise, the average knowledge after education in the control group proved normal distribution with the results of statistical test value p = 0.201 (p> 0.05).

The results of the analysis can be concluded that the average attitude score before being given education in the intervention group is 18.00. After the data normality test with Shapiro-Wilk test on the average attitude score before education in the intervention group obtained p value = 0.466 (p>0.05), it means the average attitude score before giving normal distributed education. While the average attitude before education in the control group was 19.17. Thus the average attitude before education in the control group also proved normal distribution with the result of statistical test value p = 0.830 (p> 0.05).

After being educated, the average attitude score after being given education in the intervention group was 33.00. After the data normality test with Shapiro-Wilk test to the average post-educational attitudinal score in the intervention group obtained p

value = 0.739 (p> 0.05), mean the mean of attitude score after giving of normal distributed education. The mean post-educational attitudes of the control group was 20.83 Thus the mean post-educational attitudes of the control group proved to be normal distribution with the statistical test results of p = 0.425 (p> 0.05).

Bivariate analysis was done by Paired t test to know difference of average knowledge and attitude before and after education in intervention group, and difference average knowledge and attitude between the intervention group and the control group. Paired t test to know the difference of average knowledge and attitude before and after education in intervention group and average knowledge and attitude before and after intervention in control group. While for difference of mean of knowledge and action after education between intervention group and control group used independent test of T test sample.

Table 1. Differences Effect of Education on Knowledge and Attitudes in Intervention Group

Variable	Group	N	Mean	SD	P Value
Knowledge	Before	6	3,83	1,169	0,000
	After		7,67	1,211	
Attitude	Before	6	18,00	1,897	0,000
	After		33,00	2,366	

From the results it can be concluded that in the intervention group the value of knowledge before being educated is 3.83 with a standard deviation of 1.169. After being educated, the value of knowledge is 7.67 with a standard deviation of 1.211. Statistical test results obtained p value =

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0.000 (p <0.05), it can be concluded there is a significant difference between the value of knowledge before and after being given education. From the results it can be concluded that in the intervention group the attitude value before being educated is 18.00 with the standard deviation 1.897. After being given education the attitude value is 33.00, with standard deviation 2,366. The statistical test results obtained p value = 0.000 (p <0.05), it can be concluded there is a significant difference between attitude value before and after given education.

Table 2. Differences Effect of Education on Knowledge and Attitudes in Control Group

Variable	Group	N	Mean	SD	P Value
Knowledge	Before After	6	4,17 4,50	1,472 1,643	0,661
Attitude	Before After	6	19,17 20,83	1,722 1,602	0,185

From the results it can be concluded that in the control group the value of knowledge before being educated is 4.17 with a standard deviation of 1.472. After educated, the value of knowledge is 4.50, with standard deviation of 1,643. The statistical test results obtained p value = 0.661 (p <0.05), it can be concluded there is a significant difference between the value of knowledge before and after being given education. From the result it can be concluded that in the control group the attitude value is given by education is 19,17 with standard deviation 1,722. After being educated, the attainment value is 20.83, with standard deviation of 1.602. Result of statistical test got value p = 0,185 (p> 0,05), hence can be concluded there is no

significant difference between attitude value before and after given education.

Table 3. Differences in the Provision of Educational Packages to Knowledge and Respondents' Attitudes to Intervention Group and Control Group

Variable	Group	N	Mean Pvalue
Knowledge	Intervention	6	7,67
	Control	6	0,003 4,50
Attitude	Intervention	6	33,00
			0,000
	Control	6	20,83

The results showed that the average score of knowledge in the intervention group was 7.67, while the average score of knowledge in the control group was 4.50. These results showed that in the intervention group after different education was given significantly with the control group that was not given education on the variable of knowledge bounding attachment, from the independent t test result got p value = 0,003. So the hypothesis failed to be rejected because p <0,05, this result proves that education influence on knowledge bonding attachment at primipara mother. The results of this study indicate that the average attitude score in the intervention group is 33.00, while the average attitude score in the control group is 20.83. These results showed that in the intervention group after being given significantly different education with the control group which was not given education on the variable attitude of bounding attachment, from the independent t test result obtained p value = 0,000. So the hypothesis failed to be rejected because p <0,05, this result proves that education have an effect on attitude of bounding attachment at primipara mother.

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3ʳᵈ International Nursing Conference
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DISCUSSION

The results of the research in the intervention group showed that there was a difference of knowledge and attitude before and after being given "Baby Massage Education Package" to increase the knowledge and attitudes possessed, because with the learning process that has been passed by mother can be life-long provision for mother to continue to get benefit from baby massage.

Researchers assume that through education, new information about bounding attachment given to the mother, make the mother's knowledge can increase, but also the mother can explore the existing capabilities so that will emerge independence in improving health status.

This study is in accordance with research conducted by Maulidina (2014) that there is a significant difference between pre- and post-education after being given health education with p value = 0.001, there is a correlation of education with knowledge.

The results of pre and post on attitude variables, researchers assume that through education of the mother will be exposed to information, positive experience and useful about bounding attachment so that with experience already owned can grow the idea to conduct behavior / attitude toward better in life.

This study is consistent with the research conducted by Setyowati (2004), that there is a significant difference between the mean values of attitude before and after health education (p = 0,000). According to the theory of Notoatmodjo (2007), education is a deliberate activity to obtain results in the form of knowledge, skills and attitudes of a person. Notoatmodjo (2007) said attitude is an individual response that is still closed to a stimulus and attitude can not be observed directly by other individuals. Attitude is not yet an action, but attitudes are an individual driving factor for action.

The effectiveness of "Baby Massage Education Package" given to primiparous mother is evidenced by differences before and after intervention to increase knowledge and attitude on group given package while control group does not. The Intervention "Baby Massage Education Package" proved successful in helping primiparous moms in improving their knowledge and attitude.

Stimulus in this study is the mother who did massage on her baby. Although the stimulus is the same, but the response of each individual is different. In this study other factors that influence this stimulus are knowledge and attitude. Good knowledge and attitudes are expected to provide a good stimulus as well.Mother who has a baby should have thought that by doing a baby massage as well as maintaining the inner connection between mother and child. In accordance with the statement Notoatmodjo, the higher the education of a person, the easier the person is receiving information. Experience is an important approach in solving a problem such as doing a baby massage (Notoatmodjo, 2003)

CONCLUSION

Experience is an important approach in solving a problem like doing a baby massage. That is why the intervention group has better knowledge and attitude than the control group because with the experience of the intervention group can be a provision on improving knowledge and attitude of

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primipara mother in doing bounding attachment.

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