

Visual Simulation of Chocking Training to Education Mother with Babies in Pandemic Covid-19

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ABSTRACT

Chocking is a dangerous one out of the hospital. Many mothers with babies do not give do not understand prevention efforts when the baby is choking. The research objective was to determine the effectiveness of visual stimulation of choking training to educate mothers with babies in Pandemic COVID-19. The research design was pre-experimental. The population was all mothers in Kediri City, East Java Province- Indonesia. The sample consisted of 30 respondents using the incidental sampling technique. The independent variables were video simulation of choking training. The dependent variable was knowledge and Skills. Data were collected and statistical tests were performed using the Wilcoxon test with $\alpha < 0.05$. The results showed the knowledge variable obtained a Z value of -4.8 with a P-value = < 0.05 and the choking treatment variable with a Z value of -4.6 with a P-value = < 0.05 which means there is a significant effect of video simulation of choking training can improve knowledge and improvement of choking management skills in respondents. Prevention is more important in reducing the morbidity of cases related to nutrition and the incidence of choking in infants.

Keywords: audio-visual education, chocking mother



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INTRODUCTION

Babies can be choking because lactation management is bad to the application, and an effort or means made to achieve successful breastfeeding without choking. One of the successes of preventing choking to babies is training the mother with babies. Incorrect fist aid can be dangerous for babies with choking. The baby does not feed until the breast areola, if he only feeds on the nipples, the baby will get a little breast milk. After all, the gums do not press on the lactiferous and the mother will feel pain due to blisters on the nipples [1]. Mothers can study chocking training or chocking management as part of an effort to prepare for labor and breastfeeding so that complications and things that hinder the breastfeeding process can be prevented [2]. A mother after giving birth is obliged or expected to breastfeed her baby, this is also believed by the existing culture in the community that it is perfect to be a mother if she can conceive, give birth and breastfeed or there is chocking in baby [1]. Emergency Obstetricians must take action to safeguard perinatal mental health [3]. The ability to provide support and to protect our breastfeeding mothers becomes extremely difficult where the virus is rampant [4–7] Mothers must be educated in choking training because this will be needed if baby chocks. Mother's milk contains various substances that are important for the growth and development

of babies and according to their needs, but not all mothers want to breastfeed their babies for various reasons, for example, fear of fat, busyness, saggy breasts, and so on, some mothers want to breastfeed their babies, but there are many obstacles, usually, breast milk does not want to come out or the production is not smooth [8]. In the Covid-19 pandemic phenomenon that is often found in the community that mother did not have chocking comprehension and when breastfeeding mothers often have more severe problems due to the mother's lack of knowledge in proper breastfeeding techniques, this can affect the fulfillment of baby nutrition because they do not get optimal nutrition and can also cause pain, blisters, and redness in the mother because the baby is not feeding using improper technique.

The Pandemic COVID-19 is spreading throughout the world and has increased sharply in the number of infections, the number of pregnant women and children with COVID-19 continues to rise [9, 10]. Maternal age at the time of COVID-19 in Wuhan was between more than 29 years, with clinical manifestations of fever >80%, cough >14%, and shortness of breath >10% [10]. According to a study in Dhaka Bangladesh on more than one hundred infants for one year, the results showed that emergency training in mothers can reduce the risk of death from choking, acute respiratory infections, and diarrhea. Providing exclusive breastfeeding for 6 months is recommended by international guidelines which are based on scientific evidence about the benefits of breast milk for babies, mothers, families, and country [8] because can reduce choking in the baby report. Based on the results of research by Susan Narula, (2015) on the Relationship between knowledge level and mother's work with the success of lactation techniques in breastfeeding mothers, it shows that almost 80% of breastfeeding mothers fail to perform lactation techniques, (64.7%) and make the risk for choking to babies. Research mothers have a low level of knowledge and most 80 % of breastfeeding mothers have jobs. The COVID-19 has ramifications for the delivery of newborn nutrition [11–13]. The factors that influence the process of breastfeeding mothers with infants aged <6 months, is shown that more than forty percent of mothers show poor breast conditions, half of the mothers show poor breastfeeding techniques and risk choking to babies. Based on the results of observations on breastfeeding mothers on February 10, 2020, at Puskesmas Pesantren Kediri City, the results obtained from 10 breastfeeding respondents, 6 respondents were not capable of breastfeeding techniques by 60%, and 2 respondents who were less capable in breastfeeding techniques by 20 %, as well as 2 respondents who are capable of breastfeeding techniques by 20%. The results of the pre-study showed that the problems that occurred in breastfeeding mothers were a pain in 40% for 4 respondents, 10% blisters in 1 respondent, and 10% redness in 1 respondent, and without complaint 40% in 4 respondents.

Mothers who have babies aged 0-6 months are obliged to provide exclusive breast milk. Exclusive breastmilk is that babies are only given breast milk, without additional fluids such as formula milk, oranges, honey, tea water, water, and without additional solid foods such as bananas, papaya, milk porridge, biscuits, rice porridge, and team [1]. Breastfeeding on time is not enough, not infrequently, failures in breastfeeding, one of which is due to lack of or absolutely no experience and knowledge about how to breastfeed properly. The ability and willingness of a mother to breastfeed are based on a level of knowledge which is a learning process that can produce the expected behavior changes. Giving breast milk alone without any complementary food until the baby is six months old will have tremendous benefits for the development and growth of the baby in addition to increasing the bond of affection between mother and baby. When breastfeeding in public amenities, mothers can wear masks or cloth face coverings to protect themselves, while their infants cannot wear any respiratory protection to avoid direct exposure to the indoor air [14]. The fulfillment of breast milk for infants aged 0-6 months is less effective. This is influenced by the lack of knowledge of mothers in breastfeeding techniques for their babies. Breastfeeding techniques are a way of providing ideal food for the

growth and development of the baby, if the mother does not provide proper breastfeeding techniques then the impact on the mother is such as pain, blisters or redness caused by the baby not feeding until the breast areola, while the impact that can occur if babies do not get optimal nutrition from breastfeeding, including the baby's weight does not increase, and babies often whine because they are not satisfied.

The correct breastfeeding technique is necessary so that both the baby and the mother feel comfortable and the baby can get the most from breastfeeding. Management of Choking also needs to be properly educated for mothers with babies. Correct breastfeeding techniques can also be useful in reducing infant mortality due to improper breastfeeding positions. Every mother who has a baby needs to know about the correct breastfeeding technique to achieve optimal baby nutrition. Support from nurses and families is very influential in giving breast milk. Nurses can put more emphasis on counseling about correct breastfeeding techniques to prevent common problems that arise such as blisters, pain, and mothers are reluctant to breastfeed because breastmilk does not come out using leaflets and questions and answers so that families and patients can know the importance of breastfeeding in babies.

METHOD

Methods were a pre-experimental pretest-posttest design. This research provides visual education through google form and also videos embedded in Youtube by researchers. The questionnaire is also placed on the google form, the assessment uses the Linkert scale. The independent variables of the study were lactation management education and the management of choking babies. The dependent variable of this research is Knowledge and Skills. The study population was all mothers with babies in the Pesantren District of Kediri City. The research sample consisted of 30 respondents. This research uses the incidental sampling technique. Incidental Sampling in the technique of determining the sample based on chance, that is anyone who accidentally meets the researcher can be used as a sample if it is considered that the person who happened to be met is suitable as the data source. How to collect research data using a *google form link* containing video and uploaded to Youtube. Respondents by accessing Google Form received visual simulation education and were also able to directly evaluate their understanding of lactation management and management of choking in infants. The questionnaire link is given to cadres to be continued and given to mothers with babies. The questionnaire contains videos of lactation management and management of choking infants. The sample size obtained was 30 respondents. This study has a permit from the agency and got an *Ethics Clearance*. Data were collected and statistical tests were performed using the Wilcoxon test with $\alpha < 0.05$. Ethical Clearance in Chakra Brahmanda Lentera Institute Indonesia with Number 010/09/VII/EC/KEPK/Lemb.Candle/2020.

RESULTS

The results of the study were obtained from 30 respondents of mothers with babies who were respondents during the COVID-19 Pandemic. The results showed that most respondents were infants aged 11-15 months (40%). The results showed that most of the mothers were 23 years old (30%). Most of the respondents had two babies (60%). Respondents Babies weigh at most 10-11 kg (30%). Respondents Babies have the majority have complete immunization (90%), but 10% of infants are not immunized. All infant respondents receive exclusive breastfeeding and also regularly attend Posyandu.

Table 2. Statistical test

| Variable | Before | | After | | Ranks | | | Wilcoxon | |
|-----------------------------------|---------------|--------------|---------------|--------------|----------|----------|------|----------|---------|
| | X \pm SD | Shapiro-Wilk | X \pm SD | Shapiro-Wilk | Negative | Positive | Ties | Z | p-Value |
| Knowledge of Lactation Management | 5.1 \pm 0.6 | 0.000 | 8.8 \pm 0.8 | 0.001 | 0 | 30 | 0 | - 4,826 | 0,000 |
| Choking Management | 4,8 \pm 0,6 | 0,000 | 6,7 \pm 9,4 | 0,003 | 2 | 27 | 1 | -4,563 | 0,000 |

Based on the results of the study, it was found that the average knowledge before the visual simulation for chocking training Choking in Mothers with Babies During the Covid-19 Pandemic, it was 5.1 and after education, it was 8.8. Based on the results of the study, it was found that the average choking treatment before the visual simulation for chocking training Choking in Mothers with Babies during the Covid-19 Pandemic was 4.8 and after education was 6.7. The results of the normality test using Shapiro-Wilk showed that all data <0.05 , which means that all data groups are not normal, so the statistical test is reduced to Wilcoxon. The results of the Wilcoxon statistical test on the knowledge variable obtained a Z value of -4.8 (> 1.96) with P-value = 0.000, which means that there is a significant effect visual simulation for chocking training choking in mothers with babies during the Pandemic COVID-19 towards increasing knowledge of respondents. The results of the Wilcoxon statistical test on the choking management variable obtained a Z value of -4.6 (> 1.96) with P-value = 0,000 which means there is a significant effect Audio-Visual Education on Lactation Management and Choking Baby Management in Mothers with Babies during the COVID Pandemic -19 towards the improvement of choking management skills in respondents.

DISCUSSION

Lactation management is an effort or method made to achieve breastfeeding success. One of the successes of breastfeeding is breastfeeding techniques. Incorrect breastfeeding techniques cause pain and blisters on the nipples because the baby does not feed until the breast areola, if he only feeds on the nipples, the baby will get a little breast milk. After all, the gums do not press on the lactiferous and the mother will feel pain due to blisters on the nipples. Breastfeeding technique is a way that is second to none in providing ideal food for healthy growth and development of infants and has a unique biological and psychological impact on the health of mothers and babies. Breastfeeding techniques are needed so that babies and mothers feel comfortable and that babies can get the most benefit from breastfeeding. The correct technique of breastfeeding is how to give breast milk to the baby with the correct attachment and position of the mother and baby. Breastfeeding is a way that is second to none in providing the ideal food for the growth and development of a healthy baby.

Based on the results of the study, it was found that Visual Simulation for chocking training in Mothers with Babies during the Covid-19 Pandemic had an impact on choking management skills in babies. The baby was associated with increased risk of choking and the highest frequency of choking on finger foods occurred in those who were given finger foods the least often [15–17]. This shows that the education provided can be used as a preventive in management efforts if choking occurs in infants [18, 19]. Based on the results of the study, most of the mothers who had fewer breastfeeding techniques were mothers who did the breastfeeding technique where the steps were partially carried out and some steps were not carried out. The steps that are not taken by the mother are that the baby is not stimulated to open the mouth by touching the cheek with the nipple after the baby is fed, the suction is not released in the right way, namely by inserting the mother's little finger into the baby's mouth, after breastfeeding, milk The mother did not remove a little which was then smeared on the nipple and areola, and

the mother also did not check the condition of the breast for injuries or cracks after breastfeeding. In breastfeeding techniques with steps that are not taken by the mother, the mother may have become accustomed to not doing it because the breastfeeding time is not right, and the baby often cries [20, 21, 30, 31, 22–29]. The steps taken in part are that the mother does not wash her hands before the act of breastfeeding, the mother does not sit or lie down casually, the baby's head is not in the arch of the mother's elbow and sometimes the baby's head looks up, the baby's stomach is not attached to the mother's stomach, the mother only turns her head babies, the mother only holds the nipple or areola without supporting the entire breast, the baby is not stimulated to open his mouth when breastfeeding, most areola does not enter the baby's mouth, only the nipple, after breastfeeding the mother also does not release the baby's suction using the little finger, the mother does not burp the baby in the right way and the mother does not check the condition of the breast after breastfeeding.

In techniques that are carried out with partial steps in the breastfeeding technique, some techniques are carried out correctly in some respondents, namely before breastfeeding the mother washes her hands, the baby's head is located on the arch of the elbow and the head does not look up, and the baby's stomach is attached to the mother's stomach. The results showed that mothers who were 23 years of age with fewer breastfeeding techniques, but mothers often said they forgot the steps that had to be taken and the age difference was too far about the breastfeeding technique given to the previous child. According to Roesli (2000), in Astutik, 2014, mothers who have babies aged 0-6 months are obliged to provide exclusive breast milk. Exclusive Breastfeeding means that babies are only given breastmilk, without the addition of other fluids such as formula milk, oranges, honey, tea water, water, and without additional solid foods such as bananas, papaya, milk porridge, biscuits, rice porridge, and team. Mother's education with high school education level will affect breastfeeding techniques for babies who are more than 5 months old, but from the results of the research, the mother's baby continues to apply breastfeeding techniques that are not following the right steps this can be due to a lack of knowledge and experience. owned by the mother. This is following Astutik's theory, in 2014 a mother after giving birth is obliged or expected to breastfeed her baby, this is also believed by the existing culture in a society that it would be perfect to be a mother if she was able to conceive, give birth, and breastfeeding. Where, if seen from Sunarsih's theory, 2013 Mother's Milk is the best fluid of life that is needed by babies. Mother's milk contains various substances that are important for the growth and development of babies and according to their needs, but not all mothers want to breastfeed their babies for various reasons, for example, fear of fat, busyness, saggy breasts, and so on, some mothers want to breastfeed their babies, but there are many obstacles, usually mother's milk does not come out or the production is not smooth.

Sufficient breastfeeding technique for mothers is mothers who do the technique with the right steps, and do the technique with partial steps, where the steps are taken correctly are the mother washing her hands before feeding, the mother looking at the baby with great affection, after the baby opens his mouth, quickly the mother brings the breast closer and most of the serial enters the baby's mouth, the baby is slung in the right way, that is, the baby is held upright against the mother's shoulder then the mother gently pats the baby's back. However, it was also found that several techniques were not used, namely, the mother did not stimulate the baby to open his mouth when he was going to be breastfed, the mother did not release the baby's suction with her little finger after breastfeeding, and the mother did not check the condition of the breast after breastfeeding [5, 32, 33]. This can be proven in terms of the existing phenomena or problems if the respondent has problems with pain and blisters. After all, the baby does not breastfeed until the breast is acerola, if he only feeds on the nipple then the baby will get a little breast milk because the gums do not press on the lactiferous and the mother will feel pain due to blisters on the nipple. Insufficient breastfeeding techniques, the results show that working

mothers do breastfeeding techniques in the right steps, it does not rule out that working mothers will affect the time of breastfeeding given to babies, a work schedule that cannot be controlled by the respondent. There are several views from experts on the family. A family consisting of individuals who are joined together by the bonds of marriage, blood, adoption, and live in the same household. While on the other hand, the family is defined as a part of a society whose role is very important to form a healthy culture. In the research results, it was found that most of the breastfeeding techniques lived together with husband and family so that living together in one house with the husband and the respondent's family would feel psychologically supported to help and support in the act of breastfeeding so that the respondent had sufficient knowledge about the position of breastfeeding. adequate nutritional status, how to stimulate breast milk and care for breasts, so that respondents have confidence, are relaxed in breastfeeding and are not stressed. Family social support provides physical and psychological comfort, reducing the tendency for events that can cause stress.

CONCLUSION

Based on the results of the study, it was found that the mean of knowledge before the Audio-Visual Education on Lactation Management and Management of Choking Babies in Mothers with Babies during the Covid-19 Pandemic which means that there is a significant effect Audio-Visual Education on Lactation Management and Choking Baby Management in Mothers with Babies during the COVID-Pandemic Period 19 towards increasing knowledge of respondents. The results of the Wilcoxon statistical test on the choking management variable which means there is a significant effect Audio-Visual Education on Lactation Management and Choking Baby Management in Mothers with Babies during the COVID Pandemic -19 towards the improvement of choking management skills in respondents.

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