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The Effect of Personal Coaching on Increasing Knowledge, Attitudes, and Actions about Lactation Nutrition, Uterine Involution, and Lochia in Public Mothers

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Abstract---During the puerperium, the mother will experience many changes both physically and physiologically. Suppose this physiological process does not run usually. In that case, it can cause complications during the puerperium such as uterine sub involution, breast swelling to mastitis, prolongation of the period of lochia discharge, which, if not handled quickly and easily. Can lead to the death of the mother. This study used a quasi-experiment with a pre-post-test with a control design, which involved two postpartum mothers, namely 43 respondents in the intervention and control groups. The sample selection was based on purposive sampling. The research was carried out in RSIA Bahagia Makassar City and RSIA Ananda Makassar City from March to April 2020. Data were analyzed using the Wilcoxon test, Mann Whitney test, and Chi-Square. There was a significant difference between the intervention group and the control group with a p -value = 0.036. There is an increase in knowledge, attitudes, and actions, namely the act of consuming protein, VITA, and VIT C in postpartum mothers.

Keywords---education, nutrition, personal coaching, postpartum mother.

Introduction

During the puerperium, the mother will experience many changes, both physically and physiologically, most physiological. Among the physiological changes during the puerperium are lactation, uterine involution, and

puerperal blood loss or commonly referred to as lochea, and if this physiological process does not run usually, it can cause complications during the puerperium such as uterine sub involution, breast swelling until mastitis occurs, prolongation of the period—discharge of lochea which if not handled quickly and appropriately can lead to maternal death. Therefore, during the puerperium, the mother needs additional suitable nutritional components from the outside, including protein, Vitamin A, and Vitamin C, so that the lactation process, uterine involution, and lochea run smoothly (Saleha, 2009). Postpartum, postpartum mothers experience uterine involution, where the uterine muscles contract. The blood vessels that are open due to placental attachment will be pinched so that postpartum bleeding can be prevented; uterine involution is influenced by three things: autolysis, muscle activity, and ischemia. Good nutrition in postpartum mothers can facilitate a decrease in uterine fundal height, commonly referred to as uterine involution (Prihartini, 2014).

Various efforts to deal with complications during the puerperium have been published, both in the form of interventions for giving traditional herbal medicine, giving orange juice to accelerate uterine involution, massage, early mobilization, and breastfeeding on-demand, as well as interventions in the form of education to increase knowledge, attitudes, and actions of postpartum mothers with counseling methods, demonstration, mentoring, edutainment methods as well as unique coaching methods (Gladding, 1994). According to Hadi et al. (2019) Education during the postpartum period is essential to increase maternal knowledge so that complications do not occur during the puerperium. The advantage of the coaching method compared to other methods is that the coaching method provides the most comprehensive opportunity for participants, both individually and in groups, to solve their problems and be accompanied by a facilitator. Guidance involves participants and facilitators in one-on-one dialogue and follows a structured process directed at maintaining good progress and performance and a positive working relationship between the facilitator and the respondent. Guidance or coaching methods have a large enough share in educational activities (Gading et al., 2017).

The coaching process will help a person actualize himself, namely to reach a point where he can know where he is and know the potential abilities that should be achieved. People who do coaching are bound in good collaboration with the coachee so that through this process, more profound closeness and mutual understanding are established (Ervina et al., 2019). Coaching is widely used in management to improve the professional abilities of individuals in hospitals or health care settings. A coaching person is called a coach (facilitator), and the person being mentored is called a coachee (participant). The goal obtained from coaching is generally to improve the individual's performance. The person who does the coaching is bound in good collaboration with the coachee so that through this process, more profound closeness and mutual understanding are established. Coaching can be said as a learning method that can be developed to improve the quality of resources in the health sector, ultimately improving patients' quality of health care. At the same time, counseling is a form of a non-formal education effort to individuals or community groups carried out systematically with the aim of for the behavior change process so that they know, are willing, and able to make changes (Ervina et al., 2019).

A similar study with the coaching method conducted by Wahyuningsih (2017) with the title coaching with a peer education approach to knowledge, attitudes, and actions to prevent HIV/AIDS showed that the average value of respondents' knowledge, attitudes, and actions about HIV/AIDS before being given coaching with a peer education approach is 121.68 and after being given coaching with a peer education approach the average value has increased to 157.84 this shows that the peer education approach is effective in increasing knowledge and changing respondents' attitudes and actions about HIV/AIDS in a better direction by intervention once a week for four weeks with a duration of 1 hour 30 minutes.

Another study conducted by Maria Fatima Koa on the effect of individual coaching on self-efficacy, transmission prevention measures, and medication adherence in TB patients showed that knowledge in the treatment group increased by 67%, changes in attitude by 90%, and changes in action by 73% with intervention 4x for two weeks with a duration of 60 minutes. (KOA, 2019). Based on the study of the problems mentioned above, the researchers are interested in researching with the title "The Effect of Personal Coaching on Lactation Nutrition, Uterine Involution and Lochea on Increased Knowledge, Attitudes and Actions of Postpartum Mothers."

Method

This research is a quantitative study using a Quasi-experimental research design with a pre-test and post-test design using two groups, namely the intervention group and the control group. A pre-Test was performed before the intervention was given, and a post-Test was performed after the intervention was given. Pre and post-test allow researchers to see or test changes in knowledge, attitudes, and actions after the intervention (treatment). A post-test was performed as an effect of exposure during the intervention. In this study, the population in this study were all

postpartum mothers in the working area of RSIA Bahagia Makassar city as many as 1645 postpartum mothers and RSIA Ananda Makassar city as many as 1240 from January to September 2019. An average number of postpartum mothers per month at RSIA Bahagia and RSIA Ananda of 100 postpartum mothers. (Medical records of RSIA Bahagia and RSIA Ananda Makassar) Researchers used "purposive sampling," which is a sampling method based on the considerations of the researcher, who tried to obtain a sample that, in his opinion, could represent the population. The determination of the sample size in this study used an unpaired categorical analytic formula. Based on the calculation results, the number of samples for the intervention group and the control group as many as 43 people can be determined by taking the highest calculation results—the data analysis technique used in univariate analysis and bivariate analysis (Dennis, 2004; Righetti-Veltema et al., 2002).

Result

Univariate Analysis

Table 1
Frequency distribution of respondents characteristics of numerical data

Characteristic		intervention	Control	<i>p-value</i>
Age	20-35 ys	25.79±5.21	30.43±4.37	0.211*
	>35 ys			
Income	<3 million	244000.00±	2515000.00±	0.461*
	3-5 Million	9145355.018	814622.319	
	>5 Million			

*Mann Whitney

Table 2
Frequency distribution of respondents characteristics of categorical data

Characteristic		Intervention n (%)	Control n (%)	<i>p-value</i>
Education	middle school	12 (27.9)	19 (44.1)	0.323
	High school	15 (34.8)	21 (48.8)	
	university	16 (37.2)	3 (6.9)	
Occupation	Housewife	27 (62.7)	30 (69.7)	0.447
	Private workers	7 (16.2)	10 (23.2)	
	entrepreneur	9 (20.9)	3 (6.9)	
parity	No	0 (0)	0 (0)	0.072
	<2 number of children	9 (20)	11 (25.5)	
	2-4 Number of children	34 (79.0)	32 (74.4)	

*Chi-Square

Bivariate Analysis

Table 3
Distribution of respondents' knowledge differences before and after personal coaching education in the intervention group and control group

Knowledge	n	Means		Mean difference	<i>P-Value</i>
		Pre	Post		
Control	43	9.00±1.447	9.35±1.510	0.35	0.096
Intervention	43	9.14±1.390	11.72±1.533	2.58	0.000
<i>P-Value</i>		0.911	0.000	0.000	-

Wilcoxon, Mann Whitney

Table 4

Distribution of respondents' attitude differences before and after personal coaching education in the intervention group and control group

Attitude	n	Means		Difference Mean	P-Value
		Pre	Post		
Control	43	30.74±3.922	32.19±4.949	1.45	0.074
Intervention	43	31.60±4.505	36.02±5.198	4.42	0.000
P-Value		0.415	0.001	0.000	-

Wilcoxon, Mann Whitney

Table 5

Distribution of differences in respondents' protein consumption before and after personal coaching education in the intervention group and control group

Protein	n	Means		Difference Mean	P-Value
		Pre	Post		
Control	43	56.51±15.473	57.24±17.417	0.73	0.966
Intervention	43	54.16±20.511	66.23±29.947	12.07	0.006
P-Value		0.290	0.008	0.002	-

Wilcoxon, Mann Whitney

Table 6

Distribution of differences in VIT A consumption of respondents before and after personal coaching education in the intervention group and the control group

VIT A	n	Means		Difference Mean	P-Value
		Pre	Post		
Control	43	507.41±194.005	548.71±227.391	41.3	0.599
Intervention	43	558.30±342.139	612.36±279.177	54.06	0.014
P-Value		0.762	0.030	0.001	-

Wilcoxon, Mann Whitney

Table 7

Distribution of differences in VIT C consumption of respondents before and after personal coaching education in the intervention group and the control group

VIT C	n	Means		Difference Mean	P-Value
		Pre	Post		
Control	43	46.44±22.943	57.74±20.911	11.3	0.095
Intervention	43	35.23±29.663	62.60±27.898	27.37	0.000
P-Value		0.005	0.044	0.036	-

Wilcoxon, Mann Whitney

Discussion

From the results of the research obtained, that education delivered by personal coaching about lactation nutrition, uterine involution, and lochea on increasing knowledge, attitudes, and actions of postpartum mothers was given 2x education, namely during the 3rd trimester of pregnancy and two days after giving birth with two materials in One meeting proved to increase knowledge, attitudes, and actions of protein consumption, VITA and VIT C of respondents which we can see from the difference in the mean score of knowledge, attitudes, and actions in terms of protein consumption, consumption of VITA and consumption of VIT C has increased (Groer & Morgan, 2007; Matthey et al., 2003).

The effect of personal coaching education about nutrition, lactation, uterine involution and lochea on increasing respondents' knowledge

Knowledge is the result of knowing due to the sensing process of a particular object; sensing occurs mainly through sight and hearing. This knowledge comes from experience, teachers, parents, friends, and the mass media (Agus Tianingrum & Notoatmodjo, 2015). Based on the results of the Wilcoxon test in the control group, there was an increase in knowledge before and after treatment, although the increase was not significant, namely from the average value of 9.00 to 9.35 and the mean difference value of 0.35 with $p > 0.05$ ($p = 0.096$). The difference in the case in the intervention group that there was a significant difference before and after treatment in the group given personal coaching education could be seen from the average knowledge value from 9.14 to 11.72 with a mean difference of 2.58 $p < 0.05$ ($p = 0.000$).

Increased knowledge of mothers can be influenced by several factors, including age, education, experience, and work. In table 1, we can see that in the control group, most of the respondents are aged between 20-35 years with an average value of 30.43 compared to the intervention group with an average value of 25.79, and as we know that the higher a person's age, the more life experience that he had obtained compared to someone his age. In addition, in the control group, most of the respondents had a high school education, which was 48.8%, while in the intervention group, most of the respondents had a tertiary education, which was 37.2%. The higher a person's education, the more information obtained; unlike the case in the intervention group, the majority of respondents were higher education at 37.2%. The more information that comes in, the more knowledge gets (Kajale et al., 2014). Experiences that are not based on correct information or lack of complete information can hurt maternal decision-making. We can see this in table 3 because there is a difference in the average knowledge of the two groups, where the intervention group tends to have a higher mean value than the control group. This also led to a significant difference in the mean difference between the intervention group and the control group where based on the data after being tested by Mann Whitney analysis, the p -value = 0.000 ($p < 0.05$).

The results of this study are in line with the research conducted by Mulyani et al. (2017). It was found that there was an increase in the average knowledge value of respondents in the intervention group by 33.28 and the control group by 36.84. increasing respondent's knowledge compared to education with the classical method, although statistically, education and coaching with a peer education approach are significantly effective in increasing respondents' knowledge. In this study, education with a personal coaching approach which was given in 2 meetings for 60 minutes, had a significant effect on increasing respondents' knowledge in the intervention group, indicated by the p -value = 0.000 ($p < 0.05$) compared to the control group which was only given a classical education. In the form of Counseling, the increase is not significant, which is indicated by $p = 0.096$ ($p > 0.05$). Another study conducted by Fatima Koa on the effect of individual coaching on self-efficacy, transmission prevention measures, and medication adherence in TB patients showed that there was a change in knowledge in the treatment group by 67% by giving the intervention four times for two weeks with a duration of 60 minutes (Logsdon et al., 2006; Weiss & Lokken, 2009).

The effect of personal coaching education about nutrition, lactation, uterine involution and lochea on respondents' attitudes

Attitude is a person's readiness or willingness to act or respond to positive and negative stimuli from an object of stimulation. Attitude is not an action or activity but is a predisposing factor for someone to act (Sofiyana & Noer, 2013; Karimawati et al., 2013). From the results of the study (Table 4) that after the Wilcoxon test, in the control group, there was an increase in the mean attitude value from an average value of 30.74 to 32.19 with a mean difference of 1.45 with a value of $p = 0.074$ ($p > 0.05$), which means there is no change significant. Unlike the case in the intervention group, there was a significant change in $p = 0.000$ ($p < 0.05$) and an increase in the mean value from 31.60 to 36.02 with a mean difference of 4.42.

A person's attitude is influenced by internal factors, including psychological and physiological, while external factors are interventions that come from outside the individual, such as education, training, and others (Sofiyana & Noer, 2013). In table 4, we can see that there is an average difference in the mean difference between the two groups, where the intervention group tends to have a higher mean value of 4.42 compared to the control group, which is 1.45. This also led to a significant difference in the mean difference between the intervention group and the control group, where based on the data after being tested by Mann Whitney analysis, the p -value = 0.000 ($p < 0.05$). This shows that there is a significant difference between the intervention group and the control group. This is due to educational factors in the form of personal coaching education given to the intervention group during two meetings with different material for each meeting with 60 minutes per respondent.

The results of this study are in line with research conducted by [Mulyani et al. \(2017\)](#), where the results of their research obtained the average value of respondents' attitudes after being given coaching with a peer education approach in the treatment group of 2.32, this average is smaller than the average attitude of the control group, which is 2.92. However, statistically, education and coaching with a peer education approach significantly improved respondents' attitudes. It is different in this study where the average value of the respondent's attitude after being given treatment in the form of personal coaching in the treatment group was 4.42; this average value was higher than the average control group, which was 1.45. Moreover, statistically, the increase in the attitude value in the control group was not significant with $p\text{-value} = 0.074$ ($p > 0.05$) compared to the intervention group, where the increase occurred significantly with $p = 0.000$ ($p < 0.05$). The increase in the attitude value in the intervention group was due to external factors in education, in this case, education through personal coaching where respondents were given nutrition education for 60 minutes with two meetings where each meeting had different materials. Another study conducted by Fatima Koa on the effect of individual coaching on self-efficacy, transmission prevention measures, and medication adherence in TB patients showed a 90% change in attitude in the treatment group by giving 4x intervention for two weeks 60 minutes ([Dol et al., 2021](#); [Ho et al., 2009](#)).

The effect of personal coaching education about nutrition, lactation, uterine involution and lochea on respondents' actions (actions of protein consumption, VITA, and VIT C)

Action is a response to a stimulus that can be observed directly or indirectly. There are two types of action, namely passive action, which is an action that cannot be observed directly by others or without action, and active action, which is an action that can be observed directly by others through action ([Agus Tianingrum & Notoatmodjo, 2015](#); [Gading et al., 2017](#)). From the results of the study (Table 5) that after the Wilcoxon test, in the control group, there was an increase in the value of the action of protein consumption, but statistically, the change was not significant $p = 0.966$ ($p > 0.05$) from the average value of 56.51 to 57.24 with a mean difference of 0.73. Meanwhile, in the intervention group, there was a significant change in protein consumption measures $p = 0.006$ ($p < 0.05$) and an increase in the mean value from 54.16 to 66.23 with a mean difference of 12.07.

Although protein consumption in the intervention group occurred significantly, the average value was still below the Minister of Health RI NO. 75 of 2013 concerning the recommended RDA, which protein requirements for breastfeeding mothers are 77 g. The high need for protein in breastfeeding mothers is needed to support recovery after childbirth, either through a Caesarean procedure or expected delivery with a tear in the birth canal. Protein plays a role in stimulating collagen formation, which is needed at the stage of wound healing which functions to replace cells and tissues lost or damaged during an injury. The main components of protein that play an essential role in wound healing are arginine and glutamine. Protein is also helpful for breast milk production, so mothers who consume less protein can cause reduced milk production. Protein also functions to prevent infection and as a source of energy needed by mothers to take care of their little ones and themselves after giving birth ([Wardana et al., 2018](#); [Widyastuti, 2020](#)). From the results of the study (Table 6) after the Wilcoxon test, in the control group, there was an increase in the value of the consumption of VIT A, although the increase was not statistically significant $p = 0.599$ ($p > 0.05$) from the average value of 507.41 to 558.71 with a mean difference of 41.3. Meanwhile, in the intervention group, the increase in the value of the consumption action of VIT A occurred significantly $p = 0.014$ ($p < 0.05$) from the average value of 558.30 to 612.36 with a mean difference of 54.06.

Similar to the act of protein consumption, in the act of consuming VIT A, although there was a significant increase in the intervention group, the average value was still below the provisions of the Minister of Health RI NO. 75 of 2013 concerning the recommended RDA, which is the need for VIT A for postpartum mothers, namely 850 mcg. Vitamin A is essential during the puerperium because it has several functions, namely playing an essential role in vision, physical growth and development, and immune function. In addition, VITA also functions to maintain maternal health during pregnancy and lactation ([Gross et al., 1980](#); [Mulyani, 2018](#)). Vitamin A deficiency will cause a decrease in the number of goblet cells and mucus secretion so that the epithelial cells become dry and scaly, which ultimately causes microorganisms to attack more easily for infection. Moreover, as we know that infection is one of the highest causes of maternal death; therefore, postpartum mothers need to increase the consumption of VIT A ([Salam et al., 2018](#); [Siregar, 2019](#); [Rosa, 2020](#)). From the results of the study (Table 7) that after the Wilcoxon test, in the control group, there was an increase in the value of the consumption action of VIT C, although the increase was not statistically significant $p = 0.095$ ($p > 0.05$) from the average value of 46.44 to 57.74 with a mean difference of 11.3. Meanwhile, in the intervention group, the increase in the value of the consumption action of VIT C occurred significantly $p = 0.000$ ($p < 0.05$) from the average value of 35.23 to 62.60 with a mean difference of 0.000.

In the act of consuming VIT C in the intervention group, there was also a significant increase, but the average value was still below the provisions of the Minister of Health RI NO. 75 of 2013 concerning the recommended RDA, where the need for VIT C for postpartum mothers is 100 mg. Lack of VIT C in postpartum mothers can cause bleeding and postpartum infection because VIT C plays a role in wound closure when bleeding occurs and provides more protection from infection with pathogenic microorganisms. According to Lawrence (1989), the formation of action is influenced by several factors, namely; predisposing factors (knowledge, attitudes, traditions), supporting factors (physical environment, facilities, and infrastructure), and driving factors (attitudes of health workers and actions of health workers).

Moreover, from the results of the research obtained, we can see an increase in the respondents' actions, namely consuming protein, consuming VIT A, and consuming VIT C. The increase in the respondents' actions was due to increased knowledge and an increase in the value of attitudes in both the control group and the control group—intervention group (Table 3 and Table 4). The results of this study are in line with the research conducted by Widyastuti (2020) which in their research results showed that the mean of action in the control group (0.84) was more significant than the average of the treatment group (0.56). This shows that coaching with a peer education approach carried out in the treatment group has not significantly influenced respondents' actions compared to education with the classical method. The case is different in this study, where the mean value of the intervention group is greater than the mean value of the control group (table 5, table 6, and table 7). Another study conducted by Fatima Koa on the effect of individual coaching on self-efficacy, transmission prevention measures, and medication adherence in TB patients showed that there was a change in action in the treatment group by 73% by giving 4x intervention for two weeks with a duration of 60 minutes (KOA, 2019).

Conclusion

Based on the results of research and data analysis that has been carried out on the effect of personal coaching education on lactation nutrition, uterine involution and lochia on increasing knowledge, attitudes, and actions of postpartum mothers, it can be concluded that there is an effect of education on lactation nutrition, uterine involution, and lochia on knowledge, attitudes, and actions of postpartum mothers both before and after in the intervention group and the control group and there is also an effect of education about nutrition on lactation, uterine involution, and lochea on the knowledge, attitudes, and actions of postpartum mothers between the intervention group and the control group in the RSIA work area Happy Makassar and RSIA Ananda Makassar.

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