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DESCRIPTION OF THE SUCCESSFUL PRODUCTION OF POST PUBILY ASI BY CONSUMING PEPAYA FRUIT IN BPM BENGKULU CITY

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ABSTRACT

This study aims to describe the smooth production of breast milk for postpartum mothers by consuming papaya. The method used in this research is descriptive method with a quantitative approach. The sample in this study were 30 respondents with total sampling technique. The research instrument used an observation sheet with univariate analysis. The results of the analysis showed that of the 30 postpartum mothers who consumed papaya fruit, 23 (76.7%) of breast milk production was smooth and 7 (23.3%) milk production was not smooth. Based on the amount of daily consumption of papaya fruit, there are 21 (70%) with the appropriate category and 9 (30%) with the category not according to the number of doses per day. In order for mothers to be successful in exclusively breastfeeding, mothers who are breastfeeding their babies must receive additional food to avoid deterioration in the production and production of breastmilk. Lactagogum is a substance that can increase or facilitate the production of milk. Synthetic lactagogum is not widely known and is relatively expensive. Papaya fruit is a type of plant that contains lactagogue which has the potential to stimulate the hormones oxytocin and prolactin which are useful in increasing and facilitating breast milk production. With this description, it is hoped that midwives can provide comprehensive services that are provided from pregnant women to breastfeeding and for families to be able to provide support for pregnant and lactating women to provide exclusive breastfeeding.

Key words: Smooth production of breast milk, Papaya fruit

INTRODUCTION

Breastfeeding is a natural occurrence and an art that must be re-studied, because breastfeeding actually not only gives babies the opportunity to grow into physically healthy humans but also smarter, emotionally stable, positive spiritual development and more social development. good (Roesli, 2013).

The benefits of breastfeeding besides reducing the Infant Mortality Rate (IMR) also have benefits for babies and mothers. The benefits for babies are quoting information obtained from the UK's National Health Service, among the benefits of breastfeeding babies are reducing the risk of babies getting diarrhea and vomiting, reducing the likelihood of getting infections in the chest and ears, reducing the risk of skin diseases, reducing exposure. constipation, thus reducing the chances of the baby being hospitalized. Breastfeeding also has positive effects on the mother, including reducing the mother's risk of heart disease, reducing the risk of developing uterine and breast cancer, burning calories in the mother's body, saving expenses and also fostering a strong bond between mother and child. In addition,

breastfeeding children also delays the return of the menstrual cycle to new mothers (Roesli, 2013).

The smooth production of breast milk is influenced by many factors, such as the frequency of breastfeeding, infant weight at birth, gestational age at birth, maternal age and parity, stress and acute illness, early breastfeeding, smoking, alcohol consumption, breast care, use of contraceptives and nutritional status. The availability of smooth breastfeeding for breastfeeding mothers will help the success of exclusive breastfeeding for 6 months, thus helping the baby grow and develop properly according to the recommendations of WHO (Ferial, 2013).

One of the Sustainable Development Goals (SDGs) targets that will be achieved is to reduce the child mortality rate with the indicator that is to reduce the Infant Mortality Rate (IMR) to 12/1000 live births in 2030. Efforts that can be made to reduce the infant mortality rate include: with exclusive breastfeeding (Destyana, et al. 2018).

Based on the 2016 Indonesian Health Demographic Survey (IDHS) in Indonesia, the coverage of exclusive breastfeeding in 2016 reached 54%, while the coverage of exclusive breastfeeding in 2017 was 2,096 people (61.2%). Exclusive breastfeeding coverage shows a downward trend compared to previous years. Exclusive breastfeeding coverage in 2016 was 61.74%, 2015 was 77.9%, 2014 was 81.3%, 2013 was 78.7%, and coverage of breastfeeding in 2012 was 51.5%. The coverage of exclusive breastfeeding is different for each Puskesmas. The highest coverage of exclusive breastfeeding was at Basuki Rahmat Health Center, 87.5%. And the lowest coverage of exclusive breastfeeding is the Sukamerindu Health Center, 9.3% (Bengkulu City Health Profile, 2017).

Maternal problems that arise during breastfeeding can begin before childbirth (antenatal period), early post partum and late post partum. Breastfeeding problems can also be caused by special circumstances. In addition, mothers often complain that their babies often cry or refuse to breastfeed. It often means that the breast milk is not enough or the milk is not good, so the decision to stop breastfeeding is often taken (Utami, 2015).

Many mothers feel that formula milk is as good or better than breast milk, so they quickly add to it if there is less milk. There are still many health workers who do not provide information during pregnancy examinations or when the baby is sent home (Astutik, 2014).

In order for mothers to be successful in exclusively breastfeeding, mothers who are breastfeeding their babies must receive additional food to avoid deterioration in the production and production of breastmilk. Lactagogum is a substance that can increase or

facilitate the production of milk. Synthetic lactagogum is not widely known and is relatively expensive. This causes the need to look for alternative lactagogical drugs. Papaya fruit is a type of plant that contains lactagogue which has the potential to stimulate the hormones oxytocin and prolactin which are useful in increasing and accelerating breast milk production (Kurniati et al, 2018).

From the results of the preliminary study, the researcher was interested in taking the research title "The description of the characteristics of postpartum mothers with the smooth production of breast milk in BPM Bengkulu City.

RESEARCH DESIGN AND METHODOLOGY

This research is a descriptive study with a quantitative approach. Meanwhile, the research design was a cross sectional survey. In this study, observations were made about the frequency of breastfeeding, the frequency of defecating and the frequency of BAK for newborns by asking for family assistance. The population in this study were 30 postpartum mothers consuming papaya fruit. The sample of this study used a total sampling technique.

FINDINGS AND DISCUSSION

Based on the results of research on the description of the smooth production of breast milk by consuming papaya fruit in BPM Bengkulu City, it was found that out of 30 postpartum mothers who consumed papaya fruit obtained 23 (76.7%) smooth milk production and 7 (23.3%) milk production was not. smooth. Based on the amount of daily consumption of papaya fruit, there are 21 (70%) with the appropriate category and 9 (30%) with the category not according to the number of doses per day. From this distribution, it can be concluded that most mothers who consume papaya fruit according to the number of doses per day have a smooth milk production.

The smooth production of breast milk is influenced by many factors such as the frequency of breastfeeding, birth weight at birth, gestational age at birth, maternal age and parity, stress and acute illness, early breastfeeding, presence of smokers, alcohol consumption, breast care, use of contraceptives and nutritional status. The availability of smooth breastfeeding for breastfeeding mothers will help the success of exclusive breastfeeding for 6 months, thus helping the baby grow and develop properly according to the recommendations of WHO (Ferial, 2013).

The lactagogram contained in papaya fruit has the potential to stimulate the hormones oxytocin and prolactin such as alkaloids, polyphenols, steroids, flavonoids and other substances that are most effective in increasing and accelerating breast milk production. Hormonal prolactin reflex to accelerate milk production, when the baby sucks the mother's nipple, neorohormonal stimulation occurs in the nipple and the mother's aerola. These stimuli are transmitted to the pituitary via the vagus nerve, then to the anterior lobe. From this lobe will release the hormone prolactin, enter the bloodstream and arrive at the glands that make milk. These glands will be stimulated to produce breast milk (Murtiana, 2011).

The use of young papaya fruit is often found in the community, such as for eye health, for the digestive process and as a daily side dish because of its protein and vitamin content, as well as to facilitate and increase milk production. The processing of young papaya fruit is usually done by boiling, anointing, steaming and stir-frying. Papaya fruit is a food ingredient that has many benefits and is easily obtained by the community because it can be easily grown in the yard. Not only young papaya or green papaya but ripe papaya fruit is also good because it is a rich source of essential vitamins and minerals. Papaya is rich in vitamin A, vitamin C, vitamin E, vitamin K, folate and pantothenic acid.

Based on the results of the study, it shows that mothers who consume papaya make breast milk production smoothly. This is because the papaya plant is a plant that has been widely used by the community for a long time. The active compounds contained in it are the enzyme papain, carotenoids, alkaloids, flavonoids, monoterpenoids, minerals, vitamins, glucosinolates, and carposides of vitamins C, A, B, E, as well as minerals with gastroprotective, antibacterial, laxative, and lactagogic effects. scientifically from the papaya fruit. The content of lactagogum (lactagogue) in papaya can be one way to increase the rate of breast milk secretion and production (Muhartono, 2018).

This is in line with research conducted by Sri et al. (2015) with an experimental method using a pre and post intervention design using one group. This design uses a one group before and after intervention design, or pre and post test design in which the only experimental unit functions as an experimental group as well as a control group. In the study, it was stated that the average milk production before consuming papaya fruit was 5.7 times with a standard deviation of 0.8131 and the average after consuming papaya fruit was 9.75 times with a standard deviation of 0.78640. Because the difference in the average value is 4.05000 with sig 0.000 so that sig <0.05, it can be concluded that the average milk production before and after

consuming papaya fruit is different and the provision of papaya fruit can affect the increase in the secretion and production of breast milk of nursing mothers.

Based on the amount of daily consumption of papaya fruit, there are 21 (70%) with the appropriate category and 9 (30%) with the category not according to the number of doses per day. From this distribution, it can be concluded that most mothers who consume papaya fruit according to the number of doses per day have a smooth milk production. This is in line with Dewi et al's research with the method of observation carried out on nursing mothers before consuming papaya fruit using predetermined observation sheets. Furthermore, the administration of processed papaya fruit is carried out by consuming vegetables, stir-fried young papaya fruit and half-ripe papaya fruit pieces to post partum mothers who breastfeed for seven days with a frequency of 3 times a day. The results showed that there was a significant difference in the scores between before and after giving processed papaya fruit to the experimental group ($p < 0.05$). In this study, it was concluded that consumption of processed papaya fruit was able to increase breast milk production in post partum mothers.

CONCLUSION

Most of the respondents (76.7%) breastmilk production was smooth and a small proportion of respondents (23.3%) breastmilk production was not smooth. Most of the respondents who consumed papaya fruit (70%) were in the appropriate category and almost half of them who consumed papaya (30%) were not in the category according to the number of doses per day.

The results are expected to be a source of information for postpartum mothers so that breast milk comes out smoothly in large quantities, and for breastfeeding mothers to be able to use papaya fruit as a complementary therapy to accelerate milk production, because breast milk is an important food for babies, and mothers should provide breast milk. exclusive from 0-6 months without being given additional food, and continued until the age of 2 years accompanied by additional food for children.

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