

The Influence Of Counseling Guidance On Mother Coping With Low Birth Weight Infant In The Incubator Perinatology Room Of Rsd Dr . M Yunus Bengkulu 2018

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Abstract—Low birth weight infant (LBW) are very vulnerable infant to the emergence of a disease. Handling of LBW infant cases should be done in special and intensive care rooms. Individual counseling guidance on mother's coping is very important to be given to mothers with LBW infant. To know the influence of counseling guidance to coping mother with LBW infant. The research design is pre-experiment (one group pre test and post test design). The sample technique used is Consecutive sampling. Analytical technique using Wilcoxon test with p value <0,05. Mean of coping mother before and after given counseling guidance is 38,8889 and 48,7654, there is influence counseling guidance to coping mother with baby LBW with p value = 0,000 <0,05. Effective of counseling guidance makes coping mothers with LBW babies into adaptive coping.

Keywords: *counseling, coping, LBW*

I. INTRODUCTION

Low birth weight baby (LBW) is a baby with weight less than 2500 grams regardless of gestational age [1]. *The World Health Organization* estimates that around 25 million babies experience LBW every year and almost 5% occur in developed countries, while 95% occur in developing countries [2]. In Indonesia the prevalence of LBW is estimated to reach 9-11% [1]. The neonatal mortality rate in Indonesia is 20 per 1000 live births, in 1 year around 89,000 1 month old babies die which means that every 6 minutes there is 1 (one) neonate dies [3].

The neonatal mortality rate in the city of Bengkulu is lower than the neonatal mortality rate in Indonesia in 2016 which is 4.56 per 1000 live births. One of the causes is LBW [4]. Preliminary studies have been carried out at Dr. M. Yunus Bengkulu in 2014 recorded 190 LBW infants treated, in 2015 recorded 265 LBW infants who were treated, and in 2016 recorded 169 LBW infants who were treated, with an average length of LBW care in the Perinatology room for more than one month depends quickly on the slow development of the baby and the average LBW baby is treated every month in the Perinatology Room of Dr. M Yunus Bengkulu recorded \pm 14 LBW babies. This shows that there is still a high incidence of LBW infants [5].

Handling of LBW baby cases must be done in a special care room and receive intensive care. Intensive care for neonates is often done in an incubator. LBW baby care

in the incubator has a significant impact on the mother and this can cause long-term consequences for the family. Great effort is needed to help overcome the feelings of sadness and loss experienced by parents, respond to their questions optimally and facilitate their ability to adapt [6].

Mothers with LBW babies in the hospital will more often see the condition of the baby in the incubator. This condition is a frightening and sad period for mothers. The mother can only see the baby from outside the incubator and try to adjust because the baby is not at home [7].

Various forms of parental and infant contact such as visiting a baby's ward, holding, parental conversation, and skin contact with the baby's skin, have better benefits for babies and parents during hospitalization. Frequent visits and proximity to babies are associated with better neurobehavioral development of infants [8]. This makes mothers motivated to do something to reduce the stress they experience. The things that are done are part of the coping mechanism [9].

Important for nurses to understand the strategies used by nurses to optimize the closeness of the mother and baby by providing clear information to the mother about the condition of her baby and also to minimize the separation between mother and baby [10].

Health counseling is one that plays a role in cognitive processes. Individual counseling about maternal coping is very important to be given to mothers with LBW babies in order to understand the condition of the baby during treatment in the incubator. This method is simple, practical, effective, and economical to do [11].

From the results of interviews with mothers who have LBW babies in the Perinatology Room of Dr. M Yunus Bengkulu, out of 10 respondents 80% said that the mother was still feeling stressed and anxious about the condition of her baby who looked fragile and the other 20% said they had been less anxious because of the baby's already improving condition. The way that you do to reduce stress and anxiety is to meet directly with the baby and get the support from the family, especially the husband [5].

II. METHODS

Method used in this study is *pre-experiment* using research design *one group pre test and post test design*. and with a prospective approach where the researcher gave intervention to the subject of the study, then the researcher

assessed the effect of the intervention on maternal coping. Samples were mothers with LBW infants who were treated in the Perinatology room incubator, amounting to 18 people using *Consecutive sampling technique*. Data analysis used is univariate analysis and is presented in table form and descriptive analysis. Bivariate analysis using the Wilcoxon test α 5% to determine the effect of counseling guidance.

III. RESULTS

a. Univariate Analysis

TABLE 1 DISTRIBUTION OF RESPONDENTS BASED ON MOTHER COPING BEFORE INTERVENTION PROVIDED COUNSELING GUIDANCE

No.	Mother Coping	Pre	%
1.	Adaptif	1	5,6%
2.	Maladaptif	17	94,4%
	Total	18	100%

The results of the analysis showed that most respondents (94.4%) maladaptive coping.

TABLE 2 DISTRIBUTION OF RESPONDENTS BASED ON KOPING MOTHERS AFTER GIVEN INTERVENTIONS COUNSELING GUIDANCE

No.	Mother Coping	Post	%
1.	Adaptif	13	72,2%
2.	Maladaptif	5	27,8%
	Total	18	100%

The results of the analysis showed that most respondents (72.2%) adaptive coping.

TABLE 3 DISTRIBUTION OF AVERAGE KOPING CAPITAL BEFORE AND AFTER EXECUTED COUNSELING

Mothe r Copin g	N	Mean	Media n	SD	Min-Maks	95%CI for Mean
Before Intervent ion	18	38,888 9	38,888 9	6,0258 5	27,78- 55,56	36,419 8- 41,358 0
After Intervent ion	18	48,765 4	50,000 0	3,0462 2	44,44- 55,56	47,530 9- 50,000

The results of the analysis showed that the average maternal coping before being given counseling was 38,8889 and standard deviation 6 , 02585. From the results of the interval estimation it can be concluded that 95% are believed to be the average coping mothers before being given counseling is between 36.4198-41.3580 in the range of maladaptive coping.

The results showed that the average maternal coping after being given counseling was 50,000 and a standard deviation of 3,04622. From the results of the interval estimation it can be concluded that 95% is believed to be the average maternal coping before being given counseling guidance is between 47,5309-50,000 in the range of maladaptive and adaptive coping.

b. Bivariate analysis

analysis *bivariate* was conducted to determine the effect of counseling on coping mothers with LBW babies. Prior to the bivariate analysis, the normality of the data was tested by using the *Shapiro-Wilk test* at α 5%.test results

Shapiro-Wilk showed that one of the data (after counseling) had a value of $p = 0,000 < \alpha$ 5%, meaning that the data was not normally distributed, so to find out the increase of maternal coping before and after counseling was carried out by *Wilcoxon signed ranks test* at α 5% (*one tail*).

TABLE 4 EFFECT OF COUNSELING GUIDANCE ON MATERNAL AND INFANT COUNSELING FOR LBW IN NURSING IN THE PERINATOLOGY ROOM INCUBATOR DR. M YUNUS BENGKULU.

Mother Coping	N	Mean Rank	Sum of Rank	Z	Pvalue
Before- After Intervent ion	18	9,82	167,00	-3,597	0,000

The analysis shows that the value of $P = 0.000 < \alpha$ 5% (*onetail*), it can be concluded that there is the effect of counseling on mother's coping with LBW babies treated in an incubator.

IV. DISCUSSION

a. Maternal Koping Before and After Intervention Provision of Counseling Guidance

Mothers included in the young adult age range, where at this age the condition of his personality was immature and still in unstable conditions in overcoming or solving problems that faced, as well as its ability in coping mechanisms is not yet appropriate. The receiving phase is longer when compared to old age, so that at this age the mother is susceptible to maladaptive coping. Mothers who have reached young adulthood are expected to be able to perform adaptive coping mechanisms when facing problems or difficult situations such as giving birth to babies with low birth weight [12].

Coping is a process where individuals make an effort to regulate the situation which is perceived as a gap between effort and ability that is considered as the cause of the emergence of stressful situations [13].

The mother's attitude after counseling (95%) is good, the mother's attitude in breastfeeding can be influenced by good maternal knowledge, parenting experience, interaction with the environment that will react forms a certain attitude pattern towards various objects faced [14].

Adaptive coping mechanisms are mechanisms that support the function of integration, growth, learning and achieving goals. The categories are talking to others, solving problems effectively, relaxation techniques, balanced exercises and constructive activities [15].

After being given health counseling about PMK posttest scores all respondents experienced an increase from the pretest value. The results showed that there was a difference in the average value of maternal motivation between before dah after being given health counseling about PMK in the perinatology room of Soreang District Hospital [11].

Coping efforts are very varied and cannot always lead to solutions to a problem that creates stressful situations. Individuals perform coping processes against stress through transaction processes with environmental, behavioral and cognitive [13].

- b. The Influence of Counseling Guidance on Coping with Mother and Baby LBW who were treated at the Perinatology Room Incubator of Dr. M Yunus Bengkulu

Based on the results of the study showed that after being given health counseling about FMD, most respondents as many as 20 people (62.5%) had high motivation to do FMD at LBW, this study also shows that there is a difference in the average motivation of mothers to do PMK at LBW between before and after being given health counseling about PMK in the Perinatology Room of Soreang District Hospital [11].

The title influence of counseling on changes in behavior of mothers who have low birth weight babies in giving premature breastfeeding with a sample of 20 people. The results showed that there were differences in results before and after counseling for premature breastfeeding in infants, there was an influence of counseling on the behavior of mothers who had LBW babies in preterm breastfeeding. It can be concluded that the knowledge, attitudes and actions of mothers after counseling affect changes in maternal role behavior in giving premature breastfeeding. After receiving maternal counseling, she will optimize the care of LBW infants in the provision of Premature ASI [14].

Naturally, whether consciously or unconsciously, individuals actually have used coping strategies in dealing with stress. Coping strategies are ways to change the environment or situation or solve problems that are being felt or faced. Coping is defined as an attempt at constant cognitive change and behavior to solve problems [16]. The coping mechanism that is carried out by the respondent is not only on one mechanism but in reality the respondent uses several coping mechanisms as well as to overcome the stress and the problems they face.

V. CONCLUSIONS

Based on the results of the study and discussion of counseling guidance on maternal coping with LBW infants who were treated in the Perinatolgi room incubator, Dr. M Yunus Bengkulu, the following conclusions can be drawn: average maternal coping before being given counseling guidance 38,8889 and average maternal coping after being given counseling guidance 48,7654. There was an influence of counseling guidance on maternal coping with LBW infants who were treated in the Dr. Perinatology room incubator. M Yunus Bengkulu ($p= 0,000 < \alpha 5\%$ (one tail)).

It is expected that nurses can approach through counseling to mothers so that mothers do not experience maladaptive coping. M. Yunus City Hospital of Bengkulu is expected to provide counseling services for mothers, providing special counseling rooms and being able to provide counseling to mothers in depth. Mothers with low-birth-weight babies keep on digging up information by taking counseling guidance in hospitals and from other parties who provide it. Other researchers are expected to be able to examine other factors (education) that can affect the improvement of coping.

VI. REFERENCES

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