The Effectiveness Of Tea Tor Bangun With The Level Of Breast Milk Production In Breastfeeding Mothers At The Ciledug Health Center

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Abstract.
Background: In general, newborns will breastfeed 10-12 times every 24 hours or even 18 times, which is very important for their growth and development. Purpose of Writing: To find out the effectiveness of Tea Tor Bangun With the Level of Milk Production in Breastfeeding Mothers at the Ciledug Health Center . Research Methods: This study used a pre-experimental method with a one group pre-posttest design approach. This study used an experimental methodology with a posttest-only and non-equivalent groups design. The research sample consisted of 40 participants who were divided into two groups: the intervention group who received torbangun tea with 20 participants, and the control group who did not receive torbangun tea with 20 participants. The sample selection technique was not based on purposive sampling probability. Results: The results of the Asimp study showed that Sig (2-Talled) in the intervention group was 0.000 and 0.034 in the control group. The hypothesis is accepted because 0.000 < 0.05 and 0.034 < 0.005. This shows that the increase in milk production of breastfeeding mothers in the intervention group and the control group is different. However, the P-values were higher when the intervention and control groups were compared. According to statistical findings, Tea Tor Bangun was more effective in the intervention group when compared to the control group in terms of the level of milk production in breastfeeding mothers at the Ciledug Health Center. one of the non-pharmacological types by giving torbangun tea leaves.

Keywords: Tea Tor Bangun, Breast Milk Production and Ciledug Health Center.

I.   INTRODUCTION

In general, newborns will feed 10–12 times every 24 hours or even 18 times, which is very important for their growth and development. When a baby requests or needs to be breastfed, this practice is referred to as "feeding on demand." Newborns should not be breastfed on a set schedule; instead, they should be performed whenever the baby needs them. This is because the baby will form his own needs. A healthy baby can spend one breast in about 5-7 minutes, and his stomach will be empty of milk in about 2 hours. (Astutik, 2015). Breastfeeding has a special biological and psychological impact on the health of both mother and baby, and is an unequaled approach to providing babies with proper nutrition for their growth and development (Hanifa, 2005). Breast milk contains anti-infective compounds that help protect babies from various diseases. However, breastfeeding is not always easy, and not all breast milk is smooth (Astutik, 2015).According to national data, 68.74% of babies receive exclusive breastfeeding. This number exceeds the target of 47% set in the 2018 Strategic Plan. West Java Province has the largest percentage of mothers who provide exclusive breastfeeding (90.79%), while Gorontalo Province has the lowest coverage rate (30.71%). The targets of the 2018 Strategic Plan have not been achieved by six provinces (Ministry of Health RI, 2015; 2018). The majority of babies in Indonesia aged between 0 to 23 months are not breastfed for various reasons, including: ASI does not come out (65.7%), children cannot breastfeed (6.6%), it is difficult (2.2%), parents separated (8.4%), medical reasons (5.7%), child separated from mother (5.4%), mother died (1.5%), and other reasons (4.5%). Meanwhile, Lampung Province reported that the biggest percentage of the causes of 55.4% of infants aged 0–23 months were not or had never been breastfed because breast milk did not come out. (Ministry of Health RI, 2018).

While Banten Province covers babies who are exclusively breastfed from 0 to 6 months of age,There are various reasons why the rate of exclusive breastfeeding is still low, such as breastfeeding mothers who feel that their milk supply is not sufficient for their child's needs, marketing of formula milk as a substitute for breast milk continues, and mothers who consume it in inadequate quantities. nutrition. Two hormones, oxytocin and prolactin, affect the amount of milk produced and consumed. Oxytocin affects milk production, while prolactin affects the amount of milk produced. Prolactin is affected by maternal nutrition; so that more milk will be produced if the mother consumes higher nutrition (Maryunani, 2012).Traditional herbal

medicine can be used as a production of breast milk, one way is to increase the speed at which breast milk is secreted and produced, due to the physiological state of breastfeeding, the nutritional needs of the mother increase. Several plants, including Greek trigonella L., katuk leaves (Sauropus androgynus), and raised coleus amboinius leaves, which are thought to have been passed down from generation to generation and have been scientifically confirmed to improve quality. and the amount of breast milk (Moringa oleifera). Various previous studies have shown that Indonesia contains a number of food components that are lactagogues. Plants are one of the species that have lactagogums. The main purpose of lactagogue is to increase the amount of milk production (Syarief, et al., 2014). You can use plant leaves to increase milk production by steaming or boiling them as vegetables. Wake and Moringa leaves can also be used to make a drink. The nature of the lacticagogum of the leaves and the nature of this plant has a very short harvest life and is very easy to grow. potential to be developed. But the Batak people only occasionally use it, especially in preparations. shapes such as vegetables or soup

II.   METHODS

This study used the pre-experimental method with the one group pre-posttest design approach. This study used an experimental methodology with a posttest-only and non-equivalent groups design. The research sample consisted of 40 participants who were divided into two groups: the intervention group who received torbangun tea with 20 participants, and the control group who did not receive torbangun tea with 20 participants. The sample selection technique is not based on purposive sampling probability The group that received torbangun tea was the intervention group, and the group that did not receive torbangun tea was the control group. By comparing the mean values after treatment between the intervention group and the control group based on the amount of milk production in ml size, the basis for calculations is used to determine whether or not there is treatment effectiveness in each group and differences in treatment effectiveness. both treatments.The breastfeeding pretest and posttest will be seen in the intervention and control groups, then Tea Tor is drunk for 7 days routinely 2 x a day, then on day 8 breast milk production is reassessed by assessing the amount of milk expenditure.

The research instrument was in accordance with the research objectives, namely the observation sheet as a researcher's record to assess the amount of breast milk expenditure based on ml size, a measuring cup to accommodate milk expenditure when pumping breast milk is carried out. To find out the effectiveness of Tea Tor Bangun at the level of primary data collection is one of the steps in practicing this research. Milk supply in nursing mothers. In the early stages, before the intervention was given, the milk production was assessed using a ml measuring cup and removing the milk that was collected in the measuring cup, then looking at the results of how many ml of milk was released and recording it on the observation sheet on the pretest assessment. Then an intervention was carried out by giving Tea Tor Bangun for 7 days, drinking it 2x a day regularly and being monitored by researchers.using the WhatsApss application media to remind respondents to drink tea to wake up. after that on the 8th day the researcher reassessed the amount of milk expenditure using a ml measuring cup and removing the milk which was accommodated in the measuring cup then seeing the results of how many ml of milk expenditure and recording it on the observation sheet in the posttest assessment. Likewise, it was also done in the control group in terms of the mechanism for assessing the amount of milk production seen when using a measuring cup and collecting it in a glass, then value the amount of milk expenditure in ml size. However, the control group was not given torbangun tea.

III.   RESEARCH RESULT
A.   UNIVARIATE ANALYSIS
1. The average level of milk production before and after the intervention group for breastfeeding mothers at the Ciledug Health Center.

Breast Milk Production Rate	N	Mean	standar deviasi	Min	Max
Before being given torbangun tea	20	144,75	147,982	60	720
After being given torbangun tea		219,50	245,410	100	1200

Table 1 presents the average level of milk production in the intervention group (recipients of torbangun tea). Statistically, the results of the assessment before being given torbangun tea from 20 respondents obtained an average of 144.75, a standard deviation value of 147.982, on an assessment of the minimum level of milk production. 60 ml and a maximum of 720 ml. In the results of the assessment after being given torbangun tea from 20 respondents, the average was 219.50, the standard deviation value was 245.410, at the assessment the level of milk production was a minimum of 100 ml and a maximum of 1200 ml.

2. The average level of milk production before and after in the control group of breastfeeding mothers at the Ciledug Health Center.

Breast Milk Production Rate	N	Mean	standar deviasi	Min	Max
Before being given torbangun tea	20	120,00	53,900	60	250
After being given torbangun tea		124,50	49,997	80	250

Table 2 shows the average value of breast milk production before and after the intervention of breastfeeding mothers in the control group statistically (without being given torbangun tea), namely the results of the previous assessment of 20 respondents obtained an average of 120.00, a standard deviation value of 53.900, in the assessment milk production level of at least 60 ml and a maximum of 250 ml. In the results of the assessment after the 8th day of the 20 respondents, the average was 124.50, the standard deviation value was 49.997, the assessment of the level of milk production was a minimum of 80 ml and a maximum of 250 ml.

3. Normality Test Results

score	Kolmogorov-Smirnov[a]	Shapiro-Wilk	Keterangan
group intervensi	0,000	0,000	Tidak normal
group kontrol	0,000	0,005	Tidak normal

Table 3 shows the normality test in the intervention group (given torbangun tea) and the control group (without giving torbangun tea) on the level of milk production before and after the Kolmogorov-Smirnov test ($p < 0.05$) and Shapiro-Wilk ($p < 0.05$). Everything is considered normal if the sig number is more than 0.05; otherwise, it is considered abnormal. Because the sample size was less than 100 and the data in the intervention and control groups were not normally distributed, the Shapiro-Wilk test was used based on these findings. If the results of the normality test are achieved, the next researcher will do the Wilcoxon test.

B.   RESULTS OF BIVARIATE ANALYSIS

1. Differences in the level of milk production in the intervention and control groups in breastfeeding mothers at the Ciledug Health Center

Before and after the intervention group		N	Maean Ranks	Sum Of Ranks	Asymp. Sig (2 – Talled
	Negatif Ranks	0	0,00	0,00	
	Positif Ranks	20	10,50	210,00	0,000
	Ties	0			
	Total	20			
Before and after the Control group	Negatif Ranks	0	0,00	0,00	
	Positif Ranks	5	3,00	15,00	0,034
	Ties	15			
	Total	20			

Table 4 shows the results of the Wilcoxon test used to compare the amount of breast milk produced by breastfeeding mothers in the intervention and control groups at the Ciledug Health Center before and after treatment. The majority of the 20 participants in the intervention group gave torbangun tea a good rating before and after, showing an increase in milk production among the 20 lactating women between pre-test and post-test scores. While the overall rating is 210.00, the average rating, or average growth, is 10.50. Most of the participants in the control group before and after not receiving torbangun tea were Ties, totaling 15, and participants in the Positive rating, totaling 5. The Ties score, which represents the similarity between the pre- and post-test values, shows that 15 people produced the same amount of milk the same before and after for 7 days without receiving wake-up tea, while the other 5 people produced more milk before and after

2. The Effectiveness of Tea Tor Bangun With the Level of Breast Milk Production in Breastfeeding Mothers at the Ciledug Health Center.

The results of Asimp's research showed that Sig (2-Talled) in the intervention group was 0.000 and 0.034 in the control group. The hypothesis is accepted because 0.000 < 0.05 and 0.034 < 0.005. This shows that the increase in milk production of breastfeeding mothers in the intervention group and the control group is different. However, the P-values were higher when the intervention and control groups were compared. According to statistical findings, Tea Tor Bangun was more effective in the intervention group when compared to the control group in terms of the level of milk production in breastfeeding mothers at the Ciledug Health Center.

DISCUSSION

The findings of this investigation indicate that a non-parametric statistical test is identified as Asymp. The hypothesis is accepted because Sig (2 - Talled) because 0.000 <0.05 and 0.034 <0.005, in the intervention group 0.000 and in the control group 0.034. This shows that the increase in milk production in breastfeeding mothers in the intervention and control groups is different. However, comparing the intervention and control groups. Based on the P-value, it can be concluded that Tea Tor Bangun is more effective in the intervention group when compared to the control group in terms of the volume of milk produced by breastfeeding mothers at the Ciledug Health Center.This study is consistent with previous studies in terms of assessing the effectiveness of Torbangun as a galatogogue gene to increase breast milk production. The research that is consistent with this research is according to Prahesti Ratna. (20204) which states that in terms of assessing the efficiency of Torbangun as a galatogogue gene, this study is consistent with previous research regarding how to increase milk production According to Prahesti Ratna (20204), there is a significant difference in the administration of coleus amboinicus (torbangun) leaves on prolactin levels and milk production. This claim is supported by research. It has been proven that eating torbangun leaves can increase prolactin levels and milk production. ASI.improving the quality of ASI It is hoped that there will be more research on the use of natural ingredients as a means of improving the quality of ASI. In this study, the researchers gave torbangun leaves that had been processed in the form of tea, making it easier for nursing mothers to drink torbangun leaves.

The researcher consumed torbangun tea 2 times to drink for 14 days, after that the results were assessed in the intervention group, namely statistics on the average milk production level of the intervention group after receiving torbangun tea, namely the results of the assessment before being given torbangun tea from 20 respondents obtained an average of - the mean is 144.75, the standard deviation value is 147.982, at the assessment of the minimum level of milk production of 60 ml and a maximum of 720 ml. In the results of the assessment after being given torbangun tea from 20 respondents, the average was 219.50, the standard deviation value was 245.410, at the assessment the level of milk production was a minimum of 100 ml and a maximum of 1200 ml.The implementation in giving torbangun leaf tea the researchers followed the method in accordance with previous research according to Lovita Bebi, (2018) by brewing the waking tea would have a significant effect, it was expected that breastfeeding mothers who drank Bangun- Bangun leaf tea would produce more breast milk. According to statistical findings, Tea Tor Bangun was more effective in the intervention group compared to the control group in terms of the level of milk production in breastfeeding mothers at the Ciledug Health Center (P-value). use must continue to consume it regularly to help produce breast milk.According to researcher Saragih, R. (2014) who conducted a trial of making torbangun tea with the experimental procedure for processing torbangun leaf tea, it begins with selecting good torbangun leaves with the criteria for green leaves, fresh and not hollow. 500 grams of torbangun leaves, remove the bones and clean thoroughly by washing with water.

The leaves are then cut into 2 to 3 cm pieces and wilted by immersing them in boiling water (100 °C) for a few seconds. They should then be placed in a drying set with the following temperatures: t1 = 45 °C, t2 = 50 °C, and t3 = 55 °C. W1 = 2 hours, W2 = 3 hours, and W3 = 4 hours were selected as the drying time. The dried leaves are then ground into tea powder and wrapped in aluminum foil. According to ,, polyphenols, tannins, and alkaloids were found in prolactin levels and milk production after administration of torbangun leaves (Coleus Amboinicus L). This statement is supported by research. Food sources such as

torbangun leaves have been shown to increase prolactin levels and prolactin milk production. According to research conducted on rats, regular administration of flavonoids can stimulate breast development by increasing the expression of the prolactin hormone receptor (PRLR) gene and promoting the release of the hormone prolactin and growth hormone (GH). Polyphenols, which are antioxidants found in tea, are well-known for their cancer-fighting abilities. The same substance also has a beneficial impact on heart disease and stroke prevention. In addition, these antioxidants help strengthen blood vessels, improve circulation, and lower blood cholesterol levels.The researchers argue that consuming torbangun tea leaves is a diet that has proven to be very beneficial for breastfeeding women based on the theory and opinions of previous studies, due to the incidence of not being given exclusive breastfeeding, one of the reasons is the lack of milk production. Therefore, researchers hope that health workers especially midwives can provide education and knowledge of types of natural foods or galactogogues, one of which can be consumed torbangun tea leaves.

IV.   CONCLUSION

Based on research conducted at the Ciledug Health Center on the effectiveness of torbangun tea in increasing breast milk production for nursing mothers. obtained:

1. The statistical results of the average milk production level for the intervention group after receiving torbangun tea, namely the results of the assessment before being given torbangun tea from 20 respondents obtained an average of 144.75, a standard deviation value of 147.982, on an assessment of a minimum level of milk production of 60 ml and a maximum of 720 ml. In the results of the assessment after being given torbangun tea from 20 respondents, the average was 219.50, the standard deviation value was 245.410, at the assessment the level of milk production was a minimum of 100 ml and a maximum of 1200 ml.

2. The statistical results of the average value of milk production in the control group who did not receive torbangun tea are as follows: 120.00, a standard deviation value of 53.900, at the assessment of the level of milk production a minimum of 60 ml and a maximum of 250 ml. In the results of the assessment after the 8th day of the 20 respondents, the average was 124.50, the standard deviation value was 49.997, the assessment of the level of milk production was a minimum of 80 ml and a maximum of 250 ml.

3. The results of the Wilcoxon test which consisted of the intervention and control groups before and after treatment regarding the degree of milk production of breastfeeding mothers at the Ciledug Health Center. In the intervention group before and after being given torbangun tea, the majority were in the positive ranks with a total of 20 people, indicating that the milk production of 20 nursing mothers increased between the pre- and post-test measurements. While the overall rating is 210.00, the average rating, or average growth, is 10.50. While the control group, both before and after not receiving torbangun tea, found the majority in Ties with a total of 15 people and Positive ranks of 5 people. The Ties value which is equivalent to 15 people is the similarity between the pre and post test values, there is a similarity in the amount of milk production before and after for 7 days without being given a wake-up tea and there are 5 people who experience an increase in milk production before and after.

4. According to research findings, asimp. In the intervention group, Sig (2-Talled) was 0.000, while in the control group it was 0.034. Because $0.000 < 0.05$ and $0.034 < 0.005$, it can be concluded that the hypothesis is true. This shows that the increase in milk production in breastfeeding mothers in the intervention and control groups is different. If we compare the P-value between the intervention and control groups, it can be concluded that Tea Tor Builds Effectively with the Level of Milk Production in Breastfeeding Mothers at the Ciledug Health Center because it is clear that the statistical findings are more favorable in the intervention group than the control group.

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