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EFFECTIVENESS OF ROSATIN (SASAK OXYTOCIN MASSAGE VEST) ON BREAST MILK PRODUCTION IN BREASTFEEDING MOTHERS

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ABSTRACT

The World Health Organization (WHO) recommends exclusive breastfeeding during the first six months of an infant's life. Breast milk provides numerous benefits to infants, such as protection against gastroenteritis, respiratory infections, ear infections, urinary tract infections, allergies, diabetes mellitus, sudden infant death syndrome (SIDS), and obesity, and it can also enhance cognitive development. However, many mothers face challenges in breastfeeding due to insufficient breast milk production. The production of breast milk itself is often a key inhibiting factor in successful breastfeeding. Optimal breastfeeding practices play a critical role in reducing stunting among children under five, aligning with both global and national targets to reduce stunting by 40 percent. One non-pharmacological therapy commonly used by health workers or therapists to address breastfeeding difficulties is oxytocin massage. In this study, the researchers developed a novel, previously untested non-pharmacological tool called ROSATIN (Sasak Oxytocin Massage Vest). ROSATIN integrates the traditional fabric of the Sasak tribe into a vest designed to stimulate oxytocin points along the spine, mimicking the effects of manual oxytocin massage by providing gentle, targeted pressure and promoting maternal relaxation. This study aims to evaluate the effectiveness of the ROSATIN tool in increasing breast milk production among breastfeeding mothers. A quasi-experimental design with a two-group post-test-only approach was employed. The intervention group received massage using ROSATIN, while the control group received a traditional oxytocin massage performed by a trained therapist. The study involved 60 breastfeeding mothers who reported irregular breast milk production. Participants were selected using purposive sampling. Data were analyzed using the Wilcoxon test, while effectiveness was assessed through the N-Gain score. The results showed a significant increase in breast milk production in both groups following the intervention, with a significance value of 0.000 ($p < 0.05$). However, the effectiveness test revealed that massage using ROSATIN demonstrated higher effectiveness, with an N-Gain score of 0.844, compared to manual massage by a therapist.

Kata Kunci:

Pijat Oksitosin;
Produksi ASI;
Ibu Menyusui

ABSTRAK

Organisasi Kesehatan Dunia (WHO) merekomendasikan pemberian ASI eksklusif pada enam bulan pertama kehidupan bayi. Air susu ibu memberikan kontribusi yang besar bagi bayi seperti melindungi bayi dari gastroenteritis, gangguan pernafasan, infeksi telinga, infeksi saluran kemih, alergi, diabetes mellitus, sindrom kematian bayi mendadak, obesitas dan dapat meningkatkan kecerdasan. Walaupun demikian masih banyak ibu yang mengalami kesulitan dalam memberikan ASI karena tidak semua ibu menyusui mengeluarkan ASI yang cukup untuk bayinya dimana faktor penghambat dalam pemberian ASI adalah produksi ASI itu sendiri. Praktik menyusui yang optimal adalah kunci untuk menurunkan stunting pada anak di bawah usia lima tahun, demi mencapai target global dan nasional untuk mengurangi stunting hingga 40 persen. Salah satu terapi non farmakologi yang sering di gunakan oleh tenaga kesehatan atau terapis untuk membantu ibu dalam mengatasi masalah menysusui yaitu dengan pijat oksitosin. Pada penelitian ini peneliti membuat terapi non farmakologi terbaru yang tidak pernah dibuat sebelumnya, kemudian diaplikasikan kedalam sebuah alat yang diberi nama ROSATIN (Rompi Sasak Pijat Oksitosin). ROSATIN yaitu alat yang di kembangkan dengan kombinasi rompi dari kearifan lokal bahan kain budaya suku sasak. Prinsip kerja dari ROSATIN yaitu memberikan tekanan pada titik-titik disepanjang tulang belakang seperti pijat oksitosin yang dilakukan oleh terapis yang dapat memberikan rasa relaks pada ibu. Penelitian ini bertujuan untuk menganalisa efektifitas penggunaan alat ROSATIN terhadap peningkatan produksi ASI pada Ibu Menyusui. Metode penelitian ini menggunakan design quasi eksperimental dengan two grup only post test desain. Penelitian ini membandingkan dua kelompok penelitian, yaitu antara kelompok intervensi yang diberikan pijat dengan ROSATIN di bandingkan dengan kelompok kontrol dengan pijat oksitosin oleh terapis. populasi dalam penelitian ini adalah ibu menyusui yang mengalami ASI tidak lancar dengan jumlah sampel sebanyak 60 ibu menyusui. Tehnik sampling menggunkan purposive sampling dan analisa data menggunkan Uji Wilcoxon serta untuk menganalisa efektifitas menggunkan uji N-Gain. Berdasarkan hasil uji statistik baik pada kelompok pijatan oleh terapis secara manual maupun kelompok pijatan ROSATIN menunjukkan peningkatan signifikan pada kedua kelompok dalam meningkatkan produksi ASI setelah diberikan intervensi dengan nilai signifikansi 0,000 ($p<0,05$) tetapi dari hasil uji efektifitas menunjukkan bahwa Pijatan dengan ROSATIN memiliki efektifitas yang tinggi dengan nilai N-Gain 0,844 di bandingkan dengan pijatan oleh terapis.

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INTRODUCTION

According to the 2021 Indonesian Health Profile, only 56.9% of the 2.3 million babies aged under six months in Indonesia received exclusive breastfeeding—a decrease from the 67.74% coverage recorded in 2019. In contrast, the rate of early initiation of breastfeeding (IMD) increased from 75.58% in 2019 to 82.7% in 2021. Nationally, the highest exclusive breastfeeding coverage was found in West Nusa Tenggara Province (82.4%), while the lowest was in Maluku Province (13.0%). However, within the ten districts and municipalities of West Nusa Tenggara in 2022, the lowest exclusive breastfeeding coverage was recorded in Mataram City, at 57.4% (BPS NTB, 2021).

National data also show that 67% of breastfeeding mothers experience disturbances in breast milk production, with global coverage for breastfeeding among infants aged 0–6 months reaching only 44% (Oktafiani et al., 2022). Decreased milk production in the early postpartum period can be attributed to a lack of stimulation of the prolactin and oxytocin hormones, which are essential for lactation. A mother's doubt or anxiety about her ability to breastfeed can reduce oxytocin levels, preventing milk flow shortly after delivery and leading to early introduction of formula feeding. Although non-pharmacological therapies to improve breast milk production exist, their implementation remains limited due to insufficient procedural information in health services (Indrasari, 2019).

While many motherswish to breastfeed exclusively and smoothly, not all postpartum mothers are able to express milk immediately. Numerous mothers encounter lactation problems, such as sore nipples, inverted nipples, repeated nipple trauma, or incorrect breastfeeding positioning. Improper breastfeeding techniques and unfavorable breast conditions may cause further complications if not promptly addressed. A major consequence of not exclusively breastfeeding is the risk of inadequate nutrition, potentially leading to growth faltering and ultimately stunting (Rachmayanti et al., 2022).

Stunting remains a critical nutritional issue among toddlers globally. According to the Indonesian Nutritional Status Study (SSGI) in the 2023 Health Survey (SKI) conducted by the Ministry of Health, the highest stunting prevalence was found in Central Papua at 39.4%, while West Nusa Tenggara reported a prevalence of 24.6% (Kemenkes RI, 2023). One non-pharmacological method that has shown promise in improving breast milk production is acupressure, specifically through oxytocin massage. Oxytocin is a hormone produced by the posterior pituitary gland and plays a vital role in milk ejection (Tosun & Pinar, 2021). However, oxytocin massage generally requires assistance from a therapist or trained health worker, making it less accessible for mothers to perform independently (Gustirini, 2020).

Insufficient breast milk production can lead to inadequate nutritional intake for the baby, negatively affecting growth, development, and even cognitive abilities. To address this issue, a non-pharmacological intervention has been developed in the form of ROSATIN (Sasak Oxytocin Massage Vest)—a wearable massage device designed to stimulate breast milk production. ROSATIN mimics manual oxytocin massage through a combination of rotational motion and pressure, replicating the knuckle-based techniques typically applied by therapists. Designed specifically for mothers experiencing inadequate lactation, ROSATIN enables self-administered oxytocin massage at home without external assistance. The vest design integrates the traditional woven fabric of the Sasak tribe, combining cultural values with modern technology. Equipped with rechargeable batteries and adjustable straps, the device is not only functional but also ergonomic and fashionable, making it suitable for use in various settings. This study aims to evaluate the effectiveness of the ROSATIN device on breast milk production among breastfeeding mothers in Mataram City, West Nusa Tenggara.

METHOD

Type of Research

This study employed a quasi-experimental method with a two-group post-test-only design. The research compared two groups: the intervention group, which received massage using the ROSATIN device, and the control group, which received a manual oxytocin massage administered by a trained therapist.

Place and Time of Research

The research was conducted from April to August 2024 in five selected Community Health Centers (Puskesmas) located within Mataram City, West Nusa Tenggara Province.

Population and Sample

The study population consisted of postpartum mothers from five Community Health Centers in Mataram City in 2024. The sample comprised postpartum or breastfeeding mothers who experienced difficulties in breastfeeding, specifically characterized by poor or low breast milk production during the first to third day postpartum. A total of 60 breastfeeding mothers were involved in the study, with 30 assigned to the intervention group and 30 to the control group. A non-probability sampling method was used, specifically purposive sampling, based on the following criteria: Inclusion Criteria include willing to participate as a respondent; postpartum mothers on the second day with signs of inadequate breast milk production, Exclusion Criteria include respondents with postpartum complications; breast abnormalities or disorders; or those who did not complete the full intervention protocol.

Data Collection

Primary data were collected using a structured questionnaire assessing breast milk adequacy indicators in infants. Although the questionnaire was not tested for validity and reliability, it employed standard indicators commonly used to assess breast milk adequacy. The intervention involved the provision of oxytocin massage, conducted three times: (1) At 6 hours postpartum, (2) At 24 hours postpartum, (3) At 48 hours postpartum (day 2). Both manual massage and ROSATIN massage interventions were administered for 15 minutes per session, based on midwifery evidence-based practice. Researchers and trained enumerators provided direct assistance during the intervention sessions. The development and implementation of this research followed the modified research and development model of Borg and Gall. The process included three key stages: preliminary study, development, and testing of the tool (Gustirini, 2020).

Throughout the research, data were collected through interviews and observations to gain a comprehensive understanding of participants' conditions and communication responses. Supporting data were also gathered through a developmental assessment of all aspects relevant to the design of the ROSATIN device. These assessments helped ensure that the tool met the needs, capacities, and constraints experienced by breastfeeding mothers. This research was conducted upon receiving ethical approval from the Ethics Committee of the Mataram Ministry of Health Polytechnic, with approval number DP.04.03/F.XLVIII.14/251/2024.

The flow of the research process is illustrated in the following diagram:

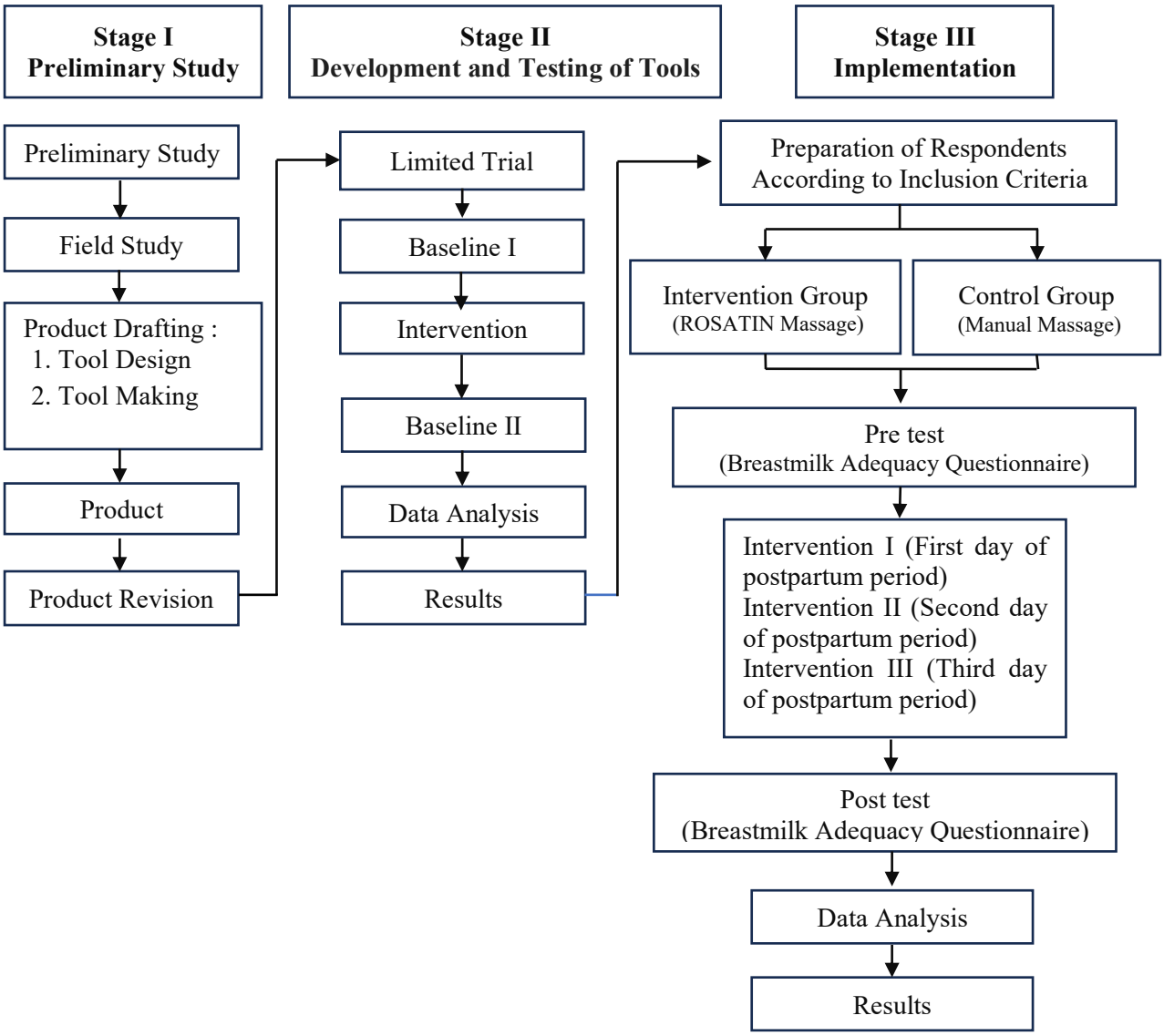

Figure 1. Research Implementation Procedures

Data Analysis and Processing

Data were analyzed using the Wilcoxon signed-rank test to determine the statistical significance of the intervention. The effectiveness of the intervention was measured using the N-Gain score.

RESULT

The results presented here are based on six months of research, during which oxytocin massage was administered three times for 10–15 minutes to breastfeeding mothers experiencing insufficient milk production. A total of 60 respondents participated in this study, divided into two equal groups: 30 respondents received oxytocin massage administered by a therapist (control group), and 30 respondents received massage using ROSATIN (Sasak Oxytocin Massage Vest) (experimental group). The research results are as follows.

Table 1. Frequency Distribution of Respondent Characteristics (n=60)

Characteristics	Oxytocin Massage			
	Manual Massage		ROSATIN Massage	
	n	(%)	n	(%)
Age				
< 20 years	2	7	1	3
20-35 years	21	70	25	83
>35 years	7	23	4	13
Total	30	100	30	100
Education				
Low (Primary School-Junior High School)	13	43	8	27
High (Senior High School-Collage)	17	57	22	73
Total	30	100	30	100
Job				
Working	6	20	10	33
Not Working	24	80	20	67
Total	30	100	30	100
Parity				
Primipara	7	23	12	40
Multipara	21	70	18	60
Grandmultipara	2	7	0	0
Total	30	100	30	100
Gestational Age				
40 Weeks	16	53	20	67
< 40 Weeks	14	47	10	33
≥ 40 Weeks	0	0	0	0
Total	30	100	30	100

Table 1 shows the demographic characteristics of respondents. The majority of respondents were aged 20–35 years, with 70% in the control group and 83% in the experimental group, indicating that most participants were within optimal reproductive age. In terms of education, a higher percentage of respondents in the experimental group had higher education levels (73%) compared to the control group (57%). Regarding employment status, most respondents were unemployed, with 80% in the control group and 67% in the experimental group. In relation to parity, the experimental group had a higher proportion of primiparous mothers (40%) compared to 23% in the control group, though both groups were predominantly multiparous. Additionally, most respondents in both groups gave birth at 40 weeks' gestation, with 53% in the control group and 67% in the experimental group. Overall, the distribution of these baseline characteristics suggests that both groups had relatively comparable variations. However, slight differences in certain variables should be taken into account when interpreting the effectiveness of the interventions.

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Table 2. Analysis of the effect of oxytocin massage on the manual massage group with ROSATIN massage

Variable		Mean	SD	Z-value	P-value
Manual Massage	Pretest	2,967	1,129	-4,568	0,000
	Post test	5,300	0,750		
ROSATIN Massage	Pretest	2,467	0,937	-4,772	0,000
	Post test	5,567	0,679		

Table 2 presents the results of breast milk production scores before and after the intervention. Both the manual massage group and the ROSATIN group experienced a statistically significant increase in breast milk production after the treatment. In the manual massage group, the pre-test mean score was 2.967 (SD = 1.129), increasing to a post-test mean score of 5.300 (SD = 0.750), with a Z value of -4.568 and a significance level (p-value) of 0.000, indicating a significant improvement ($p < 0.05$). Similarly, in the ROSATIN group, the pre-test mean score was 2.467 (SD = 0.937), which increased to a post-test mean score of 5.567 (SD = 0.679), with a Z value of -4.772 and a p-value of 0.000. These findings demonstrate that both interventions were effective in significantly increasing breast milk production in postpartum mothers.

Tabel 3. Effectiveness Test in the Oxytocin Massage Group by Therapists with ROSATIN Massage

Variable		Mean	SD	Z-value	P-value
Manual Massage	N-Gain	0,776	0,301	-1,786	0,074
ROSATIN Massage	N-Gain	0,844	0,257		

Table 3 shows the effectiveness test results using N-Gain scores: (1) The therapist-administered massage group had an average N-Gain score of 0.776, categorized as moderate effectiveness, (2) The ROSATIN massage group had a higher average N-Gain score of 0.844, categorized as high effectiveness. These results indicate that while both massage methods were effective, massage using the ROSATIN device demonstrated greater effectiveness in enhancing breast milk production compared to manual massage by a therapist.

DISCUSSION

Respondent Characteristics

As shown in Table 1, most respondents were within the age range of 20–35 years, namely 21 respondents (70%) in the control group and 25 respondents (83%) in the intervention group. Age is a key factor influencing breast milk production. Mothers under the age of 30 tend to produce breast milk more optimally compared to those above 35 years, where pregnancy is considered to be at higher risk. The age range of 20–35 years is associated with an optimal reproductive phase that supports lactogenesis through the action of prolactin. In terms of education, most respondents had completed high school or equivalent, with 17 respondents (57%) in the control group and 22 respondents (73%) in the intervention group. A higher level of education is often correlated with increased knowledge and awareness regarding the importance of exclusive breastfeeding and appropriate infant feeding practices (Rd. Halim et al., 2022; Syukri et al., 2022).

Employment status showed that the majority of respondents were unemployed, with 24 respondents (80%) in the control group and 20 respondents (67%) in the intervention group. Employment is indirectly linked to economic status, which can affect maternal nutritional intake. Inadequate nutrition—often due to limited financial resources—may hinder the mother's ability to meet the dietary needs required for optimal breast milk production. In terms of parity, more than half of the respondents in both groups were multiparous, with 21 respondents (70%) in the control group and 18 respondents (60%) in the intervention group. Parity plays a role in influencing maternal experience in caring for newborns and initiating breastfeeding. Mothers with previous childbirth experience generally possess better knowledge and confidence in breastfeeding, thus positively affecting milk production. Lastly, the majority of respondents

had reached 40 weeks' gestational age at delivery, with 16 respondents (53%) in the control group and 20 respondents (67%) in the intervention group. Gestational age contributes to the maturation of lactation. Although milk production begins during pregnancy, its volume and composition continue to change as gestation progresses, becoming more established postnatally (Resmana & Hadianti, 2019).

Effectiveness Analysis of Oxytocin Group Massage by Therapists with ROSATIN Massage

The results of the study demonstrated that both manual oxytocin massage performed by therapists and oxytocin massage using the ROSATIN device significantly increased breast milk production after the intervention. However, the N-gain analysis indicated that the ROSATIN massage group was more effective. This is evident from the average N-gain score of 0.776 in the therapist group, which falls into the moderate category, compared to 0.844 in the ROSATIN group, which falls into the high category.

Oxytocin massage involves gentle stimulation along the vertebrae to the fifth and sixth costae to encourage the release of prolactin and oxytocin hormones after childbirth. This method facilitates the milk ejection reflex, helping mothers feel more relaxed. Physiologically, stimulation through massage activates neurotransmitters in the medulla oblongata, which send signals to the hypothalamus and posterior pituitary, resulting in the release of oxytocin into the bloodstream. Previous studies have confirmed the effectiveness of oxytocin massage in increasing breast milk volume (Ibrahim, 2021). Similar findings were also reported by Ike Ate (Yuviska et al., 2022), showing a significant increase in breast milk production in postpartum mothers receiving oxytocin massage ($p = 0.000$) (<0.05). Oxytocin massage not only promotes the physical release of milk but also improves comfort, relaxation, and emotional calm, which are important in addressing inadequate milk flow. The current study also found that the early initiation of breastfeeding (IMD) was successfully performed by 38.7% of respondents, supporting the idea that relaxed, supported mothers are more likely to breastfeed successfully. Theoretically, oxytocin acts on myoepithelial cells surrounding the alveoli in the breast, triggering milk ejection.

Despite its benefits, manual oxytocin massage poses certain limitations. Mothers cannot easily perform it independently and must rely on skilled therapists. Research by (Eka & Clara., 2023), highlighted that massage performed by therapists, if not executed properly, can cause pain, bruising, and even stress, potentially reducing breast milk production. Inconsistent or improper application, combined with the therapist's limited availability due to workload, may also reduce the effectiveness of this method. The ROSATIN device addresses these challenges by enabling mothers to perform oxytocin massage independently and consistently. Designed to apply pressure along the spine similar to therapist-performed massage, ROSATIN offers adjustable, stable pressure, and provides a sense of relaxation. Its vest-shaped design is user-friendly, comfortable, and practical for use at home, giving mothers more control over the massage routine. As a result, ROSATIN supports both the physiological and psychological aspects of milk production.

Faster and improved breast milk production allows mothers to establish exclusive breastfeeding earlier and helps dispel negative perceptions about insufficient milk supply, a common source of psychological distress. The importance of timely and adequate breastfeeding is well-established, with recommendations to breastfeed exclusively for the first 6 months of life. A relaxed state enhances the function of myoepithelial contractions, thus supporting milk release. Oxytocin massage relieves spinal tension, eases stress, and, when combined with nipple stimulation by the baby, triggers the neuroendocrine reflex that stimulates milk secretion.

Irregular or inadequate milk production results in suboptimal infant nutrition. Beyond prolactin, the lactation process is highly dependent on oxytocin, which is released in response to nipple suction and influences the myoepithelial contraction in the mammary alveoli (Anggraeni, A.K, 2024; Resmana & Hadianti, 2019). This reflex is sensitive to maternal psychological states. Anxiety, stress, and doubt can interfere with milk ejection. Thus, supporting maternal comfort—through back massage or other interventions—is crucial to maintain optimal oxytocin levels (Triansyah et al., 2021).

The effectiveness of the intervention in this study also presents several advantages and limitations. One key advantage is that mothers can perform the massage themselves using the tool, without needing assistance from a therapist. This autonomy not only improves breastfeeding outcomes but also enhances maternal confidence, encouraging continued exclusive breastfeeding (Tosun & Pinar, 2021; Gustirini, 2020; Indrasari, 2019; Oktafiani et al., 2022; Rachmayanti et al., 2022; Resmana & Hadianti, 2019; Triansyah et al., 2021; Yuviska et al., 2022). However, some limitations remain. The study could not fully

control external factors, such as maternal nutrition and psychological state, both of which significantly influence lactation. Additionally, the study was conducted in limited geographic areas, which affects generalizability. Time constraints and varying distances between respondents' homes also limited the comprehensiveness of the intervention.

CONCLUSION AND SUGGESTION

Statistical analysis in this study proves that massage using the ROSATIN tool is effective in increasing breast milk production in breastfeeding mothers who experience inadequate lactation. Therefore, the ROSATIN device can be recommended as an appropriate tool to facilitate breast milk production. This finding indicates that ROSATIN has the potential to be used as an innovative technological intervention that supports independent lactation care. Given its effectiveness, ROSATIN can serve as a reference for health workers to implement appropriate technology in providing self-directed interventions for postpartum mothers.

To enhance its utility, this tool is recommended to be further developed into an Android-based application, which can include features such as education on exclusive breastfeeding, step-by-step guides, and usage monitoring of the ROSATIN device. Furthermore, integrating Bluetooth-based control into the device would allow mothers to easily adjust massage settings via a smartphone, ensuring both comfort and safety during use. This innovation is expected to support maternal autonomy in lactation management and contribute to improving exclusive breastfeeding practices at the community level.

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