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## Training as an Effort to Improve Knowledge, Attitude and Skills as a Motivator of Exclusive Breastfeeding

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### ABSTRACT

The absolute estimate for non-exclusive breastfed babies in West Java Province is 384,270 babies. The success of exclusive breastfeeding cannot be separated from the support of the people around him. This support needs to be built with training for the community to promote the importance of exclusive breastfeeding. The research design is a mixed method, namely qualitative and quantitative. Qualitative research with in-depth interviews and quasi-experimental quantitative research with a one group pre-test post test design by providing a form of intervention, namely training. The population is entirely female in Bogor City. Samples were taken in qualitative research using a snowball technique until the results were saturated, quantitative research consisted of two groups: Ordinary and Extraordinary mothers in the City of Bogor. The research sample was 5 people using qualitative methods and 35 people using quantitative methods. The qualitative method statistical test uses content analysis, the quantitative method uses Wilcoxon test analysis. As a result of in-depth interviews, it was found that the materials needed to make a pocket book as an educational training medium were breastfeeding techniques, communication techniques and knowledge about exclusive breastfeeding. The results of quantitative research show that there is a significant relationship between training with a p value of less than 0.05 on knowledge in the elderly group, attitudes in the cadre group, and meaningful motivation skills in all groups, namely cadre groups, community leaders, elderly people, ordinary women. Training/education using pocket books is able to increase abilities as a motivator for exclusive breastfeeding in the city of Bogor. There is a need to follow up on the use of pocket books and encourage mothers who have been trained to become exclusive breastfeeding motivators to be able to motivate pregnant women to successfully breastfeed exclusively.

Keywords: motivator; exclusive breastfeeding; training

### Introduction

The importance of promoting education for women by involving husbands and encouraging follow-up pregnancy checks and counseling about exclusive breastfeeding during pregnancy checks as an effort to improve the practice of exclusive breastfeeding (WHO dan UNICEF, 2017) [1]. Breastfeeding has clear short-term benefits, particularly reduced morbidity and mortality from childhood infectious diseases. A pooled analysis of studies conducted in middle/low-income countries shows that breastfeeding substantially lowers the risk of death from infectious diseases in the first two years

of life [2]. Exclusive breast milk is the foundation of children's survival and children's health because it provides essential, irreplaceable nutrition for children's growth and development. Exclusive breastfeeding is also a child's first immunization which can provide protection from various diseases such as respiratory tract infections, diarrheal diseases and other potentially life-threatening diseases. Exclusive breastfeeding also has a protective effect against obesity and non-communicable diseases later in life [3].

The achievement of exclusive breastfeeding in Bogor City is only half of the number of babies born in Bogor City. The highest achievement occurred in 2019, namely 54.7% and in 2021 it decreased to 42.5% [4]. The government's responsibilities in the exclusive

breastfeeding program include providing training regarding the exclusive breastfeeding program and providing breastfeeding counselors in health service facilities and other public facilities, as well as providing access to information and education regarding the implementation of the exclusive breastfeeding program[5]. There is a need to increase access to breastfeeding skills for mothers who provide education on infant and young child feeding and increase knowledge and confidence in breastfeeding. It is important for families to be encouraged to make decisions about infant feeding practices and build skills to overcome barriers to breastfeeding [6]. The mother's ability to provide breastfeeding skills is very important, this is because it encourages mothers to start and develop adequate breastfeeding practices so that they can save and improve lives. This is in accordance with WHO and UNICEF recommendations based on scientific evidence that all babies receive only breast milk on demand without water, liquids or other foods, from birth and during the first six months of the baby's life[7]. Apart from this, encouragement and support from personal colleagues or people closest to you is an effective method in efforts to increase exclusive coverage [8].

This is in line with the commitment of the International Convention on the Rights of the Child which states that exclusive breastfeeding is recognized as a key component of every child's human rights with the highest standards in an effort to achieve health status [9]. Support can come from peer groups, namely mothers from the same community (mothers who have breastfed in the past) by providing encouragement and support for exclusive breastfeeding. The most common and effective method of support from a peer group and from a peer counselor is through telephone calls or in-home visits. This support includes emotional support, encouraging education about breastfeeding, and helping to solve problems. This breastfeeding support and education aims to increase mothers' knowledge and skills, help mothers that breastfeeding is seen as normal, and help them develop positive attitudes towards breastfeeding[10]. Research on this topic to the best of the researcher's knowledge has never been carried out in the research area. This research aims to determine the effect of education with a pocket book about exclusive breastfeeding on mothers' knowledge, attitudes and motivating skills.

### **Research Methods**

This research method uses a mixed methods design, namely qualitative and quantitative, where qualitative research is carried out first then followed by quantitative research. Participants or subjects in this research were mothers in the research area. The

research subjects were divided into two groups, namely the ordinary group (ordinary women) with the inclusion criteria being women of healthy reproductive age, physically and mentally healthy, able to read and write, willing to be breastfeeding motivators, and had given birth. The second group is an extraordinary group which includes health cadres and community leaders. This research method uses instruments developed by the researcher himself. The test results with Cronbach's alpha were 0.56 and the intervention used a pocket book whose material was created based on the results of in-depth interviews at the beginning of the qualitative research, where in-depth interviews were conducted to explore the material needed in training as a motivator for exclusive breastfeeding. After finding qualitative data in the form of material needed for training, a pocket book was prepared/developed. This pocket book was ultimately used in the next research step, namely intervention in the form of training/education with a pocket book about exclusive breastfeeding on mothers' knowledge, attitudes and motivating skills. This research was conducted with a quasi-experiment design, namely one group pre test post test, namely by providing a form of training using a pocket book to improve knowledge, attitudes and motivational skills. The research was carried out after obtaining ethical approval, namely number 15/KEPK/PE/VIII. The qualitative sampling technique uses the snowball technique, namely digging into the data so that the same results are obtained from the exploration results of all respondents (saturated samples) and a sample size of 5 people is obtained/determined. This research was conducted in the Bogor City area.

Quantitative participants were taken using a cluster purposive sampling technique, namely the selected areas were the Pancasan Community Health Center and Pasir Mulya Community Health Center areas. Then a cluster was carried out from the two areas, namely two RWs were taken from each community health center. The research was carried out from April to November 2019.

### **Results and Discussion**

This research began with a qualitative method to explore the material needs needed for intervention in the form of training/education with pocket books. The results of the qualitative research were obtained from the key informant, namely a doctor at the Community Health Center where the research was conducted who also doubles as Chair of the Indonesian Breastfeeding Association of Bogor City (AIMI Bogor City) (R1). Other informants were midwives (R2), health cadres (R3), mothers with a history of giving exclusive breast milk (R4) and mothers with a history of giving non-exclusive breast milk (R5).

The results of in-depth interviews show that the first material that must be provided in forming breastfeeding motivators is breastfeeding techniques. "Breastfeeding techniques are material that must be provided" (R1). "One of the obstacles at the start of breastfeeding is the wrong breastfeeding technique" (R1). "Many mothers don't know the correct breastfeeding technique" (R1). This was confirmed by other informants. "Usually mothers don't know how to breastfeed so the milk doesn't come out straight away and the nipples sting" (R2).

"Given formula milk immediately after giving birth because the mother cannot breastfeed and the milk has not yet come in" (R5). "It's important, ma'am, how to breastfeed" (R3). "Yes ma'am, at the beginning of breastfeeding I was confused about how to breastfeed my baby" (R4). "I gave my baby formula milk because my nipples hurt from being bitten by the baby" (R4).

The second material that needs to be provided according to key informants is breastfeeding techniques. This material must be given to an Exclusive ASI motivator on the grounds that it can be a provision in conveying information using good techniques, simple language so that it can be understood by others. "Correct communication techniques also need to be provided" (R1). "...how to motivate other people is the key to educating" (R1). "...you have to be willing to listen first..." (R1). "...the important thing is the science of listening, accepting but that doesn't mean letting go, the important thing is to listen first..." (R1). "As a motivator, don't just teach,

you have to listen first..." (R2). "...need material on how to tell other people" (R3).

The third material that needs to be provided is knowledge about exclusive breastfeeding. "After giving birth, mothers can't wait to immediately give their babies drinks even though the baby's body has sufficient food reserves" (R1). "...it is necessary to strengthen basic material about exclusive breastfeeding" (R1). ".....the material in maternal education is important, one of which is the importance of breast milk..." (R2). "Mothers often forget how to store expressed breast milk" (R2). "...families like to think that the baby is still hungry because there is little milk coming out" (R3). "Yeah, I think giving water and honey is okay" (R5). "Like I don't know how to store breast milk, ma'am" (R3). "Yes ma'am, I need material about signs that a baby is still hungry or full" (R4). "...we often talk about that (exclusive breastfeeding), but mothers here don't know, don't understand" (R3).

The results of the quantitative analysis showed that the majority of respondents were in the fertile age category, namely 23 people (66%), most of the respondents were highly educated, namely 14 people (56%). The majority of respondents' occupations were housewives, namely 24 people (96%). Most respondents have 2 and 3 children, namely 10 people each (29%). All respondents overall had breastfeeding experience (100%). A detailed explanation of the research subjects in this study can be seen in table 1 below.

**Table 1.**  
**Distribution of Respondents according to Age, Education, Occupation, Number of children ever born and Breastfeeding experience.**

Variable	Intervention	
	(n)	Persentase (%)
Age		
Reproductive Age	23	66
Elderly	12	34
Education		
High	20	56
Low	15	44
Work		
Work	2	3
Housewife	33	97
Number of children ever born		
1	9	25
2	10	29
3	10	29
4	6	17
Breastfeeding Experience		
Yes	35	100
No	0	0

**Table 2.**  
**The Empowerment Model Takes The Form Of Training On Knowledge, Attitudes And Motivating Skills In Cadre Groups**

Variable	Training/Education With Pocket Books			
	n	Median (minimum-maximum)	Mean $\pm$ s.b.	p
Knowledge				
Pre	10	33,57(31-35)	33,57 $\pm$ 1,3	0,43
Post	10	35,00(31-39)	34,71 $\pm$ 2,75	
Attitude				
Pre	10	9(4-10)	8,29 $\pm$ 2,21	0,04
Post	10	10(8-10)	9,71 $\pm$ 0,76	
Motivational Skill				
Pre	10	28(24-32)	27,29 $\pm$ 2,8	0,01
Post	10	29(25-33)	28,86 $\pm$ 2,79	

**Table 3.**  
**The Empowerment Model Takes The Form Of Training On Knowledge, Attitudes And Motivating Skills For Groups Of Community Leaders**

Variable	Training/Education With Pocket Books			
	n	Median (minimum-maximum)	Mean $\pm$ s.b.	p
Knowledge				
Pre	7	33(24-37)	32 $\pm$ 5,1	0,34
Post	7	35(30-36)	34 $\pm$ 2,2	
Attitude				
Pre	7	9(9-10)	9,43 $\pm$ 0,5	0,16
Post	7	10(9-10)	9,71 $\pm$ 0,49	
Motivational Skill				
Pre	7	30(26-32)	30 $\pm$ 2,08	0,02
Post	7	39(37-40)	38,71 $\pm$ 1,38	

**Table 4.**  
**The Empowerment Model Takes The Form Of Training On Knowledge, Attitudes, Motivational Skills In Old Age**

Variable	Training/Education With Pocket Books			
	n	Median (minimum-maximum)	Mean $\pm$ s.b.	p
Knowledge				
Pre	9	33(24-37)	32,86 $\pm$ 2,2	0,02
Post	9	35(33-37)	34,86 $\pm$ 1,5	
Attitude				
Pre	9	10(7-10)	9,14 $\pm$ 1,2	0,10
Post	9	10(8-10)	9,71 $\pm$ 0,76	
Motivational Skill				
Pre	9	30(28-32)	30 $\pm$ 2,0	0,01
Post	9	39(38-41)	39 $\pm$ 1,15	

**Table 5.**  
**The Empowerment Model Takes The Form Of Training On Knowledge, Attitudes, And Motivational Skills For Ordinary Women**

Variable	Training/Education With Pocket Books			p
	n	Median (minimum-maximum)	Mean $\pm$ s.b.	
Knowledge				
Pre	9	34(31-37)	33,71 $\pm$ 2,43	0.46
Post	9	35(33-37)	34,86 $\pm$ 1,5	
Attitude				
Pre	9	10(9-10)	9,86 $\pm$ 0,38	0,08
Post	9	10(9-10)	9,57 $\pm$ 0,54	
Motivational Skill				
Pre	9	31(27-32)	30,43 $\pm$ 2,0	0,00
Post	9	18(17-20)	18,43 $\pm$ 0,98	

**Table 6.**  
**Empowerment Model Through Training On Abilities As A Motivator For Exclusive Breastfeeding**

Variable	Training/Education With Pocket Books			p
	n	Median (minimum-maximum)	Mean $\pm$ s.b.	
The Motivator Ability Of Exclusive Breast Milk				
Pre	35	65(62-79)	71,77 $\pm$ 3,9	0.00
Post	35	80(76-88)	83,236 $\pm$ 2,3	

The results table 1, of bivariate analysis using the Wilcoxon test analysis method showed that there was a significant relationship between training/education with pocket books about exclusive breastfeeding and knowledge with a p value of less than 0.05 in the elderly group, while in the group of cadres, community leaders and ordinary women there was no there is a meaningful relationship. There is a significant relationship between training/education with pocket books and attitudes in the cadre group, and not significant in the group of community leaders, the elderly and the group of ordinary women. There is a significant relationship between training/education with pocket books and motivation skills for all groups of cadres, community leaders, the elderly and ordinary women. In detail the results in this research can be seen in table 2. Table 3 explains that there is a significant relationship between training/education with a pocket book on exclusive breastfeeding and motivation skills with a p value of 0.02, there is an insignificant relationship between training/education with a pocket book on exclusive breastfeeding and knowledge with a p value of 0.34 and attitudes with a p value of 0.16 in the community figure group.

Table 4 explains that there is a significant relationship between training/education and a pocket book about exclusive breastfeeding with knowledge p value of 0.02 and motivation skills with a p value of 0.01. There is an insignificant relationship between training/education and a pocket book about breast

milk. exclusive attitude with a p value of 0.10 in the elderly group.

Table 5 explains that there is a significant relationship between training/education and a pocket book about exclusive breastfeeding, motivational skills with a p value of 0.00, there is an insignificant relationship between training/education and a pocket book about exclusive breastfeeding and knowledge with a p value of 0,46 and attitudes with a p value of 0.08 in the group of ordinary women.

Overall, the influence of training/education with pocket books on the ability to act as a motivator for exclusive breastfeeding is significant, these results can be seen in table 6. The material needed in the educational program resulting from qualitative results is about breastfeeding techniques, communication techniques and knowledge about exclusive breastfeeding. This is in line with research results which say that providing adequate information regarding how to breastfeed correctly is very necessary to promote breastfeeding practices. right. Mother's knowledge plays a very important role in the success of exclusive breastfeeding, so the most effort made in the community is to provide early counseling to mothers and families so that they can understand the importance of exclusive breastfeeding in addition to support from the closest family[11] [12].

Mothers who understand the benefits of breast milk, such as protection from infection, support for growth and development, and optimal nutrition, tend to choose and commit to giving exclusive breast milk to

their babies. Communication strategies are very important in efforts to increase knowledge about proper breastfeeding techniques, this is one of the causes of the low coverage of exclusive breastfeeding as well as promotional efforts from other dairy industries. Effective communication can trigger behavioral changes in supporting exclusive breastfeeding, this is in accordance with the Behavior Change Theory which contains the concept of how individuals change their behavior in response to the messages and information they receive. The combination of multiple strategies and evidence-based interventions in a multi-sector integrated strategy appears to have a synergistic effect. Therefore, there is an urgent need to complete strategic planning efforts for the promotion and protection of breastfeeding that are supported by the latest local and global evidence. A comprehensive breastfeeding promotion approach is ideal for successful exclusive breastfeeding. There needs to be a communication strategy that is guided by a baby-friendly approach coupled with coordination and partnership efforts as well as identification of innovative communication tools to continue to protect breastfeeding practices from attempts to market milk substitute products [13].

A socioecological model for assessing the social determinants of breastfeeding can be used to determine what factors need to be addressed in order to have a comprehensive approach to the promotion of breastfeeding. It is increasingly recognized that in addition to providing information and counseling regarding breastfeeding, it is also very important to improve public policies and support systems that are closest to the lives of breastfeeding mothers. Including social support/support has a big influence on a person's health status. Breastfeeding support also needs to include personalized messages. These messages should be given to the mother and her support group including other family members. Successful breastfeeding includes support groups that can be developed formally or informally[14].

A well-designed advocacy and communication strategy is a key component of the program process. Breastfeeding Such a strategy needs to reach a variety of audiences through social mobilization, social marketing, mass communication, interpersonal communication and/or social media. A well-designed communication plan needs to be implemented through a participatory process that involves listening to women and families. It should build on locally relevant strategies, messages and activities to promote breastfeeding as a normative behavior[9].

Research shows that health education, training and support for pregnant and breastfeeding mothers are important elements for promoting exclusive breastfeeding [15].

Social and cultural factors are believed to influence breastfeeding practices. So it is believed that communication is needed for targeted behavior change to occur, and strategies and programs are also needed that are adapted to different contexts and relevant target groups, including community leaders, baby fathers and grandparents, as well as mothers themselves regarding the choice of breastfeeding. Family and community support and encouragement can help make this commitment easier. Family-based education involving fathers and other relatives is also an important opportunity. Community support is needed to be a welcoming place where women feel comfortable breastfeeding their babies anywhere and anytime. There is a need to strengthen relationships between communities and health facilities to be able to encourage community networks to support breastfeeding[16].

Support and encouragement from family and society can help make the commitment easier in supporting the decision for women to breastfeed their babies. Women's support to women's groups and other forms of social support are valuable opportunities for breastfeeding mothers to share experiences and overcome challenges in an environment that supports mothers in their decision to breastfeed. Includes actions required during an emergency, including how to best support mothers who choose to breastfeed, including future caregiving and the importance of infant care and feeding practices [16]. A limitation in this research is the need to involve religious figures as people closest to them who can also provide motivation to breastfeeding mothers who have not been involved in this research.

## **Conclusions and Suggestions**

The conclusion of this research is that the material needed for training includes breastfeeding techniques, communication techniques and knowledge about exclusive breastfeeding. The training carried out was significantly related to knowledge in the elderly group, attitudes in the cadre group, motivation skills in the cadre group, community leaders, the elderly and ordinary mothers. Training/education using pocket books is able to increase abilities as a motivator for exclusive breastfeeding in the city of Bogor.

The suggestion in this research is that there is a need to follow up on the use of pocket books and encourage mothers who have been trained to become exclusive breastfeeding motivators to be able to motivate pregnant women to successfully provide exclusive breastfeeding.

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