

The Influence of Health Education About Breast Feeding On The Motivation of Breastfeeding Mothers

Fitri Dwi Pratiwi^{1*}

¹Aminah General Hospital, Blitar City, fitripratiwi74@gmail.com

ABSTRACT

Breastfeeding is a way of giving food to babies. Achieving breastfeeding requires strong knowledge and motivation from a mother. Mothers who know and understand the benefits they will receive if they are breastfed can encourage motivation. While in the hospital, health education about breastfeeding is needed to meet the information needs of mothers. Health education that is less than optimal in hospitals has an effect on the motivation of breastfeeding mothers. The purpose of this study was to analyze the differences in mothers' motivation in breastfeeding after being given health education about breastfeeding in the treatment group and the control group at Aminah Hospital Blitar. The research design was a quasi-experimental study with a *pre-post test approach with control group design* with a study population of 80-90 new mothers. Sampling by *purposive sampling*, 10 people in the control group and 10 in the treatment group. Data collection was carried out using a questionnaire that was carried out before and after the provision of health education. Data were analyzed using the *Mann Whitney*. The results showed that there were differences in the motivation of mothers in breastfeeding after being given health education about breastfeeding in the treatment group and the control group ($p \text{ value} = 0.004$). Based on the research results, the provision of health education about breastfeeding has an effect on the motivation of mothers in breastfeeding. So it is suggested that the provision of health education about breastfeeding should be increased in order to achieve exclusive breastfeeding behavior.

Keywords : Health education, breastfeeding, motivation to breastfeed

Background

Breastfeeding is an ideal way of feeding infants, resulting in healthy growth and development in infants and is also an integral part of the reproductive process with important implications for maternal health (1). Often failures in breastfeeding are caused because there are still many errors that lie in the technique or method of breastfeeding the mother who is not correct, positioning and attaching the baby (2). Other problems related to breastfeeding such as flat or chafed nipples, mastitis, babies who cry a lot or babies who have confused nipples are also a scourge for breastfeeding mothers. This will make the mother lazy to breastfeed her baby. Achieving breastfeeding requires strong knowledge and motivation from a mother. Mothers who know and understand the benefits they will receive if they are breastfed can encourage motivation (3).

Breastfeeding behavior is influenced by several factors such as the mother herself (motivation), health workers, formula milk producers and health service providers. The motivation for exclusive breastfeeding is the encouragement that arises to start breastfeeding, maintain breastfeeding behavior, and direct this behavior towards the goal that the mother wants to achieve by exclusively breastfeeding her baby.

Research conducted by Man-Ku and Chow (4), that the factors that are quite influential in breastfeeding are the beliefs and motivation of the mother. Mothers who have good motivation and self-confidence will be better able to breastfeed, compared to mothers who have low motivation and confidence. Confidence and motivation are variables that are very dominant in influencing a mother's ability to breastfeed. Motivation, which is an encouragement from within or outside a person's self to take an action, is one of the important bases for mothers to breastfeed. When a mother has good motivation in breastfeeding her baby, it is hoped that the mother will have a good ability to breastfeed. Good motivation and ability will increase the role of the mother in providing breast milk to the baby, so that breastfeeding for the baby will increase.

Actually, the breastfeeding process can be done easily if the mother gets information about how to breastfeed properly. Therefore, efforts that can be made to overcome problems that may arise while breastfeeding mothers are to provide health education. When mothers are provided with good knowledge and motivation on how to deal with breastfeeding problems, mothers do not need to feel anxious about giving breast milk to their babies. The success of breastfeeding can come from a strong mother's motivation. Therefore, motivation must always be instilled in every mother to be able to breastfeed her baby herself. Mothers also need to know the benefits of breastfeeding, so that mothers will always be enthusiastic about breastfeeding their babies (5). Health education about breastfeeding is designed to encourage healthy behavior for breastfeeding by conveying evidence-based information (6).

With health education, breastfeeding especially overcomes obstacles or problems and problems in breastfeeding increases, and can increase the coverage rate of exclusive breastfeeding. Supporting information from health care providers can also influence a mother's breastfeeding behavior (7). In providing health education, educational aids are needed so that the message conveyed can be given and well received by the target audience. The tools used are adjusted to the ability of health workers and the condition of the mother. One of the health education tools that can be used easily is the media booklet. A booklet is a combination of a leaflet and a book or a book with a small format like a leaflet, but the way the material is presented is shorter than a book. Booklets contain important information whose contents must be clear, firm, easy to understand and will be more interesting if accompanied by pictures. The advantages of booklets are that they can be used as independent learning media, their contents can be learned easily, they can be used as information for family and friends, they are easy to make, reproduce, repair and adjust, reduce the need to take notes, they can be made simply and the cost is relatively cheaper, they are durable, has a wider capacity, and can be directed at certain segments.

The results of a preliminary study that was conducted using the interview method in August 2020 at Aminah Hospital Blitar were obtained from 5 respondents, there was 1 mother who did not breastfeed because her child was underweight so she was supplemented with formula milk, and there were 2 mothers who did not breastfeed their baby because they feel that the milk is not smooth.

Methods

This study used a *quasy experimental* or quasi-experimental approach with a *pre-post test with control group design*. The population in this study were all mothers who gave birth at Aminah Hospital Blitar in January 2021 with an average number of patients per month of 80-90 people. With details of mothers giving birth spontaneously on average 20-30 people per month and mothers giving birth by *section* on average 40-50 people per month. The sampling

technique used in this study was *purposive sampling*, namely selecting a sample by selecting a sample from among the population according to what the researcher wanted, so that the sample could represent the characteristics of the population.

The breastfeeding motivation questionnaire uses a modified questionnaire from the *Breastfeeding Motivational Instructional Measurement Scale (BMIMS)* from *Stockdale* (8) which has been tested for validity and reliability. Univariate analysis was carried out by means of descriptive analysis by calculating the proportion of the description of the characteristics of the respondents. The results of the analysis will be presented in the form of a frequency distribution table. Bivariate analysis was carried out first to test the normality of the data using the *Shapiro-Wilk* because the value of $n \leq 50$. After that, data analysis in this study used the *Wilcoxon* in 2 paired groups and the *Mann Whitney* in 2 independent groups.

Results

Characteristics of respondents obtained in this study were mother's age, birth status, last education, mother's occupation, had received information about breastfeeding, and the origin of the information as presented in the table below:

Table 1 Frequency distribution of the respondent's characteristics

Variable	Control		Treatment	
	(f)K	%	(f)P	%
Maternal age				
16 – 25 years	3	30	6	60
26 – 35 years	7	70	4	40
>36 years	0	0	0	0
Birth status				
1st	3	30	4	40
child 2nd	5	50	5	50
child ≥ 3 child	2	20	1	10
Education				
Elementary Middle	0	0	0	0
School	0	0	0	0
High School	8	80	6	60
Diploma/graduate	2	20	4	40
Occupation Mother				
IRT	6	60	5	50
Entrepreneur	1	10	1	10
PNS	2	20	2	20
Others	1	10	2	20
Information				
Never	10	100	10	100
Never	0		0	

Source of information				
Health worker	7	70	6	60
Media information	2	20	2	20
Friends	0	0	0	0
Family	1	10	2	20

Based on table 1, it was found in the control group of respondents aged 26-35 years, namely 7 respondents (70%), while in the treatment group, respondents aged 16-25 years were 6 respondents (60%). Based on birth status, it was shown that in the control group the respondents gave birth to a second child, namely 5 respondents (50%), while in the treatment group the respondents gave birth to a second child, namely 5 respondents (50%). Based on the level of education, it was shown that in the control group the last education level was SMA, namely 8 respondents (80%), while in the treatment group the respondents had the last education level, namely SMA, namely 6 respondents (60%). Based on work, it shows that in the control group the work of mothers as housewives is 6 respondents (80%), while in the treatment group the work of mothers as housewives is 5 respondents (50%). Based on whether the respondents had received information about breastfeeding, it showed that in the control and treatment groups all respondents had received information about breastfeeding, namely 100%. Based on the origin of the information, it showed that in the control group the information came from health workers, namely 7 respondents (70%), while in the treatment group, the information also came from health workers, namely 6 respondents (60%).

Mother's motivation in breastfeeding before and after being given health education about breastfeeding

Table 2 Mother's motivation in breastfeeding before and after being given health education about breastfeeding

Variable		Treatment				Control			
Motivation Mother	Breastfeeding	Pre test		Post test		Pre test		Post test	
		(f)	%	(f)	%	(f)	%	(f)	%
Good		6	60	10	100	4	40	4	40
Enough		4	40	-	-	6	60	6	60
Less		0	0	-	-	-	-	-	-
<i>Wilcoxon Signed Rank Test</i>		$P = 0.046$				$P = 1.000$			

Based on table 2 above, the results of the *Wilcoxon* obtained motivational values before and after being given health education about breastfeeding in the treatment group obtained a *p-value* of 0.046 meaning that there was an influence on the motivation of breastfeeding mothers

after being given health education. Whereas in the control group a *p-value* of 1.000 was obtained, meaning that there was no influence on the motivation of breastfeeding mothers after being given daily care at the hospital.

Table 3 Analysis of differences in mothers' motivation to breastfeed at Aminah General Hospital Blitar

variable	<i>Mann Whitney</i>
Maternal motivation	0.004
Treatment	
Group Control Group	

Based on table 3 above, the results of statistical tests with the *Mann Whitney* obtained $p = 0.004$, this indicates that there are differences in the motivation of breastfeeding mothers in the treatment group and the control group.

Discussion

Based on the results of the study it can be seen that the motivation of mothers before being given health education about breastfeeding in the treatment group had good breastfeeding motivation. The number of respondents in the treatment group who have sufficient knowledge is influenced by the level of education. Someone with higher education has better knowledge than someone with low education. Highly educated people have broad opportunities to be exposed to various information. Information is one of the factors forming knowledge. The more a person obtains information, the better his knowledge will be.

In addition, the second birth status of the majority of respondents in the treatment group also affects a person's motivation. It can be interpreted that they have experience about breastfeeding. With experience, more information can be obtained regarding breastfeeding. Finally the respondents became aware of breastfeeding. That experience is a way to obtain the truth of knowledge by repeating the knowledge obtained in solving problems encountered in the past. (9)

In addition to some of the things above, researchers argue that age can affect a person's motivation. Age can be used as a benchmark for an individual to see the level of maturity both biologically and psychologically (10). The respondents in this study were included in the adult age range.

From the results of the study it can be seen that the motivation in the control group has sufficient motivation about breastfeeding. The majority of respondents in the control group had a high school level of education. It can be interpreted that higher education is a factor that influences breastfeeding. Information to improve the quality of life can be obtained with higher education, the higher the education, the easier it is for people to get information (11).

Apart from that, from the data obtained in the control group of respondents who worked as housewives. Mothers who don't work have a lot of free time to breastfeed their babies. This is as said by Rohani (12) most breastfeeding mothers are not working.

From the data it was found that the majority of respondents in the control group were

aged between 16-35 years. This can be interpreted that some respondents are in a mature age. Age can be used as a benchmark for an individual to see the level of maturity both biologically and psychologically (11).

Besides some of the things above, the researchers argue that the second birth status in the majority of respondents in the control group. It can be interpreted that they have experience about breastfeeding.

Mother's motivation in breastfeeding after health education about breastfeeding in the treatment group and control group.

Based on the results of the study, it can be seen that the all of mother's motivation after being given health education about breastfeeding in the treatment group had good breastfeeding motivation. In this study, the majority of respondents in the treatment is secondary education. The level of education affects one's knowledge, so that by having good knowledge, good motivation will also appear in someone.

Besides education, one of the factors that influence motivation is age. The research data showed that the majority of respondents in the treatment group aged between 16-35 years. Adults have physical and psychological maturity so they are considered capable of dealing with various problems, especially in terms of breastfeeding. Mature age can also mean that the respondents are in a mature age.

Apart from age, the second birth status of the majority of respondents in the treatment group also influences one's motivation. It can be interpreted that they have experience about breastfeeding. With experience, more information can be obtained regarding breastfeeding.

From the results of the study showed that the *post test* motivation of breastfeeding mothers in the control group remained in the sense that there was no increase. Because the control group was not given health education about breastfeeding.

The effect of health education and differences in mothers' motivation in breastfeeding after being given health education about breastfeeding in the treatment group and the control group

Table 3 shows that all of respondents in the treatment group after being given health education had good motivation. There was a difference because the treatment group was given health education about breastfeeding using a *booklet*. Based on table 3, it shows that there is an influence of health education about breastfeeding on the motivation of mothers to breastfeed at RSU Aminah Blitar. Mothers need knowledge and information to overcome problems when breastfeeding. Information about the benefits of breastfeeding for babies, mothers and families, what to eat for breastfeeding mothers, how to breastfeed properly, how to overcome problems during breastfeeding has a huge impact when mothers breastfeed their babies. Providing health education using *booklet* will have a positive impact on breastfeeding mothers to improve their quality of life and increase the rate of exclusive breastfeeding for their babies. Providing health education using *booklet* is used to coach someone for a change in behavior. In this way the client will receive alternative solutions to problems related to breastfeeding. Meanwhile, there was no increase in motivation in the control group because they were not given the same health education as the treatment group, but the respondents were given *leaflets*. So it is natural that there is no increase in motivation in the control group.

Other factors that affect the mother's motivation in breastfeeding

The *precede-proceed* states that there are three factors that can influence the mother's behavior in breastfeeding, namely predisposing factors, enabling factors and encouraging factors. One of the enabling factors is the role of the family. Family support, especially the husband can determine the success or failure of breastfeeding, because the husband's support will create a sense of comfort for the mother so that it will affect milk production and increase enthusiasm and comfort in breastfeeding. The role of the family has 9.87 times the opportunity to provide exclusive breastfeeding compared to mothers who do not have a family role, especially husbands. The husband plays a role in influencing the decision to breastfeed, the initiation of breastfeeding practices, the duration of breastfeeding and the risk of formula feeding practices. The husband's role in supporting exclusive breastfeeding includes support during childbirth, early initiation, giving advice to mothers to breastfeed for the first time, providing nutritious food for mothers to increase milk production and involvement of fathers in doing household chores (3)

Conclusion and Recommendations

1. Mother's motivation in breastfeeding prior to health education about breastfeeding in the treatment group was having good motivation and the control group had sufficient motivation.
2. Mother's motivation in breastfeeding after health education about breastfeeding in the treatment group had good motivation, and the control group had sufficient motivation.
3. There is an effect of health education about breastfeeding on mothers' motivation to breastfeed at Aminah General Hospital Blitar.
4. There were differences in mothers' motivation in breastfeeding after being given health education about breastfeeding in the treatment group and the control group..

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