

Health Education on Breastfeeding Preparation in Pregnant Mothers and Families

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ABSTRACT

How to feed babies is to exclusively breastfeeding from birth until the baby is six months old and continue breastfeeding the child until the age of twenty-four months. The success of breastfeeding also needs to be prepared early starting from antenatal, such as mothers are prepared physically and psychologically, provide support, and various counseling about breastfeeding. The purpose of this activity is to be able to increase the knowledge of pregnant women about giving exclusive breastfeeding. The implementation method is to provide health education on breastfeeding in pregnant women and families of 15 pregnant women at A'isyiyah General Hospital, Ponorogo. The implementation of the activity consists of several stages, including the stage before providing education by taking pre-test data and the next stage is providing education about preparing for breastfeeding to pregnant women filling out a post-test questionnaire to find out whether there is an impact on the knowledge of pregnant women after being given education. The results of the activity explain that some of the knowledge possessed by pregnant women who are the objects of this activity when before being given education, namely most of them have good knowledge. After being given education, almost all pregnant women, namely by experiencing an increase in the value of their level of knowledge. This shows that providing education in this activity can increase the knowledge of pregnant women about breastfeeding.

Keyword: Breastfeeding, Health Education, Pregnant Women.

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INTRODUCTION

How to feed babies is to exclusively breastfeeding from birth until the baby is six months old and continue breastfeeding the child until the age of twenty-four months. Babies who are 6 months old should receive complementary foods according to their growth and development needs. Breastfeeding is the best source of nutrition for babies and young children, and is a life-saving strategy that has been proven to help protect children from common childhood diseases such as diarrhea and pneumonia. It is generally known that children who are always breastfed perform better on intelligence tests, are less likely to be obese or overweight, and are less likely to develop non-communicable diseases later in life. Increasing

breastfeeding to near-universal levels worldwide could save more than 820,000 lives and prevent 20,000 additional cases of breast cancer in women each year.

Some of the problems related to breastfeeding include: More than half a billion working women are not supported by legal regulations on maternity protection. Only 20% of countries in the world, including Indonesia, require employers to provide maternity leave and facilities for breastfeeding or expressing breast milk. Less than half of babies under 6 months of age receive exclusive breastfeeding. Indonesia's exclusive breastfeeding coverage in 2022 was recorded at only 67.96%, down from 69.7% in 2021, indicating the need for more intensive support so that this coverage can increase.

Indonesia has seen a decline in breastfeeding rates in recent years, and UNICEF and WHO are calling for more efforts to protect, promote and support breastfeeding – with a focus on helping working mothers. To support the plan, UNICEF and WHO are calling for specific actions by the government and stakeholders, including implementing the Ten Steps to Successful Breastfeeding in all maternity facilities. These guidelines include educating mothers about the benefits of breastfeeding, training health workers to help mothers breastfeed, and ensuring mothers and babies stay together 24 hours a day while in the hospital.

The 2023 National Health Survey found that only 27% of newborns received breast milk in the first hour, that one in five babies were given food or fluids other than breast milk in the first three days, and that only 14% had skin-to-skin contact for at least an hour immediately after birth.

The low coverage of exclusive breastfeeding is a reflection of the failure of breastfeeding caused by several factors. One of the determinants of successful breastfeeding is the mother's condition such as self-confidence or self-belief in breastfeeding her baby. The strength of a mother that will influence the response in breastfeeding such as effort and thought, so that it will influence the initiation and energy of breastfeeding behavior is the self-efficacy of a breastfeeding mother. There are several things that influence the mother's efforts in deciding to breastfeed, namely vicarious experience such as seeing other women successfully breastfeeding, previous experience with breastfeeding behavior, verbal persuasion such as encouragement to breastfeed from a husband or family and physiological responses such as anxiety, depression and fatigue.

The success of breastfeeding also needs to be prepared early starting from antenatal, such as the mother is prepared physically and psychologically, providing support, and various counseling on breastfeeding. During childbirth that can support the success of breastfeeding, the postpartum period or puerperium or postpartum begins from 1 hour after the birth of the placenta until 6 weeks (42 days) after that day.

The purpose of this community service activity is to be able to increase the knowledge of breastfeeding preparation in pregnant mothers so that it can increase the ability and willingness of mothers in giving exclusive breastfeeding. This activity is not only for pregnant women but also for the family who accompanies the pregnant woman so that it can encourage pregnant women in the future to decide to give exclusive breastfeeding.

METHOD

The method of implementing the provision of education on breastfeeding preparation for pregnant women and families in the hospital was carried out by providing education to 15 pregnant women who were taking place at the A'isyiyah Ponorogo Regional General Hospital. The implementation of the activity consisted of several stages, including the licensing stage and coordination with the land office, then continued with the preparation stage before providing education by taking pre-test data related to the knowledge of pregnant women about

breastfeeding preparation. The next stage is providing education related to breastfeeding preparation for pregnant women and the last is an evaluation accompanied by filling out a post-test questionnaire to determine whether or not there is an impact on the knowledge of pregnant women after being given education.

RESULT

Table 3.3. Characteristics of Pregnant Women

Variable	Category	N	%
Qualification	Elementary School	1	6%
	Junior High School	1	6%
	Senior High School	4	24%
	College	11	74%
Job	Self-employed	4	24%
	Private employee	6	36%
	Housewife	7	40%
Age of Pregnant Mother	Pregnant Mother at Risk Pregnancy (Age of Pregnant Mother > 35 years)	2	12%
	Pregnant Mother at Non-Risk Pregnancy (Age of Pregnant Mother < 35 years)	15	88%
Gestational Age	1 st Trimester	2	12%
	2 nd Trimester	6	36%
	3 rd Trimester	9	52%
Experience Of Pregnancy	1 st Pregnancy	9	52%
	2 nd Pregnancy	5	30%
	3 rd Pregnancy	2	12%
	5 th Pregnancy	1	6%

Based on Table 3.3, it is illustrated that the characteristics of the objects of community service activities carried out on August 12-24, 2024, namely pregnant women's who were given health education on breastfeeding preparation with exclusive breast milk, mostly had a qualification from college of 74% and there was senior high school of 24%, junior high school of 6% and elementary school of 6%. Almost half of the pregnant women were housewife of 40%. As for private employee of 36% and self-employed of 24%.

Age at the time of pregnancy also has several groups, namely pregnant mother at risk and pregnant mother not at risk. In community service activities that have been carried out, 2 people or 12% of pregnant mothers were found to be at risk because they were over 35 years old. While pregnant mother who were not at risk because their age was still under 35 years old were 15 people or 88%.

Most of their pregnancy age is in the 3rd trimester, which is 52%, and there are also those whose pregnancy age is in the 1st trimester, which is 12% and the 2nd trimester, which is 36%. In the experience of pregnancy, most of the pregnant women in this activity are primigravida, which is their 1st pregnancy, which is 52%. And in this activity, it was found that only a small portion of the pregnant women who were given education already had a history of 5th pregnancy, which was only 1 person or 6%.

Table 3.4. Age of Pregnant Mother with Experience OF pregnancy

Age of Pregnant Mother	Experience OF pregnancy								N
	1 st	%	2 nd	%	3 rd	%	5 st	%	
	Pregna ncy		Pregnan cy		Pregnan cy		Pregna ncy		
Pregnant Mother at Risk Pregnancy (Age of Pregnant Mother > 35 years)	0	0	1	6%	0	0%	1	6%	2
Pregnant Mother at Non-Risk Pregnancy (Age of Pregnant Mother < 35 years)	9	52%	4	24%	2	12%	0	0%	15
N	9	52%	5	30%	2	12%	1	6%	17

Based on table 3.4, explains that there were findings from this community service activity that there were pregnant women who were at risk because they were over 35 years old with their 5th experience of pregnancy.

1. Knowledge Before and After Health Education is Given

Table. 3.5. Knowledge Before and After Health Education is Given

Knowledge	Category		N
	Good	Sufficient	
Before Health Education is Given	16	1	17
After Health Education is Given	17	0	17

Table 3.5 explains that the knowledge possessed by pregnant women who were the objects of this activity when before being given education, most of them had good knowledge, which was 94%. While after being given education, there was 1 person or 6% who experienced an increase in knowledge, namely from sufficient to finally having good knowledge after being given health education about breastfeeding preparation.

Table 3.6. Age of Pregnant Mother with Knowledge Before Health Education is Given

Knowledge Before Health Education is Given	Age Of Pregnant Mother				N
	Not At Risk (<35)	%	At Risk (>35)	%	
Good	15	88%	1	6%	16
Sufficient	0	0%	1	6%	1
N	15	88%	2	12%	17

Table 3.7. Age of Pregnant Mother with Knowledge After Health Education is Given

Knowledge After Health Education is Given	Age Of Pregnant Mother				N
	Not At Risk (<35)	%	At Risk (>35)	%	
Good	15	88%	2	12%	17
Sufficient	0	0%	0	0%	0
N	15	88%	2	12%	17

Table 3.6 shows that most pregnant women who are under 35 years old or pregnant women who are not at risk have a good level of knowledge of 88%. However, only 1 person, namely 6% with an age at risk, namely over 35 years old, has sufficient knowledge. However, it has been explained in table 3.7 that 1 pregnant woman has experienced an increase in knowledge from a sufficient level of knowledge to a good level of knowledge after being given education.

Table 3.8. Qualification With Knowledge Before Health Education is Given

Qualification With Knowledge Before Health Education is Given	Qualification								N
	Elementary School	%	Junior High School	%	Senior High School	%	College	%	
Good	1	6%	1	6%	4	24%	10	68%	16
Sufficient	0	0%	0	0%	0	0%	1	6%	1
N	1	6%	1	6%	4	24%	11	74%	17

Table 3.9. Qualification With Knowledge After Health Education is Given

Qualification With Knowledge After Health Education is Given	Qualification								N
	Elementary School	%	Junior High School	%	Senior High School	%	College	%	
Good	1	6%	1	6%	4	24%	11	74%	17
Sufficient	0	0%	0	0%	0	0%	0	0%	0
N	1	6%	1	6%	4	24%	11	74%	17

As in the previous explanation related to knowledge where there was 1 pregnant woman with a sufficient level of knowledge before being given education. Table 3.8 explains that a small part of the research object, namely 1 person, had sufficient knowledge before being given education. However, after being given education, the pregnant woman experienced an increase in the level of knowledge, namely according to table 3.9 from the sufficient category after being given education to good for the level of knowledge.

Tabel.3.10. Job With Knowledge Before Health Education Is Given

Knowledge Before Health Education Is Given	Job						N
	Self-Employed	%	Private Employee	%	Housewife	%	
Good	4	24%	5	30%	7	40%	16
Sufficient	0	0%	1	6%	0	0%	1
N	4	24%	6	36%	7	40%	17

Tabel.3.11. Job With Knowledge After Health Education Is Given

Knowledge After Health Education Is Given	Job						N
	Self-Employed	%	Private Employee	%	Housewife	%	
Good	4	24%	6	36%	7	40%	17
Sufficient	0	0%	0	0%	0	0%	0
N	4	24%	6	36%	7	40%	17

Table 3.10 shows that almost half of the respondents with jobs as housewives have good knowledge before being given education, which is 40%. While 1 pregnant woman who has sufficient knowledge before being given education has a job as a private employee. Table 3.11 shows that all of them experienced an increase in knowledge after being given education, both those who have jobs as entrepreneurs, private employees or as housewife.

Table.3.12. Experience Of Pregnancy With Knowledge Before Health Education is Given

Knowledge Before Health Education is Given	Experience Of Pregnancy								N
	1 st Pregnancy	%	2 nd Pregnancy	%	3 rd Pregnancy	%	5 st Pregnancy	%	
Good	9	52%	4	24%	2	12%	1	6%	16
Sufficient	0	0%	1	6%	0	0%	0	0%	1
TOTAL	9	52%	5	30%	2	12%	1	6%	17

Table.3.13. Experience Of Pregnancy with Knowledge Before Health Education is Given

Knowledge After Health Education is Given	Experience Of Pregnancy								TOTAL
	1 st Pregnancy	%	2 nd Pregnancy	%	3 rd Pregnancy	%	4 th Pregnancy	%	
Good	9	52%	5	30%	2	12%	1	6%	17
Enough	0	0%	0	0%	0	0%	0	0%	0
TOTAL	9	52%	5	30%	2	12%	1	6%	17

Table 3.12. explain that most pregnant women with first pregnancy experience have good knowledge before being given education, which is 52%. And there is 1 pregnant woman or 6% with second pregnancy experience who have sufficient knowledge before being given education. All experienced an increase in knowledge as explained in table 3.13, namely from the category of sufficient knowledge level to good knowledge level after being given education.

2. Increasing the Knowledge of Pregnant Women in Readiness to Provide Exclusive Breastfeeding After Being Given Education

Almost all pregnant women, 94%, experienced an increase in their knowledge level after being given education. There was also 1 person who, before being given education, had a sufficient knowledge level category with a questionnaire completion value of 67% experiencing an increase in value to 93% after being given education. There was also 1 person who did not experience an increase in value either before or after being given education.

DISCUSSION

After the community service activity was carried out by providing education on preparing for exclusive breastfeeding with breast milk, it was seen that the knowledge possessed by pregnant women who were the objects of this activity when before being given education, most of them had good knowledge, which was 94%. While after being given education, there was 1 person or 6% who experienced an increase in knowledge, namely from sufficient to finally having good knowledge after being given education regarding readiness for breastfeeding.

Judging from the value in measuring the knowledge possessed by pregnant women, there was an increase in knowledge from pregnant women who were the objects of this activity. almost all pregnant women, namely 94%, experienced an increase in the value of their level of knowledge after being given education. There was also 1 person who from before being given education had a sufficient level of knowledge category with a questionnaire completion of 67% experiencing an increase in value to 93% after being given education. There was also 1 person who did not experience an increase in value either before being given education or after being given education.

The results of this analysis are in line with the results of research on the effect of providing education with video media on the knowledge and attitudes of mothers in providing exclusive breastfeeding. The results of the study stated that the average score on knowledge before being given intervention was 16.5 and after being given intervention increased to 18.5. The average score on attitudes before the intervention was 7.7 and after the intervention increased to 9.0. The results of the analysis in the study showed that providing education with video media had an effect on the level of knowledge and attitudes of mothers in providing exclusive breastfeeding.

Another study that is in accordance with the results of the study in this activity is a study by providing education through booklet media. Booklet media education is effective because it can increase the results of knowledge and attitudes of breastfeeding mothers with a total of 26 participants with an average pretest result of 50.73% and the results after being given education were 76.38%.

In accordance with the facts found with the theory that has been around so far that providing education can increase a person's understanding from not knowing and after getting information will know. In addition, knowledge can also increase after a person gets an experience. Although in this study some pregnant women were primigravida, namely people who had just had their first pregnancy experience, their knowledge was good about breastfeeding because many pregnant women's class activities had been attended by most pregnant women to increase their understanding in preparing for the birth process or providing exclusive breastfeeding.

In this community service activity, there were also pregnant women who also had experience in their second pregnancy, but their knowledge before being given education was sufficient, but after being given education, their experience increased to good. It does not mean that these pregnant women do not know about the correct provision of exclusive breastfeeding, but because of their busyness as private employees, it can affect the provision of exclusive breastfeeding for their children.

CONCLUSION

Based on the results of the internship activities that have been carried out at the General Hospital 'Aisyiyah Ponorogo, it can be concluded as follows:

1. The knowledge possessed by pregnant women who were the objects of this activity when before being given education, most of them had good knowledge, which was 94%. While after being given education, there was 1 person or 6% who experienced an increase in knowledge, namely from sufficient to finally having good knowledge after being given education regarding breastfeeding readiness.
2. Almost all pregnant women, namely 94%, experienced an increase in the value of their level of knowledge after being given education. There was also 1 person who from before being given education had a category of sufficient level of knowledge with a questionnaire completion of 67% experiencing an increase in value to 93% after being given education. There was also 1 person who did not experience an increase in value either before being given education or after being given education.

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