

Efforts To Promote Exclusive Breastfeeding Education For Stunting Prevention Through Booklet Media For Third Trimester Pregnant

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ARTICLE INFO

Article history:

Received: 14th June 2023

Revised: 15th June 2023

Accepted: 26th June 2023

Keywords:

Booklet,
Exclusive breastfeeding
Pregnant
Stunting

ABSTRACT

Stunting is malnutrition that occurs over a long period of time, resulting in impaired growth of children's height shorter than their age standard. One of the prevention of stunting is by providing exclusive breastfeeding to infants. Exclusive breastfeeding helps adequate nutritional intake so as to minimize the risk of stunting in children. The purpose of this study is to determine the promotional efforts of exclusive breastfeeding education for stunting prevention in third trimester pregnant women in the Sukorame Health Center Working Area of Kediri City in 2023. Type of pre-experimental research type one group pre post test design, the population in this study is all third trimester pregnant women of East Nusa Tenggara Province, as many as 32 third trimester pregnant women in the Sukorame Health Center Working Area of Kediri City, with a sample of 16 third trimester pregnant women using purposive sampling techniques. Statistical test using wilcoxon. The results of statistical tests using Wilcoxon obtained that $p = 0.000$ with a confidence level of 95% ($\alpha = 0.05$) can be said if the value of $p < \alpha$ H_0 is rejected and H_1 is accepted, meaning that there is an influence on exclusive breastfeeding education promotion efforts for stunting prevention in third trimester pregnant in the Sukorame Health Center Working Area of Kediri City in 2023. It is expected that respondents can use booklet media to read in order to increase knowledge and provide information about the importance of exclusive breastfeeding for stunting prevention.

I. Introduction

Stunting is one of the malnutrition conditions associated with past nutritional insufficiency so that it is included in chronic nutritional problems. Thus resulting in impaired child growth where the child's height is lower or shorter than his age standard (Adair dkk, 2013). Stunting is one of the focuses on the target of improving nutrition in the world until 2025 (Artini FR, 2015). Risk factors for stunting are not only caused by insufficient nutritional intake, but can also be caused by other factors such as a history of breastfeeding (Bloss E, Wainaina F, & Bailey RC, 2004).

Breast milk is a single food that can meet the needs of babies up to 6 months. Breast milk contains carbohydrates, proteins, fats, vitamins, minerals, enzymes, growth hormones, and immunoglobulins needed by children to support their growth, prevent illness and death. Breastfeeding is very important, but the timing of breastfeeding contributes to producing optimal nutritional status (Cahniago, S. R. R., 2020). Exclusive breastfeeding given for up to 6 months can protect the occurrence of stunting and growth faltering of toddlers. According to research states that there is an average difference in the length of children from the age of 6-26 weeks who are breastfed for 6 months and breast milk added to other foods at the age of 4-6 months. Babies who were exclusively breastfed for 6 months had a body length 4.5 cm longer than babies who were breastfed alone for 4 months and added other foods until 6 months of age (Hapsari CM, 2013).



Babies born stunted still have 730 days left in the golden period to recatch-up both their height and brain growth and development. Appropriate nutritional interventions for stunted babies are exclusive breastfeeding for up to 6 months, providing complementary foods in accordance with balanced nutrition guidelines since 6 months and breastfeeding for up to 2 years (Hati TD, 2017). Exclusive breastfeeding means that the baby only receives breast milk without any additives including water, except oral rehydration solutions, vitamin syrups, minerals, or medications. The prevalence of exclusive breastfeeding aged 0-6 months in Indonesia is estimated to reach 42%. 15,028 child deaths each year are attributed to poor breastfeeding practices. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend that breastfeeding begin within an hour of birth, continuing without food or other fluids for the first six months of life (Hegar B, 2018).

Breast milk is needed for baby's health and supports optimal growth and development of babies. Babies who get exclusive breastfeeding will get all the advantages of breast milk and meet their nutritional needs optimally so that babies will be healthier, more resistant to infections, less susceptible to allergies, and less sick (Lin S et al., 2018). Lack of information about explanation and counseling about exclusive breastfeeding, and ignorance of mothers about the importance of breastfeeding are causes of lack of exclusive breastfeeding (Mukuria AG, 2016). Research by Mukuria et al. in 2016 in Kenya revealed, the most significant factors affecting exclusive breastfeeding are maternal psychological factors, family support, knowledge, attitudes and counseling (Mulyani, yuli sri, 2016).

Although many know about the benefits of exclusive breastfeeding for baby health, the fact is that there are still many mothers who provide complementary foods (MPASI) before the baby is six months old, with various causes and reasons. When babies are exclusively breastfed too early before the age of six months, this can increase the risk of stunting in children (Rina Hizriyani, 2021).

Health education during pregnancy proves to be a good opportunity to improve breastfeeding knowledge, especially in the third trimester of pregnancy. This statement is reinforced by research by Nguyen et al. in 2013 in Vietnam, that the provision of lactation health education begins at antenatal time, especially in third trimester pregnant women because mothers are quite focused on preparing for the labor process and providing nutrition to their babies counseling (Roesli, U, 2013). Research by Lin et al. in 2018 in Taiwan showed that breastfeeding education in the prenatal period with a gestational age of 20-36 weeks, effective for increasing their knowledge, attitudes and satisfaction in breastfeeding, and able to reduce problems during breastfeeding after postpartum counseling [13].

One of the efforts to increase maternal knowledge about exclusive breastfeeding is to provide health education. The success of health education depends on the learning component, one of which is educational media. The media has a very important role in determining the success of the message delivery process. Choosing the right media will help the success of the process, while the use of inappropriate media will make it difficult for communicants. The types of media that can be used include print media, electronic media, and board media (Safitri, NRD & Fitranti DY, 2016).

Booklet is a communication medium that is included in the category of low-line media. In accordance with the inherent nature of the bottom line media, messages are written using simple, short, and attractively packaged sentences. The advantages of booklet media, namely clients can adjust to independent learning, users can see the contents at a leisurely time, information can be shared with family and friends, reduce the need for note-taking, and can be made simply at a relatively low cost, durable, and wider capacity (Safitri, NRD & Fitranti DY, 2016).

II. Methods

A. Design and Samples

The research design used in this study is based on the scope of research including non-inferential research types. Based on the place of research includes the type of field research. Based on the method of data collection including the type of observational research. Based on data sources include the type of research with the type of primary data. Based on the presence or absence of treatment, including the type of pre-experimental research type one group pre post test design, namely by giving treatment to one group but previously assessing the knowledge of pregnant women then given intervention using booklet media after that a post test was carried out. Research place at Sukorame Health Center Kediri City. The population in this study was 16 pregnant women trimester III with purposive sampling technique.

B. Data Collections

The sampling technique uses purposive sampling with inclusion criteria for pregnant women in the third trimester, > 30 weeks of pregnancy, not working as health workers. Previously, third trimester pregnant women were given an exclusive breastfeeding knowledge questionnaire in stunting prevention, then given educational interventions about exclusive breastfeeding in stunting prevention three times a week for two weeks. One week later, a knowledge questionnaire was given to see the results of the intervention that had been given.

C. Data Analysis

Statistical tests for both variables used the Wilcoxon test . All tests are done by using SPSS for Windows 24.

III. Results and Discussion

1. Frequency distribution of knowledge about exclusive breastfeeding before intervention in third trimester pregnant

Tabel 1. Knowledge of exclusive breastfeeding before intervention in third trimester pregnant

No.	Knowledge	Frequency	Percentage
1.	Less	7	43.8
2	Enough	9	56.3
3	Good	0	0
	Total	16	100

Source : Primary Data, 2023

Based on table 1. It can be concluded that most (56.3%) III trimester pregnant women have sufficient knowledge before being given intervention

2. Frequency distribution of knowledge about exclusive breastfeeding after intervention in third trimester pregnant

Tabel 2. Knowledge of exclusive breastfeeding after intervention in third trimester pregnant.

No.	Knowledge after intervention	Total	Persentase (%)
1.	Not enough	0	0
2	Enough	0	0
3	Good	16	100
	Total	16	100

Source : Primary Data, 2023

Based on table 2 it can be concluded that all (100%) third trimester pregnant have good knowledge after intervention.

3. Efforts to promote exclusive breastfeeding education for stunting prevention through booklet media for third trimester pregnant.

Tabel 3. Efforts to promote exclusive breastfeeding education for stunting prevention through booklet media for third trimester pregnant.

		Knowledge After Intervention					
		Good		Enough		Less	
		F	%	F	%	F	%
Knowledge before intervention	Less	7	43.8	0	0	0	0
	Enough	9	56.3	0	0	0	0
	Good	0	0	0	0	0	0
		16	100	0	0	0	0
P = 0,000		$\alpha = 0,05$					
Positive rank :		16					
Negative rank :		0					
Ties :		0					

Source : Primary Data, 2023

Based on table 3, it can be concluded that pregnant women in the third trimester before intervention were given most had sufficient knowledge, and after being given intervention all had good knowledge.

The results of statistical tests using Wilcoxon obtained that $p = 0.000$ with a confidence level of 95% ($\alpha = 0.05$) can be said if the value of $p < \alpha$ H_0 is rejected and H_1 is accepted, meaning that there is an influence on exclusive breastfeeding education promotion efforts for stunting prevention through booklet media in third trimester pregnant.

1. Knowledge about exclusive breastfeeding before intervention in third trimester pregnant

Knowledge is the result of knowing, and this happens after people have sensed certain objects. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste, and touch. Most human knowledge is acquired through the eyes and ears. Knowledge generally comes from experience, it can also be obtained from information submitted by teachers, parents, books, and newspapers. Knowledge or cognitive is a very important domain for the formation of one's actions (Sutarto, 2018).

Education factors are closely related to knowledge, including about exclusive breastfeeding where the results show that the higher the education, the better the knowledge about exclusive breastfeeding in stunting prevention. In this study, it was proven that the majority of respondents who had sufficient knowledge were respondents with secondary education (43.8%), and almost all of them had received information about exclusive breastfeeding (87.5%). However, there are 7 (43.8%) respondents who have less knowledge about exclusive breastfeeding, this lack of knowledge can be influenced by the parity of primigravida or first-time pregnant mothers so that there has been no experience of exclusive breastfeeding before.

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2. Knowledge about exclusive breastfeeding after intervention in third trimester pregnant

Based on table 2, it can be concluded that all (100%) third trimester pregnant women have good knowledge after being given the intervention.

Lack of information about explanation and counseling about exclusive breastfeeding, and ignorance of mothers about the importance of breastfeeding are causes of lack of exclusive

breastfeeding. This statement is reinforced by Zakaria's research in 2014 at the Tilongkabila Health Center, Bone Bolango Regency that education, knowledge and attitudes are related to the actions of mothers in exclusive breastfeeding. Research by Mukuria et al. in 2016 in Kenya revealed, the most meaningful factors affecting exclusive breastfeeding are maternal psychological factors, family support, knowledge, attitudes and counseling (Mukuria AG, dkk, 2016).

Health education is a consciously planned process to create opportunities for individuals to constantly learn, improve awareness, and improve knowledge and skills for the benefit of their health (Yohmi E., 2014).

The process of providing information in the form of health education cannot be separated from the stages of applying science. As revealed by Notoamojo that a message received by individuals will go through four stages, including: Awareness, Interest, Evaluation, trial, The right information is what pregnant women actually need (Zakaria R, 2014). Formal education on exclusive breastfeeding provides more information about breastfeeding, consisting of standard antenatal care and educational sessions involving individuals or groups led by peer counselors or health professionals, home visits, lactation consultations, leaflets, video demonstrations, and involving husbands in learning activities (Zulaekah S., 2013).

One of the media that can be used by researchers in providing information is booklets. Booklet is one of the media used to convey health messages in the form of books, both writing and images. The term booklet comes from books and leaflets, meaning that booklet media is a combination of leaflets and books with a small format (size) such as leaflets. The structure of the contents of the booklet resembles a book (introduction, content, closing), it's just that the way the contents are presented is much shorter than the book (Zulaekah S., 2013).

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According to the analysis of health education researchers using booklet media is very interesting because it is easy to use with short and clear explanations and the presence of pictures make respondents interested in reading which in turn can increase knowledge about the importance of exclusive breastfeeding.

3. Efforts to promote exclusive breastfeeding education for stunting prevention through booklet media for third trimester pregnant

The results of statistical tests using Wilcoxon obtained that $p = 0.000$ with a confidence level of 95% ($\alpha = 0.05$) can be said if the value of $p < \alpha$ H_0 is rejected and H_1 is accepted, meaning that there is an influence of Efforts to promote exclusive breastfeeding education for stunting prevention through booklet media for third trimester at the Sukorame Health Center in Kediri City.

The results of this study are in line with research conducted by Pakpahan, Larasati, Sibuea, and Sahli (2013) which shows that health counseling with booklets can increase knowledge in pregnant women (Pakpahan, dkk, 2013).

Breast milk contains complete minerals. Mineral levels in breast milk are relatively low, but able to meet the needs of babies up to 6 months of age. Iron and calcium in breast milk are minerals that are very stable, easily absorbed by the body, and in very small amounts. As much as 75% of the iron contained in breast milk can be absorbed by the intestine. This is different from the iron content in PASI, only amounting to about 5-10%. There is also a type of mineral in breast milk, selenium, serves to accelerate children's growth (Hegar B., 2013).

Children who do not get exclusive breastfeeding are at higher risk for deficiencies in nutrients necessary for the growth process. Growth disorders will result in stunting in children. Stunting will be seen when a child is two years old. So before the child reaches the age of two, parents should strive for good growth for the child. Usually the normal size of babies born is around 48-50 centimeters. Meanwhile, the success of breastfeeding is determined by the active role of parents. Commitment and support play a role in this. Effective communication, maternal understanding and father's involvement will be very helpful for children's growth and development (Rina Hizriyani, 2021).

IV. Conclusion

The results of this study can be implied that one of the efforts to increase maternal knowledge about exclusive breastfeeding is to provide health education. The success of health education depends on the learning component, one of which is educational media. The media has a very important role in determining the success of the message delivery process. The selection of the right media will help the success of the process, on the contrary, the use of inappropriate media will make it difficult for communicants, in this case booklet media is a communication media that is included in the category of low-line media. According to the inherent nature of the bottom line media, messages are written using simple, short sentences, and the use of letters of not less than 10 pt, and packaged attractively so as to increase knowledge about exclusive breastfeeding to prevent stunting.

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