

## ORIGINAL RESEARCH

# The effect of infant feeding planning education on nutrition and breastfeeding knowledge, mother's attitude, and husband's support to expectant mother

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## ABSTRACT

**Background:** The issue of malnutrition that leads to food security is not just a technical issue, but also a matter of individual habit to meet nutrients needed, including nutrients for fetus. The Government agrees to address the issue of food security in the first 1,000 days of life. This study aims at determining the influence of Infant Feeding Planning (Intention) Education on Nutrition and Breastfeeding Knowledge, Mother's Attitude, and Husband's Support to gravid Mother in Samarinda.

**Methods:** This study is a quasi-experimental research design with pre and post control group. The sample size was 30 in the intervention group and 30 in the control group. The independent variable in this study was intention to breastfeed, while the dependent variables were breastfeeding and nutrition knowledge, mother's attitude and husband's support. The data were analyzed using paired t test, Wilcoxon test, ANOVA and MANOVA.

**Results:** The study found the differences between intervention group and control group in nutrition knowledge, breastfeeding knowledge, and attitude. There was no difference between the groups in intention. The variables that influenced knowledge were education and employment. The variables influenced by the intention to breastfeed were breastfeeding knowledge, nutrition knowledge, and attitude. Intention had the greatest impact on the attitude, with the power observed at 0.689 which means that the intention affected the attitude of breastfeeding by 68.9%.

**Conclusions:** Infant feeding planning education influences breastfeeding and nutrition knowledge as well as breastfeeding attitude.

**Key Words:** Nutrition knowledge, Breastfeeding, Attitude, Intention

## 1. INTRODUCTION

The issue of malnutrition that leads to food security is not just a technical issue, but also a matter of individual habit to meet nutrients needed, including nutrients for fetus. The Government and the World Food Program (WFP) agree to address the issue of food security in the first 1,000 days of life. Nutrition of the first 1,000 days of life is the nutrients given during 9 months or 270 days of pregnancy and in the first 2 years or 730 days of child growth. Lack of exclusive

breastfeeding to babyaged 0-6 months is also one indicator of malnutrition in Indonesia. Indonesian mothers prefer to provide formula milk rather than exclusive breastfeeding due to their bustle as a career woman. This issue is also a concern for related parties as they have to lower the issue of malnutrition in Indonesia.<sup>[1]</sup>

The key targets of 2015-2019 Development Plan includes increasing Public Health and Nutrition Status, in which the

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prevalence of underweight in toddler at 19.6% in 2013 decreased into 17% in 2019 and the prevalence of stunting (short and very short) in toddler under 2 years at 32.9% in 2013 decreased into 29% in 2019. In order to achieve these targets, the Ministry of Health introduced strategic plan to improve infant's health and quality of infant foods optimally in accordance with 1999 WHO's Innocenti Declaration. The strategic plan is included in the 2015-2019 Development Plan. Infant aged less than 6 months shall be exclusively breastfed (50%) and newborn infant receives. Early Breastfeeding Initiation (50%). The nine core messages of the first 1,000 days of life are: to have balanced nutrition during pregnancy, to have maternal checkup four times during pregnancy, to consume blood boosting supplements, to give Early Breastfeeding Initiation to newborn, to give exclusive breastfeeding for 6 months, to weigh infant monthly, to give basic and compulsory immunization to infant, to continue breastfeeding until the infant turns 2 y.o, to give complementary food gradually at age of 6 months and to continue breastfeeding.

The golden and critical period of child growth and development takes place in the first 1,000 days of life, meaning 270 days in the womb and 730 days during the first 2 years. The first 1,000 days of life is divided into several periods, namely: 280 days of pregnancy, 180 days when the baby aged 0-6 months, 60 days when the baby aged 6-8 month, 120 days when the baby aged 8-12 months, and 360 days when the baby aged 12-24 months. Those are 5 critical points of Indonesian child growth and development toward the "Qualified Generation". A child who is malnourished in the first 1,000 days of life is at risk of non-communicable or chronic diseases, depending on the affected organ. If the brain is affected, the child will have restriction in cognitive growth, making the child less intelligent and competitive. The child will have height growth disorder, making the child at risk of stunting.

Child nutritional status based on weight by age (W/A) index resulting in wasting tends to decline at the age of 3 months and continues to decline very rapidly until the age of 12 months and starts slowing down at age of 18-19 month. Meanwhile, based on weight by height (W/H) index resulting in stunting, the decline occurs at the age of 3 months to 15 months. An intervention conducted after the age of 2 years is not very effective because the child's condition have been worse long before the child turns 2 years old. However, it does not mean that children aged 2 years and above are not a concern. This concept is about priorities.<sup>[2]</sup>

To increase the coverage of breastfeeding in order to prepare next generation, there are needs to design an effective-

initiatives intervention which can encourage the provision of peer-support for breastfeeding mother. The breastfeeding program need an effort from all parties include: health support, family support, social network, workplace and work system, and government policy support.

This research is an alternative provision of peer-support which are social support that integrated with Infant feeding planning in order to provide more knowledge. Mothers with breastfeeding knowledge will have a change of process (the Transtheoretical Model/TTM)<sup>[3]</sup> Strengthen the mother's self-efficacy about breastfeeding<sup>[4]</sup> and fostering intentions that will ultimately encourage mothers to make breastfeeding decisions

Theoretical framework used in this research is Theory Of Planned Behavior (TPB).<sup>[5]</sup>

Appropriate counseling and education about breastfeeding practice can be adopted to achieve change of attitude, knowledge perception, and breastfeeding practice. Pregnancy care proved to be a good opportunity to improve breastfeeding knowledge.<sup>[6]</sup>

Peer support will be a process of sharing experiences and knowledge including: building mutual relationships, having great feelings, understanding stories, Sharing a way about stories that are not easy to understand, create a new story to solve the problems faced together.<sup>[7]</sup>

Husband's support is very necessary where proven that husband with lacks knowledge about breastfeeding; his baby was given bottle milks and is not ready to accept a new role to support breastfeeding. Husband have an authority toward family decision including breastfeeding.<sup>[8]</sup>

Intervention conducted could be in the form of education and network of birth attendants in breastfeeding support group as an effort to increase breastfeeding intention and improve nutrition knowledge, breastfeeding and positive intention regarding breastfeeding that will ultimately increase the coverage of Early Breastfeeding Intention and exclusive breastfeeding.

The statement of the problem of this study is whether there is influence of Infant Feeding Planning Education (Intention) on Nutrition and Breastfeeding Knowledge, Mother's Attitude and Husband's Support to Breastfeeding Support Group in Samarinda.

## 2. MATERIALS AND METHODS

This research is a Quasi Experiment Design with pre and post control group study. Research design in this research used Non-Equivalent Control Group: Compare intervention group with same control, where intervention group as well as

control for participants. Eligibility criteria applied according inclusion criteria, first-born pregnant, never been attended breastfeeding and nutrition classes when ANC at Community Health Centers. Sampling was carried out using simple random sampling technique<sup>[9]</sup> by using a random number generator program is research randomizer to determine the group.

Sample size 30 in the intervention group and 30 in the control groups with purposive sample technique. Paralel design formed with 30 mothers and 30 fathers in group comparison. Independent variable: Intent (Infant feeding planning) and dependent variables: Nutrition Knowledge and Breastfeeding, Attitude, Husband Support.

This research was conducted in Samarinda City, East Kalimantan Province by taking respondents from Air Putih Community Health Centers, Sempaja Community Health Centers, Pasundan Community Health Centers, Remaja Community Health Centers, Private Midwife Practice.

Where previously conducted Focus Group Discussion that attended from Community Health Centers, City Health Departement and Private Midwife Practice. At Focus Group Discussion shared regarding educational materials for peer-support breastfeeding module and the need for early breastfeeding Initiation. Data collection from May to July 2016.

The study on the intervention group was done by measuring pre test with breastfeeding and nutrition knowledge with education. Control groups was done by measuring pre test with breastfeeding and nutrition knowledge without education when they examined at Health Community Centers and Private Midwife Practices. Intervention and control groups conducted measurements with post test regarding intention on Infant feeding planning (breastfeeding, breastfeeding and formula milk, formula milk), attitude toward providing breastfeeding, Nutrition and breastfeeding knowledge, and husband support to provide breastfeeding, continued with nutrition education, breastfeeding and post test. The questionnaire has been tested for its validity with correlation formula "product moment person", all valid, and reability coefficient test showed reliabel if Cronbach alpha > 0,60. The result of reability test with Cronbach alpha for nutrition knowledge 0,723 and attitude 0,795.

Before this research start, resepondents are given an explanation about research courses, research objectives, benefits that obtained as resepondents research. If respondent agree, then they signed the informed consent.

This study has received ethical approval from the Ethics Committee in Research in Health of Health Polytechnic Semarang number 75/KEPK/Poltekkes-Smg/EC/2016.

### 3. RESEARCH RESULT

In order to discover the effectiveness of the influence of Infant Feeding Planning Education (Intention) to Breastfeeding Support Group on Nutrition and Breastfeeding Knowledge and Mother's Attitude parametric method Paired *T* test was conducted to data which were normally distributed, as well as to data which were not normally distributed using Wilcoxon test.

To find out the effectiveness of Infant feeding planning (intention) with breastfeeding peer-support towards nutrition and breastfeeding knowledge, mother's attitude with difference analysis with parametrik method. The *T*-Test paired with normal distribution data, abnormal distribution data, with Wilcoxon Univariate analysis test.

Table 1 showed that on the characteristic of respondents regarding education, that the majority of education in both cases and controls is high school, on case 36.7% and control 46.7%. The data of respondents for both case and Shapiro's control with normal distribution and Shapiro test Wilk *p* value .142 > .005, so the result of data become normal distribution.

The characteristic of respondents age for both case and control groups 20-35 years specifically 86.6% on case and 80% on control, while age at risk > 35 year for both case and control groups are same 6.7% and age < 20 year for case 6.7% and control 13.3%.

Furthermore, for both Shapiro's case and control respondent groups data with normal distribution and Shapiro Wilk Test *p* value .477 > .005 so data become normal distribution.

The characteristic of respondent occupation, majority for both case and control groups are housewife around 26 (86.7%) and control 27 (90%). The data of respondent for both Shapiro's case and control group with normal distribution and Shapiro Wilk Test *p* value .000 < .05 so data distribution become abnormal.

Table 2 indicates an increase mean value on nutritional knowledge in pre-cases 65 and post-test 75 and knowledge about breastfeeding pre-case 78.6 and post-test 90, while at control case mean value nutrition knowledge pre-test 49.33 and post test 59.66 knowledge about breastfeeding pre-test 71.33 and post-test 79.55. Distribution of data are normal with Shapiro Wilk *p* < .05 for case and control groups.

In Table 3 the result show that education that breastfeeding peer-support effectively increase nutrition knowledge *p* value .002 < .005, breastfeeding knowledge *p* value .001 < .005, Attitude *p* value .001 < .005.

**Table 1.** The characteristic of respondents (education, age, occupation) case and control pregnant mother at Samarinda 2016

Characteristic of Respondent	Respondent's Group				Total	%	p
	Intervention	%	Control	%			
<b>Education:</b>							
Primary School	5	16.7	4	13.3	9	15.0	.142
Secondary School	7	23.3	3	10.0	10	16.7	
High School	11	36.7	14	46.7	25	41.7	
Diploma	2	6.7	3	10.0	5	8.3	
Undergraduate	5	16.7	6	20.0	11	18.3	
Total	30	100.0	30	100.0	60	100.0	
<b>Age:</b>							
<20	2	6.7	4	13,3	6	10.0	.477
>35	2	6.7	2	6,7	4	6.7	
20 - 35	26	86.6	24	80,0	50	83.3	
Total	30	100.0	30	100,0	60	100.0	
<b>Occupation:</b>							
Housewife	26	86.7	27	90.0	53	88.3	.000
Trader	0	0.0	0	0.0	0	0.0	
Entrepreneur	0	0.0	0	0.0	0	0.0	
Government Employees	2	6.7	2	6.7	4	6.7	
Others	2	6.7	1	3.3	3	5.0	
Total	30	100.0	30	100.0	60	100.0	

**Table 2.** The description of knowledge regarding nutrition and breastfeeding on Breastfeeding peer-support cases and controls 2016

No.	Variable	Case			p	Control			p
		Mean	Min	Max		Mean	Min	Max	
1	Nutrition Knowledge Pre Test	65	20	100	.034	49.33	10	90	.072
2	Breastfeeding knowledge Pre Test	78.66	6.67	100	.001	71.33	26.67	100	.021
3	Nutrition Knowledge Post Test	75	10	100	.000	59.66	20.0	90	.016
4	Breastfeeding knowledge Post Test	90	53.33	100	.000	79.55	33.33	100	.012

**Table 3.** Result Analysis of influence of education on breastfeeding peer support toward nutrition and breastfeeding knowledge, attitude on pregnant woman case and control groups in Samarinda 2016

No	Variable	p Value Control	Statistic Test	p Value Case	Statistic Test
1	Nutrition knowledge (Pre-Post)	0.002	Wilcoxon Test	0.002	Wilcoxon Test
2	Breastfeeding knowledge (Pre-Post)	0.004	Wilcoxon Test	0.001	Wilcoxon Test
3	Attitude	0.041	Paired T-Test	0.001	Paired T-Test

**Table 4.** Results of Analysis of the influence of infant feeding planning education on nutrition and breastfeeding knowledge, attitude, and husband's support to breastfeeding support group in Samarindain 2016

No	Dependent Variable	Independent Variable	p	Statistical test
1	Nutrition Knowledge	Infant feeding planning	.039	Anova Kruskal-Wallis Test
2	Breastfeeding Knowledge	Infant feeding planning	.045	Anova Kruskal-Wallis Test
3	Attitude	Infant feeding planning	.008	Anova Kruskal-Wallis Test
4	Husband's support	Infant feeding planning	.638	Anova Kruskal-Wallis Test

The results of this research showed that there was influence of infant feeding planning education on Knowledge on Nutrition and Breast Milk and Breastfeeding Attitude with  $p < .005$ . However, the education did not influence husband's support with  $p = .638 > .005$ .

Results of the analysis showed that the most influential variable on the intention to breastfeed was a positive attitude towards breastfeeding with  $P$  at 0.015 and Observed Power at 0.689. It indicates that the average value of attitude to influence the intention to plan breast feeding is 68.9 times.

#### 4. DISCUSSION

Problems during the 730-day postpartum period are due to the lack of parents' knowledge on nutrition and nutritional attitudes resulting in poor quality of nutritional intake and parenting that will affect the child's nutritional status. This can be prevented if the mother has a good nutritional status, physical condition and health. Mother's nutrition knowledge affects the balance of nutrient intake which ultimately affects the growth and development of the child. Optimal nutrition fulfillment during 1,000-day postpartum period provides opportunities for the child to live longer, healthier, and more productive, as well as to have a lower risk for suffering from degenerative diseases. Child's growth in the golden period, during the first and second years, is rapid. However, in cases of malnutrition, the facts indicate that the decline in nutritional status occurs in this period. Therefore, food intake during pregnancy is essential to concern.

The study by Kim (2009) concluded that the knowledge on nutrition of expectant mother significantly affected some eating habits, in which the nutrition knowledge of expectant mother was positively correlated with good food habits and negatively correlated with poor eating habits.<sup>[10]</sup>

A study by Nuss et al. (2007) found that measuring knowledge in early postpartum measurement could identify the risk for future nutritional and health problems. Nutrition knowledge of woman who breastfeeds exclusively for more than six months is higher than the one of woman who breastfeeds for less than 6 months.<sup>[11]</sup>

This study is an alternative of social support integrated with the network of birth attendants and education using a module in order to improve knowledge. Knowledge or cognitive is an essential domain factor for the formation of one's behavior (Over Behavior). Based on experience and research, it turns out that knowledge-based behavior will be more lasting than behavior that is not based on knowledge, before one adopts new behaviors within a person.<sup>[12]</sup>

This study presents peers as breastfeeding support group, in

which women who had managed to breastfeed exclusively as a provider of social support would provide information, advice, and feedback on the conditions they had experienced so as to improve the knowledge of expectant mother on exclusive breastfeeding.<sup>[13]</sup>

According to Ferlander (2007), social support is generally positively related to health. However, a small research has been conducted on how social capital or social networks affect health.<sup>[14]</sup>

A husband has the authority over family decisions, including breastfeeding. Instructions on how to prevent and address breastfeeding difficulties given to husband is significant with the accomplishment of full duration of breastfeeding to 6 months.<sup>[15]</sup> The role of a father in breastfeeding experience indicates the importance to support them by recognizing their unique contribution in parenting as member of lactation team.<sup>[16,17]</sup> Encouragement to do their best, determination, and paternal commitment.<sup>[18]</sup> Husband's decision on infant feeding, family protector.<sup>[19]</sup>

Counseling influences the knowledge of nursing mother on exclusive breastfeeding with  $p$  value of .000. The application of pocket book and simulation methods can effectively improve knowledge, making it easier for mothers to understand the material and information shared with peers when they have trouble.<sup>[20]</sup>

This study, in accordance with Lawton, Ashley, Dawson et al. (2012), encourages women to perceive breastfeeding as pleasant and comfortable. Conversation needs to focus on the positive and intentions from time to time.<sup>[21]</sup>

There are three factors that influence breastfeeding attitude, namely individual level, group level, and community level.<sup>[22]</sup> Factor of individual level is directly related to the mother, the baby, and the mother-baby. Maternal factor includes knowledge, skills, parenting, experience status, maternal health that affects the risks of the mother and the baby, and early interaction between the mother and the baby. Each can directly affect initiation and duration of breastfeeding and is often correlated with social and demographic.

In this study, intention influenced the positive attitude to breastfeed. Specific concerns about breastfeeding and breastfeeding difficulties faced by the mother should be addressed by health workers in a more supportive manner. It is important to advocate public policy on working mother in the form of a breastfeeding supporting working environment to support working mother to keep providing breastfeeding as well as to improve their intention and positive attitude to breastfeed.

Research conducted through adopting the Theory of Planned Behavior (TPB) framework provides a basis for understanding the practice of providing supplement. Implemented important information can be used to develop strategies to inform mothers and their families about the benefits as well as to support adherence to guidelines when recommend and introduce solid foods no earlier.<sup>[23]</sup>

TPB is said to be successful when applied to behaviors under individual's own control. If the behavior is not fully under individual's control or willingness, the individual may not show such behavior in real<sup>[24]</sup> even though she is strongly motivated by her attitudes and subjective norms. Using the Theory of Planned Behavior approach conducted on low-income nursing mothers.<sup>[25]</sup> Kotan (2007) suggests that there is a correlation between knowledge, intention, parity, and perceived obstacles while breastfeeding.

According to Pettis (2010), using TPB approach, breastfeeding behavior takes practice and time to learn, resulting in a process of change in which the mother is convinced and willing to apply.<sup>[26]</sup>

Intention to breastfeed, according to Li et al. (2008), in postpartum period includes: exclusive breastfeeding, breast milk complementary food, no formula milk when the mother is not able to breastfeed due to working, eating nutritious food, and not on a diet during breastfeeding.<sup>[27]</sup>

The correlation between intention and behavior has been strongly proven, but some studies show their results are weak. There are several factors that influence the ability of intention in predicting behavior, such as specific and non-specific intentions, the time interval between measures of intention and behavior, and the ability to perform what has been said.

According to the concept of Theory of Planned Behavior (TPB), intention consists of three factors, namely attitude, subjective norm, and perceived behavioral control.

This study provides evidence that TPB can make a valuable contribution to understanding factors that predict differences in breastfeeding intention and initiation. A strong inten-

tion to breastfeed at the end of pregnancy is interpreted into greater likelihood of breastfeeding initiation, given the support in the form of antenatal breastfeeding intervention that will reinforce the strong motivation to breastfeed.

## 5. CONCLUSION

The Model of Integrated Breastfeeding Support Groups Network which presents birth attendant to breastfeeding support group consisting of expectant mothers and exclusive breastfeeding mothers with intervention in form of education on breastfeeding and nutrition is effective as it proved to have an influence on the improvement in breastfeeding and Nutrition Knowledge, positive attitude towards giving exclusive breastfeeding an positive attitude towards giving exclusive breastfeeding, with 93.3% intervention groups and 96.7% control groups with breastfeeding peer-support. The recommendation of this study is to conduct cohort research until the infant reaches 2-year-old to find out whether mothers who give exclusive breastfeeding continue breastfeeding for up to 2 years as the implementation of government program to prepare quality generations with the best food in 1000 first days of life.

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## CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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