



THE EFFECT OF EXCLUSIVE BREASTFEEDING MODULE INTERVENTION ON THE KNOWLEDGE AND ATTITUDES OF PROSPECTIVE FATHERS ABOUT BREASTFEEDING IN BENGKULU CITY

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ABSTRACT

Bengkulu City has experienced a decline in exclusive breastfeeding coverage over the past three years (2020-2022). Additionally, Research on educational intervention for prospective fathers in Bengkulu City has not been widely implemented. This study aims to analyze the effect of exclusive breastfeeding module interventions on the knowledge and attitudes of prospective fathers about breastfeeding in Bengkulu City. A quasi-experimental study was conducted in April-September 2024 with a population of prospective fathers who have wives with a gestational age of more than 27 weeks or the third trimester. The sample consisted of 15 people in the control group and 15 people in the intervention group. The sampling method used purposive sampling. The research variables include the knowledge and attitudes of prospective fathers about breastfeeding, as well as the exclusive breastfeeding module. The instrument used was a questionnaire that had been tested for validity and reliability. Data analysis was carried out univariately and bivariately. There were insignificant results from the knowledge variable between the two groups, both pre-test ($p = 0.074$) and post-test (0.546). While on the attitude variable, significant results were obtained between the two groups, both pre-test (0.001) and post-test (0.044). The exclusive breastfeeding module intervention only affected the attitude variable of prospective fathers about breastfeeding between the intervention group and the control group, both before and after the intervention. While on the knowledge variable of prospective fathers about exclusive breastfeeding, there was no effect between the two groups, both pre-test and post-test.

Keywords: attitude; exclusive breastfeeding module; knowledge; prospective fathers

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INTRODUCTION

One of the misunderstandings related to Breast Milk is the assumption that the responsibility for providing breast milk lies entirely with the mother. In fact, the success of exclusive breastfeeding cannot be achieved only with the role of the mother. Support from all family members is needed, especially the involvement of the father who has an important role in supporting the breastfeeding process (Mananohas et al., 2023). Several things, such as lack of education, work, ignorance, and negative attitudes, affect the involvement of husbands in helping with breastfeeding (Mat Nawi & Abdul Hamid, 2021). Negative perceptions from husbands and grandmothers, such as the assumption that the mother's breast milk is not sufficient for the baby's needs and therefore additional milk is needed, can hinder the success of exclusive breastfeeding (Mohamed et al., 2020). Children's health is influenced by the husband's education; more educated couples usually have a better understanding of how to maintain their children's health (Panahi et al., 2022). Positive attitudes and proper understanding of breastfeeding are very important for husbands (Mat Nawi & Abdul Hamid, 2021; Panahi et al., 2022). Husbands can do many things, such as providing healthy food, helping to take care of the baby, helping to take care of the house, and encouraging mothers to continue breastfeeding (Widyastutik et al., 2021). Husbands can also teach mothers about

exclusive breastfeeding, meet the various needs of breastfeeding mothers, make mothers feel comfortable, and assess the success of breastfeeding mothers (Fadjriah et al., 2021).

Taking breastfeeding education is recommended for husbands and wives so that both understand breastfeeding and can help mothers. This fact reveals that providing information to husbands can increase their support for mothers (Metasari & Sianipar, 2019). It is very necessary to provide direct education to husbands/fathers, because if fathers get direct information, they will be more confident and believe it than if they hear it from their mothers. (Pratiwi et al., 2022). Gebremariam's study showed that instructions given to mothers and husbands from pregnancy to three months increased the likelihood of breastfeeding by five times compared to conventional instructions to mothers only (Gebremariam et al., 2023). It is essential to gain knowledge on how to control the behavior of partners and breastfeeding mothers. According to Lau (2019), research conducted in high-income countries found that fathers' participation in education not only improves students' knowledge but also improves attitudes (Flax et al., 2014; Gallegos et al., 2014; Lau et al., 2016). Data from the 2021 Basic Health Research shows that 52.5%, or half of the 2.3 million infants under six months, in Indonesia are exclusively breastfed, down 12% from the figure in 2019. The early initiation of breastfeeding rate also fell from 58.2% in 2019 to 48.6% in 2021 (UNICEF, 2022)

Based on data on the coverage of exclusive breastfeeding over the past three years in Bengkulu Province, it has continued to decline, namely 68.39% (2020), 66.3% (2021) and 64.41% (2022)) (Dinas Kesehatan Provinsi Bengkulu, 2023). Bengkulu Province has 10 districts/cities, nine districts have fluctuating exclusive breastfeeding coverage and one Bengkulu City has experienced a decline in exclusive breastfeeding coverage over the past three years (2020-2022) namely 60.5%, 60% and 43.66% (Bengkulu Provincial Health Office, 2023; Bengkulu Provincial Health Office, 2019, 2020, 2021). To increase the coverage of exclusive breastfeeding, special strategies and efforts are needed. In the last three years, the coverage of Exclusive Breastfeeding in Bengkulu City has decreased, and there was an increase in 2023, but even though there has been an increase, this remains a problem because this figure is not stable when viewed from previous years. In addition, although the achievement has reached 60%, it has not yet reached the target in accordance with the Presidential Regulation, which mandates that Exclusive Breastfeeding rates must reach 80% by 2024.

Research conducted by Mariani NN (2024) utilized video media to increase understanding of the role of fathers in supporting successful breastfeeding. The results of this study indicate that videos can be used in pregnant women's classes as an educational tool to increase knowledge about the importance of the role of fathers in the breastfeeding process (Mariani, 2024). However, research conducted by Simanjuntak BY (2021) using leaflets as a learning medium regarding the first 1000 days of life to increase the insight and behavior of prospective grooms did not show significant results (Simanjuntak & Wahyudi, 2021). Previous research has never educated fathers using exclusive breastfeeding modules. Thus this research needs to be further conducted. Husbands generally understand the definition and benefits of exclusive breastfeeding, but are less knowledgeable about how to overcome obstacles in the breastfeeding process. Initial research also shows that husbands support exclusive breastfeeding in certain situations, such as when breast milk has not come out or is low in quantity. When the mother is sick, husbands tend to follow their wives' advice and provide expressed breast milk using a bottle. When the mother has sore nipples, the husband does not provide any advice, while the wife suggests giving formula milk for several days. In such conditions, adequate knowledge is very important, considering that the husband has a

major role in the family. The wife's views or assessments of her husband's attitude can also influence her beliefs about the continuation of exclusive breastfeeding (Agrawal et al., 2022; Baldwin et al., 2021; deMontigny et al., 2018). In addition, research related to education for prospective fathers in Bengkulu City is still very rare. Therefore, this study aims to determine the effect of exclusive breastfeeding module intervention on the knowledge and attitudes of prospective fathers about breastfeeding in Bengkulu City

METHOD

This study is a quantitative study employing a quasi-experimental design. The population comprised prospective fathers whose partner are currently in the third trimester of pregnancy (gestational age exceeding 27 weeks). The inclusion criteria were restricted to first-time fathers residing in Bengkulu City. A purposive sampling technique was utilized for participant recruitment. The sample was grouped into two, namely the control group and the intervention group, with each group consisting of 15 prospective fathers. This study was conducted from April to September 2024 in the work area of the Bengkulu City Health Office. The dependent variable in the study was the knowledge and attitudes of prospective fathers towards breastfeeding, while the independent variable was education through the exclusive breastfeeding module. The first step was started by the researcher who coordinates with prospective fathers via social media short messages related to the research project. The researcher also visited respondents with an informed consent sheet and a pre-test. Media for the intervention group used exclusive breastfeeding modules in the form of Q&A breastfeeding while the control group was only advised to read the KIA book about breastfeeding. The initial intervention was carried out directly, and then the prospective father was assisted through the WhatsApp group to speak and share material from the exclusive breastfeeding module.

Following the provisions of instructions during the 3rd trimester of pregnancy, the post-test instrument was administered to the husbands one month postpartum. All instruments used have been tested for validity and reliability. The results of the knowledge variable validity test from 32 questions showed that 26 were valid with an r value = 0,915. Then, the results of the attitude variable validity test from 17 questions were all valid with an r value = 0,878. Data have been collected in univariate and bivariate analysis. The initial stage of bivariate analysis were the data normality test using the Shapiro Wilk test, which showed that the attitude variables and knowledge variables were normally distributed. Given the normal distribution of the variables ($p > 0.05$), and independent sample t-test was employed for bivariate analysis. All respondents who participated in this study had agreed to the research protocol and had been approved in writing. This study has been approved by the STIKes SAPTA BAKTI Bengkulu Ethics Committee (089/FB/KEPKSTIKesSaptaBakti/2024) and concerns to the principles in the research process.

RESULT

The frequency distribution of characteristics of prospective fathers in this study includes father's age, the age of marriage, father's highest education, father's occupation, and father's income.

Table 1.
Frequency Distribution of Respondent Characteristics (n=30)

Respondent characteristics	Mean	Min-maks
Father's age	26.33	20-40
Age at marriage	25.00	19-38

Based on table 1. respondent characteristic data, the average age of fathers is 26.33 years with the lowest age range of 20 years and the highest of 40 years. Meanwhile, the average age of marriage is 25 years.

Tabel 2.
Frequency Distribution of Respondent Characteristics (n=30)

Respondent characteristics	f	%
Education		
Low	25	83,3
Tall	5	16,7
Work		
Workers/farmers/fishermen	7	23,3
Civil servants / Government contacts	3	10,0
Private/self-employed	20	66,7
Income		
<UMR	23	76,7
>UMR	7	23,3

In table above most respondents (83.3%) have low education level. The majority of respondents work in the private sector or are self-employed (66.7%). and most respondents (76.7%) have income below the minimum wage.

Table 3.
Comparison of knowledge and attitudes before and after education between the intervention group and the control group (= 30)

Variable	f	Mean	Mean difference	Std.dev	95% CI	P value
Knowledge						
Pre-test						
Intervention	15	16,87	2,27	2.748	-4.769	0,074
Control	15	14,60		3.851	.247	
Knowledge						
Post-test						
Intervention	15	17,07	0,94	4.448	-4,058	0,546
Control	15	16,13		3.889	2,191	
Attitude						
Pre test						
Intervention	15	62,47	7,47	5.041	-11.419	0,001
Control	15	55,00		5.516	-3.514	
Attitude						
Post-test						
Intervention	15	63,73	5,2	8.353	-10.175	0,044
Control	15	58,53		4.324	-225	

The results of the data analysis showed that in the knowledge variable, the average pre-test of the intervention group was 16.87 (SD = 2.748) and the control group was 14.60 (SD = 3.851), with a mean difference of 2.27. However, the results of the statistical test showed that this difference was not statistically significant (95% CI = -4.769 to -247; P = 0.074). In addition, this difference was not statistically significant (95% CI = -4.058–2.191; P = 0.546). Therefore, there was no significant difference in knowledge between the intervention and control groups either before or after the intervention. For the attitude variable, the pre-test showed a statistically significant difference (95% CI = -10.175 to -0.225; P = 0.044). The mean pre-test for the intervention group was 62.47 (SD = 5.041), and the mean for the control group was 55.00 (SD = 5.516). The mean attitude of the intervention group was 63.73 (SD 8.353), and the mean attitude of the control group was 58.53 (SD 4.324). This indicates that the views held by the control group and the intervention group were very different, both before and after the intervention.

DISCUSSION

The effect of exclusive breastfeeding module intervention on prospective fathers' knowledge about breastfeeding

Research data reveal that the exclusive breastfeeding module intervention does not have an impact on the knowledge of prospective fathers about breastfeeding, both before intervention or afterwards. These results also did not always show a significant impact on husbands' knowledge of how to support breastfeeding practices. The findings may be attributed to several factors, including variations in participant and methodological limitations. Previous research has highlighted the significant influence of social support component (Krikirat et al., 2023) and the level of training intensity can affect how effective this intervention is (Bich et al., 2019). The inability of the breastfeeding module to convey information comprehensively may result in insignificant knowledge. Research conducted by (Daryanti et al., 2021) found that delivering more structured materials, such as educational videos or infographics, was more effective in attracting participants' attention than the breastfeeding module.

Bich TH's (2019) study conducted in Hai Duong Province in northern Vietnam Vietnam showed different result from these findings. This study found additional evidence for the efficacy of an integrated, community-based intervention targeting fathers in prompting early initiation and exclusivity of breastfeeding practices among mothers after childbirth. The observed increase in these breastfeeding outcomes was statistically significant ($p < 0,001$). In this study, one component influencing fathers' knowledge is how health workers involve fathers in interventions. This process ensures that only the most experienced counselors are involved, which improves the quality and effectiveness of counselling (Bich et al., 2019). In addition, there are other things that can influence fathers' knowledge, namely other family members, especially grandmothers. Grandmothers' assumption on breastfeeding can be problematic because they may not realize the evidence-based breastfeeding practices, such as giving babies their first complementary foods when they are less than six months old (Maviso et al., 2023) (Vázquez-Vázquez et al., 2022). For example, a study conducted in Papua New Guinea found that grandmothers stopped breastfeeding their grandchildren after giving them water or tea (Maviso et al., 2023). In addition, maternal breastfeeding practices in Papua New Guinea and Brazil are influenced by grandmothers (Maviso et al., 2023) (Ferreira et al., 2018) Therefore, social influence and fathers' perceptions of grandmothers' control—or other influential extended family members—may contribute to fathers' lower confidence in breastfeeding support in the big family (Krikirat et al., 2023).

Information related to breastfeeding targeting husbands is currently considered very minimal, Many husbands do not understand the importance of giving breast milk to their babies (Zakar et al., 2018). The role of the father will be carried out not only after the baby is born but from the start of pregnancy, childbirth and the postpartum period, the earlier the husband is involved in providing food education, the better he will be in carrying out his role, especially supported by more effective media (Mufdlilah et al., 2019). The influence of lifestyle and the assumption of some people that the husband is only responsible for earning a living, so that sometimes it becomes a factor in the lack of involvement and support of the husband in exclusive breastfeeding. This is partly influenced by the husband's lack of knowledge about the benefits of breast milk and the existence of formula milk advertisements/promotions (Hety et al., 2020).

The role of fathers in the success of exclusive breastfeeding is also inseparable from the father's knowledge about breast milk, for example regarding the benefits of breast milk, the duration of giving, and breast milk as a "protection" for babies from disease. Fathers who

have knowledge about breast milk and breastfeeding management before having a baby are a step towards achieving the success of exclusive breastfeeding. The father's knowledge about breastfeeding father will ultimately encourage fathers' awareness in increasing their role (Adiguna & Dewi, 2016).

The effect of exclusive breastfeeding module intervention on prospective fathers' attitudes about breastfeeding

Based on the theory proposed by Azwar, attitudes towards an object are influenced by various factors, such as personal experience, the influence of people who are considered important, culture, mass media, educational and religious institutions, and emotional factors. Researchers found that providing health education through a exclusive breastfeeding module had a significant impact on improving the attitudes of prospective fathers, as seen from the increase in fathers' attitude scores after the intervention (Azwar, 2011). Factors such as emotional involvement, social encouragement, or cultural norms that focus more on their role in providing support to partners during breastfeeding may lead to changes in the attitudes of prospective fathers. As a result, prospective fathers may behave positively in response to the mother's needs and other social factors.

There is an influence on the attitude of the prospective father both before intervening and after it, this finding is in line with a quasi-experimental study by Yulita Ichwan E (2024), which showed the benefits of intervention in improving the attitudes of husbands who were given education (Yulita Ichwan et al., 2024). Raeisi et al.'s study also found that husbands' attitudes towards breastfeeding can be influenced by antenatal education (Raeisi et al., 2014). The respondents of this study emphasized the importance of comprehensive health education, which includes not only knowledge but also perspectives on breastfeeding and how to deal with common problems that may arise. Breastfeeding education should be provided to fathers to improve their knowledge and feelings about breastfeeding (Qin et al., 2024). This education should teach them how normal breastfeeding situations are, how to deal with common problems related to breastfeeding, and how to experience special situations related to breastfeeding. Researchers found that when fathers show the right attitude to help in the decision-making process related to breastfeeding, they can help breastfeeding mothers with breastfeeding, they can help breastfeeding mothers better, overcome problems, and help the breastfeeding process become more stable (Qin et al., 2024).

A study conducted by (Susilowati et al., 2020) examined classes affect fathers' support for breastfeeding, and found that group-based education improved fathers' attitudes toward breastfeeding. Shaping positive perceptions about their role in supporting exclusive breastfeeding tends to be more effective with interventions that emphasize active participant involvement. Fathers' attitudes are identified in terms of family economy because they are protectors and breadwinners, also provide good nutrition for breastfeeding mothers, and help with various household tasks (Nurbaiti, 2021). In addition, it is also an important component for mothers in continuing breastfeeding after leaving the birthing place and overcoming problems that hinder breastfeeding practices, such as problems related to the breast (sore nipples, swollen breasts, mastitis, breast abscesses). Well-designed educational interventions can help improve fathers' positive attitudes towards exclusive breastfeeding, although they may not always significantly improve their knowledge (Nurbaiti, 2021). Although knowledge has not changed much, the positive attitude of prospective fathers is still very important to help breastfeeding success. A study (Vaga et al., 2018) found that father support can increase breastfeeding success by up to 70%, emotionally and practically. This indicates that only a positive attitude becomes an important first step for the success of exclusive breastfeeding.

CONCLUSION

Based on the findings, it can be concluded that the intervention using the Exclusive Breastfeeding module demonstrated a significant impact on prospective fathers' attitudes towards breastfeeding, with the differences between the intervention group both pre- and post-intervention. In contrast, the intervention did not show a significant change in knowledge levels regarding breastfeeding among fathers in either group.

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